Comments received in response to the request for public comment on an Updated Standardized Research Performance Progress Report Format to be used for both interim and final performance progress reporting published in the Federal Register [Volume 80, No. 141, pages 43802-43803, July 23, 2015].

Number	Comment Source	Topic	Comment	Response/Resolution
1	Institution of Higher Education	Effort Reporting	The single thing that MUST be changed in the RPPR format is allowing effort reported to have decimals. Currently the system only allows whole numbers and rounds up or down accordingly. First this is inaccurate reporting when an investigator has done 20% effort or 2.4 calendar months, and the system rounds down to 2. That is the equivalent of 16.5% effort. Or likewise when they have done 30% effort or 3.6 calendar months and it rounds up to 4 which is 33.5%. Secondly, the Grant Managers are constantly asking my office why we didn't send a prior approval request when the effort appears to have been reduced by 25%. This has created a lot of extra administrative burden on both the agency and institutional administrators. This work would be entirely unnecessary if the report was allowed to be correct in the first place.	The use of decimals will be allowed, in an effort to reduce administrative burden and confusion. Language will be added to the format to clarify that the FPPR does not constitute a formal institutional report of effort on the project; instead it is to be used to evaluate the progress of the science.
2	Institution of Higher Education	Participants	Create a form that can be easily modified, sorted and edited that can then be uploaded into the system as a single document. Currently, each individual must be hand-entered and saved after each entry. Also, each individual must be hand-edited and saved again the next year. This is highly inefficient and time-consuming, especially with a large and changing staff during data collection efforts.	This is a technical implementation comment; it is not specific to RPPR policy. The comment will be shared with agencies as they implement their electronic strategy.
3	Institution of Higher Education	Budget	Let us upload the SF 424 R&R for the project AND for the subawards. The system currently requires that whoever is completing the RPPR hand-enter each data field for the main award and each of the subawards.	This is a technical implementation comment; it is not specific to RPPR policy. The issue is being considered by agencies that use the SF 424 R&R as part of the progress reporting process.

4	Institution of Higher Education	Formatting	Consistency in whether you type in (cut-paste) text or upload text. Taking information from a project team and cutting and pasting some sections, but turning others into separate documents and then pdfs so they can be uploaded is cumbersome. Choose a method and be consistent. The grants.gov allows uploads for all sections - this system could too.	This is a technical implementation comment; it is not specific to RPPR policy. There is no single government-wide system for progress reporting.
5	Institution of Higher Education	General	Clear, concise and more compact instructions would be appreciated. I had to do a lot of reviewing, highlighting, and tabbing to condense the instructions to send out requests to the project team.	This is a good suggestion for agencies implementing electronically. Some agencies will have paper implementation, therefore detailed instructions would have to be contained in the full document.
6	Hospital	Major Goals of the Project	The goals of a project are always detailed in an awardee's grant application. Having to supply the goals again for the RPPR is redundant and unnecessary. Technological options may be available to alleviate the burden of listing the goals again. For example, the Specific Aims section of an application could be automatically placed here by default. At a minimum, the question should ask whether major goals have changed since the submission of the application, with an answer only being required if they have.	Due to negotiations that take place after proposal submission, automatically pulling the information from the proposal/grant application may result in misinformation being captured. Some agencies currently require the goals to be entered in the first year of the RPPR and then repopulate them into each subsequent year of the project, the recipient is asked if the goals have changed, as suggested in the comment.
7	Hospital	Use of Same RPPR Format for Final Reporting	In many cases this will replace a much simpler final reporting format and therefore tremendously increase the administrative burden for faculty and staff. A simple 2-3 page summary report of progress on a project will expand dramatically into a requirement for multiple document uploads, text entries, and form fields.	Many of the elements described in the RPPR document are optional fields, which will not be utilized by all agencies. The standardized format will bring increased uniformity to reporting on research and research-related grants from participating agencies. If the

