

November 2021

Dear ADRC Administrators,

As of October 17, 2014, the National Institutes of Health (NIH) has required all grantees to submit all type 5 progress reports using the Research Performance Progress Report (RPPR) module in eRA Commons (see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-014.html>). RPPR instructions and resources can be found at <http://grants.nih.gov/grants/rppr/index.htm>.

Time Frame for Progress Report:

All progress reports should cover one year from the last progress report. If this is your first year on the P30 mechanism, you report only from the start date of the P30.

The Inclusion Enrollment Tables are updated with the latest enrollments from the current progress period. The subject enrollment is the cumulative of unique new/baseline and first returning visits within the current five-year project period. For example, on the first day of a new 5-year cycle, the cohort will have a baseline of zero subjects. For the Year 1 RPPR Enrollment Table, report only the new subjects enrolled and returning subjects who had a visit in year 1. Years 2-5 of the 5-year cycle will only report as a cumulative total for the 5-year cycle. The cumulative total should grow to your planned enrollment.

NOTE: If Cores (other than the Clinical Core) or Developmental Projects are using subjects from the Clinical Core to conduct its work, the other Core/Project does not require its own inclusion enrollment table as the subjects have been accounted for in the Inclusion Enrollment Table of the Clinical Core.

Developmental Project participants that have been recruited from outside the ADRC that are not enrolled in the Clinical Core should be included in a Developmental Project Inclusion Enrollment Table.

Due Date:

The due date for Progress Reports is the 1st of the month preceding the month in which the current budget period ends (e.g., if the budget period ends 11/30, the due date is 10/1). If the 1st falls on a weekend or Federal holiday, the due date is automatically extended to the next business day.

RPPR:

The RPPR module is similar to the ASSIST (Application Submission System & Interface for Submission Tracking) system that is used to submit competing applications to the NIH/NIA in that grantees will need to create the 'component types' (Core, Project, Other) within RPPR. Upon submission to the NIA, the system will generate a PDF of the entire progress report (including a Table of Contents) that can be viewed from the RPPR menu using the VIEW button. Once submitted, the final version of the RPPR (in PDF format) will be accessible in Commons via the STATUS INFORMATION screen.

Please review Sections 5.1 and 5.2 of the NIH RPPR Instruction Guide to initiate and edit your Center's RPPR (see https://grants.nih.gov/sites/default/files/rppr_instruction_guide.pdf). To initiate the RPPR, the PI or delegate logs into ERA Commons, finds the "status" tab in the top banner, selects the list of applications/ grants, and chooses the Center's grant number. In the corresponding "Action" column, there is a RPPR hyperlink that will bring you to the RPPR menu. Select initiate (link to step-by-step instructions <https://era.nih.gov/erahelp/commons/default.htm#cs hid=1032>).

RPPR Module Instructions Relevant to ADRCs:

Order of Cores/Components

Core A: Administrative Core

Core B: Clinical Core

Core C: Data Management and Statistical Core

Core D: Neuropathology Core

Core E: Outreach, Recruitment and Engagement Core

Core F: Biomarker Core

Core G: Research Education Component

Core H-Z: All other optional cores

1. On the RPPR menu that corresponds to your Center's grant number, select 'yes' in response to the question 'Does the project have components'. The Overall component for your Center will be automatically available for your use and edits.
2. Click on the 'edit' link found in the ACTIONS box of the Overall component, and you will see separate screens corresponding to each of these sections: (A) Cover Page, (B) Accomplishments, (C) Products, (D) Participants, (E) Impact, (F) Changes, (G) Special Reporting Requirements, (H) Budget. *Follow the instructions that are provided in RPPR to complete each section.* Note that users may work on various sections in any order; however, please remember to click the SAVE button found in the navigation bar before leaving a screen!
3. Click 'Manage RPPR' to return to the RPPR menu. You will get a pop-up box asking if you are sure that you want to leave the current page. Select 'Leave this page'.
4. Select 'Admin Core' from the COMPONENT TYPE drop-down menu, enter 'Core A - Administrative Core' into the COMPONENT PROJECT TITLE box, indicate the PD/PI of the Core in the appropriate section, and hit the 'ADD COMPONENT' box to establish the Administrative Core component of your report. Click on its own 'edit' link found in the ACTIONS box of the component, and you will once again see sections (A) - (H) that will be used to report on the various elements pertinent to the Admin Core.
5. Select 'Core' from the COMPONENT TYPE drop-down menu, enter 'Core B - Clinical Core' into the COMPONENT PROJECT TITLE box, indicate the PD/PI of the Core in the appropriate section, and hit the 'ADD COMPONENT' box to establish the Clinical Core component of your report. Click on its own 'edit' link found in the ACTIONS box of the component, and you will once again see sections (A) - (H) that will be used to report on the various elements pertinent to the Clinical Core.
6. Repeat #5 for each of the required (Core C - Data Management and Statistical Core; Core D - Neuropathology Core; Core E – Outreach, Recruitment and Engagement Core; Core F – Research Education Component (RL5)) and then the optional Cores for your Center, in the order that is listed above.
7. **PROPOSED** Developmental Projects: Select 'Other' from the COMPONENT TYPE drop-down menu, enter 'Developmental Project (Proposal) Year. X.1: [TITLE]' into the COMPONENT

