California Institute for Regenerative Medicine

Annual Programmatic Report for CIRM Comprehensive Research Grants 2007-2008

The Annual Programmatic Report for CIRM Comprehensive Research Grants must be completed in accordance with all applicable CIRM policies (see http://www.cirm.ca.gov/grants/info.asp):

- *California Stem Cell Research and Cures Act* (Health and Safety Code Section 125290.10 *et.seq*)
- *CIRM Grants Administration Policy for Academic and Non-Profit Institutions* (Title 17, California Code of Regulations, Section 100500)
- *CIRM Intellectual Property Policy for Non-Profit and Academic Institutions* (Title 17, California Code of Regulations, Sections 100300-100310)
- *CIRM Medical and Ethical Standards Regulations* (Title 17, California Code of Regulations Sections 100010-100110)
- *CIRM Use of Fetal Tissue* (Title 17, California Code of Regulations, Section 10085)
- Any subsequently adopted applicable regulations

COMPLETION AND SUBMISSION OF PROGRESS REPORT:

1. You will need a fully functional copy of *Adobe Acrobat 7 or 8 (*Standard or Professional) to complete, print, and save this interactive PDF form. Using *Adobe Acrobat Reader* will not permit you to save information that is entered into the form.

2. Please include the grant number in the name of this electronically saved PDF form and submit via email, along with electronic copies of all other required supporting documents including:
   - Updated/Current Other Support for PI
   - Publications by PI, Key Personnel or Trainees
   - Updated/Current Public Policy Assurances (i.e., IACUC, IRB, SCRO) for all research requiring institutional oversight committee approval

Submit electronic copies to Amy Lewis, Grants Management Officer at: alewis@cirm.ca.gov

3. Print this form, have both the PI and the AOO sign the hard copy and mail or deliver signed form to:

   Amy Lewis
   Grants Management
   California Institute for Regenerative Medicine
   210 King Street
   San Francisco, CA 94107

4. Questions or problems completing this form?
   Contact Amy Lewis at alewis@cirm.ca.gov or 415-396-9110.

Deadline for receipt of both the electronic and hard copy documents of the Annual Programmatic Report is 60 days prior to the anniversary of the award start date (project period start date) as indicated in the Notice of Grant Award.

California Institute for Regenerative Medicine

Comprehensive Research Grant Program Report Form 2007-2008

Please see instructions before completing this form.

CIRM SEED GRANT NUMBER	NAME OF INSTITUTION (select from menu)

REPORTING PERIOD

From (month, day, year):	To (month, day, year):	NAME OF PRINCIPAL INVESTIGATOR

PROGRESS OVERVIEW

Is required current Other Support information for Principal Investigator included with report?	Yes ☐	No ☐
Were there any publications during the reporting period that were supported in whole or in part by the CIRM grant funds? If yes, please list in Section L and include an electronic reprint (PDF format) of each publication.	Yes ☐	No ☐
Were there any invention disclosures made, patent applications filed, or licensing activities to during the reporting period? If yes, please complete Section H.	Yes ☐	No ☐
Do you anticipate any major change in expenditures, budget changes, or unspent funds that exceed 25% of the expiring budget period's total project costs? If yes, describe in Section B, *Budget Justification*.	Yes ☐	No ☐

CONTACT INFORMATION

AUTHORIZED ORGANIZATIONAL OFFICIAL	PRINCIPAL INVESTIGATOR
NAME	NAME
TITLE	TITLE
ADDRESS	ADDRESS
CITY ZIP	CITY ZIP
PHONE	PHONE
EMAIL	EMAIL

CERTIFICATION

I certify that the statements herein are true and complete.	SIGNATURE OF PRINCIPAL INVESTIGATOR	DATE
I certify that the statements herein are true and complete.	SIGNATURE OF AUTHORIZED ORGANIZATIONAL OFFICIAL	DATE

SUBMISSION

Submit electronically saved form, any supporting documentation, and updated public policy assurances to:

alewis@cirm.ca.gov

Submit signed and completed hardcopy form to:

Amy Lewis
Grants Management Office
CIRM
210 King Street
San Francisco, CA 94107

A. BUDGET OVERVIEW

Please include a forecast of the anticipated actual expenditures for the reporting period and the anticipated unobligated balance for the reporting period.

