

**Sample Format Table 7 for Non Competing Continuation (Type 5) MBRS RISE Applications**

Tabular Summary of PD Responses to SNAP Questions

Grant Number: \_\_\_\_\_ Reporting Period: From \_\_\_\_\_ To \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Key Personnel Name and Role (Last Name, First Name, Initials)	Question 1: Has there been a change in the other support of key personnel since the last reporting period?*	Question 2: Will there be in the next budget period, a significant change in the level of effort of key personnel from what was approved for this project?*	Question 3: Is it anticipated that an estimated un-obligated balance including prior year carryover will be greater than 25% of the current year's total budget?*

\*If answer is "yes" provide the required explanations on a separate page, (see SNAP instructions).