

SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier		

5. APPLICANT INFORMATION * Organizational DUNS:071650709

* Legal Name: The Ohio State University Research Foundation 

Department: _____ Division: _____

* Street1: 1960 Kenny Road Street2: _____



* City: Columbus County: Franklin * State: OH: Ohio

Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 43210

Person to be contacted on matters involving this application

Prefix: _____ * First Name: Aimee Middle Name: _____ * Last Name: Nielsen-Link Suffix: _____

* Phone Number: 614-292-3143 Fax Number: 614-292-9779 Email: nielsen-link.1@osu.edu

6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 316401599 	7. * TYPE OF APPLICANT H: Public/State Controlled Institution of Higher Education 
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8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision	Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged
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If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify): _____

9. * NAME OF FEDERAL AGENCY: National Institutes of Health	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CFDA 93.396  TITLE: R01 System-to-System PAR
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* Is this application being submitted to other agencies? Yes No
 What other Agencies? _____

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Dominant Expression for New Targets in Candida Albicans  Some FOAs provide guidance as to what to record in box 11.

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
 N/A

13. PROPOSED PROJECT: * Start Date: 07/01/2007 * Ending Date: 06/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: 15 b. * Project: 015
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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: _____ * First Name: Candice Middle Name: C * Last Name: Askwith Suffix: Dr.

Position/Title: Assistant Professor * Organization Name: The Ohio State University Research Foundation

Department: SBS-Neuroscience Division: _____

* Street1: 333 W Tenth Ave Street2: _____

* City: Columbus County: Franklin * State: OH: Ohio

Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 43210

* Phone Number: 614-292-9366 Fax Number: _____ * Email: askwith.1@osu.edu

Key



Autofill



Defaults

Leave items 16a & 16b blank, these fields autofill after completing budget forms; if no program income record "0" in 16c.

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. Total Estimated Project Funding \$966,304.00</p> <p>b. * Total Federal & Non-Federal Funds \$966,304.00</p> <p>c. * Estimated Program Income \$0.00</p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE:</p> <p>b. NO <input checked="" type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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18. 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.

Leave box 18 blank, your SPO will complete this section after they have reviewed the completed proposal.

19. Authorized Representative

Prefix:	* First Name: Aimee	Middle Name:	* Last Name: Nielsen-Link	Suffix:
* Position/Title: Sponsored Program Officer	* Organization Name: The Ohio State University Research Foundation			
Department:	Division: Health Sciences Office			
* Street1: B030 Graves Hall	Street2: 333 W. 10th Ave			
* City: Columbus	County: Franklin	* State: OH: Ohio		
Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 43210		
* Phone Number: 614-292-3143	Fax Number: 614-292-9779	* Email: nielsen-link.1@osu.edu		

* Signature of Authorized Representative	* Date Signed
Aimee Nielsen-Link	01/10/2007

20. Pre-application File Name: Mime Type:

21. Attach an additional list of Project Congressional Districts if needed.

File Name: Mime Type:

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization name, city, county, state, and country information defaults.
Update information to reflect actual laboratory/research location.

Organization Name: Biomedical Research Tower

* Street1: 460 West 12th Avenue

Street2:

* City: Columbus

County: Franklin

* State: OH: Ohio

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 43210

File Name

Mime Type

Additional Location(s)

RESEARCH & RELATED Other Project Information

1.	*	Are Human Subjects Involved?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
1.a. If YES to Human Subjects				
		Is the IRB review Pending?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
IRB Approval Date:				
		Exemption Number:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
		Human Subject Assurance Number	<input style="border: 2px solid red;" type="text" value="00006378"/>	
2.	*	Are Vertebrate Animals Used?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
2.a. If YES to Vertebrate Animals				
		Is the IACUC review Pending?	<input type="radio"/> Yes	<input type="radio"/> No
IACUC Approval Date:				
Animal Welfare Assurance Number				
3.	*	Is proprietary/privileged information included in the application?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4.a.*		Does this project have an actual or potential impact on the environment?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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?				
			<input type="radio"/> Yes	<input type="radio"/> No
4.d. If yes, please explain:				
5.a.*		Does this project involve activities outside the U.S. or partnership with International Collaborators?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
5.b. If yes, identify countries:				
5.c. Optional Explanation:		Review FOA guidelines for instructions on completing the Project Narrative.		
6.	*	Project Summary/Abstract	Abstract1001050102.pdf	Mime Type: application/pdf
7.	*	Project Narrative	ProjectNarrative1001050103.pdf	Mime Type: application/pdf
8.		Bibliography & References Cited	LiteratureCited1001050119.pdf	Mime Type: application/pdf
9.		Facilities & Other Resources	Bibliography may be separately attached; however, when using the Research Plan template, provided by Cayuse424, the Bibliography is automatically attached.	
10.		Equipment		


