# Guidance for Completing the CIRM Basic Biology Awards II Information Form (Part A)

- 1. You will need a fully functional copy of *Adobe Acrobat version 8 or 9* (Standard or Professional) to complete, print, and save the Basic Biology Awards II 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.
- 2. Make sure to select your type of institution (Non-Profit vs. For-Profit) on page 2 before filling out the budget section, as the budget information will change accordingly.
- 3. All colored fields contain calculated data. Please do not enter anything in those fields.
- 4. The Principal Investigator must complete the PI Personnel page and indicate a percent effort not less than 20%.
- 5. All numbers (including phone numbers and dollar amounts) must be entered whole without commas, hyphens, or parentheses (e.g., "4150001234" instead of "415-000-1234")
- 6. All character limits include spaces and punctuation.
- 7. Do not include proprietary or confidential information or information that could identify the applicant (e.g., Principal Investigator and home institution) in the Public Abstract or the Statement of Benefit to California section.
- 8. You may add more copies of the Key Personnel, Key Personnel-Trainees, and Other Research Support pages using the "Add" button at the top right hand corner of the page you wish to duplicate.
- 9. Stipends requested from CIRM for pre-doctoral, post-doctoral, and clinical trainees must be within the following ranges (as specified in the CIRM Grants Administration Policy (GAP) for Non-Profit and Academic Institutions and in the interim For-Profit GAP, Chapter VI, Section C1):

Trainee Type	Allowable Annual Stipend Range
Pre-doctoral	< or = \$26,000
Post-doctoral	\$37,000 to \$54,000
Clinical fellow	\$67,000 to \$77,000

- 10. Investigator salaries funded by CIRM shall be limited to an annual rate of \$207,000 per investigator (as specified in the CIRM GAP for Non-Profit and Academic Institutions and in the interim For-Profit GAP, Chapter V, Section B1).
- 11. The original hardcopy of this form must be **signed by the Principal Investigator and the institution's Authorized Organizational Official.** CIRM will not accept an application without these signatures.

All application materials must be received by CIRM no later than **5:00pm PST on December 8, 2009**.

No exceptions to this deadline will be made.



Project Information							
Project Title							
Limited to 90 Characters							
Years of Funding Requested Project Start I	Date Project End Date						
Total Award Requested from CIRM	1st Year Funds Requested						
Note: All green fields are calculated values. Do not enter a value in	the field.						
Applicant Institution							
Institution	If your institution is not listed please enter the name of the institution						
Type of Institution Non-Profit	○ For-Profit						
Principal Investigator							
Name							
Prefix First	Middle Last Suffix						
Degree Choose the highest degree earned. If your degree is not listed, enter it in the drop-down box.							
Position Title e.g., Professor, Director							
Department							
Address	Please provide a complete mailing address to which confidential information about your application may be sent.						
City	Zip Code						
Phone Number Ext	t Fax Number						
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.						
The Principal Investigator must complete the PI Pe	ersonnel page and indicate a percent effort no less than 20%.						
Application Number							
RB2-0 Enter the ap "9" represer	pplication number you received via email from CIRM (for example "RB2-99999", where nts any digit).						
Collaborative Funding Partner							
	logy Agency (JST) as a collaborative funding partner, check the box ld be the same as that listed in the Preliminary Application.						
This proposal includes the Japanese Science and Techno	ology Agency (JST) as a Collaborative Funding Partner						
Authorized Organizational Official	Mail Award To						
Name:	(institutional address for receiving award)						
Title:	Dept:						
Address:	Attention:						
	Address:						
City:	_   Audi 633.						
Phone #:	_						
Email:							
Emul:	City.						



#### **Abstract**

State the goals of the proposal. Summarize the overall plans of the proposed research and explain how they will meet the stated objectives of the RFA. Describe the rationale for these studies and techniques employed to pursue these goals. If applicable, explain why this proposal cannot be or is not likely to be funded by the federal government. (limited to 3000 characters)	1



### **Public Abstract**

Briefly describe in lay language the proposed research and how it will advance our understanding of the basic mechanisms underlying stem cell biology, cellular plasticity, and cellular differentiation. This Public Abstract will become public information; therefore, do not include proprietary or confidential information or information that could identify the applicant (PI and home institution). (limited to 3000 characters)



### **Statement of Benefit to California**

Describe in a few sentences, in lay language, how the proposed research will benefit the State of Ca Statement of Benefit will become public information; therefore, do not include proprietary or confidentiformation that could identify the applicant (PI and home institution).	lifornia and its citizens. This dential information or (limited to 3000 characters)



#### **Key Personnel - Principal Investigator**

This section will populate with the Principal Investigator's information from Page 1. No entry is required.

