**Attachment B**

**Reporting Requirements**

Research Project Awardees in accordance with this Agreement shall maintain records of the research and development activities performed and funds expended under the Research Project Awards. All the records shall include the results of studies, analyses, tests and other investigations conducted as part of the Research Project Award.

The Research Project Awardees shall submit additional documentation as prescribed by individual Research Project Awards. The documentation described below is the minimum reporting requirements in each award:

**Quarterly, Annual and Final Reports**

The reporting templates for Quarterly, Annual and Final Reports are the same. However, the content should be updated to reflect the reporting period, unless otherwise stated.

**Prohibition On Contracting with Malign Foreign Talent Programs**

The Research Project Awardee is responsible for certifying on an annual basis that each covered individual is made aware of the requirements and complies with the prohibition outlined in Attachment C of the Research Project Award.

**Quad Chart.** A Quad chart is to be submitted with all Quarterly and Annual reports.

**Technical Status Report.** Quarterly and annually (if effort is for more than one year). The technical status report shall detail technical progress made during the reporting period and report on all problems, technical issues or major developments during the reporting period. The AO may specify additional reporting requirements.

**Business Status Report.** The business status report shall provide summarized details of the resource status of this Research Project Award including the status of the contributions by all participants made during the reporting period. This report will include accounting of current expenditures and cost share contributions. Any major deviations from the agreed to project plan shall be explained with a discussion of proposed actions to address the deviations.

Quarterly Reports shall be submitted to **mtec-deliverables@ati.org** by the 25th calendar day following prior calendar quarter close based on the following schedule:

|  |  |
| --- | --- |
| **Report Months** | **Due Date** |
| January – March | 25 April |
| April - June | 25 July |
| July - September | 25 October |
| October - December | 25 January |

**General Report Requirements**

Technical reports will provide a concise and factual discussion of the significant accomplishments and progress made during the reporting period. Each of the topics described below shall be addressed for the effort performed:

* A comparison of actual accomplishments with the goals and objectives established for the period;
* Reasons why established goals and objectives were not met, if appropriate;
* Other pertinent information including, and when appropriate, analysis and explanation of cost variances;
* A cumulative chronological list of written publications in technical journals, papers, or other presentations at meetings, conferences, seminars, etc. regarding the Research Project for the reporting period. All reports will identify resubmissions to publications, information, and/or notification of status of publication submissions; and
* New discoveries, inventions, or patent disclosures, and specific applications stemming from the Research Project effort provided that such disclosures shall not compromise IP rights of the Government, Consortium, or Consortium Members.

**Final Technical Report (FTR)**

* A FTR shall be submitted to the SOTR within the period of performance of the Research Project Award. This report will provide a comprehensive cumulative and substantive summary of the progress and significant accomplishments achieved during the total period of the Research Project effort. Each of the topics described above shall be addressed as appropriate for the effort performed. The SOTR will have thirty calendar days to provide comments or request that additional information be included for final approval.
* Format. The cover and title page shall be Standard Form 298, Report Documentation Page. Item 13 of the form should contain a 200 to 300 word abstract summarizing technical progress during the reporting period. Style should be third person singular using past tense. Jargon, special symbols or notations, subscripts, mathematical symbols, or foreign alphabet letters are not permitted. All pages should be prepared for acquisition and distribution by the Defense Technical Information Center (DTIC). All pages should be good quality for copying purposes. The report shall be prepared in accordance with American National Standards Institute (ANSI) document Z39.18-1987, "Scientific and Technical Reports: Organization, Preparation, and Production,” which may be obtained from American National Standards Institute, Incorporated, 1430 Broadway, New York, NY 10018.
* Once the SOTR has informed the CM that the FTR has been approved, the SOTR will ensure electronic submission to DTIC.
* The FTR front page shall be marked in a conspicuous place with a distribution statement to denote the extent of its availability for distribution, release, and disclosure without additional approvals or authorizations.

**Final Business Status Report**

A Final Business Status Report shall be submitted to the SOTR and the MTEC CM within the period of performance of the Research Project Award. The final business status report shall summarize details of the resource status of this OTA, including the status of the contributions by all participants. This report will include a final accounting of incurred expenditures and cost share contributions.

**Flow down.** The Consortium through its CM shall include this Attachment, suitably modified, to identify all parties, in all Research Project Awards or subawards. This Attachment shall, in turn, be included in all sub-tier subawards or other forms of lower tier agreements, regardless of tier. The government will be a third party in interest for purposes of this Attachment in any agreement where flow-down of rights and obligations is required.

**TASK ORDER NUMBER: [Enter Unique Task Order #/OTA Delivery Order Number] (Example HT3425-45-9-0026)**

**MTEC RESEARCH PROJECT NUMBER: (Example MTEC-17-08-Multi-Topic-0304)**

**EGS NUMBER: (Example MT17008.304)**

**TITLE:**

**PRINCIPAL INVESTIGATOR:**

**PERFORMING ORGANIZATION:**

**CONTRACTING ORGANIZATION: Medical Technology Enterprise Consortium (MTEC)**

**REPORT DATE:**

**TYPE OF REPORT: Quarterly, Annual, Final Report**

**PREPARED FOR: U.S. Army Medical Research and Development Command**

**Fort Detrick, Maryland 21702-5012**

**DISTRIBUTION STATEMENT: *CHOOSE ONE, DELETE THE OTHER***

"Approved for Public Release, Distribution Unlimited"

OR

"Distribution authorized to U.S. Government agencies. Secondary MTEC/ATI

Staff (Month Year). Other requests for this document shall be referred to U.S.

Army Medical Research and Development Command, 504 Scott Street, Fort

Detrick, Maryland 21702-5012."

**The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPORT DOCUMENTATION PAGE** | | | | | | | | *Form Approved*  *OMB No. 0704-0188* | | |
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.** | | | | | | | | | | |
| **1. REPORT DATE** | | **2. REPORT TYPE** | | | | | | **3. DATES COVERED** | | |
| **4. TITLE AND SUBTITLE** | | | | | | | | **5a. CONTRACT NUMBER**  W81XWH-15-9-0001 | | |
|  | | | | | | | | **5b. GRANT NUMBER**  N/A | | |
|  | | | | | | | | **5c. PROGRAM ELEMENT NUMBER**  (Can be blank if don’t know) | | |
| **6. AUTHOR(S)** | | | | | | | | **5d. PROJECT NUMBER**  [Enter EGS#] | | |
|  | | | | | | | | **5e. TASK NUMBER**  [Enter Unique Task Order #] | | |
| E-Mail: | | | | | | | | **5f. WORK UNIT NUMBER**  N/A | | |
| **7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)**  **AND ADDRESS(ES)** | | | | | | | | **8. PERFORMING ORGANIZATION REPORT**  **NUMBER** | | |
|  | | | |  | | | | [Enter RPA#] | | |
| **9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)** | | | | | | | | **10. SPONSOR/MONITOR’S ACRONYM(S)** | | |
|  | | | | | | |  |  | | |
| U.S. Army Medical Research and Development Command | | | | | | |  |  | | |
| Fort Detrick, Maryland 21702-5012 | | | | | | |  | **11. SPONSOR/MONITOR’S REPORT** | | |
|  | | | | | | |  | **NUMBER(S)** | | |
|  | | | |  | | | | N/A | | |
| **12. DISTRIBUTION / AVAILABILITY STATEMENT** | | | | | | | | | | |
| **13. SUPPLEMENTARY NOTES** | | | | | | | | | | |
| **14. ABSTRACT** | | | | | | | | | | |
| **15. SUBJECT TERMS** | | | | | | | | | | |
| **16. SECURITY CLASSIFICATION OF:** | | | | | **17. LIMITATION**  **OF ABSTRACT** | **18. NUMBER OF PAGES** | | | **19a. NAME OF RESPONSIBLE PERSON**  USAMRMC | |
| **a. REPORT**    Unclassified | **b. ABSTRACT**    Unclassified | | **c. THIS PAGE**    Unclassified | | Unclassified |  | | | **19b. TELEPHONE NUMBER *(include area code)*** | |
|  | | | | | | | | | | **Standard Form 298 (Rev. 8-98)**  **Prescribed by ANSI Std. Z39.18** |