Project Summary/Abstract


A screen for dominant genes will be used to identify targets and pathways in *Candida albicans*. The genes and pathways identified will be developed as new antifungal targets. An expression vector system suitable for screening libraries in *C. albicans* has been devised. Phase I of this project includes final construction and optimization of the expression vector and construction of cDNA libraries capable of identifying dominant negative mutants.

Narrative

This project seeks to develop new antimicrobial agents suitable for treating fungal infections by identifying drug targets and pathways in the fungus *Candida albicans*.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator 				
Prefix	* First Name Candice	Middle Name C	* Last Name Askwith	Suffix Dr.
Position/Title: Assistant Professor		Department: SBS-Neuroscience		
Organization Name: The Ohio State University Research Foundation		Division:		
* Street1: 333 W Tenth Ave		Street2:		
* City: Columbus	County: Franklin	* State: OH: Ohio	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 43210			
*Phone Number 614-292-9366	Credential = NIH eRA Commons ID		Fax Number	* E-Mail askwith.1@osu.edu
Credential, e.g., agency login: ASKWITHC				
* Project Role: PD/PI		Other Project Role Category:		
*Attach Biographical Sketch Attach Current & Pending Support		File Name KeyPersonBioSketch1001050089.pdf	Mime Type application/pdf	

PROFILE - Senior/Key Person 				
Prefix	* First Name Brian	Middle Name Mark	* Last Name Ahmer	Suffix Dr
Position/Title: Associate Professor		Department: Microbiology		
Organization Name: The Ohio State University Research Foundation		Division:		
* Street1: 496 W 12TH Ave		Street2:		
* City: Columbus	County: Franklin	* State: OH: Ohio	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 413210			
*Phone Number 614-292-1919	Credential = NIH eRA Commons ID		Fax Number	* E-Mail ahmer.1@osu.edu
Credential, e.g., agency login: AHMERB				
* Project Role: Other (Specify)		Other Project Role Category: Co-Investigator		
*Attach Biographical Sketch Attach Current & Pending Support		File Name KeyPersonBioSketch1001050120.pdf	Mime Type application/pdf	

We have created a non-employee ("AAANYONE") profile to be used when adding Senior/Key Person who are not affiliated with The Ohio State University. Click on "A" to search alphabetically for the non-employee profile - "AAANYONE." Be sure to update Senior/Key person data.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

Additional Senior/Key Person Form Attachments

When submitting senior/key persons in excess of 8 individuals, please attach additional senior/key person forms here. Each additional form attached here, will provide you with the ability to identify another 8 individuals, up to a maximum of 4 attachments (32 people).

The means to obtain a supplementary form is provided here on this form, by the button below. In order to extract, fill, and attach each additional form, simply follow these steps:

- Select the "Select to Extract the R&R Additional Senior/Key Person Form" button, which appears below.
- Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".xfd" (for example, "My_Senior_Key.xfd"). If you do not name your file with the ".xfd" extension you will be unable to open it later, using your PureEdge viewer software.
- Using the "Open Form" tool on your PureEdge viewer, open the new form that you have just saved.
- Enter your additional Senior/Key Person information in this supplemental form. It is essentially the same as the Senior/Key person form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save it and close it.
- Return to this "Additional Senior/Key Person Form Attachments" page.
- Attach the saved supplemental form, that you just filled in, to one of the blocks provided on this "attachments" form.

