November 2020

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 start of the award period or the last progress report.

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 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 (found at 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 choses the Center's grant number. In the corresponding "Action" column, there is an 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#cshid=1032).**

RPPR Module Instructions Relevant to AD Centers:

Order of Cores/Components

Core A: Administrative Core

Core B: Clinical Core

Core C: Data Management and Statistics 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 and Recruitment Core; Core F – Research Education Component (RL5) for the Centers that have a Research Education Component) and then the optional Cores for your Center, in the same order that was presented in your Center's most recent competing application.
7. **Developmental Projects:** Select 'Other' from the COMPONENT TYPE drop-down menu, enter 'Developmental **Project (Final) Year. XX.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.
8. Repeat #7 for each of the final Developmental Project to be reported for your Center.
9. Select 'Other' from the COMPONENT TYPE drop-down menu, enter 'Developmental **Project (Interim) Year. XX.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. Select 'Other' from the COMPONENT TYPE drop-down menu, enter 'Developmental Project **Proposal Year. XX.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 new project proposal in section H of each proposal.
12. Repeat #11 for each of the Developmental Project Proposals that will be funded by your Center

in the coming award year.

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 1300 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 and Projects 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.

COVID impact should be addressed in the Overall section and in all Cores and Developmental Projects in *Section F. Actual or Anticipated Challenges or Delays and Actions to Resolve Them.*

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, and Other Support.

Budget: A summary budget will be system-generated based on the budgets completed for each of the RPPR components (Core, Project). Include the relevant budget and budget justification information for each Core, Project, and new Developmental Project Proposals in their respective component. For components that have zero budget amounts going forward (e.g., completed Development 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 of the 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.

Other Support example:

Doe, Jane M.

ACTIVE

(NEW)
P01 AG123456

OVERLAP No Overlap

INACTIVE

R01 AG123456

Other Support instructions and examples can be found at:
https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-114.html

Please see the following page for Other Support example.

PHS 2590/RPPR OTHER SUPPORT FORMAT PAGE

Submit Other Support for all new senior/key personnel, and updated Other Support for all senior/key personnel for whom there has been a change since the last reporting period.

Provide only active support for all new senior/key personnel. Provide updated Other Support for all senior/key personnel for whom there has been a change in other support. If a previously active grant has terminated and/or if a previously pending grant is now active, update by annotating accordingly.

Other Support includes all financial resources, whether federal, non-federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

Effort devoted to projects must be reported in "person months." NIH and other PHS agencies use the concept of "person months" as a metric for determining percent of effort. For more information about calculating person months, see NIH's Frequently Asked Questions on Person Months.

Use the suggested format shown below**.** See section D.2.c of the RPPR Instruction Guide, and NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures for more information.

Format

NAME OF INDIVIDUAL ACTIVE/INACTIVE		
Project Number or Name (Contact PD/PI name) Source of Support Title of Project or Subproject The major goals of this project are…	Dates of Approved/Proposed Project Total Direct Costs	Person Months (Calendar/Academic/ Summer)
OVERLAP *(summarized for each individual)*		

Instructions for Selected Items

Project Number: If applicable, include a code or identifier for the project.

Source: Identify the agency, institute, foundation, or other organization that is providing the support. Include institutional, federal, public, and private sources of support.

Major Goals: Provide a brief statement of the overall objectives of the project, subproject, or consortium/contractual arrangement.

Dates of Approved/Proposed Project: Indicate the inclusive dates of the project as approved/proposed. For example, in the case of NIH support, provide the dates of the approved/proposed competitive segment.

Total Direct Costs: In the case of an active project, provide the total award amount for the entire award period. For a pending projects, provide the proposed total cost budget for the total award period.

Percent Effort/Person Months: Indicate calendar, academic, and/or summer months associated with each project. For an active project, provide the level of actual effort in person months (even if unsalaried) for the current budget period. Person months should be classified as academic, calendar, and/or summer. For a pending project, indicate the level of effort in person months as proposed for the initial budget period. Use either calendar months OR a combination of academic and summer months. If effort does not change throughout the year, it is OK to use only calendar months. However, you may use both academic and summer months if your institutional business process requires noting each separately even if effort remains constant. If effort varies between academic and summer months, use only academic and summer months, and do not use calendar months. In cases where an individual's appointment is divided into academic and summer segments, indicate the proportion of each devoted to the project.

Overlap: After listing all support, summarize for each individual any potential overlap with the active or pending projects and this application in terms of the science, budget, or an individual's committed effort.

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. If publications which only list the P50 were published in the P30 funding cycle, it is possible to manually associate them to the P30. However, they still need to be compliant with Public Access policy. **Do not include publications under *Section C.1* (Publications) of each Core, Project, or REC component.** NOTE: If this is your first time using RPPR for your ADC 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 Core/Project/Trainee 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 Public Access Policy, the **funds for your next grant year will be delayed** until Public 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 (3-4 months) 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
  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 Public Access compliant.

Biosketch: A biosketch is required for *new* Senior/Key Personnel (https://grants.nih.gov/grants/guide/notice-files/not-od-15-032.html). 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 Public 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.

