AI/AN CTRP

Reporting Instructions

Compiled by Heather Almquist, Director, Tracking and Evaluation

Send queries to heather.almquist@montana.edu

# How to Use this Document

1. Read the FAQs.
2. Read the Reporting Roles and Report Forms section to determine which form you will need to complete.
3. Open the Navigation Pane in Word (Click the View tab and check the Navigation Pane box).
4. Navigate to the appropriate section of the instructions and read it thoroughly. This will help you understand the scope of activities you should be reporting on, and how to answer each question.
5. Refer to the appropriate section of the instructions as you respond to each question to ensure that your responses are appropriate.

# FAQs

#### **Who needs to report?**

Core Directors, Core Personnel, Current and Past Project Leaders, Current and Past Project Collaborators. See Reporting Role and Report Forms, below.

#### **Should I report on activities not directly related to the CTRP?**

We want to understand how individuals involved in the CTRP are influencing the AI/AN CTR field overall and how that was achieved. Please report on any professional development you have received and any products you have produced since your first involvement with the CTRP, except those that you have previously reported. For each product, you will be asked if the CTRP was cited. This will indicate if an outcome was directly related to a CTRP-funded project, or part of your other professional activities.

#### **How often do I need to report?**

**QUARTERLY**. All current CTRP participants must update their report form by the last working day of October, January, April, and July. Previously funded Project Leaders and Collaborators are asked to report once a year, at the end of April.

#### **How do I report?**

Access your online report form by going to the AI/AN CTRP website: (<http://www.montana.edu/aian/>) and clicking on the **Reporting** link at the top right of the page. Fill in your username and password to access your report.

#### **How do I get a username and password?**

Your username is your email address. You will receive an email with an invitation link. Clicking on the link will take you to a page where you set your own password, and access the system. If you are already in the system, your username and password are still valid.

**After my initial log-in, how do I access the system?**

Go to the AI/AN CTRP website, <http://www.montana.edu/aian/>, and click on **Reporting** in the upper right of the page. Then type in your email address and password.

#### **How do I reset my password?**

If you forget your password, go to the login page, type in your email address and click the **Forgot Password** link. You can also change tour password by logging in and clicking **Profile** at the top of the page. The click **Edit** to change your password.

#### **Do I need to save my responses?**

**YES!** You must click the **SAVE** button at the bottom of the form to save your responses. It is recommended that you save often, and definitely before closing your session.

#### **Will my responses be saved for next year?**

Responses for some fields will be rolled over into next year’s form. Others will not.

# Reporting Roles and Report Forms

**Investigators** – There are three categories of investigators: Project Leader, Project Collaborator, and Previous Awardee. The lead investigator on an award funded by CTRP is the Project Leader and must complete a Project Leader Report Form. Any individual whose CV is included in the grant proposal (paid or unpaid) is a Project Collaborator. Any personnel added to the project (paid or unpaid) during the award period are also Project Collaborators. Project Leaders should add these individuals to the personnel list on their report forms as soon as possible so that appropriate access to the reporting system for Collaborators can be established. All Project Collaborators must complete the Project Collaborator Report Form.

Diversity Award Exception: In the case of Diversity awards in which a mentor is listed as the lead investigator in order to support a project conducted by a doctoral candidate or other individual without a terminal degree, the Project Leader and Project Collaborator roles are reversed for reporting purposes. The mentor is considered a Project Collaborator and completes the Project Collaborator Report Form. The individual conducting the project is considered the Project Leader and completes the Project Leader Report Form.

Completed Awards: Many outcomes from projects are not realized until after the award period. Therefore, Project Leaders of completed awards who are not participating in a current CTRP project are requested to complete a Post-Award Report Form once a year for three years following the award period.

Multiple Award Situations: Project Leaders who collaborate on an additional CTRP project(s) should complete only their Project Leader Report Form. Include activities and products for all projects on that form. Project Collaborators who collaborate on more than one CTRP project, and are not a Project Leader on any project, should complete a single Collaborator Report Form. Include activities and products for all projects on that form. In Part 2, differentiate each project.

**Personnel and Core Directors** - All individuals working for CTRP (paid or unpaid) must complete a Personnel Report Form, except for Core Directors. Core Directors will complete their specific Core Report Form. On the Core report forms, Core wide progress is reported in Part 2. The Core Director’s information and activities are reported in Parts 1, 3, 4, 5, and 6.

Core Co-Director Exception: Only one Core Report Form is needed from each Core. In the case of Cores with two co-Directors, one will be designated Core Director for reporting purposes and will complete the Core Report Form. The other co-Director will complete a Personnel Report Form. The co-Directors must decide which roles they will assume for each reporting year and inform the evaluator so that appropriate reporting accesses for that year can be established.

# Reporting Instructions

Use the Navigation Pane to locate the instructions for the relevant form.

