TRANSATLANTIC NETWORKS OF EXCELLENCE

Initial Term Progress Report

Due at least 4 weeks before the initial term review.

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 inception of Network:

II. Work to date

1. **Narrative summary.** Please provide a **2-page** narrative summary of the progress of the network during this initial period. 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. **Major accomplishments to date.** In this section, please provide a more detailed summary of the work performed with respect to the network's specific research objectives. If the network's objectives have changed since inception date, organize the report with the list of revised objectives or aims. This section should be organized, as appropriate, by aim/objective, or laboratory.

   Please cite relevant publications in the text.

   This section should be brief, but written with enough detail that other scientists may evaluate the work of the network. However, the inclusion of complex methodologic summaries reproduced from published articles is not desirable, nor is it necessary to repeat aspects of the original application. Rather, this section should be a synthesis of the scientific work of each member, or aim/objective. This report helps introduce your Network to the Review Committee, and provides a framework for understanding and evaluating your scientific accomplishments since its inception. Each member/laboratory or aim/objective should be no longer than 2 to 3 paragraphs, maximum. Feel free to use bullet points rather than long sentences.

3. **Plans for future work.** (2 pages maximum) Outline the work plan for the remaining years of grant support including new projected milestones. This narrative should follow in the same format used in the summary of the major accomplishments to date (Section II:2 above), organized by aim/objective, or laboratory section. Please be sure to keep this outline separate from the discussion in the previous section about your major accomplishments to date.

4. **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.

5. **Glossary of abbreviations used, if applicable**

III. Network organization and function

1. **Collaborations.** Please describe ongoing collaborations, exchange of personnel among network members, and joint work within the network. Include plans for collaborative work for the remainder of the term.

   1a. Highlight the advantages of the collaborative effort to the overall program thus far: what was accomplished through collaboration that would not have been done by the individual members working independently?
   1b. Specify resources that were shared among laboratories (reagents, techniques, animals, databases, etc.).
   1c. In addition, please include a metric or tabulation of network collaborations per term *(one possible example is below)*:
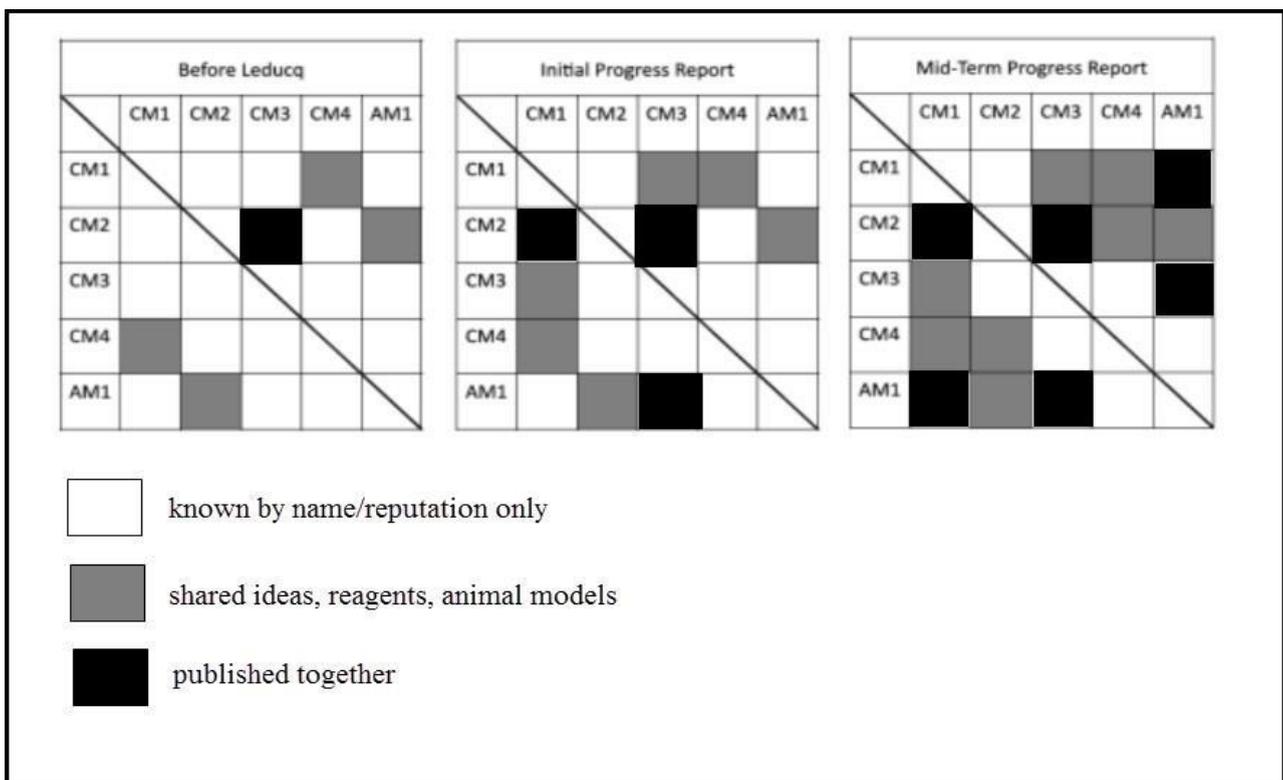
2. **Describe the communication plan for the network.**

