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
- Application
- Changed/Corrected Application

### 2. DATE SUBMITTED
- Applicant Identifier
- Studentlast, FI_NRSA

### 5. APPLICANT INFORMATION
- **Legal Name:** The Regents of the Univ. of Calif., U.C. San Diego
- **Department:**
- **Division:** Graduate Division
- **Street1:** 9500 Gilman Drive
- **Street2:** MC 0003
- **City:** La Jolla
- **State:** CA: California
- **Country:** USA: UNITED STATES
- **ZIP / Postal Code:** 92093-0003
- **Phone Number:** (858) 822-2938
- **Fax Number:** (858) 534-4304
- **Email:** gradadvisor@ucsd.edu

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

### 7. TYPE OF APPLICANT:
- **H:** Public/State Controlled Institution of Higher Education
- **Small Business Organization Type:**
- **Women Owned**
- **Socially and Economically Disadvantaged**

### 8. TYPE OF APPLICATION:
- **New**
- **Renewal**
- **Continuation**
- **Revision**
- **Pre-Application**
- **Application**
- **Changed/Corrected Application**

### 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:** 09/01/2016
- **Ending Date:** 08/31/2021

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

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

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested  174,952.00
b. Total Non-Federal Funds  0.00
c. Total Federal & Non-Federal Funds  174,952.00
d. Estimated Program Income  0.00

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: [Blank]
   □ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
   □ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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: [Blank]
Position/Title: Dean of the Graduate Division
Organization: The Regents of the Univ. of Calif., U.C. San Diego
Department: [Blank]  Division: Graduate Division
Street1: 9500 Gilman Drive
Street2: MC 0003
City: La Jolla  County / Parish: San Diego
State: CA: California  Province: [Blank]
Country: USA: UNITED STATES  ZIP / Postal Code: 92093-0003
Phone Number: (858) 534-6655  Fax Number: (858) 534-4304
Email: graduatdean@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
1. Are Human Subjects Involved?  □ Yes  □ No
   1.a. If YES to Human Subjects
      Is the Project Exempt from Federal regulations?  □ Yes  □ No
      If yes, check appropriate exemption number.  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6
      If no, is the IRB review Pending?  □ Yes  □ No
      IRB Approval Date:  xx/xx/20xx
      Human Subject Assurance Number: 0000495

2. Are Vertebrate Animals Used?  □ Yes  □ No
   2.a. If YES to Vertebrate Animals
      Is the IACUC review Pending?  □ Yes  □ No
      IACUC Approval Date:  
      Animal Welfare Assurance Number: A3033-01

3. Is proprietary/privileged information included in the application?  □ Yes  □ No
4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?  □ Yes  □ No
4.b. If yes, please explain:
4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?  □ Yes  □ No
4.d. If yes, please explain:

5. Is the research performance site designated, or eligible to be designated, as a historic place?  □ Yes  □ No
5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators?  □ Yes  □ No
6.a. If yes, identify countries:
6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments
### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**
- I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.
- **Organization Name:** The Regents of the Univ. of Calif., U.C. San Diego
- **DUNS Number:** 8043557900000
- **Street1:** 9500 Gilman Drive
- **City:** La Jolla
- **State:** CA: California
- **County:** San Diego
- **Country:** USA: UNITED STATES
- **ZIP / Postal Code:** 92093-xxxx

**Project/Performance Site Location 1**
- I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.
- **Organization Name:**
- **DUNS Number:**
- **Street1:**
- **Street2:**
- **City:**
- **State:**
- **Province:**
- **Country:** USA: UNITED STATES
- **ZIP / Postal Code:**

**Additional Location(s)**

[Add Attachment], [Delete Attachment], [View Attachment]
### PROFILE - Project Director/Principal Investigator

| Prefix: | * First Name: Studentfirst | Middle Name: |
| * Last Name: | Studentlast | |
| Position/Title: | Graduate Student Researcher | Department: Studentdepartment |
| Organization Name: | The Regents of the Univ. of Calif., U.C. San Diego | Division: Graduate Division |
| * Street1: | 9500 Gilman Drive | |
| * City: | La Jolla | County/Parish: San Diego |
| * State: | CA: California | Province: |
| * Country: | USA: UNITED STATES | * Zip / Postal Code: 92093-XXXX |
| * Phone Number: | (858) XXX-XXXX | Fax Number: |
| * E-Mail: | studentemail@ucsd.edu | |