## Project Leader Report Form

### Part 1: Investigator and Project Information

|  |  |
| --- | --- |
| Name | Your name as it appears on the approved proposal |
| Publishing Name (if different) | Any name(s) you currently use or have previously used for publications |
| Email | Your preferred email address |
| Institution | The institution through which your award is administered |
| Project Title | As it appears on the proposal, cut and paste |
| Current Position | Select the most appropriate choice from the dropdown list. |
| All Degree(s) and Year(s) | List all advanced degrees, e.g. BS, 1980; MS, 1983; PhD 1990 |
| Native American or Alaska Native Tribal Affiliation | If applicable, or put N/A |
| Gender |  |
| eRA Commons ID | If you are a postdoc, graduate student, or undergraduate student, you must obtain an eRA Commons ID. All other personnel are encouraged to have an eRA Commons ID. Click [HERE](https://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/registration/investigators-and-other-users/era-commons-user-registration.htm) for information on how to register. |
| Type of CTRP award | Select one of the dropdown choices |
| Investigator Status | * If you have not previously received substantial, independent funding from NIH, select New.
* If you completed your terminal research degree or end of post-graduate clinical training, whichever date is later, within the past 10 years and have not previously competed successfully as PD/PI for a substantial NIH independent research award, select Early Stage. A list of NIH grants that a PD/PI can hold and still be considered an ESI can be found [HERE](https://grants.nih.gov/policy/early-investigators/list-smaller-grants.htm).
* If you are an established investigator (typically has had a R01-type award) who is new to clinical translational, community engaged, or Community-based participatory research, select New CTR.
* Otherwise, select N/A.
 |
| Position Type | Select Tenure-Track or non-Tenure Track as appropriate. |
| Months Worked on the Project  | Estimate the number of months you worked on the project, with or without pay, during the reporting period. E.g., if you worked ½ time for 12 months, put 6 months. |
| Project Collaborators Table | Add a new row for each person, other than yourself, who is working on the project, paid or unpaid. Include all those listed in your approved proposal plus anyone else who began working on the project during the award period. Do not include members of your mentoring team, unless they are otherwise involved on the project. All fields must be completed for each individual listed. |
| Community Partnerships | If you are working directly with tribal entities, please complete this section. If not, write N/A in the answer sections. |
| Please list any tribal or community entities your project is working with. | Include locations and tribal affiliations, e.g., Frazer Elementary School, Fort Peck Reservation, Montana (Assiniboine and Sioux Tribes). |
| How did you engage your partner community(s) in developing your research question, design, and dissemination activities? | Describe in detail how you engaged tribal partners in project conceptualization, proposal development, project implementation, and/or dissemination of results. Include information on how often you meet your partners and what you discuss. One or two paragraphs. |
| Please describe any culturally-specific interventions in your research design. | Describe in detail, including what makes the intervention culturally specific, whether the intervention is a pre-existing practice or is being developed by your project, and what role the intervention plays in your project. One or two paragraphs. |
| Describe any budget allocations that support your partner communities. | Describe what is being funded within tribal communities, such as professional salary, graduate or undergraduate support, travel, training programs, project dissemination costs, etc., and the amount of funds provided for each activity. E.g. Graduate student support - $6,000; elder travel to conference - $500. |
| Please describe how your research may benefit your tribal partners. | Describe in detail any specific, measurable changes you expect to see for your tribal partners and over what time frame you expect these changes to occur, e.g., immediately, within a year, within 5 years, etc. |
| Do you have a Community Advisory Board for your project? | If you use a pre-existing entity, such as a tribal council, as a Community Advisory Board, select Yes. If you have no CAB and no other formal mechanism for community input, select No.  |

### Part 2: Project Progress

|  |  |
| --- | --- |
| Please describe the major goals of the project, including milestones, target dates, activities, and phases as relevant. | Cut and paste from approved proposal if possible. |
| Have the goals changed since the initial award or previous report?  | Select Yes only if there are major changes from the approved proposal. |
| What was accomplished for these goals?  | Describe what you have accomplished to date for each of your stated goals. Upload a Word file (docx), approximately one page. Make sure the document is dated. Replace the document each reporting period that you have a new accomplishment to report. Please do not use PDFs because they make collating information for the RPPR much more difficult. |
| Please describe any challenges or delays, and actions or plans to resolve them. | Describe any significant, unexpected challenges or delays, including the cause, what you have done or will do to remedy the problem, and how you expect the problem to ultimately affect your project schedule or outcomes. |
| What do you plan to do during the next reporting period to accomplish the goals? | Outline what you intend to accomplish during the next quarter. Update this information each quarter.  |

### Part 3: Dissemination to Communities of Interest

In this section, please describe all outreach activities that you have undertaken to reach members of communities who are not usually aware of CTRP activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities. **Do not include interactions with CTRP project partners here.**

|  |  |
| --- | --- |
| Presentations Table | Complete all fields. * Community/Audience is the target audience, e.g., tribal college presidents.
* Presenter(s) - Include yourself, co-presenters, and other co-authors of the presentation. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - If a presentation had no formal title, create a descriptive title.
* Event could be a conference, a meeting of a specific group of people, etc.
* CTRP Grant Cited - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
* Location is the institution where a presentation was *received*. For example, if you presented from Montana online to a group at UAA, write “UAA, online”.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
 |
| Other Dissemination Activities Table | Complete all fields.* Activity - Describe the activity, e.g. attended a tribal council meeting.
* Date – The date the event occurred.
* Whom You Met With – Can be specific individual(s) or e.g., Blackfeet Tribal Council members
* Hours Spent Engaged in Activity – Do not include travel time unless part of the activity, e.g., touring Rocky Boy reservation with tribal elder.
* Purpose – Explain what you hoped to accomplish by engaging in the activity.
* Outcome – Describe any realized or potential outcomes of the activity, e.g. potentially recruited a new investigator to participate in CTRP.
 |

### Part 4: Training and Professional Development You Received

In this section, please report on training and professional development you received. **Do not include training or professional development that you provided to others.**

