

# PeopleSoft.<sup>®</sup>

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## PeopleSoft Grants 8.8 Reports

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**December 2003**

PeopleSoft Grants 8.8 Reports

SKU FSCM88GMT-R 1203

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# About This PeopleBook

PeopleBooks provide you with the information that you need to implement and use PeopleSoft applications.

This preface discusses:

- Related documentation.
- Comments and suggestions.

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## Related Documentation

This section discusses how to:

- Obtain documentation updates.
- Order printed documentation.

## Obtaining Documentation Updates

You can find updates and additional documentation for this release, as well as previous releases, on the PeopleSoft Customer Connection web site. Through the Documentation section of PeopleSoft Customer Connection, you can download files to add to your PeopleBook Library. You'll find a variety of useful and timely materials, including updates to the full PeopleSoft documentation that is delivered on your PeopleBooks CD-ROM.

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**Important!** Before you upgrade, you must check PeopleSoft Customer Connection for updates to the upgrade instructions. PeopleSoft continually posts updates as the upgrade process is refined.

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### See Also

PeopleSoft Customer Connection web site, <http://www.peoplesoft.com/corp/en/login.asp>

## Ordering Printed Documentation

You can order printed, bound volumes of the complete PeopleSoft documentation that is delivered on your PeopleBooks CD-ROM. PeopleSoft makes printed documentation available for each major release shortly after the software is shipped. Customers and partners can order printed PeopleSoft documentation by using any of these methods:

- Web
- Telephone
- Email

## **Web**

From the Documentation section of the PeopleSoft Customer Connection web site, access the PeopleSoft Press web site under the Ordering PeopleBooks topic. The PeopleSoft Press web site is a joint venture between PeopleSoft and Consolidated Publications Incorporated (CPI), the book print vendor. Use a credit card, money order, cashier's check, or purchase order to place your order.

## **Telephone**

Contact CPI at 800 888 3559.

## **Email**

Send email to CPI at [psoftpress@cc.larwood.com](mailto:psoftpress@cc.larwood.com).

## **See Also**

PeopleSoft Customer Connection web site, <http://www.peoplesoft.com/corp/en/login.asp>

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## **Comments and Suggestions**

Your comments are important to us. We encourage you to tell us what you like, or what you would like to see changed about PeopleBooks and other PeopleSoft reference and training materials. Please send your suggestions to:

PeopleSoft Product Documentation Manager PeopleSoft, Inc. 4460 Hacienda Drive Pleasanton, CA 94588

Or send email comments to [doc@peoplesoft.com](mailto:doc@peoplesoft.com).

While we cannot guarantee to answer every email message, we will pay careful attention to your comments and suggestions.

# CHAPTER 1

## PeopleSoft Grants Reports and Forms

This appendix provides an overview of PeopleSoft Grants reports and forms.

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**Note.** For samples of these reports and forms, see the PDF files that are published on CD-ROM with the documentation.

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### PeopleSoft Grants Reports and Forms: A to Z

The tables in this appendix list the PeopleSoft Grants reports and forms.

This section discusses:

- Federal forms - PHS 398 (grant application).
- Federal forms - PHS 2590 (non-competing grant progress report or continuation report).
- Administrative reports.
- Billing forms.

#### Federal Form - PHS 398 (Grant Application)

Report ID and Report Name	Description	Navigation	Run Control Page
PHS 398 Form Page 1	Summarizes proposal information, including title of project, start and end dates for the project, budget periods, contact information, human and animal subject information, costs, performance sites, inventions and patents, names of principal investigators, and administrative officials.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Form Page 2	Describes the study's long-term objectives and specific aims, performance sites, and key personnel.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Form Page 3	Provides the page number for each category that is listed on the table of contents.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Form Page 4	Includes the detailed budget for the initial budget period.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ

Report ID and Report Name	Description	Navigation	Run Control Page
PHS 398 Form Page 5	Includes the budget for the entire period (direct costs only).	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Modular Budget Format Page	Includes the modular budget for the initial period and subsequent years.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Biographical Sketch Format Page	Includes biographical information for key personnel on the proposal.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Resources Format Page	Describes the facilities, including capacities, pertinent capabilities, relative proximity, and extent of availability to the project that are to be used for the conduct of the proposed research.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Checklist Form Page	Includes a checklist of items covering program income, assurances and certifications, F&A costs, and workplace environment.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Personal Data Form Page	Includes personal data about the principal investigator or program director on the proposal.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Continuation Page	Provides a second page for additional personal information about the principal investigator or program director on the proposal.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Targeted/Planned Enrollment Format Page	Lists by ethnicity, race, and gender the number of subjects who are enrolled in the proposed study.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Enrollment Report Format Page	Lists by ethnicity and race the number of subjects who are enrolled in the study to date (cumulative).	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 398 Other Support Format Page	Includes all financial resources (federal, non-federal, commercial, and institutional) that are available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and institutional awards.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ

Report ID and Report Name	Description	Navigation	Run Control Page
PHS 398 Personnel Report Format Page	Lists all key personnel, salaried and unsalaried, who participated in the project during the current budget period. Information includes degrees, role on project, date of birth, annual percent of effort, and social security number.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ

## Federal Form - PHS 2590 (Non-Competing Grant Progress Report or Continuation Proposal)

Report ID and Report Name	Description	Navigation	Run Control Page
PHS 2590 Form Page 1	Summarizes proposal information, including title of project, start and end dates for the project, budget periods, contact information, human and animal subject information, costs, performance sites, inventions and patents, names of principal investigators, and administrative officials.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Form Page 2	Itemizes by budget item the direct costs that are requested for the next budget period.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Form Page 3	Provides a detailed budget justification for those line items and amounts that represent a significant change from previously recommended items amounts.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Biographical Sketch	Includes biographical sketch information for all new key personnel since the previous submission.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Form Page 5	Includes information on the research progress, including specific aims, studies and results, significance of findings, modifications to the original plans, and any changes involving research using human subjects and vertebrate animals.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ

Report ID and Report Name	Description	Navigation	Run Control Page
PHS 2590 Form Page 6	Includes a checklist of items covering program income, assurances and certifications, F&A costs, and workplace environment.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Form Page 7	Lists all key personnel for the current budget period. Information includes the name, degrees, social security number, role on project, date of birth, and annual percent of effort.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Continuation Page	Provides a second page for additional personal information about the principal investigator or program director on the proposal.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Targeted/Planned Enrollment Format Page	Lists by ethnicity, race, and gender the number of subjects who are enrolled in the proposed study.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Enrollment Report Format Page	Lists by ethnicity and race the number of subjects who are enrolled in the study to date (cumulative).	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ
PHS 2590 Other Support Format Page	Includes all financial resources (federal, non-federal, commercial, and institutional) that are available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and institutional awards.	Grants, Proposals, Print Proposal	GM_PROP_PRINT_REQ

## Administrative Reports

Report ID and Report Name	Description	Navigation	Run Control Page
GMPPER034 Bio sketch	Includes the name, address, education, professional experience, and languages proficiencies of the investigators on the proposal.	Grants, Professionals, Biosketch Report	RUN_GM_PERS_BIO
GMPPER035 Current and Pending Support	Provides an overall picture of the total commitments for a particular investigator.	Grants, Professionals, Other Support Report	RUN_GM_PERS_BIO

Report ID and Report Name	Description	Navigation	Run Control Page
SF-269A Interim Outlay Report	Provides information that the U.S. government requires for interim outlays on selected grants that it awards.	Grants, Interactive Reports, SF 269	GM_AWD_RUN_CNTL
SF-272 Federal Cash Transactions Report	Provides information that the U.S. government requires. Report can take two forms, depending upon whether the award entails a letter of credit.	Grants, Interactive Reports, SF 272	GM_AWD2_RUN_CNTL
SF-272A Federal Cash Transactions Report Continuation	Provides information that the U.S. government requires for continuation grants.	Grants, Interactive Reports, SF 272	GM_AWD2_RUN_CNTL