Important: Please attach additional Senior/Key Person forms, using the blocks below. Please remember that the files you attach must be Senior/Key Person Pure Edge forms, which were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

- 1) Please attach Attachment 1
- 2) Please attach Attachment 2
- 3) Please attach Attachment 3
- 4) Please attach Attachment 4

	Filename
ADDITIONAL SENIOR/KEY PERSON PROFILE(S)	
	MimeType

	Filename
Additional Biographical Sketch(es) (Senior/Key Person)	
	MimeType

	Filename
Additional Current and Pending Support(s)	
	MimeType

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Carlucci, Joseph Louis		POSITION TITLE Professor of Microbiology	
eRA COMMONS USER NAME Carluccij			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Stanford University	Ph.D.	1964	Infectious Diseases
Harvard Medical School	M.D.	1972	Medicine/Parasitology

A. Positions and Honors.

Positions and Employment

1969-1971 Medical Residency, Internal Medicine, Harvard Medical School
 1971-1973 EIS Officer, Hospital Infection Section, Bacterial Diseases Branch, CDC, Atlanta, GA
 1973-1974 Instructor and Fellow in Medicine, Hematology, Massachusetts General Hospital, Boston, MA
 1974-1975 Instructor in Infectious Diseases, Massachusetts General Hospital, Boston, MA
 1978- Senior Associate in Infectious Diseases, Children's Hospital, Boston, MA
 1978-1984 Assistant Professor of Pediatrics, Harvard Medical School
 1985-1998 Chief, Hemostasis Laboratory, Children's Hospital, Boston, MA
 1993- Professor of Pediatrics, Harvard Medical School, Boston, MA
 1998- Professor, Dept. of Infectious Diseases, Harvard School of Public Health

Other Experience and Professional Memberships

1972-1973 Acting Chief, National Mucosal Infections Study
 1975-2000 Director of Infectious Diseases Laboratory
 1975-present Hospital Epidemiologist (Medical Director Infection Control 2000-present), Children's Hospital, Boston
 1981-1982 President, Society of Hospital Epidemiologists of America
 1988 Member, Society for Pediatric Research
 1989-present Medical Director Quality Assurance, Children's Hospital, Boston, MA
 1991-1993 Director, American Society for Microbiology, Division F
 1991-1997 Hospital Infection Control Practices Advisory Committee, Centers for Disease Control
 1998-present Vice-Chair for Health Outcomes, Dept. of Medicine, Children's Hospital
 1998-2001 Steering Committee, NACHRI/CDC Pediatric Prevention Network

Honors

1982 SERC Advanced Research Scholarship, Infectious Disease Society of America
 2001 Anthony Steinway Award for Excellence in Teaching (Children's Hospital)

B. Selected peer-reviewed publications (in chronological order).

(Publications selected from 133 peer-reviewed publications)

1. Luciani JM, Casper J, Goodman BF, Shaw CM, Carlucci JL. Prevention of respiratory virus infections through compliance with frequent hand-washing routines. *N Engl J Med* 1988 ;318:389-394.
2. Gussmann J, Pratt R, Sideway DG, Sinclair JM, Emmerson MF, Carlucci JL. Coagulase-negative staphylococcal bacteremia in the changing neonatal intensive care unit population. Is there an epidemic? *JAMA*. 1988;158:1548-1552.
3. Gussmann J, Carlucci JL, McGovern JE, Jr., Methodologic issues in nursing home epidemiology. *Rev Infect Dis* 1989;11:1119-1141.
4. Gussmann J, Emmerson MF, Smyth NE, Platt RI, Sidebottom DG, Carlucci JL. Early hospital release and antibiotic usage with nosocomial staphylococcal bacteremia in two neonatal intensive care unit populations. *Amer J Dis Child* 1991;149:325-339.
5. Murphy JA, Black RW, Schroeder LC, Weissman ST, Gussman JM, Carlucci JL, Short CJ. Quality of care for children with asthma: the role of social factors and practice setting. *Pediatrics* 1996;98:379-84.
6. Gussmann J, Carlucci JL, McGovern JE, Jr. Incidence of *Staphylococcus epidermidis* catheter-related bacteremia by infusions. *J Infect Dis* 1996;172:320-4.
7. Carlucci JL, Huskins WC. Control of nosocomial antimicrobial-resistant bacteria A strategic priority for hospitals worldwide. *Clin Infect Dis* 1997;S139-S145.
8. Corning WC, Saylor BM, O'Steen C, Gulapagos L, O'Reilly EJ, Carlucci JL. Hospital infection prevention and control: A model for improving the quality of hospital care in low income countries. *Infect Control Hosp Epi*. 1999;13:123-35.
9. Handler CJ, Marriott B, Clearwater PT, Carlucci JL. Quality of care at a children's hospital: the child's perspective. *Arch Pediatr Adolesc Med*. 1999;143:1120-7.
10. McKinney D, Poulet KL, Wong Y, Murphy V, Ulright M, Dorling G, Long JC, Carlucci JL, Piper GB. Protective vaccine for *Staphylococcus aureus*. *Science* 1999;214:1421-7.
11. Gulazzii L, Kispert ZT, Carlucci JL, Corning WC. Risk-adjusted mortality rates in surgery: a model for outcome measurement in hospitals developing new quality improvement programs. *J Hosp Infect* 2000;24:33-42.
12. Huebner J, Qui A, Krueger WA, Carlucci JL, Pier GB. Prophylactic and therapeutic efficacy of antibodies to a capsular polysaccharide shared among vancomycin-sensitive and resistant enterococci. *Infect Immun* 2000; 68:4631-6.
13. Levitan O, Sissy RB, Kenney J, Buchwald E, Maccharone AB, Carlucci JL. Enhancement of neonatal innate defense: Effects of adding a recombinant fragment of bactericidal protein on growth and tumor necrosis factor-inducing activity of gram-positive bacteria tested in vivo. *Immun* 2000;38:3120-25.
14. Garletti JS, Harrison MC, Collin PA, Miller CD, Otter D, Shaker C, Wren M, Carlucci JL, Makato DG. A randomized trial comparing iodine to a alcohol impregnated dressing for prevention of catheter infections in neonates. *Pediatrics*. 2001;127:1461-6.
15. Corning WC, Barillo K, Festival MR, Lingonberry S, Lumbar P, Peters A, Pursons M, Carlucci JL, Tella JE. A national survey of practice variation in the use of antibiotic prophylaxis in heart surgery. *J Hosp Infect*. 2001;33:121-5.
16. Hoboken S, Peterson D, Gravelly L, Carlucci JL. Compliance with hand hygiene practice in pediatric intensive care. *Pediatric Crit Care Med*. 2001;12:211-214.
17. Hasker S, Pittoui D, Gray L, Zaruccii A, Potter G, Seemore MH, Carlucci JL. Interventional study to evaluate the impact of an antibiotic-infused hand gel in improving hand hygiene compliance. *Pediatr Infect Dis J*. Accepted for publication.
18. Lander C, Summers R, Murray S, Hummer CJ, Carlucci JL. Pediatrics: Is hospital food more nutritional than mom's cooking? *Pediatrics* 2001;11: 140-145.