Name										
	Prefix	First		Mi	iddle		Last			Suffix
Degree			Choose the highest degree ea	rned. If yo	ur degree is	s not liste	ed, enter it i	n the di	rop-down box.	
Position	Title								e.g., Professor, Director	
Institutio	n									
Departm	ent									
Address									Please provide a complete ma	_
							_		about your application may b	
City									Zip Code	
Phone N	umber			Ext		Fax Nu	ımber			
Email (re	quired)				correspon	dence w	identifies yo ith CIRM. Co email addr	onfiden	IRM. Please use this email addr tial information about your ap	ess for all plication

### **Principal Investigator's Salary and Benefits**

	Year 1	Year 2	Year 3	Total
Percent Effort				
Annual Base Salary				
Requested Salary				
Annual Fringe Benefit Rate				
Requested Annual Fringe Benefit*				
Subtotal				

\*Note: Requested rates are based on percent effort. All colored fields contain calculated data. Please do not enter anything in those fields.



#### **Key Personnel**

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. A minimum of one percent effort is required for each key person, except the PI who has a minimum requirement of 20%. **Trainees (e.g., students, postdocs) should be listed separately in the Key Personnel - Trainees section**. 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	av Indiv	vidual's C	ontact In	formation								
	ley illul	viduai s C	Ontact III	iorination	1					Ī		
Name												TBD
	Prefix		First		Mic	ldle	Last			Suffix		
Email (re	equired)							A valid, non-TB	unique emai D key person	l address is re for proper ic	equire dentif	ed for each ication.
Degree				Choose the his not listed,	nighest enter it	degree earn in the drop-	ed. If your degree down box.					
Position	Title											
Instituti	on								If your institute the name of			
Departn	nent								1			. •
Address	i										-	
											-	
											-	
City								CA	Zip Cod	e		
Phone N	Number				Ext		Fax Numbe	r				
					•							
This K	Key Indiv	vidual's Ro	ole on Pro	oject								
Role on	Project											
Please of the role person i project.	of this in the											
This K	av Indi	vidual's Bu	ıdaet									
Key pers	sonnel in (	California wh	o are locate	ed and employ	ed οι	itside of th	e PI's home in	stitution	must indica	ate a perce	ent e	effort

Key personnel in California who are located and employed outside of the Pl's home institution must indicate a percent effort below but should not complete the budget amounts. Such individuals may request compensation, where appropriate, as a 'consultant' in the Consultants and Subcontracts section. CIRM funds cannot be used for salary support of individuals residing and working outside of California.

	Year 1	Year 2	Year 3	Total
Percent Effort				
Annual Base Salary				
Requested Salary				
Annual Fringe Benefit Rate				
Requested Annual Fringe Benefit*				
Subtotal				
*Note: Paguested rates are based on percent effort All cold	arad fiolds contain sal	culated data Dioace	do not ontor anuth	ing in those fields

\*Note: Requested rates are based on percent effort. All colored fields contain calculated data. Please do not enter anything in those fields.



#### **Key Personnel - Trainees**

Please identify each key person who is a trainee. A trainee is a student, postdoctoral fellow, or clinical fellow who will be supervised by the PI. 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. All CIRM-funded key personnel must contribute a percent effort of no less than 1% to the project. The PI may request annual stipend, tuition and fees, and health insurance for trainees where appropriate. Allowable stipend levels and trainee costs for CIRM-funded trainees are described in the CIRM GAP. If you plan to appoint a yet unidentified trainee, please mark such individuals as To-Be-Determined (TBD) using the TBD checkbox.

This T	rainee's Co	ontact Information				
Name						☐ TBD
	Prefix	First	Middle	Last		Suffix
Email (re	equired)				A valid, u non-TBD	nique email address is required for each key person for proper identification.
Degree		Cho is n	ose the highest degree e ot listed, enter it in the dr	arned. If your degree		
Position	Title					
Institutio	on					your institution is not listed, please dentify the name of the institution here.
Departm	nent				•	
Address						
City					CA	ZIP Code
Phone N	umber		Ext	Fax Numbe	er	
			·	·		
This T	rainee's Ro	ole on Project				
Trainee	Гуре					
Please d	escribe					
the role	of this					
trainee.						