Minutes or summaries of meetings, virtual or real, held by the network should be included as an appendix.

1. **Early Career Investigators.** Discuss the role of early career investigators (undergraduate, graduate and medical students; post-doctoral fellows) in network projects.

For each early career investigator, list their full name (first, middle initial, last), ORCID number and the % of their effort supported by the TNE grant. (If an early career scientist is doing work within the network but is not being paid from the Leducq grant, please include their name as well, listing 0% as funding amount).

List any relevant accomplishments such as publications, programs in place to promote their career development, and plans for their involvement in ongoing or future network research. *Feel free to use bullet points.*

2. **Personnel Report** (see page 4).

IV. 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.*

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.

V. Network productivity and recognition

1. **Publications.**

Publications based on work funded by the Leducq Foundation, 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 Leducq Foundation. Please indicate with an asterisk (*) those publications that represent a collaboration of two or more network members. PLEASE USE FULL NAMES.

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." Thus, begin this list with #1 and continue numbering the Leducq cited/acknowledged papers throughout the upcoming 5 years.
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 Leducq Foundation, 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 Leducq Foundation-supported research with a *.

VI. **Please comment on anything else that you think the Leducq Foundation 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 Officer

PERSONNEL REPORT

Please provide information below on personnel supported, wholly or in part, by Leducq Foundation funding.

For the purpose of this report, NETWORK EXCHANGE is defined as a person traveling to and visiting with another member of the Network for scientific interchange, apart from the Network meetings.

For any member (not early career), new to the network, please provide a biosketch.

For early career investigators, include the name of the senior person with whom they are working. Early career investigators, for purposes of this report, will include post- docs, fellows, and those researchers who have completed subspecialty training or been awarded a Ph.D. not more than 5 years ago.

	Full (first, middle initial and last) Name, Degree, and ORCID number.	Current Institutional Affiliation	% Total Annual Effort Dedicated to Network	Network Exchange? (Dates)
Coordinators				
Members/Senior Investigators				
Early Career Investigators *Post-Docs PhD students Medical fellows/residents Medical or undergraduate students*				
Technicians				
Clinical research nurses				
Administrative Staff				

	BILLING CHART TEMPLATE									
LFCR Grant Number										
Institution Name										
Investigator										
LFCR Network Name										
Currency										
Category		Annual Budget	Carryover	Total Budget Available	Year 20XX, Quarter 1	Year 20XX, Quarter 2	Year 20XX, Quarter 3	Year 20XX, Quarter 4	Total Year 20XX	
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**									
Network Expenses	Travel and accommodations									
	Meeting Expenses									
	Network Communication Expenses									
	Network Administrative Officer Salary									
Network Expenses	**Total**									
Other Expenses	**(Specify)** **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									
Approved by:										
	Network Lead Coordinator									

Wire Instructions:

Bank Name										
Bank Address										
Account Holder										
Account Number										
As Applicable -										
IBAN										
SWIFT Code										
Transit Code										
ABA (Fed Fund Number Only not ACH)										
Other Specific Instructions										