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
   - Corrected Application

2. DATE SUBMITTED
   - Application Identifier

3. DATE RECEIVED BY STATE
   - State Application Identifier

4. a. Federal Identifier
   - IC123456

5. APPLICANT INFORMATION
   - Legal Name: The Regents of the Univ. of Calif., U.C. San Diego
   - Department: Graduate 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
   - Person to be contacted on matters involving this application:
     - Prefix: Monroy
     - First Name: Michelle
     - Middle Name:
     - Last Name: Monroy
     - Position/Title: Graduate Fellowship Advisor
     - 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)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
   - Resubmission

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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
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:

   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.

   I agree

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

19. Authorized Representative

Prefix: Dr. First Name: Kim Middle Name: Elaine
Last Name: Barrett
Position/Title: Dean of the Graduate Division
Organization: The Regents of the Univ. of Calif., U.C. San Diego
Department: Graduate Division
Street1: 9500 Gilman Drive
Street2: MC 0003
City: La Jolla County / Parish: San Diego
State: CA: California Province:
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
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:

Human Subject Assurance Number: 00004495

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 Primary Location

Organization Name: The Regents of the Univ. of Calif., U.C. San Diego

DUNS Number: 8043557900000

* Street1: 9500 Gilman Drive

Street2: MC 003

* City: La Jolla

County: San Diego

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92093-0003

* Project/Performance Site Congressional District: CA-049

Additional Location(s)
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.
### Introduction

1. Introduction (RESUBMISSION)

### Fellowship Applicant Section

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

### Research Training Plan Section

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

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

9. Sponsor and Co-Sponsor Statements

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

### Institutional Environment and Commitment to Training Section

11. Description of Institutional Environment and Commitment to Training

### 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.

<table>
<thead>
<tr>
<th>Are Human Subjects Involved?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Human Subjects Involvement Indefinite?</td>
<td>☑ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>13. Clinical Trial?</td>
<td>☑ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>14. Agency-Defined Phase III Clinical Trial?</td>
<td>☑ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>15. Protection of Human Subjects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Data Safety Monitoring Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Inclusion of Women and Minorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Inclusion of Children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

Are Vertebrate Animals Used?  [X] Yes  [ ] No

19. Vertebrate Animals Use Indefinite?  [X] 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

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  [X] 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/. 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:

[ ] Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s):

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

Expected Completion Date (month/year):

28. * Field of Training for Current Proposal:
# PHS Fellowship Supplemental Form

## 29. Current Or Prior Kirschstein-NRSA Support?

- [ ] Yes
- [x] 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

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:

- [ ] None Requested
- [x] Funds Requested

**Funds Requested:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>14,993.00</td>
</tr>
<tr>
<td>Year 2</td>
<td>15,833.00</td>
</tr>
<tr>
<td>Year 3</td>
<td>17,416.00</td>
</tr>
<tr>
<td>Year 4</td>
<td>19,157.00</td>
</tr>
<tr>
<td>Year 5</td>
<td>21,073.00</td>
</tr>
<tr>
<td>Year 6 (when applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Funds Requested:** 87,872.00

#### 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:

- [ ] Federal Stipend Requested:

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

- [ ] Supplementation from other sources:

<table>
<thead>
<tr>
<th>Type (sabbatical leave, salary, etc.)</th>
<th>Source</th>
</tr>
</thead>
</table>

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