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): Clinical Cores, Projects and Development Projects that involve human subjects should provide Inclusion Enrollment Table(s). The inclusion report covers the cumulative enrollment of unique individuals 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. The first year RPPR enrollment table reports only newly enrolled subjects and returning subjects who have a visit in year 1. Even if a participant has been seen 12 years in a row, their first visit in the new grant cycle should count as an enrollment. Years 2-5 of the 5-year cycle will only report unique new subjects seen in each year. Follow up visits should not be counted as a new enrollment. Each subject should only be counted once within the 5-year funding cycle.

The cumulative total should grow towards your planned enrollment. NOTE: If a Core/Project (other than the Clinical Core) is 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. Note that telephone/video visits count if they are the first returning participants visit in the P30 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 (if necessary). 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 Development Projects will only show up in *Section G.4.b* of the Overall component.

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, and 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 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.

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**. The policy also applies to solicitations for Research & Development contracts issued January 25, 2019 or later, and intramural studies submitted on/after this date. Ongoing, non-competing awards will be expected to comply with the policy at the submission of a competing renewal application. Research that was submitted *before* January 25, 2019 continues to be subject to the Inclusion of Children in Clinical Research Policy.

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 instructions: https://www.youtube.com/watch?v=lHYrdlPfKVo&feature=youtu.be
NOTE: This video tutorial will demonstrate how to enter inclusion data using the Participant Level Data Template in the Human Subjects System (HSS).

Supplements: If your Center has a Diversity Revision 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.

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 Development Projects:

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.

Required Tables:
Templates for the required tables can be downloaded from the NACC website and more detailed instructions for tables are included at the end of this document: https://www.alz.washington.edu/NONMEMBER/progrep.html

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). All tables, except for therapeutic trials, should report the total award amount.

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 one table (Table G1) that list trainees under the REC and should be included as a PDF that is uploaded to the RL5 *Section D* (Participants).

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

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]. **Development Projects are to be submitted with your RPPR.**

- The interim report is the first time that development projects will report on their progress. There may be multiple interim reports for development projects that are funded for more than one year. The reporting period should coincide with the funding period to the extent possible. Include 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, Development Projects from year 2).

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.

P30/50 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/progrep.html. If you have questions or comments, please contact Emily Little (e2little@ucsd.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.

Instructions for Required Tables:

NOTE: There may be overlapping listings between tables. Please be sure to include details (e.g., # of participants contributed) wherever possible, as suggested in the example tables – this makes summarizing across centers possible.

Core A: Administrative Core (Tables 1 - 6)

- **Table A1. Federal Funded Grants supported by Resources of the ADC – Year XX**
  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 cumulative total 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 – Year XX** 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 cumulative 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 since the start of the therapeutic trial 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 ADRC in some capacity.

- **Table A5. ADRC 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 NEW THIS YEAR**
  Please indicate if your center does or does not collect each type of biomarker listed in the table. To have an accurate reflection of all the Biomarker activities review the statement and mark YES/NO as to whether your Center is collecting these biomarkers on any of your participants.

Core E: ORE Core (Tables 1 and 2)

These tables should report on all URG-focused activities in the Center, even if not through ORE specifically – see details below in the section "Reporting Underrepresented Group (URG) Study Population Activities in your Progress Report"

Table E1. Underrepresented group Events and Activities – Year XX

Listings in this table should have as their main focus underrepresented group/diversity/health disparities issues or topics. A conference that is not specifically ABOUT underrepresented group or health disparity issues should not be listed. If you have more detailed information you would like to include, please do so. Summarize all outreach activities for all cores here.

Table E2. Summary Table of Underrepresented group-Related Activities – Year XX

See info above for ORE Core Table 1. Two items in the summary table reflect the interest of External Advisory Committees and review committees in the extent to which underrepresented groups participate in research studies other than the Clinical Core evaluations. The first item is the number of underrepresented group participants contributing to one or more non-Clinical Core studies by the total number of active underrepresented group participants. The second item refers to provision of DNA samples by underrepresented groups.

Please fill in the section entitled 'Underrepresented group Related Activities Narrative.' This information is used by NIA for the purposes listed here: https://www.alz.washington.edu/NONMEMBER/SPR07/nina.pdf, among others. If you feel that you have already provided this information concisely elsewhere, please do not repeat the information; instead, indicate the section where the information may be found.

Core G: RL5 Research Education Component (Table 1)—if applicable to your Center

Table G1. Summary Table of REC Trainees – Year XX

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

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 this year. Table A6 (URG Related Grants) should be 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.

Table E1. Summary Table of Underrepresented Ethnic and Racial Groups (URG)–Related Activities.

We have clarified three items in the summary table to address the interest on the part of External Advisory Committees and review committees in evaluating what portion of **URG**s participate in research studies in addition to the Clinical Core evaluations.

- The first item is the ratio of **URG** participants contributing to one or more non-Clinical Core studies (projects and clinical trials) to the total number of participants contributing to non-Clinical Core

studies.

- The second item is the ratio of **URG** participants providing DNA samples to the total number of participants providing DNA samples.
- Third, the ratio of **URG**s participating in the Clinical Core UDS evaluations to the total number of **URG**s 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