## Billing Forms

Report ID and Report Name	Description	Navigation	Run Control Page
SF-1034 Public Voucher for Purchases and Services Other Than Personal	Provides a public voucher for purchases and services other than personal, including invoice summary page with invoice header information.	<ul style="list-style-type: none"> <li>Billing, Generate Invoices, Non-Consolidated, Single Action Invoice</li> <li>Billing, Generate Invoices, Non-Consolidated, Print Pro Forma</li> <li>Billing, Generate Invoices, Non-Consolidated, Finalize and Print Invoices</li> </ul>	RUN_BI_PRNTIVC
SF-1035 Public Voucher for Purchases and Services Other Than Personal - Continuation	Provides a continuation sheet on SF-1034 that includes invoice header and expense line detail information that the expense account tree defines.	<ul style="list-style-type: none"> <li>Billing, Generate Invoices, Non-Consolidated, Single Action Invoice</li> <li>Billing, Generate Invoices, Non-Consolidated, Print Pro Forma</li> <li>Billing, Generate Invoices, Non-Consolidated, Finalize and Print Invoices</li> </ul>	RUN_BI_PRNTIVC
SF-270 Request for Advance or Reimbursement	Provides an invoice summary page that includes invoice header information.	<ul style="list-style-type: none"> <li>Billing, Generate Invoices, Non-Consolidated, Single Action Invoice</li> <li>Billing, Generate Invoices, Non-Consolidated, Print Pro Forma</li> <li>Billing, Generate Invoices, Non-Consolidated, Finalize and Print Invoices</li> </ul>	RUN_BI_PRNTIVC

Report ID and Report Name	Description	Navigation	Run Control Page
GM_GEN Generic Letterhead Invoice	Provides a generic invoice that includes invoice header and expense line detail information that the expense account tree definition controls.	<ul style="list-style-type: none"> <li>• Billing, Generate Invoices, Non-Consolidated, Single Action Invoice</li> <li>• Billing, Generate Invoices, Non-Consolidated, Print Pro Forma</li> <li>• Billing, Generate Invoices, Non-Consolidated, Finalize and Print Invoices</li> </ul>	RUN_BI_PRNTIVC
BIGIVCPN Invoice Generation process	Generates the invoices that are described above plus optional cost-sharing and salary-detail (BIGSALDL) reports.	<ul style="list-style-type: none"> <li>• Billing, Generate Invoices, Non-Consolidated, Single Action Invoice</li> <li>• Billing, Generate Invoices, Non-Consolidated, Print Pro Forma</li> <li>• Billing, Generate Invoices, Non-Consolidated, Finalize and Print Invoices</li> </ul>	RUN_BI_PRNTIVC
BIGSALDL Salary Detail	Provides the salary detail that is associated with the invoices that the system creates.	Billing, Generate Invoices, Reports, Salary Detail	RUN_GM_SAL_DETL
GMLOC01 Letter of Credit	Provides details on document number and federal award number as well as funding, previously billed, unbilled, and allowable draw balances.	Billing, Manage Billing Worksheet, Letter of Credit Summary	BI_LOC_SUMMARY

## CHAPTER 2

# Report Samples

This chapter provides report samples.

For the online samples of these reports, see the PDF files that are published on CD-ROM with your online documentation.

Department of Health and Human Services Public Health Services <b>Grant Application</b> <i>Do not exceed 56-character length restrictions, including spaces.</i>		<b>LEAVE BLANK—FOR PHS USE ONLY.</b>					
		Type	Activity	Number			
		Review Group	Formerly				
		Council/Board (Month, Year)		Date Received			
1. TITLE OF PROJECT							
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i> Number: _____ Title: _____							
<b>3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR</b>		New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes					
3a. NAME (Last, first, middle)		3b. DEGREE(S)					
3c. POSITION TITLE		3d. MAILING ADDRESS (Street, city, state, zip code)					
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		3f. MAJOR SUBDIVISION  3g. TELEPHONE AND FAX (Area code, number and extension)  TEL: _____ FAX: _____					
4. HUMAN SUBJECTS RESEARCH					4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____		5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Yes					4b. Human Subjects Assurance No.	4c. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	5a. If "Yes," IACUC approval Date
6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT			
From	Through	7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)			
9. APPLICANT ORGANIZATION Name Address  Institutional Profile File Number (if known)		10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged					
		11. ENTITY IDENTIFICATION NUMBER  DUNS NO. (if available) Congressional District					
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Title Address  Tel FAX E-Mail		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Title Address  Tel FAX E-Mail					
14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF PI/PD NAMED IN 3a. <i>(In ink. "Per" signature not acceptable.)</i>		DATE			
15. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE			

Principal Investigator/Program Director (Last, first, middle):

DESCRIPTION: State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

PERFORMANCE SITE(S) *(organization, city, state)*

KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator. List all other key personnel in alphabetical order, last name first.

Name	Organization	Role on Project
------	--------------	-----------------

***Disclosure Permission Statement.*** Applicable to SBIR/STTR Only. See instructions.  Yes  No

The name of the principal investigator/program director must be provided at the top of each printed page and each continuation page.

## RESEARCH GRANT

### TABLE OF CONTENTS

	Page Numbers
<b>Face Page</b> .....	1
<b>Description, Performance Sites, and Personnel</b> .....	2-
<b>Table of Contents</b> .....	_____
<b>Detailed Budget for Initial Budget Period (or Modular Budget)</b> .....	_____
<b>Budget for Entire Proposed Period of Support (not applicable with Modular Budget)</b> .....	_____
<b>Budgets Pertaining to Consortium/Contractual Arrangements (not applicable with Modular Budget)</b> .....	_____
<b>Biographical Sketch—Principal Investigator/Program Director</b> ( <i>Not to exceed four pages</i> ) .....	_____
<b>Other Biographical Sketches</b> ( <i>Not to exceed four pages for each – See instructions</i> ) .....	_____
<b>Resources</b> .....	_____

#### **Research Plan**

<b>Introduction to Revised Application</b> ( <i>Not to exceed 3 pages</i> ) .....	_____
<b>Introduction to Supplemental Application</b> ( <i>Not to exceed one page</i> ) .....	_____
A. Specific Aims .....	_____
B. Background and Significance .....	_____
C. Preliminary Studies/Progress Report/ Phase I Progress Report (SBIR/STTR Phase II ONLY) .....	_____
(Items A-D: not to exceed 25 pages*)	_____
D. Research Design and Methods .....	_____
E. Human Subjects .....	_____
Protection of Human Subjects (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Inclusion of Women (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Inclusion of Minorities (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Inclusion of Children (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Data and Safety Monitoring Plan (Required if Item 4 on the Face Page is marked "Yes" <b>and</b> a Phase I, II, or III clinical trial is proposed) .....	_____
F. Vertebrate Animals .....	_____
G. Literature Cited .....	_____
H. Consortium/Contractual Arrangements .....	_____
I. Letters of Support (e.g., Consultants) .....	_____
J. Product Development Plan (SBIR/STTR Phase II and Fast-Track ONLY) .....	_____

\* SBIR/STTR Phase I: Items A-D limited to 15 pages.

<b>Checklist</b> .....	_____
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#### **Appendix** (*Five collated sets. No page numbering necessary for Appendix.*)

Appendices NOT PERMITTED for Phase I SBIR/STTR unless specifically solicited.

Number of publications and manuscripts accepted for publication (*not to exceed 10*) \_\_\_\_\_

Other items (list): \_\_\_\_\_

Check if  
Appendix is  
Included



Principal Investigator/Program Director (Last, first, middle):

## **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY**

## SUBTOTALS →

## CONSULTANT COSTS

---

**EQUIPMENT (Itemize)**

### TRAVEL

PATIENT CARE COSTS	INPATIENT	
	OUTPATIENT	

#### ALTERATIONS AND RENOVATIONS *(Itemize by category)*

**OTHER EXPENSES** (*Itemize by category*)

**SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD**

\$

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
	FACILITIES AND ADMINISTRATIVE COSTS	

**TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** (Item 7a, Face Page)

\$

**SBIR/STTR Only: FEE REQUESTED**



**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD**  
**DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD (from Form Page 4)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
		2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL					
PATIENT CARE COSTS	INPATIENT				
	OUTPATIENT				
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
SUBTOTAL DIRECT COSTS					
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT				
	F&A				
<b>TOTAL DIRECT COSTS</b>					
<b>TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD (Item 8a, Face Page)</b>					\$ <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>
<b>SBIR/STTR Only Fee Requested</b>					
<b>SBIR/STTR Only: Total Fee Requested for Entire Proposed Project Period</b> <small>(Add Total Fee amount to "Total direct costs for entire proposed project period" above and Total F&amp;A/indirect costs from Checklist Form Page, and enter these as "Costs Requested for Proposed Period of Support on Face Page, Item 8b.)</small>					\$ <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.