PROJECT TITLE box, indicate the PD/PI of the Project in the appropriate section, and hit the 'ADD COMPONENT' box to establish the first Developmental Project Proposal component of your report. Click on its own 'edit' link found in the ACTIONS box of the component, and you will once again see sections (A) - (H) that will be used to report on the various elements pertinent to the Developmental Project. Enter the Budget and Budget Justification of each proposal in section H.

8. Repeat #7 for each of the Developmental Project Proposals that will be funded by your Center in the coming award year.
9. **INTERIM** Developmental Project reports: Select 'Other' from the COMPONENT TYPE drop-down menu, enter 'Developmental Project (Interim) Year. X.1: [TITLE]' into the COMPONENT PROJECT TITLE box, indicate the PD/PI of the Project in the appropriate section, and hit the 'ADD COMPONENT' box to establish the first Interim Developmental Project component of your report. Click on its own 'edit' link found in the ACTIONS box of the component, and you will once again see sections (A) - (H) that will be used to report on the various elements pertinent to the Developmental Project.
10. Repeat #9 for each of the Interim Developmental Projects to be reported for your Center.
11. **FINAL** Developmental Project reports: Select 'Other' from the COMPONENT TYPE drop-down menu, enter 'Developmental Project (Final) Year. X.1: [TITLE]' into the COMPONENT PROJECT TITLE box, indicate the PD/PI of the Project in the appropriate section, and hit the 'ADD COMPONENT' box to establish the first Final Developmental Project component of your report. Click on its own 'edit' link found in the ACTIONS box of the component, and you will once again see sections (A) - (H) that will be used to report on the various elements pertinent to the Developmental Project.
12. Repeat #11 for each of the Final Developmental Projects to be reported for your Center.

Data entry, PDF attachments and style:

Most text entry boxes have an 8,000 character limit (~ 3 pages), and text exceeding 8,000 characters will be cut to 8,000 when using the *cut and paste* feature. Note the 700 characters limit (~1/4 page) for *Sections B.3* (Competitive Revisions/Administrative Supplements), *D.2.a* (Level of Effort), *G.9* (Foreign Component), *G.10.b* (Unobligated Balance), and 1,300 character limit (~1/2 page) for *Sections G.5* (Human Subjects Education Requirement) and *G.10.c* (Carryover balance description).

Grantees should generate text attachments using any word processing software and then convert those files to PDF before attaching the files to the appropriate section in RPPR. All PDF attachments must be submitted as individual files and may not be more than 6 megabytes (6MB). Although some software packages allow bundling of multiple PDFs into a single file, eRA systems cannot support "Bundling" or "Portfolio" features at this time (*per RPPR Instruction Guide Document Version 9.7.4; May 22, 2017*). Paginated PDF files are also discouraged since they can interfere with system pagination of the entire RPPR document upon submission to the agency. Save all files with descriptive file names of 50 characters or less and be sure to use only standard characters in files names. Do not use any special characters (e.g., *, #, /) or spacing in the file name, and for word separation, use an underscore (e.g., My_Attached_File.pdf).

Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface, a blank font color, and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.) Type density, including characters and spaces, must be no more than 15 characters per inch.

Type may be no more than 6 lines per inch. Use standard paper size (8.5 by 11). Use at least ½ inch margins (top, bottom, left, right) for all pages. No information should appear in the margins, including the PI's name and page number.

