

TRANSATLANTIC NETWORKS OF EXCELLENCE

Fourth Year Progress Report

The complete report should be submitted in PDF format.

I. Program Identification

Program Title:

Grant number:

Start Date:

Principal Coordinator and institution:

Contract Administrator:

Second Coordinator and Institution:

Changes in network members since last report:

Period Covered by this report: From _____ To _____

II. Narrative update

Please provide a 2-page narrative summary of the progress of the network with respect to the revised general aims of the network. Indicate if there are any changes contemplated to the scientific program, or to the composition of the network. Please outline open access/data sharing plans.

III. Budget

1. **Current year.** Please provide a summary by year of the actual (or projected) amount spent by each member in the network up through the end of the last quarter for which spending information is available. Follow the budget template provided (page 3). Please provide a justification for any discrepancies that have arisen since the last progress report. Note any additional support received by network members for network projects.
2. **Revised future budget.** Please provide a revised budget for the remaining years of support, with a breakdown per institution, using the same template categories. Justify significant changes-if any- from the original budget.

IV. Network productivity and recognition *(to be submitted also in Word format)*

1. Publications.

- a. **Publications based on work funded by Fondation Leducq, which acknowledge the foundation's support.** List here, *by year and then alphabetically by first author*, any publications related to work supported by and acknowledging the Fondation Leducq. Please indicate with an asterisk (*) those publications that represent a collaboration of network members. In

future reports, new publications will be appended to this list, with appropriate changes if necessary, e.g. full journal citation instead of “submitted” or “in press.” *Please ensure that citations include all authors.*

- b* **Other publications by network members related to the network program** should be included in a separate list, organized by year and then alphabetically by first author. *Please ensure that citations include all authors.*
- 2. Inventions, patents, licenses.** Please list by year any inventions, patent applications, copyrights, licenses, sales or revenue-generating agreements concerning inventions, discovered or arising out of research supported by Fondation Leducq, as indicated in the Research Agreement.
- 3. Awards or Honors.** Please list by year any award or honor granted to a network member or to any person involved in the work performed.
- 4. Extramural funding.** Please provide the **sources** and **amounts** of any extramural funding obtained by network members, and indicate whether this funding will apply to projects related to the Fondation Leducq-supported research.

Signature and date Principal Coordinator

Signature and date Second Coordinator

Signature and date Network Administrator Officer

EXHIBIT 7 BILLING CHART TEMPLATE									
FLQ Grant Number:		FLQ Network Name:							
Institution Name:									
Investigator:									
CURRENCY:									
Category		Annual Budget	Carryover	Total Budget Available	Year XX, Quarter X	Year XX, Quarter X	Year XX, Quarter X	Year XX, Quarter X	Total Year XX
Salaries & Fringe Benefits	Senior Investigators (list by Name)								
	Senior Investigators Subtotal								
	Junior Investigators (list by Name)								
	Junior Investigators Subtotal								
	Other Salaries (list by Name & Position)								
	Other Salaries Subtotal								
Salaries & Fringe Benefits	Total								
Equipment	Equipment > \$10,000 (1)								
	Computer Equipment								
	Other Equipment								
Equipment	Total								
Research Expenses	Supplies								
	Animal-related Costs								
	Subcontracted services (2)								
Research Expenses	Total								
Travel & Accommodation	Total								
Network Expenses	Meeting Expenses								
	Network Communication Expenses								
	Network Administrative Officer Salary								
Network Expenses	Total								
Other Expenses	Total								
	Subtotal								
Indirect Costs	Limited to 10% Subtotal								
	TOTAL								
(1) to be itemized in the quarterly invoice and copy of the equipment's invoice									
(2) to be itemized in the quarterly invoice and copy of the subcontractor's invoice									
Verified By:									
Name and Title		Signature							
Network Administrative Officer:									
Approval									
Wire Instructions:	Bank Name								
	Account Holder								
	Account Number								
	As Applicable -								
	IBAN								
	SWIFT Code								
ABA (Fed Fund Number only not ACH)									
Other Specific Instructions									