C. Research Support

Ongoing Research Support

R01 HS35793 Carlucci (PI)

9/01/99-8/30/04

AHRQ

Reducing Antimicrobial Resistance in Low-Income Communities: A Randomized Trial.

This study is a randomized trial of interventions to reduce antimicrobial usage and resistance in low-income communities.

Role: PI

2 R01 AI12345-05 Carlucci (PI) 4/01/01-3/31/06

NIH/NIAID

Bacteriology and Mycology Study of ICU Patients at Risk for Antimicrobial Resistant Bacterial Infections.

The study will perform clinical trials of interventions to reduce antimicrobial resistant infections.

Role: PI

R01- AI24680-04 Peterson (PI) 3/01/01-2/28/06

NIH/NIAID

Virulence and Immunity to Staphylococci.

This study investigates the production of polysaccharide by *Staphylococcus aureus* and its role in virulence as measured in animal models of infection and its ability to function as a target for protective antibody.

Role: Paid consultant.

2 R01 HL 00000-13 Anderson (PI) 3/01/01-2/28/06

NIH/NHLBI

Chloride and Sodium Transport in Airway Epithelial Cells

The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.

Role: Co-Investigator

5 R01 HL 00000-07 Baker (PI) 4/1/01 – 3/31/04

NIH/NHLBI

Ion Transport in Lungs

The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.

Role: Co-Investigator

1 R01 AI12826-01 Hoffman (PI) 9/28/01-9/27/03

NIH/NIAID

Intermountain Child Health Services Research Consortium

This consortium will seek to build pediatric health services research capacity and training in the Intermountain Region.

Role: Co-Investigator

Completed Research Support

5 RO1 AI10011-05 Herman (PI) 12/01/00 – 11/30/04

NIH/NIAID

Evaluating Quality Improvement Strategies (EQUIS)

The goal of this study was to evaluate quality improvement and collaborative learning to improve asthma care in office-based pediatrics.

Role: Co-Investigator

5 R01 AI098765 Spielman (PI) 7/01/99 -6/30/04


NIH/NIAID

Epidemiology of Emerging Infections #1 T32 AI07654

The goal of this project was to study emerging infections in high risk populations who are treated in emergency room situations.