|  |  |
| --- | --- |
|  | **WORKSHOPS AND SEMINARS** |
| Professional Development Core Workshops and Seminars | Add a new row for each event you attended.Record the title and date of the event. Describe any professional development outcomes you derived from each event, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph for each event. |
| Presentations Made in RDEB Brown Bag series | Add a new row for each presentation you made in this series.Record the title and date of the seminar. Describe any ways you benefited by presenting your work and obtaining feedback from peers. Explain what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph for each event. |
| RDEB Core Brown Bags Attended | Add a new row for each brown bag you attended or viewed online.Record the title and date of the seminar. Describe any professional development outcomes you derived from each event, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph. |
| Administrative Core Workshops and Seminars | Add a new row for each event you attended or viewed online.Record the title and date of the event. Describe any professional development outcomes you derived from each event, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph for each event. |
|  | **COURSES** |
| CEO Core Education Modules | Add a new row for each module you used.Record the module title and date you completed using the module. Describe any professional development outcomes you derived from the module, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph for each module. |
| UW-ITHS and MW CTR-IN Courses | Add a new row for each course you completed.Record the course title and date you completed it. Describe any professional development outcomes you derived from each course, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph for each course. |
| Additional Professional Development | Describe in detail any other training or professional development you received during the reporting period, including the provider, a description of the opportunity, completion date, what you learned, and how it will affect your work. Several paragraphs, as needed. |
|  | **MENTORING** |
| Mentoring Team Meetings | Add a new row for each meeting.Record date of the meeting and the names of all attendees, including online participants. Describe any professional development outcomes you derived from the meeting, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph for each meeting. |
| CEO Core Mentoring | Summarize any mentoring you received from CEO Core personnel beyond interactions at mentoring team meetings described above. Include when, how often, and with whom you interacted, what you learned, and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph. |
| RDEB Core Mentoring | Summarize any mentoring you received from RDEB Core personnel beyond interactions at mentoring team meetings described above. Include when, how often, and with whom you interacted, what you learned, and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph. |
| Other Mentoring | Summarize any other mentoring you received, including who provided the mentoring, what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph. |
|  | **SUMMARY** |
| Most Helpful PD | Identify which activities reported on thus far have been most useful, including any non-CTRP activities.  |
| Least Helpful PD | Identify any activities reported on thus far that have not been useful, including any non-CTRP activities.  |

### Part 5: Highlights and Scholarly Products

In this section, please report on any scholarly products on which you are an author, regardless of whether you are the primary author or a co-author. Include everything that has occurred since you last reported, or since you began in your role as a CTRP project leader.

|  |  |
| --- | --- |
|  | **KEY SCIENTIFIC FINDINGS AND ADVANCES** |
| Key Scientific Findings | Key scientific findings are significant results. Describe in detail, any key scientific findings obtained during the reporting period, and why they are important to your project. Approximately 1 paragraph. If you have nothing to report yet, state that. |
| Scientific Advances | Scientific advances are major discoveries that move a scientific field forward. Thus, they are rare, especially for junior investigators. If you believe you have a scientific advance, please discuss it with one of the PIs to ensure that it meets the standard. If you have advance to report, all fields must be completed.* Project Title - As it appears on the approved proposal, cut and paste
* Institution - Institution through which your award is administered
* Project PI - Name as it appears on the approved proposal
* Parent Grant PI - Dr. Jovanka Voyich
* Background - 1 paragraph
* Advance - 1 paragraph
* How the CTRP enabled the advance - 1 paragraph
* Public Health Impact Statement - Provide a brief summary in lay terms of the result of the intervention, program, or policy that contributed to a measurable change in health, behavior, or environmental outcome in a defined population. Include descriptions of the problem, the intervention, and health related improvements. Approximately 1 page.
* NIH Director’s Theme(s) Relevance - Select theme(s) from [HERE](https://nexus.od.nih.gov/all/2009/09/01/five-themes-for-the-nih-3/).
* Grant Support - Dollar amount project has been awarded by CTRP since inception.
* Publication Citation and Link - Add any here if applicable, as well as in the Publications and Presentations section, below.
 |
|  | **PUBLICATIONS AND PRESENTATIONS** |
| Publications Table | Complete all fields. * Select publication type from the dropdown list.
* CTRP Cited – Select yes or No from dropdown list
* Bibliographic citation – Add full APA style citation. Add asterisk to authors associated with the CTRP.
* PMCID# - For information on obtaining a PMCID#, click [HERE](https://www.ncbi.nlm.nih.gov/pmc/about/public-access-info/).
 |
| Presentations Table | Complete all fields. * Authors include yourself, co-presenters, and other co-authors of the presentation, even if not present. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - As shown on the presentation abstract or opening slide.
* Event - Conference or meeting at which the presentation was made.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
* Location Event – Location where presentation was received.
* CTRP Grant Cited? - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
 |
|  | **INNOVATION, TRANSLATION, AND OTHER HIGHLIGHTS** |
| Technology or Technique Table | Add a new form for each technology or technique developed. In the first row, describe the technology. Approximately 1 paragraph. In the second row, select how it is being shared from the dropdown list. If you select “Other”, please explain in the paragraph. If it is being shared in more than one way, add a new row.  |
| Significant Products | Add a new form for any other significant products developed. In the first row, describe the product. Approximately 1 paragraph. In the second row, select how it is being shared from the dropdown list. If you select “Other”, explain in the paragraph. If it is being shared in more than one way, add a new row. |
| Translational Applications | Describe in detail how your project has resulted in a shift from basic science to a translational application, or from clinical to community practice. 1 to 2 paragraphs.  |
| Multidisciplinary Research Teams | Describe any new multidisciplinary research team, or expansion of a pre-existing team, including who is involved, their affiliations and expertise, as well as what plans the team has for future work. 1 to 2 paragraphs.  |
| Technology Transfer | Describe in detail any inventions, patents, licenses, or other technology transfer impacts. Approximately 1 paragraph.  |
| Awards, Honors, Special Recognitions | List the Title, Conferring Organization, and Date of Award Presentation for any awards, honors, or special recognitions you received during the award period.  |
| Other Highlights | Describe in detail any other highlights not captured above. |

### Part 6: Proposals and Awards

In this section, please report on all awards that you have applied for or obtained during the reporting period. **Include both successful and unsuccessful applications.**

|  |  |
| --- | --- |
| Non-Federal Support Table | Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Source - Select most appropriate from dropdown
* Funding Organization - Name of the funding organization, e.g., American Heart Association
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| Federal Non-PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., National Science Foundation
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., Indian Health Service
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |

### Part 7: Protection against Research Risks

Please indicate whether your project involves human subjects. If it does, upload an updated Inclusion Enrollment Report. The report form and instructions can be found [HERE](https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/general/g.500-phs-inclusion-enrollment-report.htm).