#### This Trainee's Budget

Trainees in California who are located outside of the Pl's home institution must indicate a percent effort below but should not complete the budget amounts. Such individuals may request compensation, where appropriate, as a 'consultant' in the Consultants and Subcontracts section. CIRM funds cannot be used for stipend support of individuals residing and working outside of California.

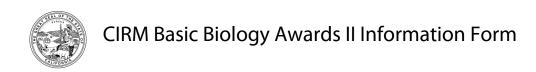
	Year 1	Year 2	Year 3	Total
Percent Effort				
Annual Base Stipend				
Requested Annual Stipend*				
Annual Health Insurance				
Requested Annual Health Insurance*				
Annual Tuition and Fees				
CIRM-allowed Tuition and Fees				
Requested allowed Tuition and Fees*				
Subtotal				
*Note: Requested rates are based on percent effort.	. All colored fields contain ca	lculated data. Please	do not enter anyth	ina in those fields



#### List of Consultants/Subcontracts funded by CIRM

List each consultant and/or subcontract for the proposed project who will be funded by CIRM. A consultant is an individual who provides professional advice or services related to the proposed project for a fee. Key personnel in California who are located and employed outside the Pl's home institution may request compensation as a consultant in this section. Fee for service payment to consultants/subcontractors external to California is limited to \$15,000 annually to individual/individual entities and/or \$25,000 annually in aggregate unless convincing evidence is provided. Any amount exceeding these limits may not be allowed should the application be approved for funding. For each consultant or subcontractor, please include the individual's first name, last name, email address, organization or institution, resident state, and total fee requested or subcontract amount.

Consulta	nt/Subcontractor				
Name:			Email:		
	First	Last	1		
Organiza	tion/Institution:			State:	
			Year 1	Year 2	Year 3
Fee or An	mount Requested:				
Name:			Email:		
	First	Last	-		
Organiza	tion/Institution:			State:	
			Year 1	Year 2	Year 3
Fee or An	nount Requested:				
Name:			Email:		
•	First	Last	•		
Organiza	Organization/Institution:				
			Year 1	Year 2	Year 3
Fee or An	mount Requested:				
Name:			Email:		
	First	Last	•		
Organiza	tion/Institution:			State:	
			Year 1	Year 2	Year 3
Fee or An	mount Requested:				
Name:			Email:		
	First	Last	·		
Organiza	tion/Institution:			State:	
			Year 1	Year 2	Year 3
Fee or An	nount Requested:				
Name:			Email:		
	First	Last			
Organiza	tion/Institution:			State:	
			Year 1	Year 2	Year 3
Fee or An	mount Requested:				
	-				



#### **Use of Human Stem Cell Lines**

Please identify all human embryonic and human non-embryonic stem cell lines that are to be used in the proposed project under the appropriate category below. Established lines should be identified by their specific provider code, when available.

Est	tablished Human Embryonic Stem Cell Lines				
#	Provider Name		Providers Code/Name fo	or line	NIH Code (if applicable)
Ect	tablished Human Non-embryonic Stem Cell Lines				
	Provider Name			Drovio	ders Code/Name for line
#	Flovidei Naille			FIOVIC	del's Code/Name for fine
	Tissue Source	Tissus	Tura		
	Tissue Source	Tissue	Туре		
	<del>-</del>	Ī <sub>+</sub> .	<del>-</del>		
	Tissue Source	Tissue	Type		
	<u> </u>	<u></u>	_		
	Tissue Source	Tissue	Type		
		1			
	Tissue Source	Tissue	Type		
		1			
	Tissue Source	Tissue	Туре		
		1			
	Tissue Source	Tissue	Туре		
	Tissue Source	Tissue	Туре		
	Tissue Source	Tissue	Туре		
	Tissue Source	Tissue	Туре		
	Tissue Source	Tissue	Туре		



#### **Use of Human Stem Cell Lines (continued)**

If human stem cell lines are to be derived, please indicate the cell source for each type of stem cell line proposed.

