Grant Application Package

Opportunity Title: Ruth L. Kirschstein National Research Service Award (NR)
Offering Agency: National Institutes of Health
CFDA Number: 
CFDA Description: 
Opportunity Number: PA-14-147
Competition ID: FORMS-C
Opportunity Open Date: 03/08/2014
Opportunity Close Date: 01/07/2017
Agency Contact: eRA Commons Help Desk
Monday to Friday 7 am to 8 pm ET
E-mail: helpdesk@od.nih.gov
Phone: 1-866-504-9552

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Studentlast, FI_NRSA

Select Forms to Complete

Mandatory

- SF424 (R & R)
- PHS Fellowship Supplemental Form
- Research and Related Senior/Key Person Profile (Expanded)
- Research And Related Other Project Information
- Project/Performance Site Location(s)

Optional

- Planned Enrollment Report
- PHS 398 Cumulative Inclusion Enrollment Report

Instructions

Show Instructions >>

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.
If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.
APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION
- [ ] Pre-application
- [x] Application
- [ ] Changed/Corrected Application

2. DATE SUBMITTED
- Applicant Identifier: Student, FI_NRSA

5. APPLICANT INFORMATION
   - Legal Name: The Regents of the Univ. of Calif., U.C. San Diego
   - Department: Office of Graduate Studies
   - City: La Jolla
   - State: CA: California
   - Country: USA: UNITED STATES
   - Person to be contacted on matters involving this application:
     - First Name: Zoe
     - Last Name: Ziliak
     - Position/Title: Graduate Fellowship Advisor
     - Phone Number: (858) 822-2938
     - Email: gradadvisor@ucsd.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
   - 1956006144A1

7. TYPE OF APPLICANT:
   - H: Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION:
   - [ ] New
   - [ ] Resubmission
   - [x] Renewal
   - [ ] Continuation
   - [ ] Revision
   - Is this application being submitted to other agencies? [ ] Yes [x] No

9. NAME OF FEDERAL AGENCY:
   - National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    - TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:
    - As of May 2014, there is no character limit for this field, and Greek characters are allowed.

12. PROPOSED PROJECT:
    - Start Date: 09/01/2014
    - Ending Date: 08/31/2019

13. CONGRESSIONAL DISTRICT OF APPLICANT:
    - CA-049
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:  
First Name: Studentfirst  
Middle Name:  
Last Name: Studentlast  
Suffix:  
Position/Title: Graduate Student Researcher  
Organization Name: The Regents of the Univ. of Calif., U.C. San Diego  
Department: Studentdepartment  
Division: General Campus or SOM orSkaggs  
Street1: 9500 Gilman Drive  
Street2: MC 0003  
City: La Jolla  
County / Parish: San Diego  
State: CA: California  
Country: USA: UNITED STATES  
ZIP / Postal Code: 92093-0003  
Phone Number: (858) 534-6655  
Fax Number: (858) 534-4304  
Email: studentemail@ucsd.edu

15. ESTIMATED PROJECT FUNDING

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total Federal Funds Requested</td>
<td>123,456.00</td>
</tr>
<tr>
<td>b. Total Non-Federal Funds</td>
<td>0.00</td>
</tr>
<tr>
<td>c. Total Federal &amp; Non-Federal Funds</td>
<td>123,456.00</td>
</tr>
<tr>
<td>d. Estimated Program Income</td>
<td>0.00</td>
</tr>
</tbody>
</table>

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- **a. YES**
  - THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
    - DATE:  
- **b. NO**
  - PROGRAM IS NOT COVERED BY E.O. 12372; OR  
  - PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

*The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: Dr.  
First Name: Kim  
Middle Name: Elaine  
Last Name: Barrett  
Suffix:  
Position/Title: Dean of Graduate Studies  
Organization: The Regents of the Univ. of Calif., U.C. San Diego  
Department: Office of Graduate Studies  
Division:  
Street1: 9500 Gilman Drive  
Street2: MC 0003  
City: La Jolla  
County / Parish: San Diego  
State: CA: California  
Country: USA: UNITED STATES  
ZIP / Postal Code: 92093-0003  
Phone Number: (858) 534-6655  
Fax Number: (858) 534-4304  
Email: graduatedean@ucsd.edu

Signature of Authorized Representative  
Completed on submission to Grants.gov

Date Signed  
Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment