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| Appendix G | | | | | | | | | | | | | | |
| 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 HUMAN SUBJECTS RESEARCH? | | | | | YES  NO | | EXEMPTION NUMBER (IFAPPLICABLE) | | | | | | | |
| If YES to Human Subjects, is the IRB review Pending?  YES  NO | | | | | | | If IRB Review Not Pending, IRB Approval Date | | | | | | | |
| Human Subjects Assurance Number | | | | | | |
| An example of the informed consent for this study is enclosed | | | | | | | YES  NO  N/A | | | | | | | |
| A Clinical Protocol is enclosed | | | | | | | YES  NO  N/A | | | | | | | |
| Are Vertebrate Animals Used? | | | | | | | YES  NO | | | | | | | |
| If YES to Vertebrate Animals, is the IACUC review Pending?  YES  NO | | | | | | | | | | | | | | |
| If IACUC Review Not Pending, IRB Approval Date | | | | | | | Animal Welfare Assurance Number | | | | | | | |
| 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 | | | | | | | | |

NIH-2043 (Rev. 07/08)