Overall Section:

The Overall section of your report should serve as an Executive Summary of the report and include the most significant scientific discoveries and innovations coming out of your Center during the past year. **Do not copy the first paragraph of each section to make up the Overview.** This section should highlight how the Cores are integrated to make up a whole greater than the sum of the parts, and describe how the existence of the Center has led to novel techniques, ideas and research findings.

Many required pieces of the progress report will **only** appear in Overall, not in the individual components. This includes, but is not limited to: Publications, Targeted Enrollment and Inclusion Enrollment Tables, Participants, Supplements, Dissemination, Websites or Other Internet Sites, Technologies or Techniques, Inventions, Patent Applications or Other Licenses, Other Products and Resource Sharing and Other Support.

Supplements: If your Center has a Diversity, Competitive or Administrative Supplement, it should be included in *Section B.3* (Competitive Revisions/Administrative Supplements) of the Overall Section. If your Competitive Supplement added a Core, add this new Component to your RPPR module as described above.

Dissemination: Describe how the results have been disseminated to communities of interest in *Section B.5*. Include any outreach activities that have been undertaken to reach members of communities who are not usually aware of these research activities, for the purpose of enhancing public understanding. Not Applicable is not an acceptable statement.

Websites or Other Internet Sites: List the URL for any Internet site(s) that disseminates data sharing instructions for research activities in *Section C.2*. A short description of how researchers can use the URL for requesting data from the Center should be provided. Not Applicable is not an acceptable statement.

Technologies or Techniques (If applicable): Identify technologies or techniques that have resulted from the research activities. Describe the technologies or techniques and how they are being shared in *Section C.3*.

Inventions, Patent Applications, and/or Licenses (If applicable): Inventions, patent applications and/or licenses in *Section C.4*. Have inventions, patent applications and/or licenses resulted from the award during this reporting period? If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization? Reporting of inventions through iEdison is strongly encouraged.

Other Products and Resource Sharing: Identify any data sharing that was accomplished during this project period in *Section C.5*. Not Applicable is not an acceptable statement.

Budget: A summary budget will be system-generated based on the budgets completed for each of the

RPPR components. Include the relevant budget and budget justification information for each Core and new Developmental Project Proposals in their respective component. For components that have zero budget amounts going forward (e.g., completed Developmental Projects), please select 'SF424 Research and Related Budget' from the drop-down menu in *Section H* of the budget, complete the required fields (denoted by *) on the form, and hit 'save'. Once you run a "check for error", you may get a yellow-box warning indicating that no budget amount has been allocated for the component; you may ignore this message.

Personnel: You will need to list each personnel who worked at least 1 person month per year during the reporting period in *Section D* (Participants) of the Overall component, regardless of their source of compensation. However, you will not need to list the eRA Commons ID for everyone – just those for senior/key personnel and individuals who have a postdoctoral, graduate, or undergraduate role. NOTE: For individuals with a postdoctoral, graduate, or undergraduate role, please ensure that they have entered their date of birth, gender, race/ethnicity, US citizenship status, country of citizenship, and institutions affiliated with their degrees (or indicate that they do not wish to provide such data) in their eRA Commons profiles. Otherwise, you will receive a red-box warning upon running a 'check for error' for the RPPR application.

Other Support: You will submit other support for all **new** senior/key personnel and **update** other support for all senior/key personnel for whom there has been a change since the last reporting period. Provide only active support (not pending support) for all new senior/key personnel. If a previously active grant has terminated and/or if a previously pending grant is now active, update by annotating (INACTIVE or NEW) accordingly.

Biosketch: A biosketch is required for **new** Senior/Key Personnel added since the last progress report. The page limit of the biosketch is 5 pages. Researchers are allowed to describe up to 5 of their most significant contributions to science along with the historical background that framed their research. Each description can be accompanied by a listing of up to 4 relevant peer-reviewed publications or other non-publication research products (e.g., instruments or equipment). NOTE: All publications listed that were published after 4/7/08 need to be compliant with the NIH Open Access Policy and include the PMCID in the reference. In addition to the descriptions of specific contributions and documentation, researchers will be allowed to include a link to a full list of their published work as found in a publicly available digital database such as [MyBibliography](#) or [SciENcv](#).

NOTE: Other Support and Biosketch formats are changing in January 2022.

Template and instructions can be found at

<https://grants.nih.gov/grants/forms/othersupport.htm>

<https://grants.nih.gov/grants/forms/biosketch.htm>

See also :

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-073.html>

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-110.html>

Publications:

- Public Access Policy information is required for all peer-reviewed publications resulting from work **directly** supported by the ADC. **NIH Public Access Policy Requirements:** <http://publicaccess.nih.gov/index.htm>
- Include your Center's entire list of publications that are relevant to the *current* Progress Report in

Section C.1 (Products) of the Overall component of the RPPR. Publications associated with your Center in My NCBI (www.ncbi.nlm.nih.gov/myncbi/) will 'pre-populate' *Section C.1* of the component. Place a checkmark under the 'ASSOCIATE WITH THIS RPPR' column to include it with your RPPR. Publications not associated with your Center in My NCBI (www.ncbi.nlm.nih.gov/myncbi/) will 'pre-populate' *Section C.2* of the component. Place a checkmark under the 'ASSOCIATE WITH THIS RPPR' column if these should be included with your RPPR. **Do not include publications under *Section C.1* (Publications) of each Core.** NOTE: If this is your first time using RPPR for your ADRC grant, it is likely that you will *not* be able to deselect publications from outside the current reporting period. RPPR will automatically pull *all* publications linked with your grant number. This should change with the second RPPR for a given grant, such that you can select only publications from the current reporting period.

- Centers have the discretion to include a list of publications in the PDF that is uploaded for *Section B.2* (Accomplishments) of the relevant component.
- If any publications are included that are not compliant with the NIH Open Access Policy, the **funds for your next grant year will be delayed** until Open Access compliance is achieved. If you submit your progress report with any noncompliant publications, you will ultimately need to correct the status of these publications (once compliance has been achieved) using the Progress Report Additional Materials (PRAM) feature. The system will send an automated email to the PD/PI requesting verification that all publications are in compliance with the NIH Public Access Policy. For more information, please see the RPPR Instruction Guide (*Section 5.10* of the NIH RPPR Instruction Guide). Tip: Work with affiliated authors early and often to bring publications into compliance before progress reporting deadlines!
- Public Access Policy compliancy will be evaluated by the NIH Public Access Support Center. Email communication will be from publicaccess@mail.nih.gov

NOTE: The inclusion of publications **indirectly** supported by the ADC (authors were not supported by the Center) in the progress report is optional. If Centers wish to include these in the annual progress report, they may include them on the PDF that is uploaded to *Section B.2* (Accomplishments) of the relevant component. Note that to include indirectly supported publications in Overall *Section C.1*, the publications will have to be linked with your ADC grant number through My NCBI. These publications must also be Open Access compliant.

Human Subject System (HSS): On June 9, 2018, HSS replaced the Inclusion Management System (IMS) used for reporting participant sex/gender, race, and ethnicity information (see <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-179.html>). Access is through the Human Subjects link in the RPPR or the eRA Commons Status page. Signing Officials will submit all study records associated with an application at one time rather than separately. Delegation authority is expected to be available in a future enhancement of HSS.

Use the HSS within eRA Commons to report sex/gender, race and ethnicity information as required by the [NIH Policy on the Inclusion of Women and Minorities in Clinical Research](#). NIH grantees completing their RPPR will be prompted in *Section G.4.b* to access and update the inclusion records directly in IMS as needed. See *Section 5.2.4* (Editing Inclusion Enrollment Data) of the NIH RPPR Instruction Guide for more information. See <https://grants.nih.gov/policy/clinical-trials/human-subjects-system.htm> for more information about the HSS.

Inclusion Enrollment Table(s): Cores and Developmental Projects that involve human subjects should provide Inclusion Enrollment Table(s). The Clinical Core will no longer report a cumulative table of the entire Center history. The inclusion table covers the cumulative enrollment of unique individuals (i.e., *newly* enrolled; 1st returning visits) within the current 5-year funding cycle. For example, the Clinical Core cohort starts at a baseline of zero subjects, for reporting purposes, on day 0 of the five-year grant cycle, and the first year RPPR enrollment table reports only newly enrolled subjects and returning subjects who have a visit in year 1. Years 2-5 report the cumulative new enrollment and returning visits from the baseline of 0 individuals at the start of the grant cycle, to the current year of the grant cycle.

