

# **Guidance for Completing the** CIRM Basic Biology Awards II Form (Subpart II)

Subpart II (this form) should be completed only by applicants whose proposals include the Japanese Science and Technology Agency as a Collaborative Funding Partner.

Before you begin, enter the last 4 digits of the application number which you received via email from CIRM (for example, "RB2-09999" where 9 represents any digit, you would enter 9999).

Application Number RB2

2-0	
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1. Applicants whose proposals include the Japanese Science and Technology Agency as a Collaborative Funding Partner must complete the Subpart II Form.

2. You will need a fully functional copy of *Adobe Acrobat version 8 or 9* (Standard or Professional) to complete, print, and save the Disease Team Research Awards Information Form. For optimal performance, we recommend that you upgrade to *Adobe Acrobat* (Standard or Professional) Version 8.1 or higher. Using *Adobe Acrobat Reader* will not permit you to save information that is entered in the form.

3. All character limits include spaces and punctuation.

4. One copy of the Key Personnel page is included in this form. You may add more copies of this page using the "Add" button at the top right hand corner of the page you wish to duplicate.

Partne	er Principal In	vesti	gator							
Name										
	Prefix	First		Mie	ddle		Last		Suffix	
Degree			Choose the highest degree ea	arned. If you	ur degree i	s not list	ed, enter it in the c	lrop-down box.		
Position	Title							e.g., Professor, Director		
Departm	ient									
Institutio	on									
Address						Please provide a complete mailing address to which confidential information				
								about your application may be sent.		
City					Posta	l Code			JAPAN	
Phone N	umber			Ext		Fax Nu				
Email (required)				This email address identifies you to CIRM. Please use this email address for all correspondence with CIRM. Confidential information about your application may be sent to this email address.			address for all ur application			

## **Partner PI Budget**

List below the total of funds being requested from JST by the Partner PI to support the collaborative component of the project. Amounts should be converted into US dollars. This information is for review purposes; the Partner PI must apply directly to JST for the requested funds. Transfer the amounts from this table to the Total Funds Requested Table in form Part A.

	Year 1	Year 2	Year 3	Total all Years
Partner PI Funds Requested from JST				



### **Key Personnel - Funding Partner**

Identify each key person who will participate in the proposed 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, co-investigators, or consultants who meet this definition. If you plan to hire or appoint an as yet unidentified key person, please mark such individuals as To-Be-Determined (TBD) using the TBD checkbox. Please be sure to indicate the specific role on the project for all key personnel, including those marked as TBD.

This K	ey Indiv	vidual's C	ontact Infoi	rmation					
Name									TBD
	Prefix		First		Middle	Last		Suffix	
Email (re	quired)						A valid, unique email non-TBD key person f	address is requi	red for each fication.
Degree				Choose the h is not listed, e	ighest degree earn enter it in the drop-	ed. If your degree down box.			
Position	Title								
Departm	ent								
Institutio	n								

This Key Individual's Role on Project						
Role on Project						
Please describe the role of this person in the project.						

#### **This Key Individual's Percent Effort**

Key personnel must indicate a percent effort below.

	Year 1	Year 2	Year 3
Percent Effort			



## **Budget Justification - Funding Partner**

Provide a justification and describe the basis for the costs in the proposed budget for this Partner PI. Provide sufficient explanation and detail to enable CIRM, the Funding Partner, and external reviewers to clearly understand the rationale and reasonableness of amount proposed.

(limited to 2500 characters on this page)



#### Signature Page - Funding Partner

Partner Principal Investigators must complete, save, and print this Part A: Subpart II Form. This form must be signed by the Partner PI from the Partner Applicant Institution.

1. Provide an electronic copy (unsigned) to the CIRM Principal Investigator for submission. This electronic copy must be in its original pdf file format (and not a "flattened" file)

2. Provide a scanned electronic copy of the Signature Page, signed by the Partner PI, to the CIRM PI for submission.

All four parts (and Subparts) of the full application for Basic Biology Awards II must be submitted together and received by CIRM no later than 5:00 PM PST on December 8, 2009, per the Submission instructions in the RFA 09-02.

Partner Principal Investigator				
Name:				
Title:				
Address:				
City:				
Postal:				
Country:				
Phone #:				
Email:				

I, the Partner Principal Investigator, certify that the statements in this Subpart II, are true and complete.

Partner Principa	l Investigator
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Date