

Guidance for Completing the

CIRM Stem Cell Transplantation Immunology Research Awards
LOI Form

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE LOI FORM

You will need a fully functional copy of *Adobe Acrobat version 8 or 9* (Standard or Professional) to complete, print, and save this form. For optimal performance, we recommend that you upgrade to *Adobe Acrobat* (Standard or Professional) Version 8.1 or later. Using *Adobe Acrobat Reader* will not permit you to save information that is entered on this form.

Applicants for a CIRM Stem Cell Transplantation Immunology Research Award must submit a Letter of Intent (LOI) using this form.

When completed, this form should be saved in its original interactive PDF format. Do not flatten or make a print version of this file.

All LOI materials must be received by CIRM no later than **5:00 p.m. PST on December 15th, 2009**. **No exceptions will be made.**

A complete LOI includes:

- 1) This form completed, saved, and submitted as an email attachment to ImmunologyLOI@cirm.ca.gov
- 2) A copy of the cover page showing the Authorized Organizational Official's signature. You may submit the signed cover page as a hard copy (via express mail or courier service), a fax copy (415-396-9142) or as a scanned PDF file (to ImmunologyLOI@cirm.ca.gov).

Only LOIs that are complete and meet the minium eligibility criteria will be accepted by CIRM.

Applications will only be accepted from prospective applicants who 1) meet all eligibility requirements described in RFA 09-03 and 2) have submitted an LOI that was accepted by CIRM. CIRM will notify applicants of their LOI status by *December 22, 2009*.

Please note, CIRM, mindful of the urgency of its mission, will require all awards to be initiated no later than six months after the date the ICOC approves the application for funding.

Any questions should be addressed to:

Sohel Talib, Ph.D. Science Officer stalib@cirm.ca.gov 415-396- 9137 Gil Sambrano, Ph.D.

or Senior Review Officer
gsambrano@cirm.ca.gov
415-396-9103



Notice: In addition to the completed PDF file, you must also submit a copy of this cover page showing the Authorized Organizational Official's signature as a hard copy (via express mail or courier service), a fax copy (415-396-9142) or as a scanned PDF file (to lmmunologyLOI@cirm.ca.gov.)

Applicar	nt Institutio	n								
Institution Name					If your institution is not listed please enter the name of the institution					
Type of Inst	itution			○ For-pro	ofit Institu	Non-profit Institution				
Principa	I Investigat	or (P	1)							
Name										
	Prefix	First	Mid	dle	Last		Suffix			
Degree			Choose the highest degree is not listed, e			itle				
Email				address for all	correspon	dence v	to CIRM. Please use this email with CIRM. Confidential information ent to this address.			
Primary Ma	ailing Address	s of th	ie Pl	about your app		ay bo o	sin to time address.			
Address						Please provide a complete mailing address to which confidential information abou your application may be sent				
							your application may be sent.			
City				Zip Code			Phone			
Collabor	rative Fundi	ing P	artner							
			aborative Funding PI on the following		ck this b	ox and	d provide information			
Authoriz	ed Organiz	ation	al Official							
Name										
Title				Phone Nun						
Email	This email address identifies you to CIRM. Please use this email address for all correspondence with CIRM. Confidential information about the application may be sent to this address.									
Address										
City							Zip Code			

Signature Date

I hereby certify that I have reviewed the eligibility requirements in the RFA, and that the PI and applicant

institution meet those requirements.



Funding Partner Principal Investigator (Partner PI) - If applicable

Provide the information requested below about the Partner PI if your proposal includes an official Collaborative Funding Partner.

