

DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH PROPOSAL SUMMARY AND DATA RECORD	RFP NUMBER/CONTRACT NUMBER
---	----------------------------

PROJECT TITLE (Title of RFP or Contract Proposal)

LEGAL NAME AND ADDRESS OF OFFEROR	PLACE OF PERFORMANCE (Full address including ZIP)
-----------------------------------	---

TYPE OF CONTRACT PROPOSED

COST-REIMBURSEMENT
 FIXED PRICE
 COST-PLUS FIXED-FEE
 OTHER

ESTIMATED TIME REQUIRED TO COMPLETE PROJECT PROPOSED STARTING DATE

ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From Budget)

DOES THIS PROPOSAL INCLUDE A SUBCONTRACT? YES NO

(If yes, please furnish name and location of organization, description of services, basis for selection, responsible person employed by subcontractor and cost information.) (Use attachment if necessary)

NAME AND TITLE OF PRINCIPAL INVESTIGATOR	EST. HOURS WEEKLY	AREA CODE/TEL. NO.
--	-------------------	--------------------

NAME AND TITLE OF CO-INVESTIGATOR (Use attachment if necessary)	EST. HOURS WEEKLY	AREA CODE/TEL. NO.
---	-------------------	--------------------

NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS

NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS

DOES THIS PROPOSAL INVOLVE EXPERIMENTS WITH HUMAN SUBJECTS? YES NO

Institution's General Assurance re: Human Subjects DATE APPROVED _____ PENDING _____
 Institution's Review Board's approval of this proposal DATE APPROVED _____ PENDING _____
 An example of the informed consent for this study is enclosed YES NO
 A Clinical Protocol is enclosed YES NO

OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENTS TO THE RFP (Use attachment if necessary)

ERRATA NUMBER	DATE	ERRATA NUMBER	DATE
---------------	------	---------------	------

NAME, ADDRESS, AND PHONE NUMBER OF COGNIZANT GOVERNMENT AUDIT AGENCY	NUMBER OF EMPLOYEES CURRENTLY EMPLOYED
	DOLLAR VOLUME OF BUSINESS PER ANNUM
	THIS OFFER EXPIRES _____ DAYS FROM THE DATE OF THIS OFFER. (120 DAYS IF NOT SPECIFIED)

FOR THE INSTITUTION

SIGNATURE OF PRINCIPAL INVESTIGATOR	SIGNATURE OF BUSINESS REPRESENTATIVE
-------------------------------------	--------------------------------------

TYPED NAME AND TITLE	TYPED NAME AND TITLE
----------------------	----------------------

EMPLOYER IDENTIFICATION NUMBER	DATE OF OFFER
--------------------------------	---------------