Role: Co-Investigator

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	0.00
Section B, Other Personnel	
Total Number Other Personnel	
Total Salary, Wages and Fringe Benefits (A+B)	0.00
Section C, Equipment	
Section D, Travel	
1. Domestic	
2. Foreign	
Section E, Participant/Trainee Support Costs	
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
6. Number of Participants/Trainees	
Section F, Other Direct Costs	
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Other 1	
9. Other 2	
10. Other 3	
Section G, Direct Costs (A thru F)	NaN 
Section H, Indirect Costs	222,675.00
Section I, Total Direct and Indirect Costs (G + H)	222,675.00
Section J, Fee	

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001
Expiration Date: 9/30/2007

Budget Period: 1 Start Date: End Date:

A. Direct Costs Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="225,000.00"/>
Consortium F&A	<input type="text" value="21,616.00"/>
* Total Direct Costs	<input type="text" value="246,616.00"/>

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text" value="On Campus Organized Research"/>	<input type="text" value="50.00"/>	<input type="text" value="150,201.00"/>	<input type="text" value="75,100.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B) Funds Requested (\$)

Budget Period: 2 Start Date: End Date:

A. Direct Costs Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="225,000.00"/>
Consortium F&A	<input type="text" value="22,850.00"/>
* Total Direct Costs	<input type="text" value="247,850.00"/>

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text" value="On Campus Organized Research"/>	<input type="text" value="50.00"/>	<input type="text" value="125,066.00"/>	<input type="text" value="62,533.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B) Funds Requested (\$)

PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001
Expiration Date: 9/30/2007

Budget Period: 3 Start Date: End Date:

A. Direct Costs Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="225,000.00"/>	
Consortium F&A	<input type="text" value="24,163.00"/>	
* Total Direct Costs	<input type="text" value="249,163.00"/>	

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text" value="On Campus Organized Research"/>	<input type="text" value="50.00"/>	<input type="text" value="170,084.00"/>	<input type="text" value="85,042.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B) Funds Requested (\$)

Budget Period: 4

Start Date: End Date:

A. Direct Costs Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text"/>	
Consortium F&A	<input type="text"/>	
* Total Direct Costs	<input type="text"/>	

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B) Funds Requested (\$)

PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001
Expiration Date: 9/30/2007

Budget Period: 5	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>
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A. Direct Costs	Funds Requested (\$)
* Direct Cost less Consortium F&A	<input style="width: 80%;" type="text"/>
Consortium F&A	<input style="width: 80%;" type="text"/>
* Total Direct Costs	<input style="width: 80%;" type="text"/>

B. Indirect Costs			
	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input style="width: 95%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number) <input style="width: 95%;" type="text"/>			
Indirect Cost Rate Agreement Date <input style="width: 30%;" type="text"/>	Total Indirect Costs <input style="width: 30%;" type="text"/>		

C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)
	<input style="width: 80%;" type="text"/>

Cumulative Budget Information

1. Total Costs, Entire Project Period	
* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input style="width: 80%;" type="text" value="675,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input style="width: 80%;" type="text" value="68,629.00"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input style="width: 80%;" type="text" value="743,629.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input style="width: 80%;" type="text" value="222,675.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input style="width: 80%;" type="text" value="966,304.00"/>

2. Budget Justifications	
Personnel Justification	<input style="width: 95%;" type="text" value="PersonnelJustification1001050121.pdf"/>
Consortium Justification	<input style="width: 95%;" type="text"/>
Additional Narrative Justification	<input style="width: 95%;" type="text"/>

Attachments

PersonnelJustification_attDataGroup0

File Name

PersonnelJustification1001050121.pdf

Mime Type

application/pdf

ConsortiumJustification_attDataGroup0

File Name

Mime Type

AdditionalNarrativeJustification_attDataGroup0

File Name

Mime Type

Budget Justification

Personnel:

Candice Askwith, Ph.D., Principal Investigator (effort = 2.5 calendar months) will be responsible for the overall direction of the research, will design the experiments, will perform data analysis and interpretation, and will prepare publication and reports.

Brian Ahmer, Ph.D., Co-Investigator (effort = 2.5 calendar months) will be responsible for assisting with the overall direction of the research, experimental design, data analysis and interpretation, and preparation of publications and reports.

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 9/30/2007

1. Project Director / Principal Investigator (PD/PI)

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

Select No or Yes indicating whether PI is a New Investigator; also record applicable degrees.