Each new Developmental Project recruiting participants **outside** of the Clinical Core will need to have a Targeted/Planned Enrollment Table **before** an Inclusion Enrollment Table can be created and completed. Targeted/Planned Enrollment Tables should include the numbers projected for the *entire* grant period (not just the current year). For active, continuing components, if this is at least the second time that you are reporting through RPPR, you should **update** the numbers in your previous Inclusion Enrollment Tables. Remember that tissues or other biospecimens from deceased persons do not count as human subjects and do not need to be reported in the Inclusion Enrollment Tables. Note that all Targeted/Planned Enrollment and Inclusion Enrollment Tables for Cores and Developmental Projects will only show up in *Section G.4.b* of the Overall component.

New for enrollment tables from 2020 on: new upload system and new reporting requirement: age at enrollment needs to be included in enrollment tables.

"The Inclusion Across the Lifespan policy is now in effect and applies to all grant applications submitted for due **dates on or after January 25, 2019** (see [NOT-OD-18-116](#)). NIH recipients/offerors must submit individual-level data on participant age at enrollment in progress reports. Age at enrollment must be provided along with information on sex/gender, race, and ethnicity in the Inclusion Enrollment Report. Units for reporting age at enrollment range from minutes to years." Helpful links below, particularly the video. NOTE: The excel needs to match the format **exactly** as described in order to upload successfully.

1. [Inclusion Across the Lifespan Policy](#)
2. [eRA: Inclusion Enrollment Report](#)
3. [Entering Inclusion Data Using the Participant Level Data Template \(video\)](#)

TIP: If this is your first time submitting your Center's progress report using RPPR, you may need to create and then 'populate' the Targeted/Planned Enrollment Tables and the Inclusion Enrollment Tables for each relevant

Core or Developmental Project. To do so, first click on the 'Inclusion' link, then click on 'Submit New Planned Inclusion Record' link, then enter the Study Title and enrollment numbers using both the 'Edit Planned Enrollment' and "Edit Cumulative Enrollment" links. Remember to hit 'save' prior to exiting each screen! If you are submitting a 2-year Progress Report (see "Exceptions" on the next page), you **should** include Targeted/Planned Enrollment Tables and Inclusion Enrollment Tables for any completed pilots or Projects that enrolled human subjects. Note that these tables will still appear under Overall in future Progress Reports, but you will not update these numbers further after this year. Some ADCs have reported seeing tables under Overall from other completed components not relevant to the current reporting period; as long as the numbers from these components have not changed, you can just leave the tables as is with the old numbers.

Helpful instructions: <https://www.youtube.com/watch?v=8E5RX0HLI0M&feature=youtu.be>

NOTE: If Cores (other than the Clinical Core) are using subjects from the Clinical Core to conduct its work, the other Core does not require its own inclusion enrollment table as the subjects have been accounted for in the Inclusion Enrollment Table of the Clinical Core. Describe the recruited subjects from the Clinical Core to other cores by highlighting the planned enrollment and enrollment progress for each Core in the Accomplishments narrative. Remember: Subjects may only be counted once.

Updates in IRB and IACUC: Copies of IRB and IACUC approvals will no longer be needed. If there are (or will be) significant changes in human subject protocols and/or the uses of vertebrate animals since the last reporting period, you will need to provide a description and explanation of the changes in *Section F.3.a.* (Human Subjects) and/or *F.3.b* (Vertebrate Animals) of the Overall component.

Section G.5 (Human Subjects Education Requirement) of the Overall component will capture your Center personnel's human subjects training. If your Center has any NEW personnel in the upcoming funding year, simply type in their names, title of the human subjects education program completed by the individual, and a one-sentence description of the program. *Unlike previous paper submission of the progress reports, you will no longer need to submit Human Subjects Education certificates.*

Individual Cores and Developmental Projects:

External Advisory Report: Your Center's External Advisory Report should be included in *Section B.2* (Accomplishments) of the Admin Core component. The report should contain the list of committee members.

For each Core/Component:

- "Significance" section should receive a good amount of attention - why does this matter, how does your work further knowledge about and finding treatments for AD?
- Each Core is expected to emphasize the **scientific premise and rigorous** approaches taken to ensure robust and unbiased results. Reporting on rigor in RPPR will help NIH implement and evaluate the policy for both current and new awards. This will also prepare non-competing renewals for the next competitive renewal. (Link to notice: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-011.html>)
- In general, we want to focus on quality rather than quantity; the exception is with the ORE Core, where is important to show that outreach and engagement are reaching a large number of people. Of course, quality is important there as well.
- Someone other than the author should proofread all sections, particularly sections written by non- native English speakers.

