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
http://grants.nih.gov/support/

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

2. DATE SUBMITTED
- [ ] Application Identifier
- [ ] Applicant Identifier
- [ ] Studentlast, FI_NRSA

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: Lopez
- First Name: Mara
- Middle Name: Noehemi
- Last Name: Lopez
- Position/Title: Graduate Fellowship Advisor

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
- [ ] Resubmission
- [x] Renewal
- [ ] Continuation
- [ ] Revision

If Revision, mark appropriate box(es):
- A. Increase Award
- B. Decrease Award
- C. Increase Duration
- D. Decrease Duration
- Other (specify):

Is this application being submitted to other agencies?
- Yes
- No

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
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Last Name: ___________________________ Suffix: ___________________________

Position/Title: ___________________________

Organization Name: ___________________________

Department: ___________________________ Division: ___________________________

Street1: ___________________________

Street2: ___________________________

City: ___________________________ County / Parish: ___________________________

State: ___________________________

Country: ___________________________

Phone Number: ___________________________

Email: ___________________________

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: ___________________________

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)

*I agree

*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: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Last Name: ___________________________ Suffix: ___________________________

Position/Title: ___________________________

Organization: ___________________________

Department: ___________________________ Division: ___________________________

Street1: ___________________________

Street2: ___________________________

City: ___________________________ County / Parish: ___________________________

State: ___________________________

Country: ___________________________

Phone Number: ___________________________

Email: ___________________________

Signature of Authorized Representative ___________________________ Date Signed ___________________________

Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment
* Per the SF424 Individual Fellowship Guide, the Cover Letter should contain the following information:

1. Application (project) title.
3. Request of an assignment to a NIH Institute, or to AHRQ.
4. List of individuals who should not review the application and why (if applicable).
5. Disciplines involved, if multidisciplinary.
6. Late application information (if applicable, see Late Application Policy).
7. Explanation for a changed/corrected application, if submitted after the submission deadline.
8. Statement that required Agency approval documents are attached (most likely not applicable for fellowship applications).
9. List of referees which must "include the names, degrees, and affiliations of the individuals from whom you have asked to submit reference letters."

Note: at least three reference letters are required, and up to five are allowed. None can be from the Sponsor(s), since the Sponsor(s) provide information in a separate section of the application.

IMPORTANT: NIH has changed the deadline for submission of reference letters - they are now due by the application deadline date. Make sure your referees know this.

** 15.a. Total amount for all years including stipend, institutional allowance, and any tuition & fees (normally budget only for F31 and F30 applications) from internal NRSA budget worksheet.

** 15.a. and 15.c. should be the same amount, unless the PA or PAR specifically requires cost sharing (highly unlikely for a fellowship).
### A. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

### B. Research Training Plan

<table>
<thead>
<tr>
<th>Section</th>
<th>1 Page Limit - Resubmissions only</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to Application (for RESUBMISSION applications only)</td>
<td>1 Page Limit</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>2. * Specific Aims</td>
<td>6 Page Limit</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>3. * Research Strategy</td>
<td>N/A</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>4. Progress Report Publication List (for RENEWAL applications only)</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>

### 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>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Human Subjects Involvement Indefinite?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Clinical Trial?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Agency-Defined Phase III Clinical Trial?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Protection of Human Subjects</td>
<td>No page limit</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>9. Inclusion of Women and Minorities</td>
<td>No page limit</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>10. Inclusion of Children</td>
<td>No page limit</td>
<td>Add Attachment</td>
</tr>
</tbody>
</table>

### Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, 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>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Vertebrate Animals Use Indefinite?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Vertebrate Animals</td>
<td>No page limit; Required if &quot;Yes&quot; to Animal Use</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>13. Select Agent Research</td>
<td>Optional</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>14. Resource Sharing Plan</td>
<td>Optional</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>15. * Respective Contributions</td>
<td>1 Page Limit</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>16. * Selection of Sponsor and Institution</td>
<td>1 Page Limit</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>17. * Responsible Conduct of Research</td>
<td>1 Page Limit</td>
<td>Add Attachment</td>
</tr>
</tbody>
</table>
C. Additional Information

Human Embryonic Stem Cells

1. * 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/. 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):

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

Fellowship Applicant

2. Alternate Phone Number: [ ] Cell phone or Home phone number

3. Degree Sought During Proposed Award:

Degree: PHD: Doctor of Philosophy

If "other", please indicate degree type:

Expected Completion Date (month/year): 06/2020

4. * Field of Training for Current Proposal: [ ] Choose from drop-down menu

5. * Current Or Prior Kirschstein-NRSA Support? [ ] Yes [ ] No

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

* Level * Type Start Date (if known) End Date (if known) Grant Number (if known)

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

6. * Applications for Concurrent Support? [ ] Yes [ ] No

If yes, please describe in an attached file:

If yes - 1 page

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

7. * Goals for Fellowship Training and Career

1 page limit

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

8. * Activities Planned Under This Award

1 page limit

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

9. Doctoral Dissertation and Other Research Experience

2 page limit

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

10. * Citizenship:

[ ] U.S. Citizen or noncitizen national

[ ] Permanent Resident of U.S.

(if a permanent resident of the U.S., a notarized statement must be provided by the time of award)

[ ] Non-U.S. Citizen with temporary U.S. visa
C. Additional Information  (continued)

Institution

11.  ☐ Change of Sponsoring Institution  
Name of Former Institution:

D. Sponsor(s) and Co-Sponsor(s)

* Sponsor(s) and Co-Sponsor(s) Information  6 page limit

E. Budget

All Fellowship Applicants:

1.  * Tuition and Fees:

   ☐ None Requested  ☒ Funds Requested:

   Tuition & Fee amounts should be entered from the internal NRSA Budget calculation form. Do not include Health insurance in the Tuition & Fees request.