Cell Source	If Other, specify (source and/or stage)
Derivation Specifically Involves	If Non-human Oocytes are used, specify species (source and/or stage)
Cell Source	If Other, specify (source and/or stage)
Derivation Specifically Involves	If Non-human Oocytes are used, specify species (source and/or stage)
Cell Source	If Other, specify (source and/or stage)
Derivation Specifically Involves	If Non-human Oocytes are used, specify species (source and/or stage)
Cell Source	If Other, specify (source and/or stage)
Derivation Specifically Involves	If Non-human Oocytes are used, specify species (source and/or stage)
Cell Source	If Other, specify (source and/or stage)
Derivation Specifically Involves	If Non-human Oocytes are used, specify species (source and/or stage)
Cell Source	If Other, specify (source and/or stage)
Derivation Specifically Involves	If Non-human Oocytes are used, specify species (source and/or stage)

#### **Derivation of Human Non-embryonic Pluripotent Stem Cell Line**

 $"Pluripotent"\ means\ capable\ of\ differentiation\ into\ ectoderm,\ mesoderm,\ and\ endoderm.$ 

Tissu	sue Source	Tissue Type
Tissı	sue Source	Tissue Type
Tissı	sue Source	Tissue Type
Tissı	sue Source	Tissue Type
Tissı	sue Source	Tissue Type
Tissı	sue Source	Tissue Type
Tissı	sue Source	Tissue Type
Tissı	sue Source	Tissue Type
Tissi	sue Source	Tissue Type
Tissu	sue Source	Tissue Type



#### **Public Policy Assurances**

Written assurances of institutional approval for the use of human subjects, covered stem cell lines, or vertebrate animals (where applicable) are not required at the time of application submission but will be required prior to CIRM's issuing a Notice of Grant Award.

#### **Stem Cell Research Oversight**

In this project, do you intend to:

CIRM defines a "covered stem cell line" as a culture-derived, human pluripotent stem cell population that is capable of: (1) sustained propagation in culture; and (2) self-renewal to produce daughter cells with equivalent developmental potential. This definition includes both embryonic and non-embryonic human stem cell lines regardless of the tissue of origin. "Pluripotent" means capable of differentiation into ectoderm, mesoderm, and endoderm.

1. Use human oocytes?		$\subset$	)Yes
2. Use human in-vitro embryos?		C	)Yes
3. Derive a covered stem cell line?		$\subset$	)Yes
4. Introduce a covered stem cell line into an animal		$\subset$	)Yes
If yes to any of the above, SCRO review and approval is re	equired.		
Status of SCRO Submission			
5. Use of a covered stem cell line for in-vitro research that If yes, SCRO notification is required.	it does not involve iter	ms 1-4 (above)?	) Yes \( \cap \ No
Human Subjects Use*			
Will the project require IRB review and approval?	○Yes	○No	
Will the project involve use of human subjects*?	○Yes	○No	
Status of IRB Submission			
FWA Assurance Number			
IND/IDE Number			
Proposed Number of Human Subjects for the Project			

<sup>\*</sup>A human subject is defined as a living individual about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual or obtains identifiable private information. Regulations governing the use of human subjects in research extend to use of human organs, tissues, and body fluids from identifiable individuals as human subjects and to graphic, written, or recorded information derived from such individuals.



Ver	tebrate Animal Informat	tion					
Will p	roject require use of vertebrate	e animals?	○ Yes		○ No		
If "Ye	s", what is the status of IACUC	Approval?					
Instit	utional AWA Number						
Instit	utional AAALAC Number						
Vert	tebrate Species						
	e select all vertebrate animal sp Use of any warm- or cold-blood		-	-	-		
□ Bi	rd	Guinea Pig		Rabbi	t		ther
Ca	at	Hamster		Rat			
D	og	Mouse		Sheep	)		
Fi	sh $\square$	Non-Human Prim	nate	Swine			
If oth	er or non-human primate, plea	ase specify					
Bios	safety						
Does	the proposed project or acti	vity involve the	use of:				
Bioha	zardous Materials (e.g., recoml	binant DNA, path	ogens, humar	tissue)?	○Yes	○No	
Radio	isotopes?				○Yes	○No	
Contr	olled Substances?				○Yes	$\bigcirc$ No	
	I hereby certify that organizat controlled substances is curre will obtain formal training and controlled substances prior to	ent and will remai d appropriate aut	n in effect for horization for	the propos the use of	sed project biohazardo	period. I also certif ous materials, radio	y that key personnel



#### **Other Research Support for PI**

List all sources of support (current <u>and</u> pending) for the Pl. In each case, identify the funding agency, complete project title, total award, inclusive funding dates, the role of the applicant, and percent of time devoted to each proposal. In each case, also state the specific aims of the proposal and identify areas of scientific or budgetary overlap with the current proposal to CIRM. Use the **"Add a Source of Support"** button (above) to add additional sources of support.