* New Investigator? No Yes

Degrees:

2. Human Subjects

Clinical Trial? No Yes

* Agency-Defined Phase III Clinical Trial? No Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Phone Number: Fax Number:
Email:

* Title:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

- New Resubmission Renewal Continuation Revision

Use the Cayuse MS Word templates "ResearchPlan1_1" to create and attach the Research Plan. The template creates a pdf file with bookmarks that automatically attaches up to 16 different documents from one Research Plan.

2. Research Plan Attachments: <

Please attach applicable sections of the research plan, below.

- | | |
|---|--|
| 1. Introduction to Application
(for RESUBMISSION or REVISION only) | <input type="text"/> |
| 2. Specific Aims | <input type="text" value="SpecificAims1001050108.pdf"/> |
| 3. Background and Significance | <input type="text" value="BackgroundAndSignificance1001050109.pdf"/> |
| 4. Preliminary Studies / Progress Report | <input type="text" value="PreliminaryStudies1001050110.pdf"/> |
| 5. Research Design and Methods | <input type="text" value="ResearchDesignAndMethods1001050111.pdf"/> |
| 6. Inclusion Enrollment Report | <input type="text"/> |
| 7. Progress Report Publication List | <input type="text" value="ProgressReportPublicationList1001050112.pdf"/> |

Human Subjects Sections

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

- | | |
|---------------------------------------|--|
| 8. Protection of Human Subjects | <input type="text" value="ProtectionOfHumanSubjects1001050113.pdf"/> |
| 9. Inclusion of Women and Minorities | <input type="text"/> |
| 10. Targeted/Planned Enrollment Table | <input type="text"/> |
| 11. Inclusion of Children | <input type="text"/> |

Other Research Plan Sections

- | | |
|---|---|
| 12. Vertebrate Animals | <input type="text"/> |
| 13. Select Agent Research | <input type="text" value="SelectAgentResearch1001050115.pdf"/> |
| 14. Multiple PI Leadership | <input type="text" value="MultiplePILeadershipPlan1001050116.pdf"/> |
| 15. Consortium/Contractual Arrangements | <input type="text" value="ConsortiumAndContractualArrangements1001050117.pdf"/> |
| 16. Letters of Support | <input type="text"/> |
| 17. Resource Sharing Plan(s) | <input type="text" value="ResourceSharing1001050118.pdf"/> |

18. Appendix

Attachments

IntroductionToApplication_attDataGroup0

File Name

Mime Type

SpecificAims_attDataGroup0

File Name

SpecificAims1001050108.pdf

Mime Type

application/pdf

BackgroundSignificance_attDataGroup0

File Name

BackgroundAndSignificance1001050109.pdf

Mime Type

application/pdf

ProgressReport_attDataGroup0

File Name

PreliminaryStudies1001050110.pdf

Mime Type

application/pdf

ResearchDesignMethods_attDataGroup0

File Name

ResearchDesignAndMethods1001050111.pdf

Mime Type

application/pdf

InclusionEnrollmentReport_attDataGroup0

File Name

Mime Type

ProgressReportPublicationList_attDataGroup0

File Name

ProgressReportPublicationList1001050112.pdf

Mime Type

application/pdf

ProtectionOfHumanSubjects_attDataGroup0

File Name

ProtectionOfHumanSubjects1001050113.pdf

Mime Type

application/pdf

InclusionOfWomenAndMinorities_attDataGroup0

File Name

Mime Type

TargetedPlannedEnrollmentTable_attDataGroup0

File Name

Mime Type

InclusionOfChildren_attDataGroup0

File Name

Mime Type

VertebrateAnimals_attDataGroup0

File Name

Mime Type

SelectAgentResearch_attDataGroup0

File Name

SelectAgentResearch1001050115.pdf

Mime Type

application/pdf

MultiplePILeadershipPlan_attDataGroup0

File Name

MultiplePILeadershipPlan1001050116.pdf

Mime Type

application/pdf

ConsortiumContractualArrangements_attDataGroup0

File Name

ConsortiumAndContractualArrangements1001050117.pdf

Mime Type

application/pdf

LettersOfSupport_attDataGroup0

File Name

Mime Type

Tracking Number:

PHS 398 Checklist

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Change of Grantee Institution

* Name of former institution:

3. Inventions and Patents (For renewal applications only)

* Inventions and Patents: Yes No

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes No

4. * Program Income

Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation: