Annual Programmatic Report is due March 1, 2007

California Institute for Regenerative Medicine

Annual Programmatic Report for CIRM Training Grants 2006-2007

INSTRUCTIONS FOR COMPLETION AND SUBMISSION

The Annual Programmatic Report for CIRM Training Grants includes the following components:

1. **Training Program Report Form** (i.e., this document completed and signed)

2. **Trainee Progress Report Form** (signed by mentor) for each trainee that is appointed or continuing their appointment during the reporting period.

3. Any **supporting documentation** such as publications by trainees, curriculum vitae, course rosters, and course syllabi.

4. Updated **public policy assurances** for use of vertebrate animals, human subjects, human embryonic stem cells, or for research requiring institutional oversight committee approval.

COMPLETION AND SUBMISSION OF PROGRESS REPORT:

1. **Complete** the interactive PDF forms (i.e., Training Program Report Form and the Trainee Progress Report Forms) using *Adobe Acrobat 7.0 (or newer) Standard or Professional*.

2. **Save** the completed PDF forms and **print** a hard copy of each. It is advisable to provide a unique name for each trainee report form that includes the trainee's last name and your grant number such as "LastName_T10000X.pdf".

3. **Sign** the hardcopies as required.

4. **Submit electronically** the saved forms as email attachments (preferably within one email message) and send to "Trainees@cirm.ca.gov".

5. **Also, submit hardcopies** of the forms (signed and completed) along with any supporting documentation and updated public policy assurances.

   Mail or deliver to:

   Grants Management Officer
   California Institute for Regenerative Medicine
   210 King Street
   San Francisco, CA 94107

Deadline for reciept of both the electronic and harcopy documents of the Annual Programmatic Report is Thursday, March 1, 2007 at 5:00pm.

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California Institute for Regenerative Medicine

Training Program Report Form 2006-2007

Please see instructions before completing this form.

CIRM TRAINING GRANT NUMBER (select from menu)	NAME OF INSTITUTION (select from menu)

REPORTING PERIOD

From (month, day, year):	To (month, day, year):	NAME OF PROGRAM DIRECTOR

PROGRESS OVERVIEW

Were all allowable trainee appointments for the expiring budget period made?	Yes ☐	No ☐
Are there any publications that resulted from CIRM training grant support? If yes, include an electronic reprint (PDF format) of each publication.	Yes ☐	No ☐
Are there any inventions, patent applications, or licensing activities to report?	Yes ☐	No ☐
Are there any changes or updates to trainee project assurances (e.g., IACUC, IRB)? If yes, submit updated documentation with this report.	Yes ☐	No ☐
Have there been significant changes in the training program (e.g., program administration)? Please describe in the appropriate section below (i.e., sections VI-VIII).	Yes ☐	No ☐
Do you anticipate any budget changes for the next budget period that would exceed 25% of the total project costs? If yes, describe in section II, *Budget Justification*.	Yes ☐	No ☐

CONTACT INFORMATION

AUTHORIZED ORGANIZATIONAL OFFICIAL	PROGRAM DIRECTOR
NAME	NAME
TITLE	TITLE
ADDRESS	ADDRESS
CITY ZIP	CITY ZIP
PHONE	PHONE
EMAIL	EMAIL

CERTIFICATION

I certify that the statements herein are true and complete to the best of my knowledge.	SIGNATURE OF PROGRAM DIRECTOR	DATE
I certify that the statements herein are true and complete to the best of my knowledge.	SIGNATURE OF AUTHORIZED ORGANIZATIONAL OFFICIAL	DATE

CIRM USE ONLY

Date received:		**Recvd by:**	

Annual Programmatic Report

I. BUDGET OVERVIEW

	Approved Budget	ANTICIPATED EXPENDITURES		Anticipated Carry Forward
		CURRENT Budget Period	NEXT Budget Period	
Annual stipends	$	$	$	$
Health insurance	$	$	$	$
Tuition and fees	$	$	$	$
Research & travel	$	$	$	$
Program administration	$	$	$	$
TOTAL BUDGET	$	$	$	$

II. BUDGET JUSTIFICATION

Please describe and provide justification where appropriate for any changes in the anticipated expenditures for the next budget period and/or any anticipated carry forward amounts. Note that prior approval from CIRM is required if the total carry forward amount exceeds 25% of the total approved budget.

Annual Programmatic Report

III. TRAINEE OVERVIEW

	Approved Number of Trainees for Report Period	Number of Trainees Appointed During Report Period	Number of Continuing Trainees in Next Budget Period	Number of New Trainees Expected Next Period
Pre-doctoral				
Post-doctoral				
Clinical fellow				

IV. TRAINEE ROSTER

List all trainees that have been appointed to the program and that have continued their appointment during the reporting period.

	TRAINEE NAME	APPOINTMENT START DATE	APPOINTMENT END DATE	APPOINTMENT TYPE	MENTOR NAME
	Alice Example, Ph.D.	04/01/2006	03/31/2008	Post-doctoral	Joe Kinase, Ph.D.
1					
2					
3					
4					
5					
6					
7					
8					
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V. TRAINEE RECRUITMENT AND SELECTION PROCESS

Describe the process used to recruit and select trainees for each training level (e.g., pre-doctoral). Please include strategies used to recruit a diverse cohort of trainees and the success of such strategies.

VI. PROGRAM ACTIVITIES

Describe the training program activities (e.g., seminars, workshops, retreats) that were developed and/or implemented during the reporting period. Discuss the outcomes of these activities and plans for the next year.

VI. PROGRAM ACTIVITIES	CONTINUED

VII. TRAINING COURSES

Describe the objectives and outcomes for each course implemented under the training program including the required courses in stem cell biology and ethical, legal, and social issues. Course rosters, syllabi, and evaluations should be included with report as appropriate. Discuss any expected changes for the next year.

VIII. PROGRAM ADMINISTRATION

Describe how the training program was administered during the reporting period including hiring of administrative personnel, meeting of oversight or advisory committees, and program evaluations. Include any expected changes in the administration of the program.