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**Quarterly / Annual / Final Technical Status Report for**

<MTEC Research Project Title> Research Project No. XXXX‐XXX‐XXX

EGS#

Reporting Period: MM/DD/YYYY – MM/DD/YYYY

MTEC Research Project Awardee

<Research Project Lead>

<Other Research Project Team Member(s)> Research Project Technical POC

Name

Company Street Address

City, State Zip Code

Phone Number

Email address

Submitted: <date>

1. **Project Status** 
   1. **Accomplishments**

List the major tasks of the project as stated in the approved SOW. Indicate actual completion dates or the percentage of completion for each task. Also include a high-level description of the outcomes or progress associated with each milestone, objective, and/or task for this reporting period. Write salient bullet points to highlight the requested information.

* 1. **Progress Detail**

Indicate each task or segment of work as it is numbered and labeled in the Research Project Award’s Statement of Work (SOW) on which effort was expended during this reporting period only. Description of progress detail for each task shall include pertinent data and graphs in sufficient detail to explain any significant results achieved or problems encountered. A succinct description of the methodology used shall be provided.

* 1. **Reportable Outcomes**

This should include a chronological list of reportable outcomes for this reporting period, followed by date in DD/MM/YYYY. This section should not include project level accomplishments reported under “Progress Detail.”

* Description of any product, prototype, new methodology, or other similar items that have resulted from this research.
* Cumulative list of Publications
  + publication of papers
  + manuscripts in progress
  + presentations at conferences
  + filing of intellectual property
  + press releases
* Proposal submissions (specify the following information for any proposals that have been submitted during the reporting period that relate to this award: funding source (ex: R01, SBIR, CDMRP, another MTEC award, etc.), date of proposal submission, proposed funding amount, synopsis of proposed scope of work.
* Local economic impact (describe any impact that your organization through this project has had on your local economy, such as job creation, additional business with other local professional services like accountants and lawyers, reinvestment of earnings locally, etc.)
* Other notable accomplishments
  + Regulatory interactions/filing/approvals achieved during the period of performance, excluding IRB/OHRO and IACUC/ACURO.
  + Participation or wins in Pitch competitions and/or incubators.
  + Complete Appendix I of this template to report on follow-on funding.
  + Other (for example funding applied for)
  1. **Project Highlight**

If appropriate for this reporting period, submit a highlight about your recent project accomplishments. Include background, methods, results, and discussion. Limit to 1 page.

1. **Future Plans** 
   1. SOW Milestones Planned for Next Reporting Period: Present a brief statement of plans or milestones planned for the next quarter
   2. Technology Maturation: Description of your future plans to continue the scientific and technical development of the product, prototype, new methodology, or any other similar items that have resulted from this research.
   3. Regulatory: Description of your future plans to obtain clearance or approval from the U.S. Food and Drug Administration of the technology [e.g., product, prototype, new methodology, or any other similar items that have resulted from this research].
   4. Transition to the Military: Description of your future plans to transition the technology [e.g., product, prototype, new methodology, or any other similar items that have resulted from this research] to the military user/customer.
   5. Commercialization: Description of your commercialization strategy and plans to make the technology [e.g., product, prototype, new methodology, or any other similar items that have resulted from this research] available to the commercial marketplace.
2. **Problems / Issues** 
   1. **Current Problems / Issues**

Provide a description of current problems or issues that may impede performance or progress of this project along with proposed corrective action. This may include administrative, technical, and/or logistical issues.

For an award that includes the recruitment of human subjects for clinical research or a clinical trial, discuss any problems or barriers encountered, if applicable, and what has been done to mitigate those issues. Discussion may highlight enrollment problems, retention problems, and actions taken to increase enrollment and/or improve retention.

* 1. **Anticipated Problems / Issues**

Provide a description of anticipated problems or issues that have a potential to impede performance or progress. Also provide course of actions planned to mitigate problems or to take should the problem materialize.

* 1. **Anticipated Deviations from Project Plan**

In response to current or anticipated problems, describe any changes that are being considered/planned that are substantially different from the originally approved SOW (e.g., new or modified tasks, objectives, experiments, etc.). Please note that these will require review by the Sponsor Officer Technical Representative and final approval by USAMRAA Contracting through an award modification **prior to** initiating any changes. A change request form and revised SOW must be submitted to MTEC to coordinate the approvals.

1. **Financial Health**

Comment on the financial health of the study. Was the study financially on track during this quarterly reporting period and cumulatively for completion as proposed within the period of performance? If not, describe the cause(s), whether this will have a short‐term or long‐ term impact, the likelihood this can be overcome, and provide remediation strategy. Provide amount expended this quarter and cumulatively. State if there was any major equipment procured, sub‐award implemented, and/or travel conducted.

1. **Protocol and Activity Status**

For awards involving the use of human subjects, use of human cadavers, and/or use of animal subjects, prepare a summary in accordance with the following subsections. For all other awards, including those involving the use of human anatomical substances (such as tissue or cells or identifiable private information), mark as directed below. If this requested information is not relevant to your project, then please indicate N/A and delete sub-bullets.

* 1. **Human Use Regulatory Protocols**

**TOTAL PROTOCOLS:** State the total number of human use protocols required to complete this project (e.g., 5 human subject research protocols will be required to complete the Statement of Work.”). If not applicable, write “No human subjects research will be performed to complete the Statement of Work.”

**PROTOCOLS:** List all human use protocols to be performed to complete the project, include approved target number for clinical significance, followed by type of submission and type of approval with associated dates, and performance status for each.

**Protocol [OHRO Assigned Number]:**

**Title:**

**Target required for clinical significance:**

**Target approved for clinical significance:**

**Submitted to and Approved by:**

Provide bullet point list of protocol development, submission, amendments, and approvals (include IRB in addition to OHRO).

**STATUS:** Provide bullet point list of performance and/or progress status relating to the above protocol and discuss recruitment number, enrollment number, drop outs, disqualified, etc. For an award that includes the recruitment of human subjects for clinical research or a clinical trial: (i) report progress on subject recruitment, screening, enrollment, completion, and numbers of each compared to original planned target(s), e.g., number of subjects enrolled versus total number proposed; (ii) report amendments submitted to the IRB and USAMRDC OHRO (previously HRPO) for review; and (iii) any adverse events. Discuss any administrative, technical, or logistical issues that may impact performance or progress of the study (e.g. slow enrollment, large dropouts, or adverse events) for the above HPRO approved protocol.

* 1. **Use of Human Cadavers for Research, Development, Test and Evaluation (RDT&E), Education or Training**

“Cadaver” is defined as a deceased person or portion thereof, and is synonymous with the terms "human cadaver" and "post‐mortem human subject" or "PMHS." The term includes organs, tissue, eyes, bones, arteries or other specimens obtained from an individual upon or after death. The term "cadaver" does not include portions of an individual person, such as organs, tissue or blood, that were removed while the individual was alive (for example, if a living person donated tissue for use in future research protocols, that tissue is not considered a "cadaver" under this policy, regardless of whether the donor is living or deceased at the time of tissue use).

**TOTAL ACTIVITIES:** State the total number of RDT&E, education or training activities that will involve cadavers. If not applicable, write “No RDT&E, education or training activities involving human cadavers will be performed to complete the Statement of Work (SOW).”

**ACTIVITIES:** Provide the following information in a bulleted list for all RDT&E, education or training activities involving human cadavers conducted or supported during the quarter:

* Title of the RDT&E, education or training activity
* SOW task/aim associated with the activity
* Date the activity was conducted
* Identification of the organization’s responsible individual (e.g., PI or individual primarily responsible for the activity’s conduct)
* Brief description of the use(s) of cadavers in the activity and the total number of cadavers used during the reporting period
* Brief description of the Department of Army organization’s involvement in the activity
* Status of document submission and approvals
* Problems encountered in the procurement, inventory, use, storage, transfer, transportation and disposition of cadavers used for RDT&E, education or training. Examples of problems include but are not limited to: loss of confidentiality of cadaveric donors, breach of security, significant deviation from the approved protocol, failure to comply with state laws and/or institutional

policies and public relations issues.

* 1. **Animal Use Regulatory Protocols**

**TOTAL PROTOCOLS:** State the total number of animal use protocols required to complete this project (e.g., 2 animal use research protocols will be required to complete the Statement of Work.). If not applicable, write “No animal use research will be performed to complete the Statement of Work.”

**PROTOCOLS:** List all animal use protocols to be performed to complete the project, include approved target number for statistical significance, followed by type of submission and type of approval with associated dates, and performance status for each.

**Protocol [ACURO Assigned Number]:**

**Title:**

**Target required for statistical significance:**

**Target approved for statistical significance:**

**Submitted to and Approved by:**

Provide bullet point list of protocol development, submission, amendments, and approvals (include IACUC in addition to ACURO).

**STATUS:** Provide bullet point list of performance and/or progress status relating to the above protocol and discuss any administrative, technical, or logistical issues that may impact performance or progress of the study (e.g. animal use protocol need revision to minimize animal suffering, animal protocol modification to include additional staff) for the above ACURO approved protocol.

**APPENDIX I – FOLLOW-ON FUNDING**

Follow-on funding often plays a critical role in the advancement of technology through the maturation lifecycle to commercialization. This non-dilutive funding provided by the Department of Defense through your MTEC award helps de-risk technology development and enable Performers to secure follow-on funding. In this Appendix, Performers are required to report on the various sources of follow-on funding that the Performer has secured to continue development of the prototype funded by this MTEC award. Follow-on funding is defined as any additional funding that the Performer has secured after its MTEC award start date. (NOTE: Follow-on funding must not include the cost share that has been included as part of your MTEC research project award.)

**Please complete the table below to indicate source and amount of additional dilutive and non-dilutive funding received since your award start date.**

**Public/Foundation (Non-dilutive) funding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding source** | **Type of funding (ex: R01, SBIR, CDMRP, another MTEC award, etc)** | **Date of funding** | **Funding amt** | **Award scope** | **Results (if relevant)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Private (dilutive) funding**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fundraise amount** | **Lead investor** | **Syndicates** | **Date of raise** | **Fundraising stage** | **Fundraising type** | **Use of proceeds** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**If you are currently fundraising (e.g., pre-seed, seed, Series A, Series B) please provide the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current fundraise amount** | **Investors interested** | **Soft circled** | **Fundraising stage** | **Fundraising type** | **Planned use of proceeds** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Quarterly/Annual/Final Business Status Report for**

<MTEC Research Project Title> Research Project No. XXXX‐XXX‐XXX

EGS#

Reporting Period: MM/DD/YYYY – MM/DD/YYYY

MTEC Research Project Awardee

<Research Project Lead>

<Other Research Project Team Member(s)> Research Project Technical POC

Name

Company

Street Address

City, State Zip Code

Phone Number

Email address

Submitted: <date>

1. **Personnel Effort**

Provide names of current staff along with their roles and percent effort of each on this project. Add additional rows if necessary to list the complete team. If there is more than one project on this award, breakdown according to each project (one table per project).

|  |  |  |
| --- | --- | --- |
| **Personnel** | **Role** | **Percent Effort** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Provide a list of organizations that are participating in this project and describe their role to contribute to the award.

|  |  |
| --- | --- |
| **Organization** | **Role on Project** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Current Expenditures**

**DIRECTIONS: FILL OUT TABLE A OR B DEPENDING ON CONTRACT TYPE. TABLE A IS FOR COST REIMBURSABLE CONTRACTS AND TABLE B IS FOR FIXED PRICED CONTRACTS.**

* 1. **Cost Reimbursable Contracts: Complete only if your contract is Cost Reimbursable or Cost Plus Fixed Fee. Delete this section if it is not applicable.**

Expenditures should be reflective of cost incurred to date, not exceeding awarded project ceiling. Expenditures should coincide with the latest invoice for the reporting period. For cost reimbursable contracts please use the table below.

|  |  |  |
| --- | --- | --- |
| **Contract Expenditures** | **Current QTR Expenditures** | ***Cumulative To Date Expenditures*** |
| Labor (Personnel and Fringe) | $ | $ |
| Supplies/Materials | $ | $ |
| Travel | $ | $ |
| Equipment | $ | $ |
| Subcontractors and Consultants | $ | $ |
| Other Direct Costs | $ | $ |
| Indirect Costs | $ | $ |
|  |  |  |
| **Total** | **$** | **$** |

* 1. **Fixed Priced Contracts: Complete only if your contract is Fixed Priced. Delete this section if it is not applicable.**

Expenditures should be reflective of milestones that are **100% complete** and **invoiced** for. Milestones reported below should correspond to the Milestone Payment Schedule in the Project Award. **Milestones can only be invoiced for if they are 100% Complete**. Expenditures should coincide with the latest invoice for the reporting period. For fixed priced contracts please use the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **MTEC Milestone Number** | **Milestone Description** | **Due Date** | **Government Funds** |
| 1 |  | 1/15/20 | $1.00 |
| 2 |  | 2/15/20 | $1.00 |
|  | **Total Expenditures** |  | $2.00 (Should reflect what has been invoiced for) |

* 1. **Cost Share Contributions: Complete only if you’re reporting Cost Share. Indicate N/A if you have no cost share to report.**

Cost sharing includes any costs a reasonable person would incur to carry out (necessary to) proposed projects’ statements of work not directly paid for by the Government. There are two types of cost sharing: **(1) Cash**: Outlays of funds to perform the proposed project. Cash includes labor, materials, new equipment, and relevant subcontractor efforts. Sources include new IR&D funds, profit or fee from another contract, overhead or capital equipment expense pool. (**2) In-Kind:** Reasonable value of in-place equipment, materials or other property used in performance of the proposed project. All cash or in-kind cost sharing availability must be clearly and convincingly demonstrated by the Offeror. The Offeror will be required to provide financial reporting with appropriate visibility into expenditures of Government funds vs. private funds.

|  |  |  |
| --- | --- | --- |
| **Funding Source (Cash)** | **This Period** | **Cumulative to Date** |
| Cash | $0.00 | $0.00 |
| Labor Dollars | $0.00 | $0.00 |
| Indirect Labor Rates (Overhead/Fringe Benefits) | $0.00 | $0.00 |
| Travel | $0.00 | $0.00 |
| General & Administrative Services | $0.00 | $0.00 |
| Equipment (New) | $0.00 | $0.00 |
| Material | $0.00 | $0.00 |
| Other Direct Costs | $0.00 | $0.00 |
| Other \* | $0.00 | $0.00 |
| **Sub‐Total** | $0.00 | $0.00 |
| **Funding Source (In‐Kind)** | **This Period** | **Cumulative to Date** |
| Use of Existing Equipment (Estimated fair market value) | $0.00 | $0.00 |
| Use of Existing Software (Estimated fair market value) | $0.00 | $0.00 |
| Intellectual Property (Estimated fair market Value) | $0.00 | $0.00 |
| Space (Land or buildings) | $0.00 | $0.00 |
| **Sub‐Total** | $0.00 | $0.00 |
| **Cost Share Total** | $0.00 | $0.00 |

1. **Status of Milestones– FILL OUT FOR ALL CONTRACT TYPES (all project milestones are to be included)**

All project milestones from the Milestone Payment Schedule, in the project award, should be accounted for below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MTEC Milestone Number** | **Milestone Description** | **Due Date** | **% Completed this Reporting Period** | **Cumulative % Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Nontraditional Defense Contractor/Nonprofit Research Institution Participation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Nontraditional/Nonprofit** | **Planned Start Date** | **Actual Start Date** | **Reason for Deviation from Plan** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **DEVIATION FROM PROJECT PLAN**

Any major deviations from the agreed to project plan shall be explained with a discussion of proposed actions to address the deviations.

1. **PROHIBITION ON CONTRACTING WITH MALIGN FOREIGN TALENT PROGRAMS**

The Research Project Awardee is responsible for certifying on an annual basis that each covered individual is made aware of the requirements and complies with the prohibition outlined in the Research Project Award.

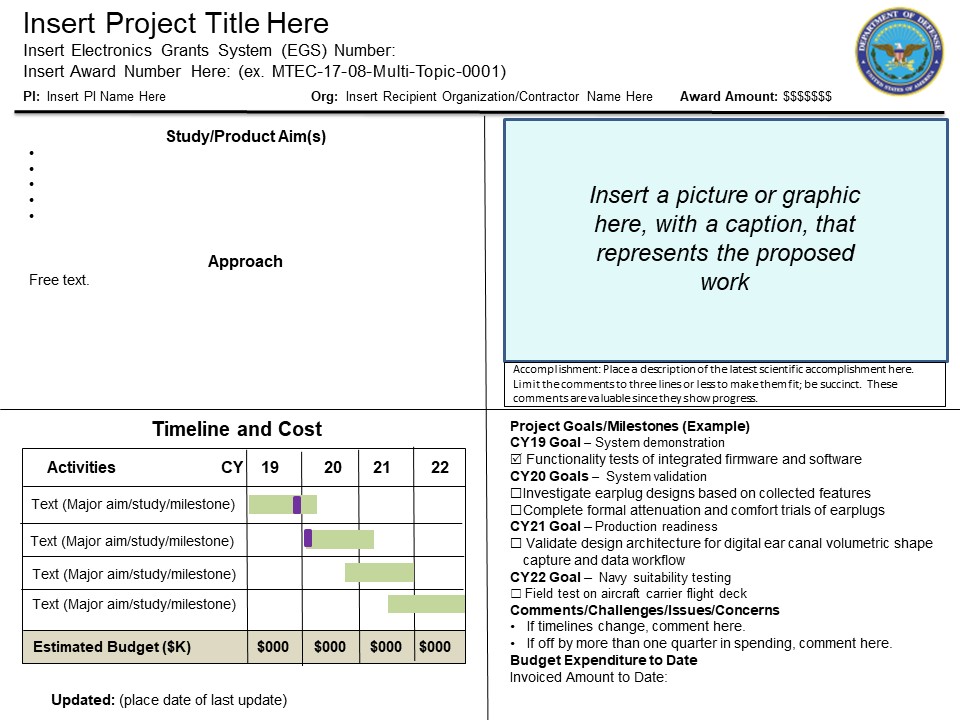
**Name Report file as EGS#\_Quarterly/Annual/Final Report\_Q# (For example MT16001.01\_Quarterly Report\_3)**

**Submit as a PDF file.**

**Make sure to fill in the page number on page 2 Table of Contents.**

**Don’t forget to submit an updated Quad Chart as well. Please name the Quad chart file as EGS#\_Quad Chart\_Q#**

**Quad Chart**

****

1. Quad charts should be submitted with the original proposals and updated quarterly (with the quarterly reports). The measurable goals are input on the chart at that time. These are included in the lower right quadrant for each year of execution. Sample goals are provided above.
2. Each quarter do the following:
   1. Once a study on your timeline chart begins, place a bar on the timeline bar where you are in the study. Each quarter, move the bars to represent the current location in the study.
   2. Check off your goals and milestones as you complete them. Here are some checked bars and empty bars to use: ☑☑☑ □□□
   3. If your timelines change, modify the timeline bar’s length and position *but if you change them, you must provide a comment on the change under Comments/Challenges/Issues/Concerns*
   4. Ensure a new accomplishment is added in the upper right quadrant. Please ensure that the picture or graphic does not contain proprietary information.