Principal Investigator/Program Director (Last, first, middle):

**BUDGET JUSTIFICATION PAGE  
MODULAR RESEARCH GRANT APPLICATION**

Initial Budget Period	Second Year of Support	Third Year of Support	Fourth Year of Support	Fifth Year of Support
<b>Total Direct Costs Requested for Entire Project Period</b>				

**Personnel**

**Consortium**

**Fee (SBIR/STTR Only)**

### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2. Follow the sample format on for each person. (See attached sample). **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
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

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## RESOURCES

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**FACILITIES:** Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

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**MAJOR EQUIPMENT:** List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

**CHECKLIST****TYPE OF APPLICATION** (Check all that apply.)

NEW application. (This application is being submitted to the PHS for the first time.)  
 SBIR Phase I  SBIR Phase II: SBIR Phase I Grant No. \_\_\_\_\_  SBIR Fast Track  
 STTR Phase I  STTR Phase II: STTR Phase I Grant No. \_\_\_\_\_  STTR Fast Track

REVISION of application number: \_\_\_\_\_ (This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)

COMPETING CONTINUATION of grant number: \_\_\_\_\_ (Competing continuation appl. and Phase II only)  
 No  Previously reported

SUPPLEMENT to grant number: \_\_\_\_\_ (This application is for additional funds to supplement a currently funded grant.)  
 Yes. If "Yes,"  Not previously reported

CHANGE of principal investigator/program director.  
Name of former principal investigator/program director: \_\_\_\_\_

FOREIGN application or significant foreign component.

**1. PROGRAM INCOME (See instructions.)**

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

**2. ASSURANCES/CERTIFICATIONS (See instructions.)**

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications are provided in Section III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

- Human Subjects; •Research Using Human Embryonic Stem Cells•
- Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy• Vertebrate Animals•

- Debarment and Suspension; •Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying; •Non-Delinquency on Federal Debt; •Research Misconduct; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA and Human Gene Transfer Research; •Financial Conflict of Interest (except Phase I SBIR/STTR) •STTR ONLY: Certification of Research Institution Participation.

**3. FACILITIES AND ADMINISTRATIVE COSTS (F&A)/ INDIRECT COSTS.** See specific instructions.

DHHS Agreement dated: \_\_\_\_\_  No Facilities And Administrative Costs Requested.

DHHS Agreement being negotiated with \_\_\_\_\_ Regional Office.

No DHHS Agreement, but rate established with \_\_\_\_\_ Date \_\_\_\_\_

CALCULATION\* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	% = F&A costs \$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs \$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs \$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs \$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs \$ _____
TOTAL F&A Costs \$			

\*Check appropriate box(es):

Salary and wages base  Modified total direct cost base  Other base (Explain)  
 Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):

**4. SMOKE-FREE WORKPLACE**  Yes  No (The response to this question has no impact on the review or funding of this application.)

Place this form at the end of the signed original copy of the application.  
Do not duplicate.

**PERSONAL DATA ON  
PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR**

---

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator/program director. To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests social Security numbers for accurate identification, referral, and review of applications and for management of PHS grant programs. Provision of the Social Security number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number. The PHS requests the Social Security Number under Sections 301 (a) and 487 of the PHS Act as amended (42 USC241a and USC288). All analyses conducted on the date of birth and race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)	SEX/GENDER
	<input type="checkbox"/> Female <input type="checkbox"/> Male
Social Security Number	

**ETHNICITY**

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

**Hispanic or Latino.** A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**Hispanic or Latino**  
 **Not Hispanic or Latino**

**RACE**

2. What race do you consider yourself to be? Select one or more of the following.

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Check here if you do not wish to provide some or all of the above information.



Principal Investigator/Program Director (Last, first, middle):

## Targeted/Planned Enrollment Table

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

**Study Title:**

**Total Planned Enrollment:**

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category Total of All Subjects*			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of All Subjects *			

\*The "Ethnic Category Total of All Subjects" must be equal to the "Racial Categories Total of All Subjects."

**Inclusion Enrollment Report Table****This report format should NOT be used for data collection from study participants.****Study Title:****Total Enrollment:** \_\_\_\_\_**Protocol Number:** \_\_\_\_\_**Grant Number:** \_\_\_\_\_

<b>PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race</b>				
<b>Ethnic Category</b>	<b>Sex/Gender</b>			
	<b>Females</b>	<b>Males</b>	<b>Unknown or Not Reported</b>	<b>Total</b>
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (Individuals not reporting ethnicity)				
<b>Ethnic Category: Total of All Subjects*</b>				*
<b>Racial Categories</b>				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More than one race				
Unknown or not reported				
<b>Racial Categories: Total of All Subjects*</b>				*
<b>PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)</b>				
<b>Racial Categories</b>	<b>Females</b>	<b>Males</b>	<b>Unknown or Not Reported</b>	<b>Total</b>
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or not reported				
<b>Racial Categories: Total of Hispanics or Latinos**</b>				**

\* These totals must agree.

\*\* These totals must agree.

**RCA TOC Substitute Page**Candidate (*Last, first, middle*): \_\_\_\_\_

Use this substitute page for the Table of Contents of Research Career Awards. The name of the candidate must be provided at the top of each printed page and each continuation page.

**RESEARCH CAREER AWARD****TABLE OF CONTENTS****(Substitute Page)**

Page Numbers

**Section I: Basic Administrative Data**

1-3. Face Page, Description and Key Personnel, Table of Contents (Form pages 1, 2, and this substitute page) .....	1- _____
4. Budget for Entire Proposed Period of Support (Form page 5) .....	_____
5. Biographical Sketches ( <i>Candidate and Sponsor[s]*—Biographical Sketch Format page</i> ) ( <i>Not to exceed four pages</i> )	_____
6. Other Support Pages for the Mentor (not the candidate).....	_____
7. Resources (Resources Format page) .....	_____

**Section II: Specialized Information**

1. **Introduction to Revised Application** (Not to exceed 3 pages) .....

2. **Letters of Reference** (Attach to Face Page)\*

**3. The Candidate**

A. Candidate's Background .....	} (Items A-C included in 25 page limit) .....	} _____
B. Career Goals and Objectives: Scientific Biography .....		
C. Career Development Activities during Award Period		

**4. Statements by Sponsor(s), Consultant(s)\*, and Collaborator(s)\*****5. Environment and Institutional Commitment to Candidate**

A. Description of Institutional Environment.....	_____
B. Institutional Commitment to Candidate's Research Career Development .....	_____

**6. Research Plan**

A. Statement of Hypothesis and Specific Aims .....	} (Items A-D included in 25 page limit) .....	} _____
B. Background, Significance, and Rationale .....		
C. Preliminary Studies and Any Results .....		
D. Research Design and Methods .....		

E. Human Subjects* .....	_____
List appropriate grants with IRB approval dates or exemption designation .....	_____

F. Vertebrate Animals*.....	_____
List appropriate grants with IACUC approval dates or exemption designation .....	_____

G. Literature Cited .....	_____
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H. Consortium/Contractual Arrangements*.....	_____
--	-------

I. Consultants*.....	_____
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**7. Checklist****8. Appendix** (Five collated sets. No page numbering necessary)

Check if Appendix is included

Number of publications and manuscripts accepted or submitted for publication (*not to exceed 6*) \_\_\_\_\_

List of Key Items:

*Note: Type density and size must conform to limits provided in the Specific Instructions.*

\*Include these items only when applicable.