ANTICIPATED EXPENDITURES

	Approved Budget for Reporting Period	Reporting Budget Period Anticipated Actual Expenditures	Reporting Budget Period Anticipated Unobligated Balance
TOTAL			

B. BUDGET JUSTIFICATION

Please describe and provide justification where appropriate for any major changes in the anticipated expenditures for the expiring budget period and/or any anticipated carry forward amounts as well as any change in the anticipated expenses for the next budget period. Major changes include any rebudgeting requiring prior approval from CIRM that has occurred in the reporting period or is anticipated in the next budget period. Note that prior approval from CIRM is required if the total carry forward amount exceeds 25% of the total approved budget.

C. RESEARCH COMPLIANCE COMMITTEE APPROVALS (for PI: IACUC, IRB, SCRO)

Grantees MUST include copies of updated public policy assurances for use of vertebrate animals, human subjects, human embryonic stem cells, or for research requiring institutional oversight committee approval, as applicable. A copy of such approval must include PI name, project title, approval date, and expiration date. Please explain any changes in previously required approvals resulting from a change in source of materials.

	APPROVAL TYPE	APPROVAL DATE	EXPIRATION DATE
Example:	IACUC	04/01/2006	03/31/2008
1			
2			
3			
4			
5			

Please explain any changes in previously required approvals resulting from changes in scope of project or source of materials in the space provided below.

D. PERSONNEL OVERVIEW - KEY PERSONNEL

Please identify each key person who participated in the project during the reporting period and his/her role on the project. Key personnel are defined as individuals who contribute to the scientific development or execution of the project in a substantive, measurable way, whether or not they receive salaries or compensation under the grant. Key personnel may include any technical staff, collaborators, or consultants who meet this definition. A minimum of one (1) percent effort is required for each key personnel, except the PI for whom there is a minimum requirement of five (5) percent effort.

Name Email

Degree Percent Effort %

Role on Project:

Name Email

Degree Percent Effort %

Role on Project:

Name Email

Degree Percent Effort %

Role on Project:

Name Email

Degree Percent Effort %

Role on Project:

D. PERSONNEL OVERVIEW - KEY PERSONNEL (continued)

Please identify each key person and his/her role on the project. Key personnel are defined as individuals who contribute to the scientific development or execution of the project in a substantive, measurable way, whether or not they receive salaries or compensation under the grant. Key personnel may include any technical staff, collaborators, or consultants who meet this definition. A minimum of one (1) percent effort is required for each key personnel, except the PI for whom there is a minimum requirement of five (5) percent effort.

Name Email

Degree Percent Effort %

Role on Project:

Name Email

Degree Percent Effort %

Role on Project:

Name Email

Degree Percent Effort %

Role on Project:

Name Email

Degree Percent Effort %

Role on Project:

E. RESEARCH ACTIVITIES/SUMMARY OF SCIENTIFIC PROGRESS

Describe your laboratory's research activities and progress in the context of the Specific Aims detailed in your proposal. Discuss plans for research to be conducted in the upcoming year. Please justify any changes in the timeline or scope of research activities from that proposed in the original application. Note that significant deviation from aims, objectives, experimental design, or purposes of approved project may constitute a change in scope and require prior approval from CIRM.

(Form allows up to 5 pages or 15,000 characters. Only the first page of text will display on the printed version of this form.)

F. PUBLIC SUMMARY OF SCIENTIFIC PROGRESS (350 words)

Please provide a summary in lay language of the scientific progress during the reporting period and how it will, directly or indirectly, contribute to the development of diagnostics, tools or therapies. This Public Abstract will become public information; therefore, do not include proprietary or confidential information.

G. ESTIMATED GOODS AND SERVICES PURCHASED FROM CALIFORNIA SUPPLIERS (Applies to budget categories Supplies, Equipment, and Consultants/Subcontracts.)