## Project Collaborator Report Form

### Part 1: Investigator and Project Information

|  |  |
| --- | --- |
| Name | Your name as it appears on the approved proposal |
| Publishing Name (if different) | Any name(s) you currently use or have previously used for publications |
| Email | Your preferred email address |
| Institution | The institution through which your award is administered |
| Project Title | As it appears on the proposal, cut and paste |
| Current Position | Select the most appropriate choice from the dropdown list. |
| Degree(s) and Year(s) | List all advanced degrees, e.g. BS, 1980; MS, 1983; PhD 1990 |
| Native American or Alaska Native Tribal Affiliation | If applicable, or put N/A |
| eRA Commons ID | If you are a postdoc, graduate student, or undergraduate student, you must obtain an eRA Commons ID. All other personnel are encouraged to have an eRA Commons ID. Click [HERE](https://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/registration/investigators-and-other-users/era-commons-user-registration.htm) for information on how to register. |
| Months Worked on the Project  | Estimate the number of months you worked on the project, with or without pay, during the reporting period. E.g., if you worked ½ time for 12 months, put 6 months. |

### Part 2: Project Progress

|  |  |
| --- | --- |
| Please describe your primary responsibilities on the project, what you have accomplished, and how it has affected the project. | Describe your own activities and contributions to the project. Include how often and in what ways you interact with the project leader and other collaborators. 1 to 2 paragraphs. |
| Please describe any ideas you have for improving performance and outcomes for yourself, your project, or the CTRP program as a whole. | Describe any ideas you have for improvements, including what problems or issues you have identified, if any, and what might be done to resolve them. 1 to 2 paragraphs. |

### Part 3: Dissemination to Communities of Interest

In this section, please describe all outreach activities that you have undertaken to reach members of communities who are not usually aware of CTRP activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities. **Do not include interactions with CTRP project partners here.**

|  |  |
| --- | --- |
| Presentations Table | Complete all fields. * Community/Audience is the target audience, e.g., tribal college presidents.
* Presenter(s) - Include yourself, co-presenters, and other co-authors of the presentation. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - If a presentation had no formal title, create a descriptive title.
* Event could be a conference, a meeting of a specific group of people, etc.
* CTRP Grant Cited - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
* Location is the institution where a presentation was *received*. For example, if you presented from Montana online to a group at UAA, write “UAA, online”.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
 |
| Other Dissemination Activities Table | Complete all fields.* Activity - Describe the activity, e.g. attended a tribal council meeting.
* Date – The date the event occurred.
* Whom You Met With – Can be specific individual(s) or e.g., Blackfeet Tribal Council members
* Hours Spent Engaged in Activity – Do not include travel time unless part of the activity, e.g., touring Rocky Boy reservation with tribal elder.
* Purpose – Explain what you hoped to accomplish by engaging in the activity.
* Outcome – Describe any realized or potential outcomes of the activity, e.g. potentially recruited a new investigator to participate in CTRP.
 |

### Part 4: Training and Professional Development You Received

In this section, please report on training and professional development you received. **Do not include training or professional development that you provided.**

|  |  |
| --- | --- |
| Training and Professional Development Table | Add a new table for each event you attended.* Activity Title – Name of workshop, seminar, etc.
* Type – Select from dropdown
* Date – date of completion
* Description of PD Outcomes - Describe any professional development outcomes you derived from the event, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph.
 |

### Part 5: Highlights and Scholarly Products

In this section, please report on any scholarly products on which you are an author, regardless of whether you are the primary author or a co-author. Include everything that has occurred since you last reported, or since you began in your role as a CTRP project collaborator. This could include multiple years.

|  |  |
| --- | --- |
|  | **KEY SCIENTIFIC FINDINGS AND ADVANCES** |
| Key Scientific Findings | Key scientific findings are significant results. Describe in detail, any key scientific findings obtained during the reporting period, and why they are important to your project. Approximately 1 paragraph. If you have nothing to report yet, state that. |
| Scientific Advances | Scientific advances are major discoveries that move a scientific field forward. Thus, they are rare, especially for junior investigators. If you believe you have a scientific advance, please discuss it with one of the PIs to ensure that it meets the standard. If you have advance to report, all fields must be completed.* Project Title - As it appears on the approved proposal, cut and paste
* Institution - Institution through which your award is administered
* Project PI - Name as it appears on the approved proposal
* Parent Grant PI - Dr. Jovanka Voyich
* Background - 1 paragraph
* Advance - 1 paragraph
* How the CTRP enabled the advance - 1 paragraph
* Public Health Impact Statement - Provide a brief summary in lay terms of the result of the intervention, program, or policy that contributed to a measurable change in health, behavior, or environmental outcome in a defined population. Include descriptions of the problem, the intervention, and health related improvements. Approximately 1 page.
* NIH Director’s Theme(s) Relevance - Select theme(s) from [HERE](https://nexus.od.nih.gov/all/2009/09/01/five-themes-for-the-nih-3/).
* Grant Support - Dollar amount project has been awarded by CTRP since inception.
* Publication Citation and Link - Add any here if applicable, as well as in the Publications and Presentations section, below.
 |
|  | **PUBLICATIONS AND PRESENTATIONS** |
| Publications Table | Complete all fields. * Select publication type from the dropdown list.
* CTRP Cited – Select yes or No from dropdown list
* Bibliographic citation – Add full APA style citation. Add asterisk to authors associated with the CTRP.
* PMCID# - For information on obtaining a PMCID#, click [HERE](https://www.ncbi.nlm.nih.gov/pmc/about/public-access-info/).
 |
| Presentations Table | Complete all fields. * Authors include yourself, co-presenters, and other co-authors of the presentation, even if not present. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - As shown on the presentation abstract or opening slide.
* Event - Conference or meeting at which the presentation was made.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
* Location Event – Location where presentation was received.
* CTRP Grant Cited? - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
 |
|  | **INNOVATION, TRANSLATION, AND OTHER HIGHLIGHTS** |
| Technology or Technique Table | Add a new form for each technology or technique developed. In the first row, describe the technology. Approximately 1 paragraph. In the second row, select how it is being shared from the dropdown list. If you select “Other”, please explain in the paragraph. If it is being shared in more than one way, add a new row.  |
| Significant Products | Add a new form for any other significant products developed. In the first row, describe the product. Approximately 1 paragraph. In the second row, select how it is being shared from the dropdown list. If you select “Other”, explain in the paragraph. If it is being shared in more than one way, add a new row. |
| Translational Applications | Describe in detail how your project has resulted in a shift from basic science to a translational application, or from clinical to community practice. 1 to 2 paragraphs.  |
| Multidisciplinary Research Teams | Describe any new multidisciplinary research team, or expansion of a pre-existing team, including who is involved, their affiliations and expertise, as well as what plans the team has for future work. 1 to 2 paragraphs.  |
| Technology Transfer | Describe in detail any inventions, patents, licenses, or other technology transfer impacts. Approximately 1 paragraph.  |
| Awards, Honors, Special Recognitions | List the Title, Conferring Organization, and Date of Award Presentation for any awards, honors, or special recognitions you received during the award period.  |
| Other Highlights | Describe in detail any other highlights not captured above. |