**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.

# RESEARCH CAREER AWARD REFERENCE REPORT GUIDELINES (Series K)

**Title of Award:**

**Type of Award:**

**Application Submission Deadline:** \_\_\_\_\_

**Name of Candidate (Last, first, middle):**

**Name of Respondent (Last, first, middle):**

The candidate is applying to the National Institutes of Health for a Research Career Award (RCA). The purpose of this award is to develop the research capabilities and career of the applicant. These awards provide up to five years of salary support and guarantee them the ability to devote at least 75–80 percent of their time to research for the duration of the award. Many of these awards also provide funds for research and career development costs. The award is available to persons who have demonstrated considerable potential to become independent researchers, but who need additional supervised research experience in a productive scientific setting.

We would appreciate receiving your evaluation of the above candidate with special reference to:

- potential for conducting research;
- evidence of originality;
- adequacy of scientific background;
- quality of research endeavors or publications to date, if any;
- commitment to health-oriented research; and
- need for further research experience and training.

Any related comments that you may wish to provide would be welcomed. These references will be used by PHS committees of consultants in assessing candidates.

Complete the report in English on 8-1/2 x 11" sheets of paper. Return your reference report to the candidate sealed in the envelope as soon as possible and in sufficient time so that the candidate can meet the application submission deadline. References must be submitted with the application.

We have asked the candidate to provide you with a self-addressed envelope with the following words in the front bottom corner: "DO NOT OPEN—PHS USE ONLY." Candidates are not to open the references. Under the Privacy Act of 1974, RCA candidates may request personal information contained in their records, including this reference. Thank you for your assistance.

Type the name of the principal investigator/program director at the top of each printed page and each continuation page. (For type specifications, see PHS 398 Instructions.)

**INSTITUTIONAL NATIONAL RESEARCH SERVICE AWARD**  
**(Substitute Page)**

**TABLE OF CONTENTS**

	<i>Page Numbers</i>
<b>Face Page Description and Personnel, Table of Contents</b> <i>(Form Pages 1, 2, and this NRSA Substitute Form Page 3).....</i>	1- _____
<b>Detailed Budget for Initial Budget Period (NRSA Substitute Form Page 4).....</b>	_____
<b>Budget for Entire Proposed Period of Support (NRSA Substitute Form Page 5).....</b>	_____
<b>Biographical Sketch—Principal Investigator/Program Director (Not to exceed four pages).....</b>	_____
<b>Other Biographical Sketches (Not to exceed four pages for each).....</b>	_____
<b>Resources .....</b>	_____
<b>Research Training Program Plan</b>	_____
Introduction to Revised Application (Not to exceed 3 pages) .....	_____
Introduction to Supplemental Application (Not to exceed one page) .....	_____
A. Background .....	_____
B. Program Plan .....	_____
1. Program Direction .....	_____
2. Program Faculty .....	_____
3. Proposed Training .....	_____
4. Trainee Candidates .....	_____
C. Recruitment of Individuals from Underrepresented Racial/Ethnic Groups .....	_____
D. Responsible Conduct of Research .....	_____
E. Progress Report (Competing Continuation Applications Only) .....	_____
F. Human Subjects .....	_____
Protection of Human Subjects (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Inclusion of Women (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Inclusion of Minorities (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Inclusion of Children (Required if Item 4 on the Face Page is marked "Yes") .....	_____
Data and Safety Monitoring Plan (Required if Item 4 on the Face Page is marked "Yes" <u>and</u> a Phase I, II, or III clinical trial is proposed) .....	_____
G. Vertebrate Animals .....	_____
H. Consortium/Contractual Arrangements .....	_____
<b>Checklist.....</b>	_____

\*Type density and size must conform to limits provided in PHS 398 Specific Instructions.

**Appendix** (Five collated sets. No page numbering necessary for Appendix.)

Check if  
Appendix is  
included

**NRSA Initial Budget Period  
Substitute Page**

Principal Investigator/Program Director:  
(Last, first, middle)

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY (NRSA Substitute Page)</b>		<b>FROM</b>	<b>THROUGH</b>
<b>STIPENDS</b>		<b>DOLLAR TOTAL</b>	
PREDOCTORAL		No. Requested:	
POSTDOCTORAL <i>(Itemize)</i>		No. Requested:	
OTHER <i>(Specify)</i>		No. Requested:	
<b>TOTAL STIPENDS</b>	→		
TUITION, FEES, AND INSURANCE <i>(Itemize)</i>			
TRAINEE TRAVEL <i>(Describe)</i>			
TRAINEE RELATED EXPENSES			
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> <i>(Also enter on Face Page, Item 7)</i>			



**NRSA Entire Budget Period  
Substitute Page**

Principal Investigator/Program Director:  
(Last, first, middle)

**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT  
DIRECT COSTS ONLY (NRSA Substitute Page)**

<b>BUDGET CATEGORY TOTALS</b>	<b>INITIAL BUDGET PERIOD (from Form Page 4)</b>	<b>ADDITIONAL YEARS OF SUPPORT REQUESTED</b>				
		<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>5th</b>	
PREDOCTORAL STIPENDS	No.		No.		No.	
POSTDOCTORAL STIPENDS						
OTHER STIPENDS						
<b>TOTAL STIPENDS</b>						
TUITION, FEES, AND INSURANCE						
TRAINEE TRAVEL						
TRAINEE RELATED EXPENSES						
<b>TOTAL DIRECT COSTS</b>						

**TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD (Item 8a, Face Page)**

**\$**

JUSTIFICATION. For all years, explain the basis for the budget categories requested. Follow the instructions for the Initial Budget Period and include anticipated postdoctoral levels. No explanation is necessary for Training-Related Expenses.

**STTR Research Institution Budget** Principal Investigator/Program Director:  
**Additional Page** (Last, first, middle)

<b>BUDGET of RESEARCH INSTITUTION (STTR ONLY)</b>					FROM	THROUGH
NAME AND ADDRESS OF RESEARCH INSTITUTION						
PERSONNEL		TYPE APPT. (months)	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED (omit cents)	
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS
	Principal Investigator					
<b>SUBTOTALS</b> →						
CONSULTANT COSTS						
EQUIPMENT (Itemize)						
SUPPLIES (Itemize by category)						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS (Itemize by category)						
OTHER EXPENSES (Itemize by category)						
<b>TOTAL DIRECT COSTS</b> (also enter as Consortium/Contractual Costs on Budget Page of Small Business Concern)						
<b>FACILITIES and ADMINISTRATIVE COSTS (show calculation)</b> (also enter as Consortium/Contractual Costs on Budget of Small Business Concern)						
<p><b>CERTIFICATION OF RESEARCH INSTITUTION PARTICIPATION.</b> Through the signature below of the duly authorized representative of the research institution on this "Certification of Research Institution" page, and by way of the signature of the official signing for applicant organization (small business concern) on the Face Page of the application, the small business concern and the research institution certify <i>jointly</i> that: (1) the proposed STTR project will be conducted jointly by the small business concern and the research institution in which not less than 40 percent of the work will be performed by the small business concern and not less than 30 percent of the work will be performed by the research institution ("cooperative research and development"); (2) the proposed STTR project is a cooperative research or research and development effort to be conducted jointly by the small business concern and the research institution in which not less than 40 percent of the work will be performed by the small business concern and not less than 30 percent of the work will be performed by the research institution ("performance of research and analytical work"); and (3) regardless of the proportion of the proposed project to be performed by each party, the small business concern will be the primary party that will exercise management direction and control of the performance of the project. If the research institution is a contractor-operated federally funded research and development center, the duly authorized representative of the contractor-operated federally funded research and development center certifies, <i>additionally</i>, that it: (4) is free from organizational conflicts of interests relative to the STTR program; (5) did not use privileged information gained through work performed for an STTR agency or private access to STTR agency personnel in the development of this STTR grant application; and (6) used outside peer review, as appropriate, to evaluate the proposed project and its performance therein.</p>						
Signature of Duly Authorized Representative		Printed Name		Title		Date of Signature

## **Certification of Research Institution for Small Business Technology Transfer Grants**

---

Through the signature below of the duly authorized representative of the research institution on this "Certification of Research Institution" page, and by way of the signature of the official signing for applicant organization (small business concern) on the Face Page of the application, the small business concern and the research institution certify *jointly* that:

- (1) the proposed STTR project will be conducted jointly by the small business concern and the research institution in which not less than 40 percent of the work will be performed by the small business concern and not less than 30 percent of the work will be performed by the research institution ("cooperative research and development");
- (2) the proposed STTR project is a cooperative research or research and development effort to be conducted jointly by the small business concern and the research institution in which not less than 40 percent of the work will be performed by the small business concern and not less than 30 percent of the work will be performed by the research institution ("performance of research and analytical work"); and
- (3) regardless of the proportion of the proposed project to be performed by each party, the small business concern will be the primary party that will exercise management direction and control of the performance of the project.

If the research institution is a contractor-operated federally funded research and development center, the duly authorized representative of the contractor-operated federally funded research and development center certifies, *additionally*, that it:

- (4) is free from organizational conflicts of interests relative to the STTR program
- (5) did not use privileged information gained through work performed for an STTR agency or private access to STTR agency personnel in the development of this STTR grant application; and
- (6) used outside peer review, as appropriate, to evaluate the proposed project and its performance therein.

---

Signature of Duly Authorized Representative

Date of Signature

---

Printed Name and Title of Duly Authorized Representative

**Research Institution Total Costs =**  
(Direct costs + F&A Costs)

## DO NOT SUBMIT UNLESS REQUESTED

### OTHER SUPPORT

There is no "form page" for other support. Information on other support should be provided in the format shown below, using continuation pages as necessary. **Include the principal investigator's name at the top and number consecutively with the rest of the application.** The sample is intended to provide guidance regarding the type and extent of information requested. Refer to the specific instructions in Section I. For information pertaining to the use of and policy for other support, see "Policy and Additional Guidance."

#### Format

##### NAME OF INDIVIDUAL

##### ACTIVE/PENDING

Project Number (Principal Investigator) Source Title of Project ( <i>or Subproject</i> )	Dates of Approved/Proposed Project Annual Direct Costs	Percent Effort
<p>The major goals of this project are...</p>		

##### OVERLAP (summarized for each individual)

#### Samples

##### ANDERSON, R.R.

##### ACTIVE

2 R01 HL 00000-13 (Anderson) 3/1/1997 – 2/28/2002 30%  
NIH/NHLBI \$186,529  
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.

5 R01 HL 00000-07 (Baker) 4/1/1994 – 3/31/2002 10%  
NIH/NHLBI \$122,717  
Ion Transport in Lungs

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

R000 (Anderson) 9/1/1996 – 8/31/2002 10%  
Cystic Fibrosis Foundation \$43,123  
Gene Transfer of CFTR to the Airway Epithelium

The major goals of this project are to identify and isolate airway epithelium progenitor cells and express human CFTR in airway epithelial cells.

##### PENDING

DCB 950000 (Anderson) 12/01/2002 – 11/30/2004 20%  
National Science Foundation \$82,163  
Liposome Membrane Composition and Function

The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome uptake into cells.

##### OVERLAP



Principal Investigator/Program Director:  
(Last, first, middle)

**DO NOT SUBMIT UNLESS REQUESTED**  
**Competing Continuation Applications**  
**PERSONNEL REPORT**

All Key Personnel for the Current Budget Period

Name	Degree(s)	SSN	Role on Project (e.g. PI, Res. Assoc.)	Date of Birth (MM/DD/YY)	Annual % Effort

## ***Mailing address for application***

*Use this label or a facsimile*

**CENTER FOR SCIENTIFIC REVIEW  
NATIONAL INSTITUTES OF HEALTH  
6701 ROCKLEDGE DRIVE  
ROOM 1040 – MSC 7710  
BETHESDA, MD 20892-7710**

Applicants who wish to use express mail or overnight courier service use this address, but change the zip code to 20817. The telephone number is 301-435-0715.

C.O.D. applications will not be accepted.

## ***For application in response to RFA***

*Use this label or a facsimile*

IF THIS APPLICATION IS IN RESPONSE TO AN RFA, be sure to put the RFA number in line 2 of the application face page. In addition, after duplicating copies of the application, cut along the dotted line below and staple the RFA label to the bottom of the face page of the original and place the original on top of your entire package. Failure to use this RFA label could result in delayed processing of your application such that it may not reach the review committee on time for review. ***Do not use*** the label unless the application is in response to a specific RFA. Also, applicants responding to a specific RFA should be sure to follow all special mailing instructions published in the RFA.

**RFA No.** \_\_\_\_\_

**RFA**

## ***Mailing address for application***

*Use this label or a facsimile*

**CENTER FOR SCIENTIFIC REVIEW  
NATIONAL INSTITUTES OF HEALTH  
6701 ROCKLEDGE DRIVE  
ROOM 1040 – MSC 7710  
BETHESDA, MD 20892-7710**

Applicants who wish to use express mail or overnight courier service use this address, but change the zip code to 20817. The telephone number is 301-435-0715.

C.O.D. applications will not be accepted.

## ***For application in response to SBIR/STTR***

*Use this label or a facsimile*

IF THIS APPLICATION IS IN RESPONSE TO AN SBIR/STTR Solicitation, be sure to put the SBIR/STTR Solicitation number in line 2 of the application face page. In addition, after duplicating copies of the application, cut along the dotted line below and staple the appropriate SBIR or STTR label to the bottom of the face page of the original and place the original on top of your entire package. If this SBIR or STTR application is in response to an RFA, be sure to also include the RFA No. in the space provided below.

**SBIR**

RFA No. \_\_\_\_\_ (if applicable)

**STTR**

RFA No. \_\_\_\_\_ (if applicable)

Department of Health and Human Services  
Public Health Services

## Grant Progress Report

Review Group | Type | Activity | Grant Number

Total Project Period

From: \_\_\_\_\_ Through: \_\_\_\_\_

Requested Budget Period:

From: \_\_\_\_\_ Through: \_\_\_\_\_

### 1. TITLE OF PROJECT

2a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR  
(Name and address, street, city, state, zip code)

3. APPLICANT ORGANIZATION  
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

4. ENTITY IDENTIFICATION NUMBER

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

2d. MAJOR SUBDIVISION

E-MAIL:

### 6. HUMAN SUBJECTS

No  
 Yes

6a. Research Exempt  
 No  Yes

6b. Human Subjects Assurance No.

If Exempt ("Yes" in 6a):  
Exemption No.

6c. NIH-Defined Phase III  
Clinical Trial  No  Yes

If Not Exempt ("No" in 6a):  
IRB approval date

  Full IRB or  
 Expedited Review

### 7. VERTEBRATE ANIMALS

No  
 Yes

7a. If "Yes," IACUC approval Date

7b. Animal Welfare Assurance No.

### 8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

8a. DIRECT \$

8b. TOTAL \$

### 9. INVENTIONS AND PATENTS

No  Yes If "Yes,"  Previously Reported  
 Not Previously Reported

### 10. PERFORMANCE SITE(S) (Organizations and addresses)

11a. PRINCIPAL INVESTIGATOR  
OR PROGRAM DIRECTOR (Item 2a)

TEL  
FAX

11b. ADMINISTRATIVE OFFICIAL  
NAME (Item 5)

TEL  
FAX

11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT  
ORGANIZATION (Item 14)

NAME  
TITLE  
TEL  
E-MAIL | FAX

### 12. Corrections to Page 1 Face Page

13. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF PI/PD NAMED IN 2a.  
(In ink. "Per" signature not acceptable.)

DATE

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN  
11c. (In ink. "Per" signature not  
acceptable.)

DATE

Principal Investigator/Program Director (Last, first, middle):

Principal Investigator/Program Director (Last, first, middle):

BUDGET JUSTIFICATION	GRANT NUMBER
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Provide a detailed budget justification for those line items and amounts that represent a significant change from that previously recommended. Use continuation pages if necessary.

<b>CURRENT BUDGET PERIOD</b>	FROM	THROUGH
------------------------------	------	---------

Explain any estimated unobligated balance (including prior year carryover) that is greater than 25% of the current year's total budget.

### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2. Follow this format for each person (See attached sample). **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
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

**NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.**

- A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.
  
  
  
  
  
  
- B. Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.
  
  
  
  
  
  
- C. Research Support.** List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

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### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.  
Follow the sample format on next page for each person. **DO NOT EXCEED FOUR PAGES.**

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NAME	POSITION TITLE		
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

**BIOGRAPHICAL SKETCH**

Provide the following information for the key personnel in the order listed for Form Page 2.  
Follow sample format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
Carlucci, Joseph Louis	Professor of Microbiology		
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Stanford University Harvard Medical School	Ph.D. M.D.	1964 1972	Infectious Diseases 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, Quaas 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 an 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, Graveldy L, Carlucci JL. Compliance with hand hygiene practice in pediatric intensive care. *Pediatric Crit Care Med*. 2001;12:211-214.
17. Hasker S, Pittou 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

### Ongoing Research Support (cont.)

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 <i>Staphylococcus aureus</i> 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		
<u>Completed Research Support</u>		
5 RO1 AI10011-05	Herman (PI)	10/01/99 – 11/30/01
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)	7/01/96 -6/30/01
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		

Principal Investigator/Program Director (Last, first, middle):

## PROGRESS REPORT SUMMARY

GRANT NUMBER

PERIOD COVERED BY THIS REPORT

PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR	FROM	THROUGH
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APPLICANT ORGANIZATION

TITLE OF PROJECT (Repeat title shown in Item 1 on first page)

A. Human Subjects (Complete Item 6 on the Face Page)

Involvement of Human Subjects  No Change Since Previous Submission  Change

B. Vertebrate Animals (Complete Item 7 on the Face Page)

Use of Vertebrate Animals  No Change Since Previous Submission  Change

SEE PHS 2590 INSTRUCTIONS.

**WOMEN AND MINORITY INCLUSION:** See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

**CHECKLIST****1. PROGRAM INCOME (See instructions.)**

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

**2. ASSURANCES/CERTIFICATIONS (See instructions.)**

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/ certifications are provided in Section III of the PHS 398. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy• Vertebrate Animals

- Debarment and Suspension
- Drug- Free Workplace (*applicable to new [Type 1] or revised [Type 1] applications only*);
- Lobbying
- Non-Delinquency on Federal Debt
- Research Misconduct
- Civil Rights (Form HHS 441 or HHS 690);
- Handicapped Individuals (Form HHS 641 or HHS 690)
- Sex Discrimination (Form HHS 639-A or HHS 690)
- Age Discrimination (Form HHS 680 or HHS 690);
- Recombinant DNA and Human Gene Transfer Research
- Financial Conflict of Interest (except Phase I SBIR/STTR)
- STTR ONLY: Certification of Research Institution Participation.

**3. FACILITIES AND ADMINSTRATIVE (F&A) COSTS**

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will **not** be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

DHHS Agreement dated: \_\_\_\_\_

No Facilities and Administrative Costs Requested.

No DHHS Agreement, but rate established with \_\_\_\_\_ Date \_\_\_\_\_

**CALCULATION\***

Entire proposed budget period:

Amount of base \$ \_\_\_\_\_ x Rate applied \_\_\_\_\_ % = F&A costs \$ \_\_\_\_\_

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

\*Check appropriate box(es):

Salary and wages base

Modified total direct cost base

Other base (*Explain*)

Off-site, other special rate, or more than one rate involved (*Explain*)

Explanation (*Attach separate sheet, if necessary.*):

Principal Investigator/Program Director (Last, first, middle):

## PERSONNEL REPORT

GRANT NUMBER

Place this form at the end of the signed original copy of the application. Do not duplicate.

### All Key Personnel for the Current Budget Period

Name	Degree(s)	SSN	Role on Project (e.g. PI, Res. Assoc.)	Date of Birth (MM/DD/YY)	Annual % Effort

Principal Investigator/Program Director (Last, first, middle):

<b>NEXT BUDGET PERIOD</b> <i>(Follow instructions carefully)</i>	<b>FROM</b>	<b>THROUGH</b>	<b>GRANT NUMBER</b>
ITEMIZE DIRECT COSTS REQUESTED FOR NEXT BUDGET PERIOD		DOLLAR AMOUNT REQUESTED (omit cents)	
PREDOCTORAL STIPENDS			
		No. Requested:	\$
POSTDOCTORAL STIPENDS ( <i>Itemize</i> )			
		No. Requested:	\$
OTHER STIPENDS ( <i>Specify</i> )			\$
TOTAL STIPENDS	→		\$
TUITION, FEES, AND INSURANCE ( <i>Itemize</i> )			\$
TRAINEE TRAVEL ( <i>Describe</i> )			\$
TRAINEE RELATED EXPENSES			\$
<b>TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD</b> ( <i>Also enter on Page 1, Item 8a</i> )			\$

<b>Summary of Trainees</b>	GRANT NUMBER	
<b>Complete for trainees who have left the program or who have completed their training</b> (during this reporting period)		
Name	Degree Earned	Current Position

**Complete for *all* trainees for this reporting period.**

**Distribution of Trainees According to Category: Use the table on the “Inclusion Enrollment Report Format Page.” See PHS 398.**

## Targeted/Planned Enrollment Table

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

**Study Title:**

**Total Planned Enrollment:**

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category Total of All Subjects*			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of All Subjects *			

\*The "Ethnic Category Total of All Subjects" must be equal to the "Racial Categories Total of All Subjects."

**Inclusion Enrollment Report Table****This report format should NOT be used for data collection from study participants.****Study Title:****Total Enrollment:** \_\_\_\_\_**Protocol Number:** \_\_\_\_\_**Grant Number:** \_\_\_\_\_

<b>PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race</b>				
<b>Ethnic Category</b>	<b>Sex/Gender</b>			
	<b>Females</b>	<b>Males</b>	<b>Unknown or Not Reported</b>	<b>Total</b>
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (Individuals not reporting ethnicity)				
<b>Ethnic Category: Total of All Subjects*</b>				*
<b>Racial Categories</b>				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More than one race				
Unknown or not reported				
<b>Racial Categories: Total of All Subjects*</b>				*
<b>PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)</b>				
<b>Racial Categories</b>	<b>Females</b>	<b>Males</b>	<b>Unknown or Not Reported</b>	<b>Total</b>
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or not reported				
<b>Racial Categories: Total of Hispanics or Latinos**</b>				**

\* These totals must agree.

\*\* These totals must agree.



Principal Investigator/Program Director (Last, first, middle):



Principal Investigator/Program Director (Last, first, middle):



## PHS 2590 OTHER SUPPORT

Provide active support for all key personnel. **Other Support** includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. **Include the principal investigator's name at the top and number consecutively with the rest of the Grant Progress Report.** The sample below is intended to provide guidance regarding the type and extent of information requested. For information pertaining to the use of and policy for other support, see "Policy and Additional Guidance" in the PHS 398 instructions.

### Format

#### NAME OF INDIVIDUAL

##### ACTIVE

Project Number (Principal Investigator)

Dates of Approved/Proposed Project

Percent Effort

Source

Annual Direct Costs

Title of Project (*or Subproject*)

The major goals of this project are...

OVERLAP (*summarized for each individual*)

#### Samples

#### ANDERSON, R.R.

##### ACTIVE

2 R01 HL 00000-13 (Anderson)

3/1/2001 – 2/28/2005

30%

NIH/NHLBI

\$186,529

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.

5 R01 HL 00000-07 (Baker)

4/1/2001 – 3/31/2005

10%

NIH/NHLBI

\$122,717

Ion Transport in Lungs

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

R000 (Anderson)

9/1/2001 – 8/31/2005

10%

Cystic Fibrosis Foundation

\$43,123

Gene Transfer of CFTR to the Airway Epithelium

The major goals of this project are to identify and isolate airway epithelium progenitor cells and express human CFTR in airway epithelial cells.

