



TRANSATLANTIC NETWORKS OF EXCELLENCE

Fourth Year Progress Report

Due within thirty days after the four-year anniversary of the grant.

The complete report should be submitted in PDF format.

I. Program Identification

Program Title:
Grant number:
Start Date:
Principal Coordinator and Institution:
Network Administrative Officer:
Second Coordinator and Institution:

Changes in Network members since the last report (midterm term):

II. Work to date

1. Narrative summary.

Please provide a **2-page** narrative summary of the progress of the network since the initial term report. Be sure to comment on any modifications to:

1. the general aims/objectives of the network;
2. the scientific program;
3. the membership of the network.

Include an explanation of why these changes have been made or are being contemplated.

2. Plans for open access/data sharing.

Outline the network's plan to provide transparency of the members' science, or data sharing, when the TNE granting period is complete. If there are plans to contribute to a data or genetic commons, please list here.

3. Glossary of abbreviations used, if applicable

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 5). An Excel Template can

- be found [here](#).
- **PLEASE NOTE:** All budgets should be sent in **BOTH** PDF (of the Excel documents) and Excel format. (see Excel format attached.)
- Please provide a justification for any significant discrepancies that have arisen since the last progress report.

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, briefly, changes from the original budget.

IV. Network productivity and recognition

1. Publications.

Publications based on work funded by Fondation Leducq, and which acknowledge the foundation's support.

- List by year and then alphabetically by first author, any publications related to work supported by and/or acknowledging the Fondation Leducq. Please indicate with an asterisk (*) those publications that represent a collaboration of two or more network members. PLEASE USE FULL NAMES
 - *This should be a continuation of the list that began with the initial term report, and extended with the midterm report. New publications should be appended to this list, with appropriate changes if necessary, e.g. full journal citation instead of "submitted" or "in press." Thus, this list, which began with #1, should be amended and added to; continue numbering the Leducq cited/acknowledged papers throughout the duration of the grant.*
 - *Please ensure that citations include ALL authors.*
 - *If an article has more than 20 authors, please only list the first and last author and any Leducq Network authors. Please make a notation next to such articles to indicate this option was done.*

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. Please note: You may take the list you started with the first term report, and add to it, indicating the newer reporting period.

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. Please note: You may take the list you started with the first term report, and add to it, indicating the newer reporting period

4. Extramural funding.

Please provide the **sources** and **amounts** of any extramural funding obtained by network members since the last report, and indicate whether this funding will apply to projects related to the Fondation Leducq-supported research with a *.

- V. Please comment on anything else that you think the Fondation Leducq should know as it considers the progress of the network.

Signature and date Principal Coordinator

Signature and date Second Coordinator

Signature and date Network Administrative

**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								
	Transit Code								
ABA (Fed Fund Number only not ACH)									
Other Specific Instructions									