### Part 6: Proposals and Awards

In this section, please report on all awards that you have applied for or obtained during the reporting period. **Include both successful and unsuccessful applications.**

|  |  |
| --- | --- |
| Non-Federal Support Table | Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Source - Select most appropriate from dropdown
* Funding Organization - Name of the funding organization, e.g., American Heart Association
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| Federal Non-PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., National Science Foundation
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., Indian Health Service
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |

## Post-Award Report Form

Project Leaders of previously funded projects are asked to complete this abbreviated report form once a year for three years. Please complete Parts 1, 5, and 6. Parts 2, 3, and 4, have been deliberately removed because they only pertain to currently funded projects.

### Part 1: Investigator and Project Information

|  |  |
| --- | --- |
| Name | Your name as it appeared on the approved proposal |
| Publishing Name (if different) | Any name(s) you currently use or have previously used for publications |
| Email | Your preferred email address |
| Institution | The institution through which your award wss administered |
| Project Title | As it appeared on the proposal, cut and paste |
| All Degree(s) and Year(s) | List all advanced degrees, e.g. BS, 1980; MS, 1983; PhD 1990 |
| Native American or Alaska Native Tribal Affiliation | If applicable, or put N/A |
| Gender |  |
| eRA Commons ID | If you are a postdoc, graduate student, or undergraduate student, you must obtain an eRA Commons ID. All other personnel are encouraged to have an eRA Commons ID. Click [HERE](https://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/registration/investigators-and-other-users/era-commons-user-registration.htm) for information on how to register. |
| Type of CTRP award | Select one of the dropdown choices |

### Parts 2 – 4: Not Applicable

### Part 5: Highlights and Scholarly Products

In this section, please report on any scholarly products on which you are an author, regardless of whether you are the primary author or a co-author. Include everything that has occurred since you last reported.

|  |  |
| --- | --- |
|  | **KEY SCIENTIFIC FINDINGS AND ADVANCES** |
| Key Scientific Findings | Key scientific findings are significant results. Describe in detail, any key scientific findings obtained during the reporting period, and why they are important to your project. Approximately 1 paragraph. If you have nothing to report yet, state that. |
| Scientific Advances | Scientific advances are major discoveries that move a scientific field forward. Thus, they are rare, especially for junior investigators. If you believe you have a scientific advance, please discuss it with one of the PIs to ensure that it meets the standard. If you have advance to report, all fields must be completed.* Project Title - As it appears on the approved proposal, cut and paste
* Institution - Institution through which your award is administered
* Project PI - Name as it appears on the approved proposal
* Parent Grant PI - Dr. Jovanka Voyich
* Background - 1 paragraph
* Advance - 1 paragraph
* How the CTRP enabled the advance - 1 paragraph
* Public Health Impact Statement - Provide a brief summary in lay terms of the result of the intervention, program, or policy that contributed to a measurable change in health, behavior, or environmental outcome in a defined population. Include descriptions of the problem, the intervention, and health related improvements. Approximately 1 page.
* NIH Director’s Theme(s) Relevance - Select theme(s) from [HERE](https://nexus.od.nih.gov/all/2009/09/01/five-themes-for-the-nih-3/).
* Grant Support - Dollar amount project has been awarded by CTRP since inception.
* Publication Citation and Link - Add any here if applicable, as well as in the Publications and Presentations section, below.
 |
|  | **PUBLICATIONS AND PRESENTATIONS** |
| Publications Table | Complete all fields. * Select publication type from the dropdown list.
* CTRP Cited – Select yes or No from dropdown list
* Bibliographic citation – Add full APA style citation. Add asterisk to authors associated with the CTRP.
* PMCID# - For information on obtaining a PMCID#, click [HERE](https://www.ncbi.nlm.nih.gov/pmc/about/public-access-info/).
 |
| Presentations Table | Complete all fields. * Authors include yourself, co-presenters, and other co-authors of the presentation, even if not present. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - As shown on the presentation abstract or opening slide.
* Event - Conference or meeting at which the presentation was made.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
* Location Event – Location where presentation was received.
* CTRP Grant Cited? - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
 |
|  | **INNOVATION, TRANSLATION, AND OTHER HIGHLIGHTS** |
| Technology or Technique Table | Add a new form for each technology or technique developed. In the first row, describe the technology. Approximately 1 paragraph. In the second row, select how it is being shared from the dropdown list. If you select “Other”, please explain in the paragraph. If it is being shared in more than one way, add a new row.  |
| Significant Products | Add a new form for any other significant products developed. In the first row, describe the product. Approximately 1 paragraph. In the second row, select how it is being shared from the dropdown list. If you select “Other”, explain in the paragraph. If it is being shared in more than one way, add a new row. |
| Translational Applications | Describe in detail how your project has resulted in a shift from basic science to a translational application, or from clinical to community practice. 1 to 2 paragraphs.  |
| Multidisciplinary Research Teams | Describe any new multidisciplinary research team, or expansion of a pre-existing team, including who is involved, their affiliations and expertise, as well as what plans the team has for future work. 1 to 2 paragraphs.  |
| Technology Transfer | Describe in detail any inventions, patents, licenses, or other technology transfer impacts. Approximately 1 paragraph.  |
| Awards, Honors, Special Recognitions | List the Title, Conferring Organization, and Date of Award Presentation for any awards, honors, or special recognitions you received during the award period.  |
| Other Highlights | Describe in detail any other highlights not captured above. |