#### OVERLAP: NONE

#### RICHARDS, L.

##### NONE

#### HERNANDEZ, M.

##### ACTIVE

5 R01 CA 00000-07 (Hernandez)

4/1/2001 – 3/31/2005

40% academic

NIH/NCI

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**PHS 2590 OTHER SUPPORT (continued)**

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**Gene Therapy for Small Cell Lung Carcinoma**

The major goals of this project are to use viral strategies to express the normal p53 gene in human SCLC cell lines and to study the effect on growth and invasiveness of the lines.

5 P01 CA 00000-03 (Chen)	7/1/2000 – 6/30/2002	20% academic
NIH/NCI	\$104,428 (sub only)	100% summer
Mutations in p53 in Progression of Small Cell Lung Carcinoma		

The major goals of this subproject are to define the p53 mutations in SCLC and their contribution to tumor progression and metastasis.

BE 00000 (Hernandez)	9/1/1996 – 8/31/2002	20% academic
American Cancer Society	\$86,732	
p53 Mutations in Breast Cancer		

The major goals of this project are to define the spectrum of p53 mutations in human breast cancer samples and correlate the results with clinical outcome.

**OVERLAP**

Potential commitment overlap for Dr. Hernandez between 5 R01 CA 00000-07 and the application under consideration. If the application under consideration is funded with Dr. Hernandez committed at 30 percent effort, Dr. Hernandez will request approval to reduce her effort on the NCI grant.

**BENNETT, P.**

**ACTIVE**

Investigator Award (Bennett)	9/1/1999 – 8/31/2002	70%
Howard Hughes Medical Institute \$581,317		
Gene Cloning and Targeting for Neurological Disease Genes		
This award supports the PI's program to map and clone the gene(s) implicated in the development of Alzheimer's disease and to target expression of the cloned gene(s) to relevant cells.		

**OVERLAP** : None

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### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.  
Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.**

---

NAME	POSITION TITLE		
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

Ben Tiger  
, Professor  
100 Main St. #120  
San Mateo CA 90101  
USA

Pending

Unit	Proposal	Version	Project	Begin Date	End Date	Effort %	Amount	Role	Sponsor/Title
EDGVT	DALE_FRI2	V1	DALE_FRI2	07/01/1999	06/30/2000	100.00	246,000.00	PI	California University Dale's Friday Proposal
EDGVT	DALE_FRI2	V1	DALE_FRI2B	07/01/1999	06/30/2000	75.00	246,000.00	PI	California University Dale's Friday Proposal
EDGVT	DALE_FRI2	V1	DALE_FRI2C	07/01/1999	06/30/2000	100.00	246,000.00	PI	California University Dale's Friday Proposal
EDGVT	DALE_FRI3	V1	DALE_FRI3	07/01/1999	06/30/2000	100.00	100,000.00	PI	California University Third Proposal
EDGVT	DALE_FRI4	V1	DALE_FRI4	07/01/1999	06/30/2000	100.00	198,000.00	PI	California University Dale's Friday Proposal
EDGVT	DALE_FRI4	V1	DALE_FRI4B	07/01/1999	06/30/2000	75.00	198,000.00	PI	California University Dale's Friday Proposal
EDGVT	DALE_FRI4	V1	DALE_FRI4C	07/01/1999	06/30/2000	100.00	198,000.00	PI	California University Dale's Friday Proposal

# FINANCIAL STATUS REPORT

*(Short Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency			OMB Approval No. <b>0348-0038</b>	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number	5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays					
b. Recipient share of outlays					
c. Federal share of outlays					
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					
h. Total Federal funds authorized for this funding period					
i. Unobligated balance of Federal funds (Line h minus line g)					
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount		e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title			Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official			Date Report Submitted		

**FINANCIAL STATUS REPORT***(Short Form)*

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0038), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.  
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1, 2 and 3.	Self-explanatory.		
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.		the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
5.	Space reserved for an account number or other identifying number assigned by the recipient.		
6.	Check yes only if this is the last report for the period shown in item 8.	10b.	Self-explanatory.
7.	Self-explanatory.	10c.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."	10d.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.
9.	Self-explanatory.		Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.
10.	The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in <i>the same funding period</i> . If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.		Do not include any amounts on line 10d that have been included on lines 10a, b, or c.
10a.	Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred,		On the final report, line 10d must be zero.
		10e. f, g, h, i and j.	Self-explanatory.
		11a.	Self-explanatory.
		11b.	Enter the indirect cost rate in effect during the reporting period.
		11c.	Enter the amount of the base against which the rate was applied.
		11d.	Enter the total amount of indirect costs charged during the report period.
		11e.	Enter the Federal share of the amount in 11d.
		Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

## 2. RECIPIENT ORGANIZATION

Name University College

Number and Street

## OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

Department of Health & Human Services

4. Federal grant or other identification number

5. Recipient's account number or identifying number

6. Letter of credit number

DH8375669

7. Last payment voucher number

*Give total number for this period*

8. Payment vouchers credited to your account

1

9. Treasury checks received (whether or not deposited)

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

846019576

## 10. PERIOD COVERED BY THIS REPORT

07/01/1999 to 09/30/1999

<b>11. STATUS OF FEDERAL CASH</b>  <i>(See specific instructions on the back)</i>	a. Cash on hand beginning of reporting period	\$0
	b. Letter of credit withdrawals	\$7,000.00
	c. Treasury check payments	
	d. Total receipts (Sum of lines b and c)	\$7,000
	e. Total cash available (Sum of lines a and d)	\$7,000
	f. Gross disbursements	\$7,000
	g. Federal share of program income	
	h. Net disbursements (Line f minus line g)	\$7,000
	i. Adjustments of prior periods	
	j. Cash on hand end of period	\$0

12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

## 13. OTHER INFORMATION

a. Interest income	\$0
b. Advances to subgrantees or subcontractors	\$0

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

Create Form 272

## 15.

### CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement	<b>AUTHORIZED CERTIFYING OFFICIAL</b>	SIGNATURE	DATE REPORT SUBMITTED
			09/02/1999
		TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code, Number, Extension)
		Tiger, Ben	414-283-3000

## THIS SPACE FOR AGENCY USE

## INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

Item	Entry	Item	Entry
3	Enter employer identification number assigned by the U.S. Internal Revenue Service or the FICE (institution) code.		benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
4	If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272-A, Report of Federal Cash Transactions - Continued; otherwise;	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
	Enter Federal grant number, agreement number, or other identifying number that may be assigned by the recipient.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
5	This space reserved for an account number or other identifying number that may be assigned by the recipient.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.	13b	Enter the amount of advance to secondary recipients included in item 11h.
11b	Enter the total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.		
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors, the gross amount of direct salaries and wages, including the employee's share of		

# FEDERAL CASH TRANSACTIONS REPORT

## CONTINUATION

(This form is completed and attached to Standard Form 272 only when reporting more than one grant or assistance agreement.)

### 2. RECIPIENT ORGANIZATION (Give name only as shown in item 2, SF-272)

4. List information below for each grant or other agreement covered by this report. Use additional forms if more space is required.

FEDERAL GRANT OR OTHER IDENTIFICATION NUMBER <i>(Show a subdivision by other identifying numbers if required by the Federal Sponsoring Agency)</i>	RECIPIENT ACCOUNT NUMBER OR OTHER IDENTIFYING NUMBER <i>(a)</i>	FEDERAL SHARE OF NET DISBURSEMENTS	
		NET DISBURSEMENTS <i>(Gross disbursements less program income received)</i> FOR REPORTING PERIOD <i>(b)</i>	CUMULATIVE NET DISBURSEMENTS <i>(c)</i>
		\$	\$
5. TOTALS <i>(Should correspond with amounts shown on SF 272 as follows: column (c) the same as line 11h; column (d) the sum of lines 11h and 11i of the SF-272 and cumulative disbursements shown on last report. Attach explanation of any differences.)</i>		\$	\$

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.  
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Standard Form 1034 (EG)  
Department of the Treasury  
1 TFM 4-2000  
1034-121

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.  
PC-00020938 07

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION  
National Institute of Health Science  
Scully, Dana  
6701 Rockledge Drive  
Room 1040-MSC7710  
Bethesda MD 20892-7710

DATE VOUCHER PREPARED  
09/07/1999

SCHEDULE NO.

