

OMB Number: 0690-0032 Expiration Date: 08/31/2021



Font in GREEN questions to be filled out by program Font in PURPLE questions to be provided by fellow

DEPARTMENT OF COMMERCE RESEARCH PERFORMANCE PROGRESS REPORT (RPPR)

For instructions, please visit

http://www.osec.doc.gov/oam/grants_management/policy/documents/RPPR%20Instructions%20and%20Privacy%20Statement.pdf

AWARD INFORMATION	
1. Federal Agency:	2. Federal Award Number:
3. Project Title:	
4. Award Period of Performance Start Date:	5. Award Period of Performance End Date:
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR	
6. Last Name and Suffix:	7. First and Middle Name:
8. Title:	
9. Email:	10. Phone Number:
AUTHORIZING OFFICIAL	
11. Last Name and Suffix:	12. First and Middle Name:
13. Title:	
14. Email:	15. Phone Number:
REPORTING INFORMATION	
Signature of Submitting Official:	
16. Submission Date and Time Stamp:	17. Reporting Period End Date:
18. Reporting Frequency:	19. Report Type:
Annual	Not Final
Semi-Annual	Final
Quarterly	
RECIPIENT ORGANIZATION	
20. Recipient Name:	
21. Recipient Address:	
22. Recipient DUNS:	23. Recipient EIN:

OMB Number: 0690-0032 Expiration Date: 08/31/2021

ACCOMPLISHMENTS
24. What were the major goals and objectives of this project?
25. What was accomplished under these goals?
26. What opportunities for training and professional development has the project provided?
26. What opportunities for training and professional development has the project provided?
27. How were the results disseminated to communities of interest?
28. What do you plan to do during the next reporting period to accomplish the goals and objectives?
PRODUCTS
29. Publications, conference papers, and presentations
30. Technologies or techniques
31. Inventions, patent applications, and/or licenses
-> P. P. C. C. P. P. C.
32. Other products

OMB Number: 0690-0032 Expiration Date: 08/31/2021

PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS
33. What individuals have worked on this project?
24. Here there have a sharper in the active other compant of the DD/DI(a) are equivalent as a price of the least
34. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last
reporting period?
35. What other organizations have been involved as partners?
36. Have other collaborators or contacts been involved?
36. Have other collaborators or contacts been involved?
IMPACT
37. What was the impact on the development of the principal discipline(s) of the project?
37. What was the impact on the development of the principal discipline(s) of the project?
38. What was the impact on other disciplines?
39. What was the impact on the development of human resources?
33. What was the impact of the development of fluinal resources:
40. What was the impact on teaching and educational experiences?
41. What was the impact on physical, institutional, and information resources that form infrastructure?
41. What was the impact on physical, institutional, and information resources that form infrastructure:
42. What was the impact on technology transfer?
42. What was the impact on technology transfer?

OMB Number: 0690-0032 Expiration Date: 08/31/2021

43. What was the impact on society beyond science and technology?
44. What percentage of the award's budget was spent in foreign country(ies)?
The trial percentage of the award o badget has open in letergh country (100).
CHANGES/PROBLEMS
45. Changes in approach and reasons for change
46. Actual or anticipated problems or delays and actions or plans to resolve them
47. Changes that had a significant impact on expenditures
48. Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents
49. Change of primary performance site location from that originally proposed
PROJECT CHITCOMES
PROJECT OUTCOMES 50. What were the outcomes of the award?

OMB Number: 0690-0032 Expiration Date: 08/31/2021

DEMOGRAPHIC INFORMATION FOR SIGNIFICANT CONTRIBUTORS (VOLUNTARY)		
Gender:	Ethnicity:	
Male	Hispanic or Latina/o	
Female	Not Hispanic or Latina/o	
Do not wish to provide	Do not wish to provide	
Race:	Disability Status:	
American Indian or Alaska Native	Yes	
Asian	Deaf or serious difficulty hearing	
Black or African American	Blind or serious difficulty seeing even when wearing glasses	
Native Hawaiian or other Pacific Islander	Serious difficulty walking or climbing	
White	stairs	
Do not wish to provide	Other serious disability related to a physical, mental, or emotional condition	
	No Do not wish to provide	