### Part 6: Proposals and Awards

In this section, please report on all awards that you have applied for or obtained during the reporting period. **Include both successful and unsuccessful applications.**

|  |  |
| --- | --- |
| Non-Federal Support Table | Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Source - Select most appropriate from dropdown
* Funding Organization - Name of the funding organization, e.g., American Heart Association
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| Federal Non-PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., National Science Foundation
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., Indian Health Service
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |

## Core Personnel Report Form

### Part 1: Personnel Information

|  |  |
| --- | --- |
| Name | Your name  |
| Publishing Name (if different) | Any name(s) you currently use or have previously used for publications |
| Email | Your preferred email address |
| Institution | The institution through which you work |
| Current Position | Select the most appropriate choice from the dropdown list. |
| Degree(s) and Year(s) | List all advanced degrees, e.g. BS, 1980; MS, 1983; PhD 1990 |
| Native American or Alaska Native Tribal Affiliation | If applicable, or put N/A |
| eRA Commons ID | If you are a postdoc, graduate student, or undergraduate student, you must obtain an eRA Commons ID. All other personnel are encouraged to have an eRA Commons ID. Click [HERE](https://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/registration/investigators-and-other-users/era-commons-user-registration.htm) for information on how to register. |
| Months Worked on the Project  | Estimate the number of months you worked on the project, with or without pay, during the reporting period. E.g., if you worked ½ time for 12 months, put 6 months. |

### Part 2: Project Progress

|  |  |
| --- | --- |
| Please describe your primary responsibilities on the project, what you have accomplished, and how it has affected the project. | Describe your own activities and contributions to the project. Describe how they have affected project outcomes for investigators, personnel, institutions, and/or partner communities. 1 to several paragraphs. |
| Please describe any ideas you have for improving performance and outcomes for yourself, your Core, or the CTRP program as a whole. | Describe any ideas you have for improvements, including what problems or issues you have identified, if any, and what might be done to resolve them. 1 to several paragraphs. |

### Part 3: Dissemination to Communities of Interest

In this section, please describe all outreach activities that you have undertaken to reach members of communities who are not usually aware of CTRP activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities. **Do not include interactions with CTRP project partners here.**

|  |  |
| --- | --- |
| Presentations Table | Complete all fields. * Community/Audience is the target audience, e.g., tribal college presidents.
* Presenter(s) - Include yourself, co-presenters, and other co-authors of the presentation. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - If a presentation had no formal title, create a descriptive title.
* Event could be a conference, a meeting of a specific group of people, etc.
* CTRP Grant Cited - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
* Location is the institution where a presentation was *received*. For example, if you presented from Montana online to a group at UAA, write “UAA, online”.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
 |
| Other Dissemination Activities Table | Complete all fields.* Activity - Describe the activity, e.g. attended a tribal council meeting.
* Date – The date the event occurred.
* Whom You Met With – Can be specific individual(s) or e.g., Blackfeet Tribal Council members
* Hours Spent Engaged in Activity – Do not include travel time unless part of the activity, e.g., touring Rocky Boy reservation with tribal elder.
* Purpose – Explain what you hoped to accomplish by engaging in the activity.
* Outcome – Describe any realized or potential outcomes of the activity, e.g. potentially recruited a new investigator to participate in CTRP.
 |

### Part 4: Training and Professional Development You Received

In this section, please report on training and professional development you received. **Do not include training or professional development that you provided.**

|  |  |
| --- | --- |
| Training and Professional Development Table | Add a new row for each event you attended.* Activity Title – Name of workshop, seminar, etc.
* Type – Select from dropdown
* Date – date of completion
* Description of PD Outcomes - Describe any professional development outcomes you derived from the event, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph.
 |

### Part 5: Highlights and Scholarly Products

In this section, please report on any publications or presentations on which you are an author, regardless of whether you are the primary author or a co-author. Include everything that has occurred since you last reported, or since you came into your position as core personnel.

|  |  |
| --- | --- |
| Publications Table | Complete all fields. * Select publication type from the dropdown list.
* CTRP Cited – Select yes or No from dropdown list
* Bibliographic citation – Add full APA style citation. Add asterisk to authors associated with the CTRP.

PMCID# - For information on obtaining a PMCID#, click [HERE](https://www.ncbi.nlm.nih.gov/pmc/about/public-access-info/). |
| Presentations Table | Complete all fields. * Authors include yourself, co-presenters, and other co-authors of the presentation, even if not present. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - As shown on the presentation abstract or opening slide.
* Event - Conference or meeting at which the presentation was made.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
* Location Event – Location where presentation was received.
* CTRP Grant Cited? - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
 |

### Part 6: Proposals and Awards

In this section, please report on all awards that you have applied for or obtained during the reporting period. **Include both successful and unsuccessful applications.**

|  |  |
| --- | --- |
| Non-Federal Support Table | Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Source - Select most appropriate from dropdown
* Funding Organization - Name of the funding organization, e.g., American Heart Association
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| Federal Non-PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., National Science Foundation
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., Indian Health Service
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |

## Core Report Form

One Core Director from each Core must complete a Core Report. For Part 2 (Project Progress), follow the instructions for the Overview here. Then see the Core Activity Details section for the remainder of your Core’s specific Part 2 instructions. Note that for Parts 3, 4, 5, and 6, you should report only on activities you were involved in. Core personnel will report on their own activities separately.

### Part 1: Core Information

|  |  |
| --- | --- |
| Name | Your name  |
| Publishing Name (if different) | Any name(s) you currently use or have previously used for publications |
| Email | Your preferred email address |
| Institution | The institution through which you work |
| Current Position | Select the most appropriate choice from the dropdown list. |
| Degree(s) and Year(s) | List all advanced degrees, e.g. BS, 1980; MS, 1983; PhD 1990 |
| Native American or Alaska Native Tribal Affiliation | If applicable, or put N/A |
| eRA Commons ID | All personnel are encouraged to have an eRA Commons ID. Click [HERE](https://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/registration/investigators-and-other-users/era-commons-user-registration.htm) for information on how to register. |
| Months Worked on the Project  | Estimate the number of months you worked on the project, with or without pay, during the reporting period. E.g., if you worked ½ time for 12 months, put 6 months. |
| Core Personnel Table | Complete the table to include all individuals working in your Core paid or unpaid. Add a new row for each individual. Keep this list updated by adding and deleting individuals. All fields must be completed for everyone listed. |

### Part 2: Project Progress - Overview

First four items only. See additional Core-specific instructions below.

|  |  |
| --- | --- |
| Please describe the major goals of the project, including milestones, target dates, activities, and phases as relevant. | Cut and paste from original proposal if possible. |
| Have the goals changed since the initial award or previous report? | Select Yes only if there are major changes from the approved proposal. |
| What was accomplished for these goals? | Upload a Word file (docx) up to 8,000 characters (2-3 pages). Please do not use PDFs because they make collating information for the RPPR much more difficult. |
| What do you plan to do during the next reporting period to accomplish the goals? | Outline in detail your plans for the next quarter. 1 or 2 paragraphs. |

### Part 3: Dissemination to Communities of Interest

(Core Director Activities Only) In this section, please describe all outreach activities that you have undertaken to reach members of communities who are not usually aware of CTRP activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities. **Do not include interactions with CTRP project partners here.**

|  |  |
| --- | --- |
| Presentations Table | Complete all fields. * Community/Audience is the target audience, e.g., tribal college presidents.
* Presenter(s) - Include yourself, co-presenters, and other co-authors of the presentation. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - If a presentation had no formal title, create a descriptive title.
* Event could be a conference, a meeting of a specific group of people, etc.
* CTRP Grant Cited - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
* Location is the institution where a presentation was *received*. For example, if you presented from Montana online to a group at UAA, write “UAA, online”.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
 |
| Other Dissemination Activities Table | Complete all fields.* Activity - Describe the activity, e.g. attended a tribal council meeting.
* Date – The date the event occurred.
* Whom You Met With – Can be specific individual(s) or e.g., Blackfeet Tribal Council members
* Hours Spent Engaged in Activity – Do not include travel time unless part of the activity, e.g., touring Rocky Boy reservation with tribal elder.
* Purpose – Explain what you hoped to accomplish by engaging in the activity.

Outcome – Describe any realized or potential outcomes of the activity, e.g. potentially recruited a new investigator to participate in CTRP. |

### Part 4: Training and Professional Development You Received

(Core Director Activities Only) In this section, please report on training and professional development you received. **Do not include training or professional development that you provided.**

|  |  |
| --- | --- |
| Training and Professional Development Table | Add a new table for each event you attended.* Activity Title – Name of workshop, seminar, etc.
* Type – Select from dropdown
* Date – date of completion
* Description of PD Outcomes - Describe any professional development outcomes you derived from the event, including what you learned and how it will affect your work. If there were no discernable outcomes, please explain why. Approximately 1 paragraph.
 |

### Part 5: Highlights and Scholarly Products

(Core Director Activities Only) In this section, please report on any publications or presentations on which you are an author, regardless of whether you are the primary author or a co-author. Include everything that has occurred since you last reported, or since you came into your position as core director.

|  |  |
| --- | --- |
| Publications Table | Complete all fields. * Select publication type from the dropdown list.
* CTRP Cited – Select yes or No from dropdown list
* Bibliographic citation – Add full APA style citation. Add asterisk to authors associated with the CTRP.

PMCID# - For information on obtaining a PMCID#, click [HERE](https://www.ncbi.nlm.nih.gov/pmc/about/public-access-info/). |
| Presentations Table | Complete all fields. * Authors include yourself, co-presenters, and other co-authors of the presentation, even if not present. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Title - As shown on the presentation abstract or opening slide.
* Event - Conference or meeting at which the presentation was made.
* Date - Include the date the presentation was given. If the same presentation was delivered multiple times, add a new row for each event.
* Location Event – Location where presentation was received.
* CTRP Grant Cited? - If you identified a presentation as being connected to CTRP, either verbally or on visual materials, select Yes.
 |

### Part 6: Proposals and Awards

(Core Director Activities Only) In this section, please report on all awards that you have applied for or obtained during the reporting period. **Include both successful and unsuccessful applications.**

|  |  |
| --- | --- |
| Non-Federal Support Table | Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Source - Select most appropriate from dropdown
* Funding Organization - Name of the funding organization, e.g., American Heart Association
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| Federal Non-PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., National Science Foundation
* Grant/Contact # - As it appears on your award letter or contract.
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |
| PHS Support Table | To determine if your funding is PHS or non-PHS support, click [HERE](https://research.gwu.edu/list-phs-funded-agencies).Complete all fields.* Investigator Names - Include all co-PIs, including yourself. Include full names and mark CTRP investigators or personnel with an asterisk (\*).
* Funding Organization - Name of the funding organization, e.g., Indian Health Service
* Grant/Contract Title - As it appears on the approved proposal, cut and paste
* Budget Period - Entire length of project (dd/mm/yr - dd/mm/yr)
* Total Funded - Funding to be received over entire length of the project
* Current Year Funding - Funding to be received in the current reporting year
* Status - Select from dropdown. If the proposal was denied and resubmitted, add a new row for resubmission.
 |

## Core Report Forms – Part 2: Project Progress – Core Activity Details

### Administrative Core

|  |  |
| --- | --- |
| Leadership Committee Membership | Please describe, in detail, any changes to the leadership committees since the last report, why the changes occurred, and how those changes are affecting or are expected to affect the project. |
| Committee Activities | Describe in detail the primary purpose and activities of each committee, including how often you met, major items discussed, and what was learned or decided. Include a description of any major changes in committee mission. 1 to 2 paragraphs per committee. |
| Annual Conference | Upload final conference agenda and attendee or registration list. |
| CTRP Website  | Describe specific changes made and planned, the reasons for the changes, and the expected timeline for completion. |
| Professional Development Table | Complete all fields. Add a new row for each event.* Activity – Title or Purpose of the event
* Date – Date(s) of event. If the same activity was repeated, add a new row.
* Upload final agenda.
* Upload attendance list.
 |

### CEO Core

|  |  |
| --- | --- |
| Education Modules Table | Complete all fields. Add a new row for each event.* Title – Unit Title
* Learning Goals – Describe what the viewer should learn from the materials presented – the primary learning goals.
* Date Completed – Date the materials were made available to users.
* Link – Weblink to access the materials.
 |
| CBPR Assistance | For each type of assisted listed, please describe the assistance your Core provided, if any, including whom you assisted, how you assisted them, and how that assistance affected their project. |

### RDEB Core

|  |  |
| --- | --- |
| Biostatistics Brown Bags Table | Complete all fields. Add a new row for each event.* Title – Brown Bag Title
* Date
* Presenter(s) – Include names and affiliations. Mark CTRP personnel with an asterisk (\*).
* Number of Providers, Students, Faculty, CTRP Investigators, Undetermined. Include those attending in person and online. If online attendees are unidentified, put them in Undetermined.
 |
| Research Brown Bags Table | Complete all fields. Add a new row for each event.* Title – Brown Bag Title
* Date
* Presenter(s) – Include names and affiliations. Mark CTRP personnel with an asterisk (\*).
* Number of Providers, Students, Faculty, CTRP Investigators, Undetermined. Include those attending in person and online. If online attendees are unidentified, put them in Undetermined.
 |
| Undergraduate Internship Table | Complete all fields. Describe interns’ activities and how the experience affected their future plans. 1 or 2 paragraphs. |
| Research Symposium Table | Complete all fields. For the attendance list, please include attendees’ names, institutions, email addresses, and roles, e.g., CTRP investigator, CTRP personnel, other researcher, community member, potential CTRP applicant, etc. |
| Focus Group Table | Briefly describe the focus of any working groups developed through the symposium. Include members’ names, plans, and realized or expected outcomes. |
| Symposium Outcomes | Briefly describe the most significant outcomes of the symposium. Describe any plans for follow-up or future work. Describe how the symposium affected participants’ understanding of and future participation in the CTRP. |
| Biospecimen Facility | Complete all fields. Add a new row for each user category from dropdown list. If any portion of user fees were paid by CTRP, select Yes. |

### PD Core

|  |  |
| --- | --- |
| Workshops Table | Complete all fields. Add a new table for each event.* Event Title – Workshop Title
* Date – Date(s) workshop took place. If the same workshop was conducted multiple times, add a new table for each event.
* Location – Primary location where workshop was held. Indicate if participants attended online.
* Agenda – Upload PDF file.
* Attendance - For the attendance list, please include attendees’ names, institutions, email addresses, and roles, e.g., CTRP investigator, CTRP personnel, other researcher, community member, potential CTRP applicant, etc.
* Names of Individuals who initiated the event – Include institutional and/or community affiliations. Mark CTRP investigators or personnel with an asterisk (\*).
* Presenters – Names and affiliations of presenters. Mark CTRP investigators or personnel with an asterisk (\*).
* Learning Goals – Describe what the attendees should have learned from the workshop – the primary learning goals.
* Link – Provide the web link to access a recording of the workshop if recorded and/or links to support materials.
 |
| Speaker Exchange Table | Please ignore this item.  |
| Mentoring Teams Table | Complete all fields. Add a new row for each investigator.* Date establish – Date that the team was established.
* Team Members – Names and affiliations of members. Mark CTRP investigators or personnel with an asterisk (\*).
* # Meetings – Number of meetings held during the reporting period.
* Description of Outcomes – Summarize the primary issues being discussed and how the mentoring team is assisting the investigator. Describe any changes in the investigator’s work that are a consequence of the mentoring team’s involvement.
 |
| Advocacy Work Table | Complete all fields. Add a new table for each investigator.* Investigator Name – Do not include if the work is sensitive or confidential.
* Description of the Advocacy Work – Describe the issue being addressed and the parties involved (e.g., department chairs, deans, etc.). Do not include names.
* Description of Outcomes – Summarize how the advocacy work is assisting the investigator. Describe any changes in the investigator’s work that are a consequence of the advocacy.
 |