Developmental Projects:

- The progress report should cover the period funded by the Center. If the study is continuing (i.e., extended under other, non-ADC funding), the progress (including Inclusion Enrollment Table) does not need to be reported to NIA. It is, however, good to let NIA know that the Developmental Project is continuing.
- Include 3 sets of reports, if necessary:
 - *new applications [abstract, biosketch, HSS Targeted/Planned Enrollment Table (for projects with human subjects recruiting outside the Clinical Core) and budget are at the minimum required OR full proposal may be submitted]. **FY2022-2023 Developmental Projects are to be submitted with your RPPR.***
 - an interim Developmental Project progress report (progress accomplished at the second year) including Inclusion Enrollment table, if applicable. The interim report should clearly state the status of the project and the plans to finalize the project.
 - final progress report and Inclusion Enrollment Table (if applicable) after 2 years, or when study is completed.
- Developmental Project Numbering: Projects should be numbered according to the year of the grant they were awarded (e.g., 2.1, 2.2 and 2.3, for three projects from year 2).
- Developmental Project Naming: Project should be named in the following format: Year. X.1: '[TITLE]', list PD/PI of the Project as 'Component Project Lead'

Required Tables:

Core A: Administrative Core (Tables A1-A7) should be handled as follows:

A summary of the results from all Administrative Core tables should be included in the Admin Core *Section B.2* (Accomplishments). Tables A1-A3, A5, and A6-A7 should be included as part of the PDF that is uploaded to the Admin Core *Section B.2* (Accomplishments). Table A4 should be included as part of the PDF that is uploaded to the Admin Core *Section B.4* (Training).

Core E: ORE Core (Tables E1- E2) should be included as part of the PDF that is uploaded to the ORE Core *Section B.2* (Accomplishments).

Core G: Research Education Component (RL5), will have two tables (Tables G1-G2) that list trainees, scholars, and events under the REC. This should be included as a PDF that is uploaded to the RL5 *Section D* (Participants).

INSTRUCTIONS FOR TABLES:

Core A: Administrative Core Tables A1-A7

- **Table A1. Federal Funded Grants supported by Resources of the ADC – YearXX**
This table includes federally funded grants that use any resources of your ADC. Resources include participants for any projects, tissue (autopsy tissue, blood, DNA, cell lines, etc.) from these participants, or data from these participants. In the far right column, Role of the ADC should include the numbers of participants, autopsy cases, etc...
NOTE: If the federal grant is a therapeutic trial, it should only be listed in table A3.
- **Table A2. Non-Federal (e.g. Foundation) Funding Supported by Resources of the ADC – YearXX**
This table is exactly the same as the previous table – with funding from non-federal sources. In the far

right column, Role of the ADC should include the numbers of participants, autopsy cases, etc.

- **Table A3. Funding for Therapeutic Trials – Year XX**

This table is for therapeutic trials, regardless of their funding source. In the far right column, the number of participants that have been enrolled to date should be reported.

NOTE: If the therapeutic trial is funded through a federal grant, it should only be listed in table A3.

- **Table A4. Training Awards – Year XX**

This table includes fellowships, Physician Scientist Awards, Underrepresented group Fellowships, etc. Personnel listed here should be involved in the ADC in some capacity.

- **Table A5. ADC Collaborations – Year XX**

This table includes the NACC Projects and other collaborations, relationships with industry, Alzheimer's Association chapters, and other institutions. There is bound to be some overlap with this table and some of the other tables. Try to be as complete as possible.

- **Table A6. Underrepresented Group-Related Grants – Year XX**

The main focus should be underrepresented group/diversity/health disparities. A study that is about something else but which attempts to recruit a large number of underrepresented groups would not be included. If you have more detailed information you would like to include, please do so.

- **Table A7. Biomarkers – Year XX**

This table includes the type of biomarkers collected by the Center. Each line requires a Yes/No response with additional details requested.

Reporting Underrepresented Group (URG) Study Population Activities in your Progress Report

In order to organize the reporting of **URG** activities so that it is more systematic across Centers, we will continue to use the three tables as well as a narrative section. Table A6 (**URG** Related Grants) is provided in the Administrative Core section of the progress report. The other two URG tables (labeled E1- Table 1 and E2-Table 2) should be included in the ORE Core section. For each of these forms, the URG/diversity/health disparities aspect should be the main focus. If a grant focuses on a topic not specific to URG issues (even if it is recruiting **URG** participants) the study should not be included in this table of URG grants. Similarly, if a conference does not focus on topics related to **URGs** or on issues regarding health disparities, do not include it in the table. These guidelines should not be completely restrictive; if you have a project that you believe is related to URG activities that you would like to include, please do and flag it for added consideration.

