

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
AND THE APPLICATION REVIEW SUBCOMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: MARCH 24, 2022  
9 A.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2022-12

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MARCH 24, 2022; 9 A.M.

CHAIRMAN THOMAS: GREAT. WAIT TO SEE THE RECORDING GO ON. GOOD MORNING, EVERYBODY, AND WELCOME TO THE MARCH 2022 MEETING OF THE ICOC AND THE APPLICATION REVIEW SUBCOMMITTEE. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MS. BONNEVILLE: KIM BARRETT.

DR. BARRETT: PRESENT.

MS. BONNEVILLE: DAN BERNAL. GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: LINDA BOXER.

DR. BOXER: PRESENT.

MS. BONNEVILLE: MICHAEL BOTCHAN.

DR. BOTCHAN: HERE.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: PRESENT.

MS. BONNEVILLE: YSABEL DURON. MARK

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1 FISCHER-COLBRIE. FRED FISHER.  
2 DR. FISHER: HERE.  
3 MS. BONNEVILLE: ELENA FLOWERS.  
4 DR. FLOWERS: PRESENT.  
5 MS. BONNEVILLE: JUDY GASSON.  
6 DR. GASSON: HERE.  
7 MS. BONNEVILLE: LARRY GOLDSTEIN.  
8 DR. GOLDSTEIN: HERE.  
9 MS. BONNEVILLE: DAVID HIGGINS.  
10 DR. HIGGINS: HERE.  
11 MS. BONNEVILLE: STEPHEN JUELSGAARD. RICH  
12 LAJARA.  
13 MR. LAJARA: HERE.  
14 MS. BONNEVILLE: PAT LEVITT.  
15 DR. LEVITT: HERE.  
16 MS. BONNEVILLE: DAVID LO.  
17 DR. LO: HERE.  
18 MS. BONNEVILLE: LINDA MALKAS.  
19 DR. MALKAS: HERE.  
20 MS. BONNEVILLE: DAVE MARTIN.  
21 DR. MARTIN: HERE.  
22 MS. BONNEVILLE: SHLOMO MELMED.  
23 DR. MELMED: HERE.  
24 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
25 DR. MIASKOWSKI: MORNING.

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1 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
2 MS. MILLER-ROGEN: HERE.  
3 MS. BONNEVILLE: ADRIANA PADILLA.  
4 DR. PADILLA: HERE.  
5 MS. BONNEVILLE: JOE PANETTA.  
6 MR. PANETTA: HERE.  
7 MS. BONNEVILLE: AL ROWLETT.  
8 MR. ROWLETT: HERE.  
9 MS. BONNEVILLE: BARRY SELICK.  
10 DR. SELICK: HERE.  
11 MS. BONNEVILLE: MARVIN SOUTHARD.  
12 DR. SOUTHARD: HERE.  
13 MS. BONNEVILLE: MICHAEL STAMOS.  
14 DR. STAMOS: HERE.  
15 MS. BONNEVILLE: JONATHAN THOMAS.  
16 CHAIRMAN THOMAS: HERE.  
17 MS. BONNEVILLE: ART TORRES.  
18 MR. TORRES: AQUI.  
19 MS. BONNEVILLE: KRISTINA VUORI. KAROL  
20 WATSON.  
21 DR. WATSON: HERE.  
22 MS. BONNEVILLE: WE HAVE A QUORUM.  
23 CHAIRMAN THOMAS: THANK YOU VERY MUCH. SO  
24 I WOULD LIKE TO START OFF BY NOTING THAT FOR THE  
25 FIRST TIME IN A LONG TIME WE NOW HAVE A FULL

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1 COMPLEMENT OF BOARD MEMBERS. ALL 35 SLOTS ARE FULL.  
2 AND TOWARDS THAT END, WE HAVE OUR TWO NEWEST BOARD  
3 MEMBERS JOINING US THIS MORNING. THEY ARE MOHAMED  
4 ABOUSALEM AND MARV SOUTHARD. AND I'VE ASKED EACH OF  
5 THEM TO GIVE A BRIEF INTRODUCTION TO THE BOARD TO  
6 TELL THEM A LITTLE BIT ABOUT THEMSELVES. SO,  
7 MOHAMMED, COULD YOU START PLEASE.

8 DR. ABOUSALEM: GOOD MORNING, MR.  
9 CHAIRMAN. AND THANK YOU FOR THE KIND INTRODUCTION,  
10 AND THANK YOU EVERYONE FOR YOUR WELCOME.

11 YES, I'M MOHAMED ABOUSALEM, AND I'M THE  
12 VICE PRESIDENT FOR RESEARCH AND INNOVATION AT SAN  
13 JOSE STATE UNIVERSITY. AND AS YOU ALL PROBABLY  
14 KNOW, THE CSU'S ARE KNOWN TO DELIVER EXCELLENT  
15 UNDERGRADUATE AND GRADUATE EDUCATION TO THE MOST  
16 ETHNICALLY, ECONOMICALLY, AND ACADEMICALLY DIVERSE  
17 STUDENT BODY IN THE NATION.

18 I'VE GOT A MIXED BACKGROUND OF TECHNOLOGY  
19 DEVELOPMENT, PROGRAM MANAGEMENT, RESEARCH  
20 ADMINISTRATION, AND INTELLECTUAL PROPERTY MANAGEMENT  
21 AT DIFFERENT LEVELS BOTH IN INDUSTRY AND IN  
22 ACADEMIA. AND I LOOK FORWARD TO BRINGING THIS  
23 EXPERTISE TO HELP SUPPORT THIS VERY IMPORTANT  
24 PROGRAM AND HELP DELIVER CURES TO ALL CALIFORNIANS  
25 WITH UNMET MEDICAL NEEDS. THANK YOU AGAIN FOR

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1       HAVING ME HERE.

2                   CHAIRMAN THOMAS:  THANK YOU, MOHAMED.  I'D  
3       JUST LIKE TO POINT OUT FOR THE BOARD HIS ASCENSION  
4       TO THE BOARD IS A WATERSHED MOMENT FOR US, THE FIRST  
5       CAL STATE REPRESENTATIVE WE'VE HAD IN THE BOARD'S  
6       HISTORY.  SO WE'RE DELIGHTED TO HAVE YOU.  THANK YOU  
7       VERY MUCH, MOHAMED.

8                   MARV, IF YOU COULD GO NOW PLEASE.

9                   DR. SOUTHARD:  SURE.  WELL, THANK YOU FOR  
10      THE INVITATION TO PARTICIPATE.  IN SOME WAYS,  
11      LOOKING AT YOUR FACES OF THE BOARD, IT'S KIND OF  
12      LIKE A RECAP OF VARIOUS PARTS OF MY LIFE AS I SEE  
13      PEOPLE I RECOGNIZE FROM MY VERY EARLY DAYS.  I BEGAN  
14      MY CAREER AS RUNNING A SUBSTANCE ABUSE PROGRAM IN  
15      THE SAN JOAQUIN VALLEY.  THEN I WENT BACK TO SCHOOL  
16      AT UCLA, GOT MY PH.D., WORKED IN EAST L.A. FOR A  
17      NUMBER OF YEARS RUNNING A MENTAL HEALTH PROGRAM.  
18      THEN I WAS HIRED TO BE THE BEHAVIORAL HEALTH  
19      DIRECTOR IN KERN COUNTY, BAKERSFIELD.  AND THEN I  
20      WENT ON TO BE PROMOTED OR, ANYWAY, ROPED INTO  
21      BECOMING THE MENTAL HEALTH DIRECTOR IN L.A. COUNTY.  
22      AND I WAS A L.A. COUNTY MENTAL HEALTH DIRECTOR FOR  
23      17 YEARS.

24                   AND WHEN I FINISHED WITH THAT, I WAS A  
25      PROFESSOR PRACTICING AT USC FOR THREE YEARS OR SO



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1 AND STARTED AN ONLINE DSW PROGRAM AND A VETERAN'S  
2 PROGRAM THERE. THEN I REALLY RETIRED IN 2019 AND  
3 THEN SINCE THEN IT SEEMS LIKE MY LIFE HAS BEEN SENT  
4 TO ME.

5 CHAIRMAN THOMAS: YOU AND ALL THE REST OF  
6 US, MARV. SO WELCOME ABOARD. THANK YOU. AND,  
7 AGAIN, WE ARE SO HAPPY TO HAVE BOTH OF YOU JOIN THIS  
8 AUGUST GROUP. I KNOW YOU'LL FIND THIS TO BE A VERY  
9 INTERESTING AND WORTHWHILE ENDEAVOR.

10 OKAY. SO WE'RE GOING TO TAKE A COUPLE  
11 THINGS OUT OF ORDER HERE. WE'RE GOING TO GO TO THE  
12 VOTING ITEMS FIRST, THEN CIRCLE BACK TO PRESIDENT'S  
13 REPORT, THE AAWG REPORT, AND THE CHAIR'S REPORT  
14 TOWARDS THE TAIL END.

15 SO, FIRST, WE HAVE OUR CONSENT CALENDAR.  
16 ARE THERE ANY ITEMS ON THE CONSENT CALENDAR THAT  
17 ANYBODY WISHES TO REMOVE FOR INDIVIDUAL  
18 CONSIDERATION?