CONTRACT NUMBER AND DATE  
Airlines

PAID BY

REQUISITION NUMBER AND DATE

United States

## INVOICE

Administration Building  
PAYEE'S 100 College St.  
NAME San Francisco CA  
AND United States  
ADDRESS

Award: UNITEDAIR1

SHIPPED FROM	TO	WEIGHT	GOVERNMENT B/L NUMBER
--------------	----	--------	-----------------------

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
						\$500.00

Michele Barnes

(Use continuation sheet(s) if necessary)			(Payee must NOT use the space below)	TOTAL	\$500.00
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR = \$	EXCHANGE RATE = \$1.00	DIFFERENCE S		
	BY 2				
				Amount verified; correct for	
	TITLE			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) 2

(Title)

### ACCOUNTING CLASSIFICATION

P	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
A				
I	CASH	DATE	PAYEE 3	
D	\$			

1 When stated in foreign currency, insert name of currency.

2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title.

3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as

the capacity in which he signs, must appear. For example: 'John Doe Company, per John Smith, Secretary', or 'Treasurer', as the case may be.

PER

TITLE

Standard Form 1035 (EG)  
4 Treasury FRM 2000  
1035-110

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

## CONTINUATION SHEET

VOUCHER NO.  
PC-00020938 07  
SCHEDULE NO.  
SHEET NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
		<b>INVOICE</b>				
		Administration Building 100 College St. San Francisco CA United States		Invoice Date: Sponsor Award: Award Period: Award Amount:	09/07/1999 Airlines 09/01/1999 - 08/31/2002 \$600,000.00	
				Bill Amount		
		Description		08/01/1999 Thru 08/31/1999		Cumulative Amount
		*****THANK YOU FOR YOUR ORDER!*****				
		We appreciate the opportunity to do business with you. If you have any questions about your order, please call our toll free hotline: 1-800-380-HELP.				
		Equipment		0.00		500.00
		Personnel		0.00		312.50
		Supplies Expense		500.00		1,750.00
		5032		0.00		1,672.00
				0.00		419.51
		<b>SUBTOTAL:</b>		500.00		4,654.01
		<b>TOTAL AMOUNT DUE :</b>		500.00		

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  (see instructions)		Approved by Office of Management and Budget, No. 80-R0183		Page 1	of 1 pages
		1. TYPE OF PAYMENT REQUESTED	a. "X" one, or both boxes ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT <input type="checkbox"/>		2. BASIS OF REQUEST CASH <input checked="" type="checkbox"/>
b. "X" the applicable box FINAL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/>			ACCRUAL		
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  National Institute of Health Science		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  Airlines		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  PC-00020940 06	
6. EMPLOYER IDENTIFICATION NUMBER  860128764	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER  UNITEDAIR1		8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 08/01/1999		
					TO (month, day, year) 08/31/1999
9. RECIPIENT ORGANIZATION  Administration Building 100 College St. San Francisco CA		10. PAYEE (Where check is to be sent if different than item 9)			
<b>11. COMPUTATION OF AMOUNT OF REIMBURSEMENT/ADVANCES REQUESTED</b>					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
(As of Date)					
a. Total program outlays to date		\$ 4,154.01	\$	\$	
b. Less: Cumulative program income		0.00			
c. Net program outlays (Line a minus line b)		4,154.01			
d. Estimated net cash outlays for advance period		0.00			
e. Total (Sum of lines c & d)		4,154.01			
f. Non-Federal share of amount on line e		0.00			
g. Federal share of amount on line e		4,154.01			
h. Federal payments previously requested		3,654.01			
i. Federal share now requested (Line g minus line h)		500.00			
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances					
	1st month				
	2nd month				
	3rd month				
<b>12. ALTERNATIVE COMPUTATION FOR ADVANCES ONLY</b>					
a. Estimated Federal cash outlays that will be made during period covered by the advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
<b>13. CERTIFICATION</b>					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL			DATE REQUEST SUBMITTED	
				09/07/1999	
	TYPED OR PRINTED NAME AND TITLE			TELEPHONE (AREA CODE, NUMBER, EXTENSION) 510-225-4949	
	Michele Barnes				

# INVOICE

**Please Remit To:**

Administration Building  
100 College St.  
San Francisco CA  
United States

Page: 1  
Invoice No: PC-00020939 07  
Invoice Date: 09/07/1999  
Customer Number: 10006  
Payment Terms: Net 30  
Due Date: 10/07/1999

**Sponsor:**

California University  
John Black  
100 College Avenue  
Walnut Creek CA 94596  
United States

**Award:** UNITEDAIR1**AMOUNT DUE:** 500.00 USD

**Sponsor Award:** Airlines  
**Award Amount:** \$600,000.00

Paul Lambert

For billing questions, please call Frank G. Joyce at 408-641-CORP

<u>Description</u>	<u>Bill Amount</u>	<u>08/01/1999 Thru 08/31/1999</u>	<u>Cumulative Amount</u>
*****THANK YOU FOR YOUR ORDER!*****			
We appreciate the opportunity to do business with you. If you have any questions about your order, please call our toll free hotline: 1-800-380-HELP.			
Facilities and Admin	0.00	500.00	500.00
Modified Total Direct Costs	0.00	419.51	419.51
Non-Modified Total Direct Co	500.00	3,422.00	3,422.00
<b>SUBTOTAL:</b>	<b>500.00</b>		<b>312.50</b>
<b>TOTAL AMOUNT DUE :</b>	<b>500.00</b>		<b>4,654.01</b>

PeopleSoft BI  
INVOICE PRINT SUMMARY - SELECTED BILLS

Report ID: GMIVCPN  
Report Action: INVOICE

Page No. 1  
Run Date 09/07/1999  
Run Time 08:37:29

<u>Business Unit</u>	<u>Number of Bills</u>	<u>Total Invoice Amount</u>	<u>Currency</u>
EDGVT	1	1,654.01	USD

---

Total number of bills printed: 1

## SALARY DETAIL

Sponsor Award #: JRS005  
 Invoice Date : 04/22/1999  
 Invoice #: PC-00020980  
 From/To Date: 03/01/1999 03/31/1999

Account Number	Employee Name	Current Invoice	Cumulative
4001 Local grants and contracts	Schumacher, Simon	0.00	24,463.25
8001	Tiger, Ben Wild	0.00	18,809.36
4001 Local grants and contracts	Bukau, Hans	0.00	14,441.21
8058	Nelson, Jennifer Free Willy	897.33	2,296.10
4001 Local grants and contracts	BING Crosby, Bing	0.00	3,453.06
<b>Sub Total</b>		<b>897.33</b>	<b>63,462.98</b>
<b>Grand Total</b>		<b>897.33</b>	<b>63,462.98</b>

Report ID: GmLoc01

PeopleSoft  
LETTER OF CREDIT

Page No. 1  
Run Date 08/03/1999  
Run Time 12:09:14  
Letter of Credit Number MELANIE  
Draw Date 08/03/1999  
From Date 01/01/1900  
Thru Date 08/03/1999

State University  
389 Pine Street  
Pleasanton, CA 97879  
Letter of Credit Sponsor 10020, Department of Health & Human Services

Document #	Federal Award	Project/Grant	Funding	Previously Billed	Unbilled Amount	Allowable Draw
Document1			200,000.00	2,500.00	850.00	850.00
Document2			200,000.00	1,000.00	1,000.00	1,000.00
Document2			100,000.00	1,250.00	1,200.00	1,200.00
GRAND TOTAL				4,750.00	3,050.00	3,050.00

DETAILS

Document1	NIH PSAWDR01	MSAWDR01	200,000.00	2,500.00	850.00	850.00
Sub-Total Doc # Document1				2,500.00	850.00	850.00
Document2	NIH PSAWDR01	MSAWDR01-2	200,000.00	1,000.00	1,000.00	1,000.00
Sub-Total Doc # Document2				1,000.00	1,000.00	1,000.00
Document2	NIH PSAWDR02	MSAWDR02	100,000.00	1,250.00	1,200.00	1,200.00
Sub-Total Doc # Document2				1,250.00	1,200.00	1,200.00
GRAND TOTAL				4,750.00	3,050.00	3,050.00