Conaborat	ave i allaling i	artifici.							
Name] _]	
	Prefix	First		Middle	_	Last]	Suffix
_		с	hoose the high	est degree(s) ear	rned				
Degree		de	egree is not list	ted, enter it in the	box	. Title			
Email				This email	addr	ess identifies t	he Partner PI to CII	RM.	
Institution									
Funding Pa	artner								
Eligibili	ty of Propo	sed Pro	ject						
	only accept ap ase complete						eligibility criteri	a ou	utlined
immunolog scale up te	gy studies not	directly rel elopment.	lated to topi	cs listed unde	r ite	em 2 below,	ammalian cells clinical studies irectly related to	or c	commercial
from stem		indicate th	e stem cell t	types that you	ır pr	oject will us	es or cells derive e or the stem co		
☐ Human	embryonic ste	m cells (hE	SC)	☐ Mamr	mali	an embryon	ic stem cells (ESC	C)	
☐ Human	induced plurip	otent sten	n cells (iPSC)	☐ Mamr	mali	an induced _l	oluripotent stem	cell	s (iPSC)
☐ Human	adult stem cel	ls		☐ Mamr	mali	an adult ster	m cells		
grafts. The	e proposals sh	ould direct	tly address o	one or more o	f th	e following s	ent of tolerance subjects (select		
a . Repr	ogramming of	the host in	nmune syste	m to accept a s	ten	n cell graft			
🗌 b . Engi	ineering stem c	ell derivati	ves to facilita	ate graft accept	tano	e in allogeni	ic hosts		
☐ c . Deve	elopment of pre	edictive ani	mal models	of the human i	imm	nune respons	se to stem cell tra	ansp	lantation
	elopment and o or thymic chim		n of tolerand	ce induction to	ste	m cell derive	d grafts via hem	atop	ooietic
e. or to	•	ells (Tregs)	that have t	he potential t		_	derived dendrit r-specific tolera		
	elopment of se				r pr	edicting ster	n cell derived gra	aft a	cceptance



Publication 3

Letter Of Intent for RFA 09-03 CIRM Stem Cell Transplantation Immunology Research Awards

Eligibility of Proposed Project

3. The Principal Investigator (PI), the Funding Partner PI, or a Co-Investigator, either individually or collectively, must have published expertise in both 1) transplantation immunology and 2) the field of stem cell research. **The PI must have published expertise in at least one of these two areas.** The Partner PI or a Co-Investigator may provide the required expertise in one of these areas. CIRM, mindful of the urgency of its mission, will only fund PIs who are willing to commit a minimum of 10% effort to the proposed project. The investigator (PI, Co-Investigator or partner-PI, if applicable See RFA 09-03, section VI D) providing complementary expertise must commit a minimum of 10% effort towards the proposed project.

proposed p		iding co	mplemei	ntary expe	ertise	must com	ımit	a minimum	of 10% ef	fort towa	irds the
TRANSPLA Please indic		_				_	mun	ology exper	t on the p	roposed	project:
Principal											
Funding	Partne	r Princip	al Investi	gator							
Co-Inves	stigator	If sele	cted, plea	ase provid	e the r	name and	affili	ation of this	individual	below.	
Name	Prefix		First		Mic	idle		Last			Suffix
Email						This email	l addı	ress identifies t	he individua	al to CIRM.	
Institution											
TRANSPLA Please cite relevant exp (i.e., Pl, Par volume/pag	up to t pertise rtner P	hree red in trans I, or Co	cent jouri plantatio Investiga	nal publica on immuno ator). For	ations ology	(not "sub of the des	signa	ated transpla	antation in	nmunolo	
Publication	1										
Publication	2										



Eligibility of Proposed Project

	-	_						
4. STEM CELI Please indicate		SE stigator is the st	em cell e	expert on th	ne proposed	l project:		
○ Principal Inv	estigator/							
C Funding Pa	rtner Principa	al Investigator						
Co-Investig	ator If selec	cted, please provi	de the na	ame and affi	liation of thi	s individual belo	w.	
Name								
Pro	efix	First	l L Mido	lle	Last			Suffix
Email				This email ad	dress identifies	s the individual to C	IRM.	
Institution								
relevant exper	to three rectise in stemer). For each	ent journal public cell research of t citation indicate	the desi	gnated ster	n cell exper	t (i.e., PI, Partn	er PI,	or
Publication 2								
Publication 3								



Summary of Proposed Research

Describe concisely the proposed project including the overall goals, technical approaches, and how it will specifically address the development of tolerance to stem cell grafts. Summary is limited to 1 page/4000 characters (including spaces).					
	7				



Suggested Areas of Expertise for Review

To facilitate the review of the application, please identify the areas of expertise needed to evaluate the proposal. Please include keywords that identify elements of the research proposal, such as research ield, disease focus and technical approaches.