19 DR. FISHER: I JUST HAD A QUESTION ABOUT  
20 ONE OF THE ITEMS, AND I SUBMITTED THAT TO STAFF. I  
21 DON'T NEED TO TAKE THE TIME DURING THE MEETING, BUT  
22 I DID HAVE A QUESTION ABOUT ONE OF THE CONSENT  
23 ITEMS.

24 CHAIRMAN THOMAS: OKAY. DID YOU GET A  
25 RESPONSE, FRED?

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1 DR. FISHER: NOT YET.

2 CHAIRMAN THOMAS: OKAY. DID YOU WISH TO  
3 PULL OUT TO DISCUSS, OR YOU'LL JUST SORT OF HANDLE  
4 THAT OFFLINE?

5 DR. FISHER: I'LL HANDLE IT OFFLINE.

6 CHAIRMAN THOMAS: OKAY. THANK YOU.

7 SO DO WE HEAR A MOTION TO APPROVE THE  
8 CONSENT ITEMS?

9 DR. SOUTHARD: SO MOVED.

10 CHAIRMAN THOMAS: THANK YOU, MARV. IS  
11 THERE A SECOND?

12 DR. BLUMENTHAL: SECOND.

13 CHAIRMAN THOMAS: MARIA, I GUESS WE SHOULD  
14 CALL THE ROLL EVEN THOUGH THEY'RE CONSENT ITEMS, SO  
15 PLEASE DO CALL THE ROLL.

16 MS. BONNEVILLE: WHO WAS THE SECOND? I  
17 DIDN'T CATCH THAT.

18 DR. BLUMENTHAL: ME, GEORGE BLUMENTHAL.  
19 OKAY.

20 MS. BONNEVILLE: THANK YOU, GEORGE.

21 MS. BONNEVILLE: HAIFAA ABDULHAQ.

22 DR. ABDULHAQ: YES.

23 MS. BONNEVILLE: MOHAMED ABOUSALEM.

24 DR. ABOUSALEM: I'M GOING TO HAVE TO  
25 ABSTAIN ON ITEMS 5 AND 6 SINCE I WAS NOT AVAILABLE

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1 AT THOSE MEETINGS. BUT ON THE REST OF THE AGENDA,  
2 YES.

3 MS. BONNEVILLE: THANK YOU. KIM BARRETT.

4 DR. BARRETT: YES.

5 MS. BONNEVILLE: DAN BERNAL. GEORGE  
6 BLUMENTHAL.

7 DR. BLUMENTHAL: YES.

8 MS. BONNEVILLE: LINDA BOXER.

9 DR. BOXER: YES.

10 MS. BONNEVILLE: MICHAEL BOTCHAN.

11 DR. BOTCHAN: YES.

12 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

13 DR. CLARK-HARVEY: YES.

14 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

15 DR. DULIEGE: YES.

16 MS. BONNEVILLE: YSABEL DURON. MARK  
17 FISCHER-COLBRIE. FRED FISHER.

18 DR. FISHER: YES.

19 MS. BONNEVILLE: ELENA FLOWERS.

20 DR. FLOWERS: YES.

21 MS. BONNEVILLE: JUDY GASSON.

22 DR. GASSON: YES.

23 MS. BONNEVILLE: LARRY GOLDSTEIN.

24 DR. GOLDSTEIN: YES.

25 MS. BONNEVILLE: DAVID HIGGINS.

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1 DR. HIGGINS: YES.  
2 MS. BONNEVILLE: STEPHEN JUELSGAARD. RICH  
3 LAJARA.  
4 MR. LAJARA: YES.  
5 MS. BONNEVILLE: PAT LEVITT.  
6 DR. LEVITT: YES.  
7 MS. BONNEVILLE: DAVID LO.  
8 DR. LO: YES.  
9 MS. BONNEVILLE: LINDA MALKAS.  
10 DR. MALKAS: YES.  
11 MS. BONNEVILLE: DAVE MARTIN.  
12 DR. MARTIN: YES.  
13 MS. BONNEVILLE: SHLOMO MELMED.  
14 DR. MELMED: YES.  
15 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
16 DR. MIASKOWSKI: YES.  
17 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
18 MS. MILLER-ROGEN: YES.  
19 MS. BONNEVILLE: ADRIANA PADILLA.  
20 DR. PADILLA: YES.  
21 MS. BONNEVILLE: JOE PANETTA.  
22 MR. PANETTA: YES.  
23 MS. BONNEVILLE: AL ROWLETT.  
24 MR. ROWLETT: YES.  
25 MS. BONNEVILLE: BARRY SELICK.

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1 DR. SELICK: YES.  
2 MS. BONNEVILLE: MARVIN SOUTHARD.  
3 DR. SOUTHARD: YES.  
4 MS. BONNEVILLE: MICHAEL STAMOS.  
5 DR. STAMOS: YES.  
6 MS. BONNEVILLE: JONATHAN THOMAS.  
7 CHAIRMAN THOMAS: YES.  
8 MS. BONNEVILLE: ART TORRES.  
9 MR. TORRES: AYE.  
10 MS. BONNEVILLE: KRISTINA VUORI. KAROL  
11 WATSON.  
12 DR. WATSON: YES.  
13 MS. BONNEVILLE: THE MOTION CARRIES.  
14 CHAIRMAN THOMAS: THANK YOU VERY MUCH.  
15 WE'RE GOING TO MOVE NOW TO THE APPLICATION REVIEW  
16 SUBCOMMITTEE PART OF THE MEETING FOR ACTION ITEM NO.  
17 9, WHICH IS CONSIDERATION OF APPLICATIONS SUBMITTED  
18 IN RESPONSE TO CLINICAL TRIAL STAGE PROJECTS,  
19 PROGRAM ANNOUNCEMENT CLIN1, 2, OR 3. DR. SAMBRANO  
20 WILL PRESENT. GIL.  
21 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.  
22 GIVE ME A SECOND TO SHARE MY SCREEN. GOOD MORNING,  
23 EVERYONE.  
24 SO TODAY I'M PRESENTING TO YOU THE  
25 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP FOR

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1 THE LATEST ROUND OF OUR CLINICAL PROGRAM. AND AS WE  
2 BEGIN BOTH THIS ITEM AND OUR MEETING, JUST A  
3 REMINDER TO US, AS WE MOVE FORWARD AS WELL AS TO  
4 EVERYONE LISTENING, ABOUT OUR MISSION THAT DRIVES  
5 AND GUIDES WHAT WE DO, WHICH IS TO ACCELERATE  
6 WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE  
7 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE  
8 MANNER TO A DIVERSE CALIFORNIA AND WORLD.

9 OUR CLINICAL STAGE PROGRAMS HAVE VARIOUS  
10 FUNDING OPPORTUNITIES, PARTICULARLY THE CLIN1 AND  
11 CLIN2. THE CLIN1 IS FOCUSED ON SUPPORTING LATE  
12 STAGE PRECLINICAL PROJECTS OR IND-ENABLING WORK.  
13 AND SO THE APPLICATION THAT WE ARE CONSIDERING TODAY  
14 IS A CLIN1. WE ALSO HAVE OPPORTUNITIES FOR  
15 SUPPORTING CLINICAL TRIALS THEMSELVES. BUT IN THIS  
16 CASE IT'S AN EARLIER STAGE PROPOSAL.

17 THIS IS A REMINDER OF WHAT OUR BUDGET  
18 STATUS LOOKS LIKE CURRENTLY. WE HAVE AN ANNUAL  
19 ALLOCATION FOR THE FISCAL YEAR 21/22 OF 162 MILLION  
20 FOR THE CLINICAL PROGRAM. WE HAVE JUST OVER 65  
21 MILLION THAT HAVE BEEN COMMITTED BY THE BOARD TO  
22 PROJECTS THAT YOU HAVE SEEN AND APPROVED. TODAY'S  
23 PROPOSAL IS FOR AN ADDITIONAL 5 MILLION. AND IF IT  
24 IS APPROVED, THEN THAT WOULD LEAVE A BALANCE OF  
25 ALMOST 92 MILLION FOR THIS FISCAL YEAR UP UNTIL

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1 JUNE.

2 THE GRANTS WORKING GROUP, WHEN THEY REVIEW  
3 THESE APPLICATIONS, USE A SCORING SYSTEM OF 1, 2,  
4 AND 3. SO ANYTHING THAT RECEIVES A SCORE OF 1 MEANS  
5 THAT IT HAS EXCEPTIONAL MERIT AND WARRANTS FUNDING.  
6 A SCORE OF 2 MEANS IT NEEDS IMPROVEMENT, AND THOSE  
7 TYPICALLY GO BACK FOR THE APPLICANT TO REVISE AND  
8 RESUBMIT FOR THEN THE GRANTS WORKING GROUP TO TAKE A  
9 SECOND LOOK AT IT. AND THEN THOSE THAT RECEIVE A  
10 SCORE OF 3 MEANS THAT THEY'RE SUFFICIENTLY FLAWED  
11 THAT THEY DON'T WARRANT FUNDING AT THIS TIME.