				recipient has nothing to report for a particular section, the "Nothing to report" response can be entered.
8	Hospital	Contributions to the Project and Funding Support	Beyond providing a descriptive role for each person working on the project, a requirement to describe in greater detail the contributions of each person working on the project is overly burdensome. Again, this is generally described in the initial grant application for any significant personnel. Further, asking "with what funding support" is unclear as well as redundant, since information on funding support is generally collected separately elsewhere within the RPPR.	A descriptive list of roles will be added to the instructions that are defined in the RPPR data dictionary.
9	Hospital	International Collaboration	Here we are asked to provide detailed information on the collaborators of collaborators. Requesting this level of information is intrusive as well as ridiculously burdensome. The reporting PI is not likely privy to the list of all of a collaborator's collaborators and their locations and travel itineraries.	The requested information is on organizations that are receiving funding from Federal agencies.
10	Hospital	Non-U.SBased Participant	The same comments in #9 above also apply here.	The requested information is on organizations that are receiving funding from Federal agencies.
11	Hospital	Contributions of Partner Organizations	Organizations generally do not contribute to a project, the people at them do. Collaborators and their associated organizations are listed elsewhere in the RPPR and their contributions are summarized in progress report documents. Therefore asking for itemization of an organization's contributions is redundant and burdensome.	The comment has been noted, however the section will remain unchanged.
12	Hospital	Other Collaborators or Contacts	This is another redundant and burdensome question. It is not clear what collaborators or contacts would fall under this question that were not already reported elsewhere. If it is asking PIs to report general institutional collaborations such as research centers or affinity groups, this is too broad and intrusive.	The comment has been noted, however the section will remain unchanged. This is an opportunity to report on other key collaborators who are not directly funded by the Federal government.
13	Hospital	Percentage of Award Budget	Does this question satisfy a regulatory requirement? If not why is it required in the progress report?	This does not satisfy a regulatory requirement, however the

		Spent in Foreign Countries		information is useful to the Federal government.
14	Hospital	Budget	The requirement to enter budgetary data into online forms is burdensome and likely duplicative. Technology should make it feasible to upload the required budgetary forms. In many cases the grantee will already have the data in forms or have the ability to generate such forms from institutional budget data. Having to manually re-enter all the data manually in an online form is tedious and time-consuming.	There are too many variables involved to make prepopulating the forms or providing the ability to upload proprietary forms feasible. It was determined that trying to provide these functions could result in more problems than would be solved by any potential streamlining they might provide.
15	Hospital	Demographic Data	Requiring third parties to input data into a RPPR would be extremely cumbersome and unworkable. Such third parties are often not at the same institution and/or not under the control of the PI. Therefore requiring them to directly input data would be nearly impossible. Even making the request, if this data is not mandatory, would require a significant amount of time.	Demographic data cannot be entered by anyone except the individual in question, any other action could involve a Privacy Act violation.
16	Individual	General	The RPPR requires too much data that the sponsor already has access to from previous submissions (or can they not access their own systems!). Each sponsor has different instructions for each section, creating a mish mash of illogical entries. Why must the PI insert the major goals and objectives of the project when the sponsor already has these? Shouldn't the question be "have the major goals and objectives changed" with a "no" button and a "yes" please indicate how they have changed?	Changes in objectives require prior approval from the funding agency. There is no direct relationship between prior approvals and progress reporting, therefore asking if the major goals or objectives have changed is not a viable option.
17	Individual	Optional Categories	Many of the Optional Categories have inadequate instructions here's an example: What opportunities for training and professional development has the project provided? If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state "Nothing to Report." If these are optional, the sponsor should be required to modify the RPPR to meet the requirements of the reporting mechanism. We	Instructions permit agencies to not request responses that they do not need. The 'nothing to report' option covers this scenario.

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	both us and NIH in clarifying that our project is not carrying	state of the recipient's funds and
	forward significant amounts of unobligated funds from one year	how they will be spent.
	to the next.	