**Credential, e.g., agency login:** Applicant's NIH eRA Commons User ID must be entered here

*Project Role:* PD/PI

**Degree Type:** Applicant (student)

**Degree Year:**

**Attach Biographical Sketch**

**Attach Current & Pending Support**

---

### PROFILE - Senior/Key Person 1

| Prefix: | * First Name: Sponsor's First Name | Middle Name: |
| * Last Name: | Sponsor's Last Name | |
| Position/Title: | Sponsor's Title | Department: Sponsor's Home Dept. |
| Organization Name: | The Regents of the Univ. of Calif., UC San Diego | Division: General Campus/SOM/Skaggs |
| * Street1: | 9500 Gilman Drive | |
| * City: | La Jolla | County/Parish: San Diego |
| * State: | CA: California | Province: |
| * Country: | USA: UNITED STATES | * Zip / Postal Code: 92093-XXXX |
| * Phone Number: | Sponsor's Phone Number | Fax Number: Sponsor's fax number |
| * E-Mail: | Sponsor's Email Address | |

**Credential, e.g., agency login:** Required

*Project Role:* Other (Specify)

**Other Project Role Category:** Sponsor (NOT Mentor)

**Degree Type:** PhD

**Degree Year:**

**Attach Biographical Sketch**

**Attach Current & Pending Support**

---

To ensure proper performance of this form; after adding 20 additional Senior/Key Persons; please save your application, close the Adobe Reader, and reopen it.
# PHS Fellowship Supplemental Form

**Introduction**

1. Introduction (RESUBMISSION)

**Fellowship Applicant Section**

2. * Applicant's Background and Goals for Fellowship Training

3. * Specific Aims

4. * Research Strategy

5. * Respective Contributions

6. * Selection of Sponsor and Institution

7. Progress Report Publication List (RENEWAL)

8. * Training in the Responsible Conduct of Research

**Research Training Plan Section**

9. Sponsor and Co-Sponsor Statements

10. Letters of Support from Collaborators, Contributors, and Consultants

**Sponsor(s), Collaborator(s), and Consultant(s) Section**

11. Description of Institutional Environment and Commitment to Training

**Institutional Environment and Commitment to Training Section**

**Other Research Training Plan Section**

**Human Subjects**

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Human Subjects Involved?  

- [X] Yes  
- [ ] No

12. Human Subjects Involvement Indefinite?  

- [ ] Yes  
- [X] No

13. Clinical Trial?  

- [X] Yes  
- [ ] No

14. Agency-Defined Phase III Clinical Trial?  

- [ ] Yes  
- [X] No

15. Protection of Human Subjects

- [ ] Yes  
- [ ] No

16. Data Safety Monitoring Plan

- [ ] Yes  
- [ ] No

17. Inclusion of Women and Minorities

- [ ] Yes  
- [ ] No

18. Inclusion of Children

- [ ] Yes  
- [ ] No
### Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

<table>
<thead>
<tr>
<th>Are Vertebrate Animals Used?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

19. Vertebrate Animals Use Indefinite? [ ] Yes [ ] No

20. Are vertebrate animals euthanized? [ ] Yes [ ] No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines? [ ] Yes [ ] No

If "No" to AVMA guidelines, describe method and provide scientific justification

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

21. Vertebrate Animals

### Other Research Training Plan Information

22. Select Agent Research

23. Resource Sharing Plan

24. Authentication of Key Biological and/or Chemical Resources

### Additional Information Section

#### 25. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells? [ ] Yes [ ] No

*If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: [http://stemcells.nih.gov/research/registry/](http://stemcells.nih.gov/research/registry/). Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:* [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Cell Line(s):</th>
</tr>
</thead>
</table>

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

<table>
<thead>
<tr>
<th>Degree:</th>
<th>If &quot;other&quot;, please indicate degree type:</th>
<th>Expected Completion Date (month/year):</th>
</tr>
</thead>
</table>

28. * Field of Training for Current Proposal:
29. * Current Or Prior Kirschstein-NRSA Support?  

