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| **University of California Office of the President**Special Research Programs | | | | Progress or Final ReportOTHER SUPPORT(Equivalent NIH form is acceptable)Form 5 | | |
| *(Check one)*  Breast Cancer Research  Tobacco-Related Disease Research  California HIV/AIDS Research | | | | | | |
|  | | | | | | |
| AWARD NUMBER: |  | | PROJECT YEAR *(Check one)*: 1st 2nd 3rd Final | | | |
| PRINCIPAL INVESTIGATOR(S): | |  | | | |  |
|  | | | | | | |
| Provide the following information on all sources of support for research activities for all key personnel, using the format indicated here. Add continuation pages (5B, 5C, etc.), as needed. Total % FTE for any individual cannot exceed 12 person months | | | | | | |
| NAME OF PI OR KEY PERSONNEL  ACTIVE AND PENDING GRANTS | | | | | | |
| GRANT NUMBER (PI NAME)  SOURCE  TITLE OF PROJECT (OR SUB-PROJECT)  THE MAJOR GOALS OF THIS PROJECT ARE… | | | DATES OF ACTIVE/PENDING GRANT SUPPORT  ANNUALTOTAL COSTS | | PERCENT EFFORT  (months devoted) | |
| OVERLAP ISSUES: (summarized for each individual) | | | | | | |
|  | | | | | | |