Funding Agency Name		
Project Title		
Role on Project	Percent time on project	Status of Support
If Other Role, specify	·	·
Total Award (for all years)	Project Start Date	Project End Date
Specific Aims (limited to 1000 characte	rs)	
Specify any areas of potential scientific	and/or budgetary overlap with this prop	posal to CIRM: (limited to 500 characters)
poem, and an accommendation		(minute to be continued to be
If there is scientific and/or budgetary o	verlap, how will this issue be resolved sho	ould CIRM funding be obtained? (limit 500 chars)

## **Proposed Budget**

Note: All colored fields contain calculated data. Please do not enter anything in those fields.

Key Personnel Costs				
	Year 1	Year 2	Year 3	Total all Years
Subtotal for PI salary and benefits				
Subtotal for all personnel (except PI and trainees)				
Subtotal for all trainees				
Personnel and Trainees Costs				

Other Project Costs				
	Year 1	Year 2	Year 3	Total all Years
Travel (not to exceed \$5,000 per individual per year)				
Supplies (includes equipment <\$5,000 per piece)				
Equipment (> or = \$5,000 per piece)				
Total Consultants/Subcontracts				
Other Project Costs				

<b>Total Project Costs</b> (Personnel, Trainees, Other Project Costs)				
	Year 1	Year 2	Year 3	Total all Years
Total Project Costs (not to exceed \$300,000/year)				

# Excluded Expenses

For calculations of Facilities and Indirect Costs the following expenses are subtracted from the Total Project Costs (see the CIRM GAP for detailed explanation):

	Year 1	Year 2	Year 3	Total all Years
Total Consultant/Subcontracts Exceeding \$25,000				
Equipment				
Total Requested Trainee Annual Tuition and Fees				
Excluded Expenses				

Adjusted Project Costs Adjusted Project Cost is the Total Project Cost minus Excluded	l Expenses, and is	the basis for calcul	lating Facilities an	d Indirect Costs.
	Year 1	Year 2	Year 3	Total all Years
Adjusted Project Costs				



#### **Budget Justification**

Provide a justification and describe the basis for the costs in the proposed budget. Provide sufficient explanation and detail to enable CIRM and external reviewers to clearly understand the rationale and reasonableness of amounts proposed in all budget categories (Personnel, Travel, Supplies, Equipment, Consultants/Subcontracts.

#### APPLICANTS MUST PROVIDE THE INFORMATION INDICATED BELOW:

For **Personnel**, address specific roles (in relation to the Specific Aims) of each of the Key Personnel and Trainees who will receive salary from the grant.

For **Travel**, explain the specific purpose and cost basis for all travel funds requested.

For **Supplies**, describe supply costs and requested amounts for each supply subcategory including animal costs, cell culture supplies, molecular biology supplies, small equipment items (< \$5000 each), services, and other subcategories as appropriate. Justify proposed expenditures and associate supply needs with proposed research activities.

For **Equipment**, itemize and justify proposed purchases as a direct need of the proposed project.



Budget Justification - Continued	



#### **Signature Page**

Complete, save and print this Application Information Form for a CIRM Basic Biology Awards II. This form must be signed by the PI and the institution's AOO. Note that the full application for CIRM Basic Biology Awards II consists of four parts: A) the Application Information Form (together with Subpart II, if applicable), B) the Basic Biology Awards II Research Proposal, C) the Biographical Sketches for Key Personnel, and D) Related Business Entities Form. Include any signed letters of collaboration with the Biographical Sketches.

Send electronic copies of all four parts of the application as attachments in a single email to <a href="mailto-BasicBiologyAwards@cirm.ca.gov">BasicBiologyAwards@cirm.ca.gov</a>. In addition to the electronic submittal, send an original copy of the application signed by both the PI and the institution's AOO, plus 5 copies of the application to:

#### **Basic Biology Awards II Application**

California Institute for Regenerative Medicine 210 King Street San Francisco, CA 94107

Project Title				
Years of Funding Requested	Project Start Date		Project End Date	
Total Award Requested		1st	Year Funds Requested	
Principal Investigator	stigator Authorized Organizational Official			
Mail Award To				
Principal Inv	voctiontor	Date		_
Principal Inv	estigator	Date		
I, the Authorized Organizational Off the eligibility requirements outlined	ficial for the applicant institution, cert d in RFA 09-02, including the requirer	ify that the Principal nent that the PI is an	Investigator named in this a independent investigator as	oplication meets all defined in the RFA.
Authorized (	Organizational Official	Date		_