   Year 1  
   ☐  
   ☑  14,323.00
   Year 2  
   ☐  
   ☑  15,755.00
   Year 3  
   ☐  
   ☑  17,330.00
   Year 4  
   ☐  
   ☑  19,064.00
   Year 5  
   ☐  
   ☑  20,970.00
   Year 6 (when applicable)  
   ☐  
   ☑  

   Total Funds Requested:  
   87,442.00

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

   Amount  Academic Period  Number of Months
   ☐  
   ☑  

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

   a. Federal Stipend Requested:

   Amount  Number of Months
   ☐  
   ☑  

   b. Supplementation from other sources:

   Amount  Number of Months
   ☐  
   ☑  

   Type (sabbatical leave, salary, etc.)

   Source

F. Appendix

Add Attachments  Delete Attachments  View Attachments
### PROFILE - Project Director/Principal Investigator

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Studentfirst</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Last Name: Studentlast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Title: Graduate Student Reseacher</td>
<td>Department: Studentdepartment</td>
<td></td>
</tr>
<tr>
<td>Organization Name: The Regents of the Univ. of Calif., U.C. San Diego</td>
<td>Division: General Campus or SOM or Skaggs</td>
<td></td>
</tr>
<tr>
<td>* Street1: 9500 Gilman Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street2: MC XXXX (Student department mail code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* City: La Jolla</td>
<td>County/ Parish: San Diego</td>
<td></td>
</tr>
<tr>
<td>* State: CA: California</td>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>* Country: USA: UNITED STATES</td>
<td>* Zip / Postal Code: 92093-XXXX (studentdepartment)</td>
<td></td>
</tr>
<tr>
<td>* Phone Number: (858) XXX-XXXX</td>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>* E-Mail: <a href="mailto:studentemail@ucsd.edu">studentemail@ucsd.edu</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Project Role:** PD/PI  
Other Project Role Category: |

**Degree Type:** Applicant (student)  
**Degree Year:** |

**Attach Biographical Sketch**  
**Attach Current & Pending Support** N/A

###PROFILE - Senior/Key Person 1

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Sponsor's First Name</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Last Name: Sponsor's Last Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Title: Sponsor's Title</td>
<td>Department: Sponsor's Home Dept</td>
<td></td>
</tr>
<tr>
<td>Organization Name: The Regents of the Univ. of Calif., UC San Diego</td>
<td>Division: General Campus/SOM/Skaggs</td>
<td></td>
</tr>
<tr>
<td>* Street1: 9500 Gilman Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street2: MC xxxx (Sponsor's home dept mail code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* City: La Jolla</td>
<td>County/ Parish: San Diego</td>
<td></td>
</tr>
<tr>
<td>* State: CA: California</td>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>* Country: USA: UNITED STATES</td>
<td>* Zip / Postal Code: 92093-xxxx</td>
<td></td>
</tr>
<tr>
<td>* Phone Number: Sponsor's phone number</td>
<td>Fax Number: Sponsor's fax number</td>
<td></td>
</tr>
<tr>
<td>* E-Mail: Sponsor's Email Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Credential, e.g., agency login:** Required  
**Project Role:** Other (Specify)  
Other Project Role Category: Sponsor (NOT Mentor)

**Degree Type:** PhD  
**Degree Year:** Year

**Attach Biographical Sketch**  
**Attach Current & Pending Support** N/A

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.
1. Are Human Subjects Involved?  
   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 exempt  
   If no, is the IRB review Pending?  
      Yes  No  
   IRB Approval Date:  xx/xx/20xx <= blank if pending  
   Human Subject Assurance Number:  00004495  
      This is the UCSD Assurance number. Use this and NOT the protocol number  
2. Are Vertebrate Animals Used?  
   2.a. If YES to Vertebrate Animals  
   Is the IACUC review Pending?  
      Yes  No  
   IACUC Approval Date:  xx/xx/20xx <= blank if pending  
   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  
   Limited to 30 lines of text  
8. Project Narrative  
   Relevance to Public Health; 3 Sentence Limit  
9. Bibliography & References Cited  
   Required (Literature Cited)  
10. Facilities & Other Resources  
   Required (see SF424 Guidelines)  
11. Equipment  
   Required (see SF424 Guidelines)  
12. Other Attachments  
   Add Attachments  Delete Attachments  View Attachments  

***12. Other Attachments: Check Specific Program Announcement for any special instructions. The F30 and F31 applications require an “Additional Educational Information.” For Diversity F31 application, please add the “Diversity Verification Information” here. Please see the FOA for additional details.  

*** Note: 12. Other Attachments is the appropriate place to include letters from collaborators, consultants, and non-sponsor advisors. Relevant information applicable to the applicant’s planned research training and future goals may be provided by any contributor or advisor via an attachment. Items attached here will be merged into a final PDF file available to all reviewers.
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: 804355790

* Street1: 9500 Gilman Drive

Street2: MC xxxx

* City: La Jolla

County: San Diego

* State: CA: California

Province: 

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92093-xxxx

* Project/ Performance Site Congressional District: CA-049

Additional Location(s)

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: 

County: 

* State: 

Province: 

* Country: USA: UNITED STATES

* ZIP / Postal Code: 

* Project/ Performance Site Congressional District: 

Add Attachment

Delete Attachment

View Attachment
<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Ethnic Categories</th>
<th>Not Hispanic or Latino</th>
<th>Hispanic or Latino</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>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than One Race</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Study 1 of 1

To ensure proper performance, please save frequently.
<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Not Hispanic or Latino</th>
<th>Hispanic or Latino</th>
<th>Unknown/Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Unknown/Not Reported</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than One Race</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown or Not Reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total**

Study 1 of 1

To ensure proper performance, please save frequently.