For the expiring budget period, what percent of goods and services funded by the CIRM grant were purchased from California suppliers? **If less than 50%, please provide an explanation below (300 words).** ____ %

H. GRANTEE INVENTION DISCLOSURE, PATENT APPLICATION AND INVENTION UTILIZATION REPORT

Intellectual Property (IP) regulations governing Non-Profit Organizations require annual reporting on Invention and Licensing Activities related to CIRM-funded research. Capitalized terms are defined in the *CIRM Intellectual Property Policy for Non-Profit and Academic Institutions* (Title 17, California Code of Regulations, Sections 100300 - 100310), a copy of which may be found on the CIRM website: http://www.cirm.ca.gov/reg/pdf/IP_Regs_100300.pdf.

INVENTION REPORTING

Grantees must notify CIRM within 60 days after an Inventor discloses to it a CIRM-funded Patentable Invention by submitting a completed CIRM Invention Disclosure Form. This form may be found online at: http://www.cirm.ca.gov/grants/info.asp. Grantees must also include any previously reported Patentable Inventions in this progress report.

PATENT APPLICATIONS

Grantees must report annually to CIRM all patent application filings claiming Inventions made in the performance of CIRM-funded research. Please provide the title of each Invention, patent application number(s) and names of all Inventors for each Invention under CIRM-funded research (cumulative list).

LICENSING ACTIVITIES

Please provide a written description of efforts made to commercialize CIRM-funded Patentable Inventions. This report should include information about the status of development, date of first commercial sale or use and any Licensing Fees and/or royalties received by the Grantee.

During the previous 12 months, did any Patentable Invention result in whole or in part from work funded by this grant? If No, please move to Section I. If Yes, please see below. ◯ Yes ◯ No

Title of Invention

% CIRM Support for Discovery of Invention %

Has the grantee filed any patent applications that claim this Invention? If No, please move to Section I. If Yes, please see below. ◯ Yes ◯ No

Patent Application Number(s)

Names of All Inventors

Were there any Licensing Activities relating to this Invention? If No, please move to Section I. If Yes, please see below. ◯ Yes ◯ No

Title of Patentable Invention Under Development

Status of Development

Date of First Commercial Sale or Use

All Licensing Fees or Royalties Received

Report on Activities of Licensee

I. LIST OF PUBLICATIONS

List below all publications (submitted, in press, or published) resulting from research supported by this CIRM grant award during the reporting period. One PDF copy of each publication resulting from work performed under a CIRM grant MUST accompany the electronic submission of this progress report.

Title of published article

Name of Journal

Status of article

Date (submitted/to be published/published)

Author(s) names

Title of published article

Name of Journal

Status of article

Date (submitted/to be published/published)

Author(s) names

Title of published article

Name of Journal

Status of article

Date (submitted/to be published/published)

Author(s) names

Title of published article

Name of Journal

Status of article

Date (submitted/to be published/published)

Author(s) names

California Institute for Regenerative Medicine

PERSONAL DATA FORM

To assist CIRM in its commitment to ensure that CIRM-funded stem cell research benefits the diverse peoples of California and the world, grantees are asked to voluntarily provide the following information.

This questionnaire will be separated from the progress report prior to review and will not be associated with your grant file. Analyses conducted on the data provided will report aggregate statistical findings and will not identify individuals. Information from this form will be retained by CIRM and will be treated as confidential to the extent permitted by law. If a grantee declines to provide this information, it will in no way affect the review or acceptance of the progress report.

BIRTH MONTH AND YEAR

MM YYYY

SEX/GENDER

☐ M ☐ F

CITIZENSHIP

☐ U.S. Citizen
☐ U.S. Permanent Resident
☐ Other Citizenship (please specify)

RACE/ETHNICITY (Select one or more of the following)

☐ **American Indian or Alaska Native** - Persons havingorigins in any of the tribal peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

☐ **Asian** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.

☐ **Black or African American** - Persons having origins in any of the black racial groups of Africa.

☐ **Filipino** - Persons having origins in any of the original peoples of the Philippine Islands.

☐ **Hispanic or Latino** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **Native Hawaiian or other Pacific Islander** - Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White** - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

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