- Yes  
- No

* If yes, identify current and prior Kirschstein-NRSA support below:

<table>
<thead>
<tr>
<th>* Level</th>
<th>* Type</th>
<th>Start Date (if known)</th>
<th>End Date (if known)</th>
<th>Grant Number (if known)</th>
</tr>
</thead>
</table>

30. * Applications for Concurrent Support  

- Yes  
- No

* If yes, please describe in an attached file:

31. * Citizenship:  

- U.S.Citizen  
- Non-U.S.Citizen

  - U.S. Citizen or Non-Citizen National?  
    - Yes  
    - No

  - With a Permanent U.S. Resident Visa
  - With a Temporary U.S. Visa

* If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here.  

32. Change of Sponsoring Institution

Name of Former Institution:

---

**Budget Section**

**All Fellowship Applicants:**

- * Tuition and Fees:  
  - None Requested  
  - Funds Requested:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14,393.00</td>
</tr>
<tr>
<td>2</td>
<td>15,833.00</td>
</tr>
<tr>
<td>3</td>
<td>17,416.00</td>
</tr>
<tr>
<td>4</td>
<td>19,157.00</td>
</tr>
<tr>
<td>5</td>
<td>21,073.00</td>
</tr>
<tr>
<td>6</td>
<td>(when applicable)</td>
</tr>
</tbody>
</table>

* Total Funds Requested:  

**Senior Fellowship Applicants Only:**

2. Present Institutional Base Salary:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Academic Period</th>
<th>Number of Months</th>
</tr>
</thead>
</table>

3. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Number of Months</th>
</tr>
</thead>
</table>

b. Supplementation from other sources:

<table>
<thead>
<tr>
<th>Type (sabbatical leave, salary, etc.)</th>
<th>Amount</th>
<th>Number of Months</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
### PHS Inclusion Enrollment Report

This report format should NOT be used for collecting data from study participants.

**Study Title (must be unique):**

<table>
<thead>
<tr>
<th>Title of Proposed Application (Item 11, SF424 (R&amp;R))</th>
</tr>
</thead>
</table>

**Delayed Onset Study?**

- [ ] Yes
- [x] No

*If study is not delayed onset, the following selections are required:*

- **Enrollment Type**
  - [ ] Planned
  - [ ] Cumulative (Actual)

- **Using an Existing Dataset or Resource**
  - [ ] Yes
  - [ ] No

- **Enrollment Location**
  - [x] Domestic
  - [ ] Foreign

- **Clinical Trial**
  - [ ] Yes
  - [ ] No

- **NIH-Defined Phase III Clinical Trial**
  - [ ] Yes
  - [ ] No

**Comments:**

Optional (This form is used if they expect to collect data from human subjects)

---

### Ethnic Categories

<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Not Hispanic or Latino</th>
<th>Hispanic or Latino</th>
<th>Unknown/Not Reported</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
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<td>0</td>
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<tr>
<td>White</td>
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<tr>
<td>More than One Race</td>
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<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

---

*To ensure proper performance, please save frequently.*
PHS Assignment Request Form

Funding Opportunity Number:  PA-16-308

Funding Opportunity Title:  Ruth L. Kirschstein National Research Service Award Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research (Parent F31 - Diversity)

Awarding Component Assignment Request (optional)

If you have a preference for an Awarding Component (e.g., NIH Institute/Center) assignment, please use the link below to identify the most appropriate assignment then enter the short abbreviation (e.g., NCI for National Cancer Institute) in "Assign to/Do Not Assign To Awarding Component" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

Information about Awarding Components can be found here:  https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents

Assign to Awarding Component:  

1  2  3

Do Not Assign to Awarding Component:  

Study Section Assignment Request (optional)

If you have a preference for a study section assignment, please use the link below to identify the most appropriate study section then enter the short abbreviation for that study section in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

For example, you would enter "CAMP" if you wish to request assignment to the Cancer Molecular Pathobiology study section or enter "ZRG1 HDM-R" if you wish to request assignment to the Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

Information about Study Sections can be found here:  https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

Assign to Study Section:  

1  2  3

Only 20 characters allowed

Do Not Assign to Study Section:  

Only 20 characters allowed
PHS Assignment Request Form

List Individuals who should not review your application and why (optional)

Identify Scientific areas of expertise needed to review your application (optional)

Note: Please do not provide names of individuals

Expertise:

Only 40 characters allowed

Only 1000 characters allowed