

FINAL REPORT

DOE Award #: DE-SC0005226
Recipient: UMass Medical School
PI: Melissa J. Moore, Ph.D.
Project Title: "Phase II - Procurement of state-of-the art research equipment to support faculty within the RNA Therapeutics Institute, a component of the Advanced Therapeutics Cluster at UMass Medical School"

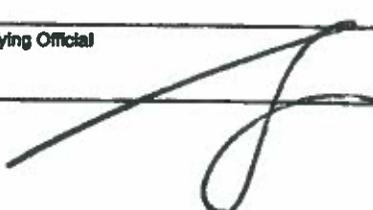
Report Date: October 14, 2011
Report Period: FINAL REPORT

The 10 items below were procured to support the new founded RNA Therapeutics Institute that will be housed in the 450,000 sqft Albert Sherman Center due to open Dec 2012. Upon moving in, all of the below pieces that are still boxed will be used to support new faculty recruited within the RTI, and by faculty within the RTI that will be moving into the ASC. The RTI will be recruiting 12 new faculty members upon moving in. The below equipment will be a great starting point to begin building this cutting edge research program.

• -86 Freezer	\$12,300	In Use
• Speed Vac System	\$17,200	Still boxed
• Ultra Floor Model & High Speed Centrifuge	\$66,800	In Use
• Triple Shaker	\$50,000	One in use
• Inverted Microscope	\$5,000	Still boxed
• Hybridization Oven	\$2,400	Still boxed
• Reciprocating Shaker	\$1,800	Still boxed
• Bioanalyzer	\$19,000	Still boxed
• Chromatography System	\$76,200	In Use
• Scintillation Counter	<u>\$40,900</u>	<u>Still boxed</u>
	\$291,600	

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted S6190_15663 Department of Health and Human Services Health Resources and Services Administration		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DE-SC0005226			Page 1	of pages	
3. Recipient Organization (Name and complete address including Zip code) University of Massachusetts Medical School 66 Lake Avenue North, Worcester, MA 01605-1665							
4a. DUNS Number 603847393	4b. EIN 1043167382A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 8609/66190_15663		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) 9/30/2010			To: (Month, Day, Year) 7/31/2011		9. Reporting Period End Date (Month, Day, Year) 7/31/2011		
10. Transactions					Cumulative		
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts						\$291,600.00	
b. Cash Disbursements						\$291,600.00	
c. Cash on Hand (line a minus b)						\$0.00	
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						291,600.00	
e. Federal share of expenditures						\$291,600.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$291,600.00	
h. Unobligated balance of Federal funds (line d minus g)						\$0.00	
Recipient Share:							
i. Total recipient share required						\$0.00	
j. Recipient share of expenditures						\$0.00	
k. Remaining recipient share to be provided (line i minus j)						\$0.00	
Program Income:							
l. Total Federal program income earned						\$0.00	
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)						\$0.00	
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Predetermined	0%	9/30/2010	7/31/2011	NA		
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Carry Forward Balance being requested in amount of \$0.00							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official George L. Bynoe, Jr. Grant Accounting Operations Manager				c. Telephone (Area code, number and extension) 508-856-4145			
b. Signature of Authorized Certifying Official 				d. Email address george.bynoe@umassmed.edu			
				e. Date Report Submitted (Month, Day, Year) 09/08/2011			
14. Agency use only:							

Standard Form 425
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.6 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

Back-up Reports: UMGM7047 UMGM7007 AR_ALL_CONTRACT_SUMMARY QUERY

Grant No: DE-SC0005226
 Award & Project 8608/S6190_15663

PI Name		Expenses				Total	
Acct. Number	S6190_15663		Prev Yr	Curr Yr	Expenses	Balance	
	Acct Total	C/F					
Direct	291,600.00	0.00	0.00	291,600.00	291,600.00	0.00	
Equipment	291,600.00	0.00	0.00	291,600.00	291,600.00	0.00	
Patient Care	0.00	0.00	0.00	0.00	0.00	0.00	
Subcontract	0.00	0.00	0.00	0.00	0.00	0.00	
Sub-Add In	0.00	0.00	0.00	0.00	0.00	0.00	
BASE	0.00	0.00	0.00	0.00	0.00	0.00	
	0.00	0.59	62.00	0.10			
Total IDC	0.00	0.00	0.00	0.00	0.00	0.00	
Acct. Total	291,600.00	0.00	0.00	291,600.00	291,600.00	0.00	
Cumulative			Carry Forward Amount				
Year 1	291,600.00		Direct	-	Previous Outlays	-	
Year 2	-		Equipment	-	Current Outlays	291,600.00	
Year 3	-		Patient Care	-			
Year 4	-		Subcontracts	-			
Total	291,600.00		Indirect Cost	-			
			Total	-			