Form Approved Through 02/28/2023

Department of Health and Human Services Public Health Services			Review Group	Туре	Activity	Grant Number		
				Total Project Period	I			
				From: Through:				
Grant Progress Report				Requested Budget Period				
				From: Through:				
1. TITLE OF PROJEC	СТ							
				2b. E-MAIL ADDRES	22			
(Name and address, street, city, state, zip code)								
				2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
				Herbert Wertheim School of Public Health and Human Longevity Science				
				2d. MAJOR SUBDIV	VISION			
				Herbert Wertheim School of Public Health and Human Longevity Science 2e. Tel: Fax:				
3a. APPLICANT ORGA		3b. Tel:		Fax	:			
(Name and address, street, city, state, zip code)				3c. DUNS:				
				4. ENTITY IDENTIFICATION NUMBER				
6. HUMAN SUBJECTS No Yes				5. NAME, TITLE AN	ND ADDR	ESS OF ADM	INISTRATIVE OFFICIAL	
Exempt	If Exempt (6a): Exemption		If Not Exempt ("No" in 6a): IRB approval date					
6b. Federal Wide Assurance No.				Tel:		Fax		
6c. NIH-Defined Phase III Clinical Trial No Yes				E-MAIL:				
7. VERTEBRATE ANIMALS No Yes				10. PROJECT/PERFORMANCE SITE(S)				
7a. If "Yes," IACUC approval Date				Organizational Name:				
7b. Animal Welfare Assurance No.				DUNS:				
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD				Street 1:				
8a. DIRECT \$	- \$	Street 2:						
If "Yes, Previously Reported Not Previously Reported				City:			County:	
				State:			Province:	
				Country:		Zip/	Zip/Postal Code:	
				Congressional Districts:				
11. NAME AND TITLE	OF OFFIC	IAL SIGNI	NG FOR APPLICANT C	I DRGANIZATION (Item	n 13)			
TEL: FAX:			₽-MAIL: vchsgrants@health.ucsd.edu					
12. Corrections to Page	e 1 Face P	age	·				<u> </u>	
statements herein are obligation to comply w	true, comple vith Public He on. I am awa	ete and accur ealth Services are that any fa	ATION AND ACCEPTA ate to the best of my knowl s terms and conditions if a g alse, fictitious, or fraudulent ve nenalties	ledge, and accept the grant is awarded as a	SIGNATU 11. <i>(In in</i>		CIAL NAMED IN DATE	
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