Tables E1 & E2. Underrepresented Ethnic and Racial Groups (URG)–Related Activities

These are uploaded in the ORE Core, even if activities took place in a different Core

Table E1.

- The ratio of **URG** participants contributing to one or more non-Clinical Core studies (pilots, projects and clinical trials) to the total number of participants contributing to non-Clinical Core studies.
- The ratio of **URG** participants providing DNA samples to the total number of participants providing DNA samples.
- Third, the ratio of **URGs** participating in the Clinical Core UDS evaluations to the total number of **URGs** participating in the Clinical Core UDS evaluations.

(This information is meant to be a useful tool for each Center, not a time consuming burden. Please include the ratio information that is readily available.)

Table E2. Instructions for the Underrepresented Group (URG) Related Activities Narrative.

Please fill in the section entitled 'URG Related Activities Narrative.' This information is used by NIA for the purposes listed here: <https://www.alz.washington.edu/NONMEMBER/SPR07/nina.pdf> as well as for other purposes. If you feel that you have already provided this information concisely within the text elsewhere, please do not repeat the information; instead, reference the component and RPPR section where the information can be found.

- Description of community partnerships/integration:
- Recruitment/retention strategies/plans:
- Barriers (successes, failures, steps to overcome)
- Individual events, brochures etc. (*if there are any that you would like to provide further detail other than that provided in the table*)
- Future plans

Core G: RL5 Research Education Component (Tables G1-G2)

- **Table G1. Summary Table of REC Trainees and Scholars – Year XX**

This table will summarize the trainees that are receiving education through the component.

- **Table G2. Summary Table of REC Events – Year XX**

This table will summarize the events hosted or supported by the component.

Appendix:

An Appendix is no longer part of the RPPR application. NIA staff will no longer accept CDs of these materials. If you wish to highlight papers that were published within the current progress report period, please include the URL (e.g., <http://www.yourfavoritejournal.org>) for the paper in the text of your report when discussing.

Close Out and Final RPPR:

In November 2016, NIH implemented Final Research Performance Progress Reports (Final RPPR) as a new eRA Commons module (See [NOT-OD-17-022](#)). A final RPPR is required for any grant that has passed its project end date and will not be extended through award of a new competitive segment. The report is due within 120 calendar days of the end of the project/funding period indicated on the notice of award (NOA). Data entry is done through the RPPR screens in eRA Commons. The information submitted will be the same as the annual RPPR (with the exception of budget and plans for the upcoming year) and summarize progress made toward the achievement of scientific aims and identifies significant outcomes. This will be used as part of the grant closeout process to submit project outcomes in addition to information above. In the Project Outcomes section, provide a concise summary (1/2 page) of the cumulative outcome or finding of the Center. The concise summary will be made public and represents the summary of your P50 award (See [NOT-OD-18-103](#)). See *Section 6.9* (Section I - Outcomes) of the NIH RPPR Instruction Guide for more information.

Closeout of an award is the process by which NIH determines that the grantee and NIH have completed all applicable administrative actions and all required work of an award. See [NOT-OD-14-484](#) for updates on the Grant Closeout Policies. See the Notice of Award for additional instructions on the final federal financial reports. Use <https://grants.nih.gov/grants/closeout/index.htm> and Section 8.6 of the [NIH Grant Policy Statement](#) to review the NIH Closeout Requirements and find additional resources.

All of the needed files and instructions for the ADC Progress Reports (Type 5) to be submitted will be posted on the NACC website at <https://www.alz.washington.edu/NONMEMBER/progprep.html>. If you have questions or comments, please contact Annika Noreen (annikn@uw.edu) and copy Grayson Donley (grayson.donley@nih.gov), Nina Silverberg (silverbergn@mail.nih.gov) and Cerise Elliott (elliottce@mail.nih.gov).

NOTE: Any questions pertaining specifically to RFAs must be directed to NIA staff (administrators are not authorized to answer questions related to RFAs).

Questions regarding the eRA Commons should be addressed to the eRA Commons Help Desk:

Web: <http://grants.nih.gov/support/index.html> (preferred method of contact)

Phone: 1-866-504-9552 (toll-free) or 301-402-7469

Hours: Mon-Fri, 7am to 8pm EST