12 THE CRITERIA UPON WHICH THEY BASE THAT  
13 SCORE ARE GUIDED BY THESE FIVE QUESTIONS. DOES THE  
14 PROJECT HOLD THE NECESSARY SIGNIFICANCE AND  
15 POTENTIAL FOR IMPACT? MEANING DOES IT OFFER A GOOD  
16 VALUE PROPOSITION AND IS IT WORTH DOING. DOES IT  
17 HAVE A GOOD RATIONALE? IS IT WELL PLANNED AND  
18 DESIGNED? IS IT FEASIBLE, INCLUDING WHETHER THEY  
19 HAVE THE APPROPRIATE RESOURCES AND QUALIFIED TEAM TO  
20 CONDUCT THE WORK? AND THEN, LASTLY, DOES THE  
21 PROJECT ADDRESS THE NEEDS OF UNDERSERVED  
22 COMMUNITIES?

23 THE GRANTS WORKING GROUP ITSELF IS  
24 COMPOSED OF BOTH SCIENTIFIC MEMBERS AS WELL AS  
25 PATIENT ADVOCATE AND NURSE MEMBERS FROM THIS BOARD.

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1 AND SO THE SCIENTIFIC MEMBERS ARE RESPONSIBLE FOR  
2 THE SCIENTIFIC EVALUATION. AND SO WE HAVE EXPERTS  
3 IN PARTICULAR DISEASE AREAS WHO HAVE BOTH CLINICAL  
4 AND SCIENTIFIC BACKGROUNDS, THOSE THAT HAVE  
5 REGULATORY EXPERTISE, EXPERTISE IN MANUFACTURING,  
6 AND PRODUCT DEVELOPMENT. AND SO THE SCORE OF 1-2-3  
7 THAT YOU SEE WILL BE GIVEN BY THESE SCIENTIFIC  
8 MEMBERS.

9 OUR PATIENT ADVOCATE AND NURSE MEMBERS  
10 ALSO HAVE A ROLE IN THE GRANTS WORKING GROUP TO  
11 CONDUCT THE DEI EVALUATION. SO YOU WILL SEE A DEI  
12 SCORE THAT RANGES FROM ZERO TO TEN THAT'S GIVEN BY  
13 OUR BOARD MEMBERS. THEY ALSO PROVIDE THE PATIENT  
14 PERSPECTIVE ON THE OVERALL SIGNIFICANCE AND  
15 POTENTIAL IMPACT OF THESE PROJECTS AND ALSO PROVIDE  
16 OVERSIGHT ON THE PROCESS. SO AT THE END OF EVERY  
17 REVIEW, THE PATIENT ADVOCATE/NURSE MEMBERS VOTE ON  
18 WHETHER THEY FELT THE REVIEW WAS CONDUCTED IN A FAIR  
19 AND UNBIASED MANNER.

20 IN ADDITION TO THOSE TWO GROUPS, WE ALSO  
21 FILL IN KNOWLEDGE AND EXPERTISE GAPS WITH SCIENTIFIC  
22 SPECIALISTS. AND SO THESE ARE NONVOTING MEMBERS WHO  
23 COME IN TO PARTICIPATE IN MAYBE ONE OR TWO  
24 APPLICATIONS AND PROVIDE THEIR EXPERTISE THAT THEN  
25 THE PANEL TAKES INTO ACCOUNT WHEN DOING THEIR



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1 SCORING AND EVALUATION.

2 ALL RIGHT. SO THE CLINICAL PROPOSAL THAT  
3 WE ARE BRINGING TO YOU TODAY IS CLIN1-12946. THIS  
4 IS ENTITLED "SKIN REGENERATION AND WOUND HEALING  
5 WITH A TOPICAL BRAF INHIBITOR." THE THERAPY IS A  
6 SMALL MOLECULE THAT ACTS AS AN INHIBITOR BRAF WHICH  
7 IS A SIGNALING MOLECULE IN CELLS. THE INDICATION IS  
8 FOR VENUS LEG ULCERS. AND THE GOAL IS COMPLETE  
9 IND-ENABLING STUDIES TO SUBMIT AN IND TO THE FDA.  
10 SO THE FUNDS REQUESTED ARE JUST OVER 5 MILLION FOR  
11 THIS PROJECT.

12 A LITTLE BACKGROUND ON THIS INDICATION.  
13 SO VENUS LEG ULCERS ARE SORES THAT OCCUR ON THE LEG  
14 THAT DEVELOP FROM SUBOPTIMAL BLOOD FLOW. THEY'RE  
15 VERY SLOW TO HEAL. THEY CAN LAST WEEKS AND  
16 SOMETIMES YEARS IN SOME PATIENTS.

17 SO THE VALUE PROPOSITION OF THIS PROPOSAL  
18 IS AS FOLLOWS. THE CURRENT STANDARD OF CARE IS  
19 REALLY MOSTLY MANAGING THE WOUND. AND SO THERE'S  
20 COMPRESSION BANDAGING AND STOCKINGS TO TRY TO  
21 IMPROVE BLOOD CIRCULATION AND ALLOW THE WOUNDS TO  
22 HEAL, BUT THERE IS NO TOPICAL OR SYSTEMIC DRUG  
23 AVAILABLE THAT WOULD AID THAT HEALING PROCESS. SO  
24 IF THIS PROJECT WERE TO BE SUCCESSFUL, THE PROPOSED  
25 THERAPY WOULD PROVIDE A VERY EASY TO ADMINISTER

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1 TOPICAL DRUG TREATMENT THAT COULD ACCELERATE  
2 HEALING.

3 AND SO WHY IS THIS A STEM CELL OR GENE  
4 THERAPY PROJECT? SO THIS THERAPEUTIC CANDIDATE IS A  
5 SMALL MOLECULE THAT ACTS ON EPIDERMAL STEM CELLS IN  
6 ORDER TO ACTIVATE THE WOUND HEALING PROCESS.

7 SO WE USUALLY PROVIDE YOU A LITTLE  
8 BACKGROUND BOTH ON WHAT'S IN OUR PORTFOLIO THAT  
9 MIGHT BE SIMILAR AS WELL AS OTHER PROJECTS THAT  
10 THEY'VE DONE. SO WE DON'T HAVE ANYTHING CURRENTLY  
11 IN OUR ACTIVE CLINICAL PORTFOLIO THAT TARGETS THIS  
12 DISEASE INDICATION OR ANYTHING SIMILAR.

13 PREVIOUS CIRM FUNDING TO THE APPLICANT  
14 TEAM. THIS TEAM HAS RECEIVED CIRM AWARDS IN THE  
15 PAST WHICH HAVE FOCUSED ON TREATING MELANOMA OR  
16 DEVELOPING THERAPIES FOR MELANOMA IN BOTH PROJECTS  
17 WHICH WERE PRECLINICAL AND CLINICAL IN NATURE. THEY  
18 ACHIEVED THEIR MILESTONES AS EXPECTED. AND SO THERE  
19 WERE NO ISSUES IN PREVIOUS FUNDED WORK FOR THIS  
20 TEAM.

21 SO HERE IS A SUMMARY OF THE  
22 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP. THE  
23 SCORE OF 1 WAS RENDERED WITH 12 VOTES FROM THE  
24 GRANTS WORKING GROUP MEMBER. THERE WERE TWO MEMBERS  
25 THAT GAVE IT A SCORE OF 2 AND NONE THAT GAVE IT A

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1 SCORE OF 3. THE DEI SCORE FOR THIS APPLICATION IS A  
2 7. AND THE CIRM RECOMMENDATION IS TO FUND THIS  
3 APPLICATION IN AGREEMENT WITH THE GRANTS WORKING  
4 GROUP FOR AN AWARD AMOUNT OF JUST OVER 5 MILLION.

5 AND THAT IS MY PRESENTATION AND HAPPY TO  
6 TAKE ANY QUESTIONS.

7 CHAIRMAN THOMAS: THANK YOU, GIL. AGAIN,  
8 FOR MEMBERS OF THE BOARD, THIS IS AN APPLICATION  
9 REVIEW SUBCOMMITTEE ITEM. ARE THERE ANY QUESTIONS  
10 OR -- FIRST OF ALL, DO WE HAVE A MOTION TO APPROVE?

11 MR. ROWLETT: SO MOVED.

12 DR. DULIEGE: I'M HAPPY TO SECOND.

13 CHAIRMAN THOMAS: THANK YOU, AL AND  
14 ANNE-MARIE. QUESTIONS OR COMMENTS FROM MEMBERS OF  
15 THE BOARD?

16 MR. PANETTA: I'VE GOT A QUESTION, J.T.

17 CHAIRMAN THOMAS: YES, JOE.

18 MR. PANETTA: THANK YOU. THIS SOUNDS LIKE  
19 A VERY PROMISING, POSSIBLY MORE GENERAL TYPE OF  
20 THERAPY THAT COULD EXPAND BEYOND THIS INDICATION.  
21 SO I TOTALLY SUPPORT IT. BUT I JUST WANT TO ASK GIL  
22 IF THERE'S, IT SOUNDS SO INTERESTING, IF THERE'S ANY  
23 INDICATION THAT IT COULD POTENTIALLY BE USED BEYOND  
24 THIS APPLICATION?

25 DR. SAMBRANO: YEAH. THAT'S A GREAT

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1 QUESTION. AND THE INTENT OF THE APPLICANT IS TO  
2 EXTEND IT BEYOND THIS PARTICULAR INDICATION.  
3 GUIDANCE FROM THE FDA IN TERMS OF DEVELOPING AND  
4 TESTING OF PRODUCTS THAT WAS THE FIRST SELECTED  
5 INDICATION, THEY FELT THAT THE VENUS LEG ULCERS WERE  
6 THE MOST APPROPRIATE TO START WITH, BUT THEY COULD  
7 EXPAND IT TO OTHER WOUND TYPES AND ULCERS IF THEY  
8 ARE SUCCESSFUL WITH IT.

9 DR. MARTIN: IN THE PREVIOUS INVESTMENT BY  
10 CIRM, WAS THAT FOR THE SAME INHIBITOR?

11 DR. SAMBRANO: NO. I BELIEVE IT WAS NOT.  
12 I THINK THAT WAS A DIFFERENT THERAPEUTIC CANDIDATE  
13 FOR MELANOMA TREATMENT. ALTHOUGH BRAF INHIBITOR IS  
14 ALSO USED FOR MELANOMA TREATMENT.

15 MS. BONNEVILLE: HAIFAA HAS HER HAND  
16 RAISED.

17 CHAIRMAN THOMAS: DR. ABDULHAQ.

18 DR. ABDULHAQ: WAS THIS DRUG OR COMPOUND  
19 STUDIED IN HUMANS BEFORE? AND DO WE HAVE ANY  
20 PRELIMINARY RESULTS ON THAT?

21 DR. SAMBRANO: SO I THINK THIS HAS BEEN  
22 TESTED IN HUMANS, NOT FOR THIS INDICATION, BUT FOR  
23 MELANOMA TREATMENT AND FOR OTHER INDICATIONS. SO IN  
24 THIS CASE I THINK THIS IS RESULTING FROM AN  
25 OBSERVATION THAT IN THE TREATMENT OF MELANOMA THERE

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1 HAS BEEN THE OBSERVATION OF SKIN AUGMENTATION AND  
2 GROWTH, WHICH CLUED THE TEAM INTO THE IDEA THAT THIS  
3 COULD ACTUALLY BE USED FOR WOUND HEALING AND SKIN  
4 REGENERATION.

5 DR. ABDULHAQ: IS IT AN ORAL MEDICATION OR  
6 A TOPICAL MEDICATION?

7 DR. SAMBRANO: SO IT CAN BE USED  
8 SYSTEMICALLY, BUT THE INTENT HERE IS TO USE IT AS A  
9 TOPICAL GEL FOR THE WOUND HEALING.

10 CHAIRMAN THOMAS: ANY OTHER QUESTIONS OR  
11 COMMENTS BY MEMBERS OF THE BOARD? SEEING NONE, ANY  
12 COMMENTS FROM MEMBERS OF THE PUBLIC? MARIA, DO WE  
13 HAVE ANY PUBLIC COMMENT?

14 MS. BONNEVILLE: THERE ARE NO HANDS  
15 RAISED.

16 CHAIRMAN THOMAS: THANK YOU. WILL YOU  
17 PLEASE CALL THE ROLL.

18 MS. BONNEVILLE: YES.

19 DAN BERNAL. ANNE-MARIE DULIEGE.

20 DR. DULIEGE: YES.

21 MS. BONNEVILLE: YSABEL DURON. MARK  
22 FISCHER-COLBRIE.

23 DR. FISCHER-COLBRIE: YES.

24 MS. BONNEVILLE: FRED FISHER.

25 DR. FISHER: YES.

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1 MS. BONNEVILLE: ELENA FLOWERS.  
2 DR. FLOWERS: YES.  
3 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.  
4 DR. CLARK-HARVEY: YES.  
5 MS. BONNEVILLE: DAVID HIGGINS.  
6 DR. HIGGINS: YES.  
7 MS. BONNEVILLE: STEVE JUELSGAARD. RICH  
8 LAJARA.  
9 MR. LAJARA: YES.  
10 MS. BONNEVILLE: DAVID MARTIN.  
11 DR. MARTIN: YES.  
12 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
13 DR. MIASKOWSKI: YES.  
14 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
15 MS. MILLER-ROGEN: YES.  
16 MS. BONNEVILLE: ADRIANA PADILLA.  
17 DR. PADILLA: YES.  
18 MS. BONNEVILLE: JOE PANETTA.  
19 MR. PANETTA: YES.  
20 MS. BONNEVILLE: AL ROWLETT.  
21 MR. ROWLETT: YES.  
22 MS. BONNEVILLE: MARVIN SOUTHARD.  
23 DR. SOUTHARD: YES.  
24 MS. BONNEVILLE: JONATHAN THOMAS.  
25 CHAIRMAN THOMAS: YES.

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1 MS. BONNEVILLE: THE MOTION CARRIES.

2 DR. ABOUSALEM: MARIA, I DID NOT HEAR MY  
3 NAME.

4 MS. BONNEVILLE: THIS IS FOR THE  
5 APPLICATION REVIEW SUBCOMMITTEE PORTION OF THE  
6 MEETING. SO WE JUST CALL THE VOTING MEMBERS OF THAT  
7 SUBCOMMITTEE.

8 DR. ABOUSALEM: THANK YOU.

9 CHAIRMAN THOMAS: THANK YOU, MARIA. THAT  
10 CONCLUDES THE APPLICATION REVIEW SUBCOMMITTEE  
11 PORTION OF THE MEETING. WE'RE GOING TO CONTINUE ON  
12 HERE TO ITEM 10. AS YOU ALL KNOW, WE HAVE IN THE  
13 PAST HAD A NUMBER OF DIFFERENT DISCOVERY CATEGORIES  
14 THAT WE HAVE FUNDED OVER THE YEARS. AND TODAY WE'RE  
15 GOING TO DISCUSS AND PUT UP FOR YOUR CONSIDERATION A  
16 NEW CATEGORY. SO THIS ITEM IS CONSIDERATION OF  
17 CONCEPT PLAN FOR DISCOVERY STAGE RESEARCH PROJECTS,  
18 DISC-0. THIS WILL BE DR. CANET-AVILES WILL PRESENT.  
19 ROSA.

20 DR. CANET-AVILES: JUST REALIZED YOU  
21 COULDN'T HEAR ME. MR. CHAIRMAN, MEMBERS OF THE  
22 BOARD, ONE SECOND. ON BEHALF OF OUR TEAM AT CIRM,  
23 TODAY I'M PRESENTING A NEW CONCEPT THAT WE ARE  
24 BRINGING TO YOU FOR APPROVAL. THIS CONCEPT IS PART  
25 OF THE DISCOVERY PILLAR OF PROGRAMS.

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1           THIS NEW CONCEPT IS FRAMED IN THE CONTEXT  
2           OF OUR MISSION AS MY COLLEAGUE, DR. SAMBRANO,  
3           REMINDED US A FEW MINUTES AGO. OUR MISSION IS TO  
4           ACCELERATE WORLD-CLASS SCIENCE TO DELIVER  
5           TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN  
6           AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND THE  
7           WORLD.

8           AS WE KNOW, DESPITE THE PROGRESS IN  
9           REGENERATIVE MEDICINE OVER THE PAST DECADE, THERE  
10          ARE STILL CRITICAL GAPS IN OUR UNDERSTANDING OF  
11          FUNDAMENTAL HUMAN CELL BIOLOGY AND DISEASE  
12          MECHANISMS THAT AFFECT THE PACE OF SCIENTIFIC  
13          DISCOVERY AND PREVENT THE POTENTIAL OF THIS RESEARCH  
14          FROM BEING FULLY REALIZED AS A BASIS FOR NEW  
15          THERAPIES AND AS TOOLS FOR BIOMEDICAL INNOVATION.

16          THE NEW ERA OF TECHNOLOGICAL INNOVATION IN  
17          GENE EDITING AND SINGLE CELL PROFILING, DATA  
18          SCIENCE, AND ENGINEERING IS PRESENTING NEW  
19          OPPORTUNITIES TO US FOR ADDRESSING QUESTIONS OF  
20          BIOLOGY. THE PATH REMAINED ELUSIVE OVER THESE  
21          YEARS. AND ALL THIS WORK LED TO THE NEW STRATEGIC  
22          PLAN AND A NEW AND REVISED MISSION STATEMENT  
23          REFLECTIVE OF THE NEW ERA THAT WE ARE IN.

24          CIRM IS SEEKING TO HARNESS THESE AND OTHER  
25          SYNERGIES THROUGH THE DISCOVERY 0 FOUNDATION AWARDS



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1 MECHANISM TO FOSTER ROBUST DISCOVERY ENGINE THAT  
2 WILL NOT ONLY OPEN NEW DOORS TO TREATMENTS, BUT ALSO  
3 ACCELERATE AND INCREASE THE LIKELIHOOD OF BRINGING  
4 REGENERATIVE MEDICINE TREATMENTS TO PATIENTS IN  
5 NEED. BY INCORPORATING PRINCIPLES AND PRACTICES OF  
6 DIVERSITY, EQUITY, AND INCLUSION WITHIN THE SCIENCE,  
7 THIS PROGRAM ALSO STRIVES TO FOSTER DISCOVERIES THAT  
8 WILL EQUITABLY IMPACT PATIENTS IN ALL OUR  
9 COMMUNITIES.

10 CIRM HAS ESTABLISHED, AS WE KNOW, A STRONG  
11 TRACK RECORD FOR STRATEGIC INVESTMENTS IN THESE FIVE  
12 PILLARS: INFRASTRUCTURE, EDUCATION, DISCOVERY,  
13 TRANSLATIONAL, AND CLINICAL RESEARCH. AND THROUGH  
14 CIRM'S NEW STRATEGIC PLAN, WE WILL ENHANCE,  
15 ORGANIZE, AND INTERCONNECT CIRM'S PROVEN FUNDING  
16 MODEL TO ACHIEVE THE OVERARCHING GOALS OF DELIVERING  
17 OUR MISSION.

18 TODAY'S CONCEPT IS ACTUALLY PRESENTED  
19 WITHIN THE CONTEXT OF THE DISCOVERY PILLAR. AS A  
20 BIT OF BACKGROUND, THE DISCO CONCEPT HAS BEEN  
21 INFORMED BY MULTIPLE LAYERS OF STAKEHOLDER  
22 DISCUSSION. AND ACTUALLY THERE'S A BLOG THAT OUR  
23 COLLEAGUE MITRA HOOSHMAND POSTED IN THE CONTEXT OF  
24 WHEN WE WERE DEVELOPING CIRM'S CNS CONSORTIA  
25 WORKSHOP THAT ACTUALLY SUMMARIZES VERY WELL ALL

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1 THESE STAKEHOLDER MEETINGS AND WHAT THE OUTCOME WAS.  
2 BUT IN THE CONTEXT OF TODAY'S DISCUSSION, THIS  
3 DISCUSSION GATHERED INPUT THAT STARTED EVEN PRIOR TO  
4 THE PASSAGE OF PROPOSITION 14, AND THIS INCLUDES THE  
5 BRAINSTORMING NEURODEGENERATION WORKSHOP THAT WAS  
6 CELEBRATED IN 2019 AND THE STRATEGIC SCIENTIFIC  
7 ADVISORY PANEL THAT HAPPENED IN 2021.

8 THROUGH ALL THESE MEETINGS, CIRM RECEIVED  
9 BROAD STAKEHOLDER INPUT AROUND SOME COMMON THREADS,  
10 MAINLY THE NEED FOR CONTINUED RESEARCH OF BASIC  
11 MECHANISMS OF STEM CELL BIOLOGY, GENE THERAPY  
12 APPROACHES, AND DISEASE BIOLOGY TO IMPROVE THE  
13 LIKELIHOOD OF CLINICAL SUCCESS FOR REGENERATIVE  
14 THERAPIES.

15 THIS TRANSLATED INTO THE STRATEGIC PLAN  
16 THAT WAS APPROVED BY YOU BACK IN DECEMBER OF LAST  
17 YEAR THAT IS FOR THE NEXT FIVE YEARS. AND TO  
18 REALIZE THE FULL POTENTIAL OF REGENERATIVE MEDICINE  
19 FOR SOCIETY, CIRM IS COMMITTED TO DEVELOP HIGH RISK  
20 AND HIGH REWARD TYPE OF PROJECTS TO FUND.

21 THE OBJECTIVE OF THE DISCO FOUNDATION  
22 AWARDS IS TO SUPPORT RIGOROUS STUDIES ADDRESSING  
23 CRITICAL BASIC KNOWLEDGE GAPS IN THE BIOLOGY OF STEM  
24 CELLS AND REGENERATIVE MEDICINE APPROACHES AND TO  
25 ADVANCE STEM CELL-BASED TOOLS. PROJECTS THAT WILL

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1 BE FUNDED THROUGH THE FOUNDATIONAL AWARDS SHOULD  
2 PROPOSE IMPACTFUL OR INNOVATIVE RESEARCH THAT  
3 CULMINATES IN A DISCOVERY OR TECHNOLOGY THAT COULD  
4 EITHER ADVANCE OUR UNDERSTANDING OF THE BIOLOGY OF  
5 STEM CELL BIOLOGY THAT IS RELEVANT TO HUMAN BIOLOGY  
6 AND DISEASE OR ADVANCE THE DEVELOPMENT OR USE OF  
7 HUMAN STEM CELLS AS TOOLS FOR BIOMEDICAL INNOVATION  
8 OR LEAD TO THE GREATER APPLICABILITY OF REGENERATIVE  
9 MEDICINE DISCOVERIES TO COMMUNITIES REPRESENTING THE  
10 FULL SPECTRUM OF DIVERSITY OR ULTIMATELY ADVANCE THE  
11 APPLICATION OF GENETIC RESEARCH THAT IS RELEVANT TO  
12 HUMAN BIOLOGY AND DISEASE AS IT PERTAINS TO STEM  
13 CELLS AND REGENERATIVE MEDICINE.

14 IN TERMS OF ELIGIBILITY, DISCO ELIGIBLE  
15 PROJECTS WILL DEFINE AND PROPOSE RESEARCH THAT  
16 ADDRESSES A KEY KNOWLEDGE GAP IN OUR UNDERSTANDING  
17 OF THE BIOLOGY OR APPLICATION OF STEM CELLS OR  
18 PROGENITOR CELLS OR IN THE APPLICATION OF GENETIC  
19 RESEARCH AS IT PERTAINS TO STEM CELLS OR  
20 REGENERATIVE MEDICINE.

21 FOR THE SCOPE OF THIS SOLICITATION, AND  
22 THIS IS ACTUALLY VERY WELL DEFINED IN THE CONCEPT  
23 THAT WAS PROVIDED AS MATERIALS FOR THIS MEETING,  
24 CIRM CONSIDERS GENETIC RESEARCH TO MEAN RESEARCH  
25 THAT ALTERS GENOMIC SEQUENCES OF CELLS OR THAT

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1 INTRODUCES OR DIRECTLY MANIPULATES NUCLEIC ACIDS IN  
2 CELLS.

3 WHILE WE DO INCLUDE RESEARCH IN ANIMALS  
4 AND ANIMAL CELLS, WE REQUIRE THAT DISCOVERIES MADE  
5 IN NON-HUMAN CELLS BE VALIDATED WITH A RELEVANT  
6 HUMAN CELL EQUIVALENT AS PART OF THE PROPOSED  
7 PROJECT.

8 THE INSTITUTIONAL ELIGIBILITY IS  
9 INSTITUTIONS WHO ARE ELIGIBLE WILL BE CALIFORNIA  
10 FOR-PROFIT AND NONPROFIT ARE ELIGIBLE TO APPLY. AND  
11 THE PRINCIPAL INVESTIGATORS MUST COMMIT AT LEAST 20  
12 PERCENT EFFORT. AND, OF COURSE, THESE ELIGIBILITY  
13 ELEMENTS ARE PROVIDED THROUGH THE CONCEPT AWARD WE  
14 PROVIDED IN THE PROGRAM ANNOUNCEMENT.

15 NOW, CONSISTENT WITH THE STRATEGIC PLAN TO  
16 LEVERAGE COLLECTIVE SCIENTIFIC KNOWLEDGE TO INSPIRE  
17 COLLABORATIVE RESEARCH THAT ADDRESSES CALIFORNIA'S  
18 UNMET MEDICAL NEEDS, IF THE BOARD APPROVES THIS  
19 CONCEPT, IN THE APPLICATION WE ARE PLANNING TO  
20 INCORPORATE GUIDELINES FOR THE DEVELOPMENT AND  
21 EXECUTION OF A DATA SHARING AND MANAGEMENT PLAN WITH  
22 THE GOAL TO EFFECTIVELY CAPTURE SCIENTIFIC KNOWLEDGE  
23 AND ENABLE COLLABORATIVE RESEARCH.

24 IMPORTANTLY, THESE GUIDELINES AND  
25 TEMPLATES ARE THERE TO SUPPORT APPLICANTS. AND I

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1 WOULD REINFORCE THIS STATEMENT. THEY ARE THERE TO  
2 SUPPORT AND HELP OUR APPLICANTS IN THE DEVELOPMENT  
3 OF A SUCCESSFUL RESEARCH PROJECT AND MAXIMIZE THE  
4 COLLABORATIVE POTENTIAL OF ALL OF CIRM-FUNDED  
5 RESEARCH.

6 WE ARE ALSO PLANNING TO PROVIDE GUIDELINES  
7 IN THOSE GUIDELINES FOR ALLOCATION OF FUNDS FOR THE  
8 PERSONNEL AND/OR ACTIVITIES RELATED TO MANAGING AND  
9 SHARING THE DATA. AND ALSO FOR THE DATA SHARING AND  
10 MANAGEMENT PLAN, APPLICANTS WILL ALSO BE REQUIRED TO  
11 ADHERE TO FAIR DATA SHARING PRINCIPLES OF FINDABLE,  
12 ACCESSIBLE, INTEROPERABLE, AND REPRODUCIBLE DATA FOR  
13 SCIENTIFIC RESEARCH AND THERAPY DEVELOPMENT.

14 FINALLY, THE BUDGET. CIRM WILL FUND  
15 DIRECT PROJECT COSTS OF UP TO \$1 MILLION PER AWARD  
16 FOR UP TO THREE YEARS IN DURATION. OF NOTE, WE HAVE  
17 CHOSEN TO PROVIDE DIRECT COSTS IN THIS SLIDE. FOR  
18 INDIRECT COSTS, THE COST PER PROJECT AVERAGES  
19 APPROXIMATELY \$1.5 MILLION FOR THREE YEARS. AND  
20 THIS OPPORTUNITY COULD BE AVAILABLE ONE TO TWO TIMES  
21 PER YEAR. AN INITIAL ESTIMATE BASED ON PREVIOUS  
22 BASIC AND DISCOVERY PILLAR PROGRAMS LEADS US TO  
23 ESTIMATE AN APPROXIMATE OF 12 TO 14 AWARDS PER CYCLE  
24 WITH AN ESTIMATE OF ABOUT \$20 MILLION PER ROUND.

25 FINALLY, I'D LIKE TO ASK THE BOARD FOR

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1 APPROVAL FOR THE DISCO FOUNDATIONAL AWARDS PROGRAM  
2 CONCEPT AS WE PRESENTED TODAY TO YOU. THANK YOU.

3 CHAIRMAN THOMAS: THANK YOU, ROSA, FOR A  
4 VERY WELL THOUGHT OUT AND ARTICULATED PLAN FOR THIS  
5 NEW PROGRAM WHICH, IF ADOPTED BY THE BOARD, WILL  
6 FURTHER FLESH OUT THE MENU OF FUNDING OPTIONS THAT  
7 WE HAVE ACROSS THE RESEARCH CONTINUUM.

8 DO I HEAR A MOTION TO APPROVE?

9 DR. MARTIN: SO MOVED.

10 DR. BOTCHAN: I SECOND.

11 CHAIRMAN THOMAS: OKAY. MARIA, DID YOU  
12 GET THAT?

13 MS. BONNEVILLE: YES.

14 CHAIRMAN THOMAS: ARE THERE QUESTIONS OR  
15 COMMENTS FROM MEMBERS OF THE BOARD? GEORGE.

16 DR. BLUMENTHAL: THANK YOU. I JUST HAVE A  
17 QUICK COMMENT AND A QUICK QUESTION. MY QUICK  
18 COMMENT IS ONE OF GREAT SUPPORT. I THINK IT'S  
19 REALLY IMPORTANT FOR THE LONG-TERM SUCCESS OF CIRM  
20 TO MAKE THE KIND OF BASIC SCIENCE ADVANCES THAT THIS  
21 PROGRAM WILL ENTAIL. IF WE WANT TO KEEP THE  
22 PIPELINE GOING OF DEVELOPING CLINICAL TRIALS DOWN  
23 THE LINE, WE REALLY NEED TO DEVELOP NEW IDEAS IN  
24 SCIENCE AND DEVELOP NEW OPPORTUNITIES THERE AS WELL.  
25 SO I SEE THIS AS PART OF A THRIVING ECOSYSTEM OF

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1 SCIENTIFIC ADVANCEMENT. SO I'M VERY SUPPORTIVE OF  
2 THIS.

3 MY QUESTION HAS TO DO WITH THE FACT THAT  
4 THIS IS, OF COURSE, LIKE MANY, PERHAPS ALL CIRM  
5 GRANTS, OPEN TO BOTH PUBLIC AND FOR-PROFIT  
6 INSTITUTIONS. DO WE HAVE A SENSE IN THE PAST FOR  
7 DISCOVERY GRANTS WHAT THE PERCENTAGE OF THOSE HAVE  
8 LED TO FOR-PROFIT INSTITUTIONS?

9 DR. CANET-AVILES: I'M GOING TO ASK MY  
10 COLLEAGUE GIL OR JENN LEWIS.

11 DR. SAMBRANO: THAT'S A GREAT QUESTION.  
12 THE PERCENTAGE IS LOW, AND IT'S BASED ON THE NUMBER  
13 OF APPLICANTS THAT WE GET. SO FOR VERY EARLY STAGE  
14 PROGRAMS, THE NUMBER OF APPLICANTS IS MAYBE AT ABOUT  
15 5 PERCENT OF ALL APPLICANTS. SO IT'S RELATIVELY  
16 LOW.

17 DR. BLUMENTHAL: THANK YOU.

18 CHAIRMAN THOMAS: GEORGE, JUST TO PUT IN  
19 CONTEXT, OBVIOUSLY THE FURTHER YOU GET ALONG, THE  
20 MORE LIKELY YOU ARE TO HAVE INDUSTRY INVOLVEMENT.  
21 AND WE ARE NOW SEEING ON THE CLIN AWARDS, FOR  
22 EXAMPLE, GIL, CORRECT ME IF I'M WRONG, BUT WE'RE  
23 SORT OF APPROACHING 50-50 INDUSTRY TO ACADEMIA; IS  
24 THAT CORRECT?

25 DR. SAMBRANO: YES, THAT'S RIGHT. AS ONE

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1 GOES ALONG THE DEVELOPMENT PIPELINE, WE SEE MUCH  
2 MORE PARTICIPATION BY FOR-PROFIT COMPANIES,  
3 PARTICULARLY IN THE CLINICAL PROGRAM.

4 CHAIRMAN THOMAS: THANK YOU. ADDITIONAL  
5 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?  
6 MOHAMED.

7 DR. ABOUSALEM: THANK YOU, J.T. FIRST  
8 COMMENT, I REALLY LIKE THE PROGRAM AND I SUPPORT IT.  
9 AND I AGREE WITH GEORGE'S COMMENTS EARLIER ABOUT THE  
10 VALUE OF BRINGING IN BASIC RESEARCH TO THE  
11 PORTFOLIO.

12 I JUST HAVE ONE QUESTION ESPECIALLY THAT  
13 THIS IS SUPPORTING ALSO FOR-PROFIT COMPANIES. HAVE  
14 YOU CONSIDERED A COST SHARING OR COST MATCHING  
15 REQUIREMENT FOR FUNDING THESE PROJECTS?

16 DR. CANET-AVILES: I WILL DEFER TO GIL,  
17 BUT WE HAVE NOT, ALTHOUGH NOT FOR DISCO. GIL, WOULD  
18 YOU LIKE TO -- SOMEBODY IS SHARING THEIR SCREEN. I  
19 DON'T KNOW WHO'S SHARING THEIR SCREEN, BUT WE CAN  
20 SEE THE LINKS, THE NOTES. GIL, COULD YOU.

21 DR. SAMBRANO: SURE. SO AT EARLY STAGES  
22 WE DON'T REQUIRE WHAT WE CALL CO-FUNDING IN PROJECTS  
23 JUST BECAUSE WE FEEL THAT VERY EARLY ON WE WANT TO  
24 PROVIDE AS MUCH SUPPORT TO HAVE THESE PROJECTS  
25 DEVELOPED. AS WE GET TO THE LATER STAGES, BEGINNING



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1 WITH TRANSLATIONAL, WE BEGIN ASKING FOR-PROFITS FOR  
2 A 20-PERCENT CO-FUNDING AMOUNT, AND IT INCREASES AS  
3 YOU GO UP TO A PHASE III TRIAL, WHICH GOES UP TO 50  
4 PERCENT. EARLY ON WE DON'T.

5 DR. ABOUSALEM: THANK YOU.

6 CHAIRMAN THOMAS: ANY OTHER QUESTIONS OR  
7 COMMENTS FROM MEMBERS OF THE BOARD? SEEING NONE,  
8 ANY COMMENTS FROM MEMBERS OF THE PUBLIC?

9 MS. BONNEVILLE: THERE ARE NO HANDS  
10 RAISED.

11 CHAIRMAN THOMAS: THANK YOU. MARIA, WILL  
12 YOU CALL THE ROLL.

13 MS. BONNEVILLE: CERTAINLY.

14 HAIFAA ABDULHAQ.

15 DR. ABDULHAQ: YES.

16 MS. BONNEVILLE: MOHAMED ABOUSALEM.

17 DR. ABOUSALEM: YES.

18 MS. BONNEVILLE: KIM BARRETT.

19 DR. BARRETT: YES.

20 MS. BONNEVILLE: GEORGE BLUMENTHAL.

21 DR. BLUMENTHAL: YES.

22 MS. BONNEVILLE: LINDA BOXER.

23 DR. BOXER: YES.

24 MS. BONNEVILLE: MICHAEL BOTCHAN.

25 DR. BOTCHAN: YES.

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1 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.  
2 DR. CLARK-HARVEY: YES.  
3 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
4 DR. DULIEGE: YES.  
5 MS. BONNEVILLE: YSABEL DURON. MARK  
6 FISCHER-COLBRIE.  
7 DR. FISCHER-COLBRIE: YES.  
8 MS. BONNEVILLE: FRED FISHER.  
9 DR. FISHER: YES.  
10 MS. BONNEVILLE: ELENA FLOWERS.  
11 DR. FLOWERS: YES.  
12 MS. BONNEVILLE: JUDY GASSON.  
13 DR. GASSON: YES.  
14 MS. BONNEVILLE: LARRY GOLDSTEIN.  
15 DR. GOLDSTEIN: YES.  
16 MS. BONNEVILLE: DAVID HIGGINS.  
17 DR. HIGGINS: YES.  
18 MS. BONNEVILLE: STEPHEN JUELSGAARD. RICH  
19 LAJARA.  
20 MR. LAJARA: YES.  
21 MS. BONNEVILLE: PAT LEVITT.  
22 DR. LEVITT: YES.  
23 MS. BONNEVILLE: DAVID LO.  
24 DR. LO: YES.  
25 MS. BONNEVILLE: LINDA MALKAS.

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1 DR. MALKAS: YES.  
2 MS. BONNEVILLE: DAVE MARTIN.  
3 DR. MARTIN: YES.  
4 MS. BONNEVILLE: SHLOMO MELMED.  
5 DR. MELMED: YES.  
6 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
7 DR. MIASKOWSKI: YES.  
8 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
9 MS. MILLER-ROGEN: YES.  
10 MS. BONNEVILLE: ADRIANA PADILLA.  
11 DR. PADILLA: YES.  
12 MS. BONNEVILLE: JOE PANETTA.  
13 MR. PANETTA: YES.  
14 MS. BONNEVILLE: AL ROWLETT.  
15 MR. ROWLETT: YES.  
16 MS. BONNEVILLE: BARRY SELICK.  
17 DR. SELICK: YES.  
18 MS. BONNEVILLE: MARVIN SOUTHARD.  
19 DR. SOUTHARD: YES.  
20 MS. BONNEVILLE: MICHAEL STAMOS.  
21 DR. STAMOS: YES.  
22 MS. BONNEVILLE: JONATHAN THOMAS.  
23 CHAIRMAN THOMAS: YES.  
24 MS. BONNEVILLE: ART TORRES.  
25 MR. TORRES: AYE.

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1 MS. BONNEVILLE: KRISTINA VUORI. KAROL  
2 WATSON.

3 DR. WATSON: YES.

4 MS. BONNEVILLE: THANK YOU. THE MOTION  
5 CARRIES.

6 CHAIRMAN THOMAS: THANK YOU, MARIA. AND  
7 CONGRATS, ROSA. THIS IS AN EXCELLENT ADDITION TO  
8 THE CIRM SET OF PROGRAMS, AND WE LOOK FORWARD AVIDLY  
9 TO ITS LAUNCH. THANK YOU FOR ALL YOUR HARD WORK,  
10 YOU AND YOUR TEAM, IN PUTTING THIS CONCEPT TOGETHER.

11 OKAY. WE'RE GOING TO GO NOW ON TO ITEM  
12 NO. 11, CONSIDERATION OF AMENDMENTS TO CONCEPT PLANS  
13 FOR DISCOVERY, TRANSLATION, AND CLINICAL STAGE  
14 RESEARCH PROJECTS. DR. SAMBRANO WILL PRESENT. GIL.

15 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.

16 SO I'M PRESENTING TO YOU SOME UPDATES, AS  
17 WE DO PERIODICALLY, TO OUR RECURRING FUNDING  
18 OPPORTUNITIES. I JUST WANT TO PUT THIS SLIDE UP  
19 JUST TO REMIND YOU WHAT WE'RE TALKING ABOUT. WE  
20 HAVE OUR CORE FUNDING OPPORTUNITIES THAT HAPPEN ON A  
21 REGULAR BASIS THROUGHOUT THE YEARS. SO WE OFFER OUR  
22 DISCOVERY OPPORTUNITIES TWICE A YEAR, TRANSLATION  
23 TWICE A YEAR, AND CLINICAL 12 TIMES PER YEAR, AND  
24 THERE ARE SEVERAL OPPORTUNITIES THAT FALL UNDER  
25 EACH.

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1 AND SO AS WE GAIN EXPERIENCE WITH THESE  
2 PROGRAMS, WE OFTEN SEE IMPROVEMENTS AND TWEAKS THAT  
3 WE NEED TO MAKE. IN PARTICULAR, AS WE HAVE BEGUN  
4 MOVING FORWARD UNDER PROP 14, THERE ARE SEVERAL THAT  
5 WE WANTED TO HIGHLIGHT IN PARTICULAR.

6 SO I'M GOING TO START WITH CHANGES TO THE  
7 DISC2 CONCEPT. ALSO, BY THE WAY, THE SPECIFIC  
8 CHANGES ARE TRACKED IN DOCUMENTS THAT WERE PROVIDED  
9 TO YOU SO YOU CAN SEE THE DETAIL OF WHAT THE  
10 PROPOSED CHANGES ARE. SO WHAT I'M DOING HERE IN  
11 THIS SLIDE IS JUST SUMMARIZING WHAT THEY ARE. SO  
12 I'LL START WITH THE DISC2.

13 AND SO DISC2 IS OUR FUNDING OPPORTUNITY  
14 FOR APPLICANTS TO DEVELOP A THERAPEUTIC CANDIDATE OR  
15 ANOTHER PRODUCT CANDIDATE TYPE FOR GETTING INTO  
16 TRANSLATIONAL STUDIES. SO THESE ARE THE EARLIEST OF  
17 THAT PIPELINE DEVELOPMENT. AND SO WHAT WE ARE  
18 PROPOSING HERE IS THAT WE CHANGE THE DURATION OF THE  
19 AWARD FROM TWO YEARS TO THREE YEARS FOR THOSE THAT  
20 ARE PROPOSING A THERAPEUTIC CANDIDATE. WE HAVE  
21 FOUND THAT, PARTICULARLY FOR THOSE IN THE  
22 NEUROSCIENCE ARENA, IT REALLY DOES REQUIRE MORE THAN  
23 THE 24 MONTHS THAT ARE CURRENTLY ALLOWED TO DEVELOP  
24 AND CHARACTERIZE THE CANDIDATE APPROPRIATELY,  
25 PARTICULARLY THE LONG-TERM ANIMAL STUDIES THAT ARE

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1 CONDUCTED IN ANY OF THESE PROPOSALS. SO WE ARE  
2 PROPOSING THAT.

3 IN CONJUNCTION WITH THAT IS TO INCREASE  
4 THE BUDGET THAT IS ALLOWED FROM THE CURRENT 900,000  
5 TO 1.5 MILLION FOR THE DIRECT PROJECT COSTS TO  
6 ACCOUNT BOTH FOR THE INCREASE IN TIME AS WELL AS TO  
7 MAKE AN ADJUSTMENT GENERALLY TO THE INCREASE IN  
8 COSTS AS THEY RELATE TO STIPENDS AND SALARIES FOR  
9 STUDENTS AND POST DOCS AND FACULTY. SO THE  
10 ADJUSTMENT WOULD BE MADE WITH THE INCREASE TO 1.5  
11 MILLION.

12 WE ARE ALSO PROPOSING THAT, IN ADDITION TO  
13 THE ADJUSTMENT IN THE BUDGET, THAT WE CREATE AN  
14 OPPORTUNITY FOR AN ADDITIONAL 200,000 THAT MAY BE  
15 REQUESTED BY THE APPLICANTS IF THEY PROVIDE  
16 JUSTIFICATION FOR VERY SPECIFIC ACTIVITIES, AND IN  
17 THIS CASE, IT'S ACTIVITIES THAT RELATE TO OBTAINING  
18 OR SHARING DEVELOPMENT COMPATIBLE LINES, TESTING  
19 MULTIPLE CELL LINES TO ENSURE THE QUALITY OF THE  
20 DEVELOPMENT CANDIDATE THEY'RE DOING, AND ALSO TO  
21 ADDRESS SCIENTIFIC DIVERSITY OF THE LINES THAT  
22 INVESTIGATORS ARE WORKING WITH.

23 YOU MAY RECALL THAT, DURING OUR COVID  
24 OPPORTUNITY, IT CAME UP QUITE OFTEN THAT SOME  
25 INVESTIGATORS WERE FOCUSED ON TRYING TO TEST AND

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1 DEVELOP A CANDIDATE BASED ON DATA FROM A SINGLE  
2 LINE, WHICH IN MANY CASES DIDN'T REPRESENT OR OFFER  
3 MUCH DIVERSITY IN TERMS OF RACE OR BACKGROUND FROM  
4 WHERE THOSE LINES WERE DERIVED. SO THIS MIGHT BOTH  
5 FUNCTION AS AN INCENTIVE TO INCREASE THE DIVERSITY  
6 OF LINES THAT ARE STUDIED AND ALSO ENHANCE THE  
7 PROJECTS OVERALL. SO THAT'S THE DISC2 CHANGE.

8 THERE'S A CHANGE THAT ENCOMPASSES BOTH THE  
9 DISC2 AS WELL AS OUR TRANSLATIONAL PROGRAM, AND THIS  
10 IS JUST A VERY SIMPLE CHANGE IN TERMS OF TIME TO  
11 AWARD LAUNCH. SO WE HAVE KIND OF GONE BACK AND  
12 FORTH A LITTLE BIT IN THE TIME FROM WHEN THE BOARD  
13 APPROVES AN AWARD TILL THE TIME IT GETS LAUNCHED.  
14 IT IS THE TIME WHICH WE SPEND NEGOTIATING WITH THE  
15 APPLICANT TO FINALIZE THE CONTRACT, MAKE SURE THAT  
16 THEIR MILESTONES ARE IN PLACE, AND MAKE ANY  
17 ADJUSTMENTS THAT ARE NEEDED TO THE AWARD AMOUNTS TO  
18 ACCOUNT FOR ALLOWABLE COSTS AND SO ON.

19 AND SO THIS PROCESS WE WERE ABLE TO REDUCE  
20 DOWN TO 30 DAYS VERY QUICKLY WHEN WE DID THE COVID  
21 PROGRAM, BUT THAT WAS JUST NOT SUSTAINABLE. AND WE  
22 HAVE ATTEMPTED TO MAKE IT AS SHORT AS POSSIBLE. WE  
23 FEEL AT THIS POINT THAT 90 DAYS IS PROBABLY THE BEST  
24 AND MOST COMFORTABLE WINDOW FOR US TO WORK WITH. SO  
25 THAT IS WHAT WE ARE PROPOSING HERE FOR THE

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1 TRANSLATIONAL AND DISCOVERY PROGRAMS.

2 THE MAIN CHANGE TO THE CLINICAL 2 CONCEPT,  
3 SO THIS IS FOR THE OPPORTUNITY THAT SUPPORTS  
4 CLINICAL TRIALS. THE CHANGE HERE IS IN THE BASIS  
5 FOR DETERMINING WHAT THE MAXIMUM AWARD AND  
6 CO-FUNDING AMOUNTS ARE. SO IN THE PAST WE HAVE BEEN  
7 USING WHETHER THEY'RE COMING IN AS A PHASE I, A  
8 PHASE II, OR A PHASE III TRIAL AS THE BASIS FOR  
9 DETERMINING THOSE AMOUNTS. WE HAVE LEARNED,  
10 HOWEVER, THAT A PHASE I, II, AND III ARE NOT AS  
11 STRAIGHTFORWARD AS WE INITIALLY MAY HAVE THOUGHT.  
12 THERE ARE COMBINATION TRIALS AND SOME TRIALS THAT WE  
13 BELIEVE REALLY ARE A PHASE II THAT SOME DECLARE TO  
14 BE A PHASE I AND SO ON. BECAUSE OF THE DIFFERENCES  
15 IN AWARD AMOUNTS, CO-FUNDING REQUIREMENTS, IT MAY  
16 ALSO STEER APPLICANTS TO TRY TO MAKE THEIR PROPOSAL  
17 FIT INTO SOMETHING THAT IT QUITE DOESN'T. SO WE  
18 WANTED TO SIMPLIFY THIS APPROACH AND JUST CREATE TWO  
19 CATEGORIES.

20 THE FIRST IS HAVING A FIRST-IN-HUMAN  
21 STUDY. AND SO THAT WOULD BE EQUIVALENT TO WHAT WE  
22 CURRENTLY SUPPORT AS A PHASE I WITH AN AWARD MAXIMUM  
23 OF 12 MILLION FOR NONPROFITS, 8 MILLION FOR  
24 FOR-PROFITS, AND THE CO-FUNDING OF NONE FOR  
25 ACADEMICS AND 30 PERCENT FOR FOR-PROFITS.



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1 AND THEN THE SECOND CATEGORY WOULD BE  
2 EVERYTHING THAT FOLLOWS. SO ANY SUCCEEDING STUDIES  
3 TO A FIRST-IN-HUMAN STUDY WOULD THEN ADOPT WHAT WE  
4 CURRENTLY HAVE AS OUR PHASE II RATE, WHICH IS AN  
5 AWARD MAXIMUM ALLOWANCE OF UP TO 15 MILLION FOR BOTH  
6 NONPROFIT AND FOR-PROFIT AND A CO-FUNDING AMOUNT OF  
7 40 PERCENT, AGAIN FOR BOTH NONPROFIT AND FOR-PROFIT.  
8 SO THAT'S THE PROPOSED CHANGE FOR CLIN2.

9 FOR CLIN1 THIS IS JUST AN ADDITION OF  
10 LANGUAGE THAT ALREADY EXISTS FOR TRANSLATIONAL AND  
11 CLINICAL PROPOSALS. SO THIS IS MORE OF A  
12 CONSISTENCY ISSUE THAT WE WANT TO JUST RESOLVE IN  
13 THE CONCEPT AND IN THE PROGRAM ANNOUNCEMENT TO MAKE  
14 SURE THAT THE ADOPTION OF THE ALLOGENEIC DONOR CELL  
15 ELIGIBILITY REQUIREMENTS ARE FOUND IN ALL OF THE  
16 CONCEPTS IN A CONSISTENT MANNER.

17 IN ADDITION, WE ARE UPGRADING, IF YOU  
18 WILL, OUR DATA SHARING PLAN REQUIREMENTS A BIT BY  
19 MAKING THE DATA SHARING ITSELF A REQUIREMENT. SO  
20 THIS IS A TWEAK IN THE LANGUAGE. CURRENTLY THE  
21 LANGUAGE ENCOURAGES OR STRONGLY ENCOURAGES AND/OR  
22 EXPECTS. WE ARE TWEAKING THE LANGUAGE TO MAKE IT  
23 STRONGER SO THAT WE CAN FOLLOW UP WITH A BETTER PLAN  
24 TO SUPPORT APPLICANTS IN SHARING THEIR DATA AND  
25 REALLY MAKING IT SOMETHING THAT APPLICANTS COMING

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1 INTO CIRM AND ACCEPTING FUNDING KNOW THAT THIS IS  
2 SOMETHING THAT THEY SHOULD BE DOING. SO WE ARE  
3 MAKING THAT CHANGE ACROSS ALL OF THESE, AND IT  
4 FOLLOWS SUIT TO WHAT WAS MENTIONED FOR THE DISCO  
5 PROGRAM AS WELL.

6 WE HAVE SOME SLIGHTLY UPDATED DEI  
7 LANGUAGE. WE ARE CONTINUING TO WORK ON DEVELOPING  
8 AND IMPROVING WHAT THE APPLICATION LOOKS LIKE AND  
9 ALSO TO BETTER REFLECT THE BOARD FEEDBACK THAT WE  
10 HAVE GOTTEN ON HOW TO BETTER EVALUATE THAT. SO  
11 THOSE CHANGES IN THE APPLICATION AND EVERYTHING ELSE  
12 AS IT RELATES TO DEI ARE IN PROCESS AND COMING. SO  
13 WE WANTED TO REFLECT SOME OF THAT IN THE CONCEPT  
14 LANGUAGE AS WELL.

15 THE OTHER THING THAT WE ARE DOING HERE  
16 THROUGHOUT THESE CONCEPT DOCUMENTS IS REMOVING SOME  
17 EXPIRED REFERENCES TO CIRM 2.0, STREAMLINING THE  
18 FORMAT, OVERALL TRYING TO MAKE IT EASIER TO MEET  
19 THESE CONCEPT TEMPLATES AND ALIGN THEM WITH LANGUAGE  
20 THAT EXISTS IN THE RESPECTIVE PROGRAM ANNOUNCEMENTS.

21 AND SO ONE OF THE EXAMPLES OF THAT  
22 CONSISTENCY IS WITH ELIGIBLE CANDIDATES. AND SO AS  
23 A FOR EXAMPLE, WE HAVE HAD AN ALLOWANCE FOR  
24 MINIMALLY MANIPULATED BONE MARROW, CORD BLOOD, AND  
25 UNMODIFIED HSC IN TRAN WHICH WAS DISALLOWED, BUT IS

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1 ALLOWED IN DISCOVERY AND CLINICAL. SO THAT KIND OF  
2 INCONSISTENCY IS SOMETHING WE ARE TRYING TO RESOLVE.  
3 SO NOW WE ARE ALLOWING THE MINIMALLY MANIPULATED  
4 CANDIDATES ACROSS ALL OF THEM IN THE SAME MANNER.

5 SO THE OTHER ITEM THAT PERHAPS IS  
6 INCONSISTENT, NOW THAT WE HAVE THE DISCO CONCEPT  
7 MOVING FORWARD, IS OUR DEFINITION AND ALIGNMENT OF  
8 GENETIC RESEARCH DEFINITION. SO FOR ALL OF THESE  
9 DISC, TRAN, AND CLIN CONCEPTS, WE HAVE BEEN USING A  
10 DEFINITION WHICH WAS ADOPTED EARLY ON. I'LL SHOW  
11 YOU IN THIS SLIDE FOR GENE THERAPY. BEFORE PROP 14  
12 CAME INTO BEING, WE DECIDED TO DELVE INTO THE GENE  
13 THERAPY TO SOME EXTENT AND SUPPORT IT AS A VITAL  
14 RESEARCH OPPORTUNITY. AND SO THE GENE THERAPY  
15 DEFINITION IS SHOWN HERE. BUT THE NEW DEFINITION  
16 FOR DISCO, OR GENETIC THERAPY AS WE ARE CALLING IT,  
17 IS A BIT BROADER.

18 AND THE MAIN DIFFERENCE IS THAT IT  
19 INTRODUCES THE IDEA OF INCLUDING NUCLEIC ACIDS MORE  
20 GENERALLY RATHER THAN JUST GENES. SO WE INCLUDE  
21 OPPORTUNITIES FOR M-RNA TECHNOLOGIES, ANTISENSE  
22 OLIGOS THAT CAN BE INTRODUCED INTO CELLS OR THAT CAN  
23 MANIPULATE GENE EXPRESSION IN CELLS. SO IT WOULD  
24 BROADEN THE SCOPE OF WHAT WE WOULD DO.

25 SO THE PROPOSAL WAS DISCUSSED DURING OUR

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1 PRESENTATION AT THE SCIENCE SUBCOMMITTEE OF THE  
2 BOARD, AND SO THEIR RECOMMENDATION WAS TO PROPOSE  
3 THIS BROADENED DEFINITION FOR ADOPTION CONSISTENTLY  
4 ACROSS ALL OF OUR CONCEPTS. SO WE HAVE INCLUDED  
5 THAT CHANGE IN THE CONCEPTS THAT ARE PROPOSED TO YOU  
6 CURRENTLY, AND SO WE ARE HAPPY TO TAKE ANY QUESTIONS  
7 OR ANY FOLLOW-UP DISCUSSION ON THAT.

8 SO THAT SUMMARIZES THE CHANGES THAT ARE  
9 BEING PROPOSED, AND WE ARE SEEKING YOUR APPROVAL FOR  
10 ADOPTION OF THESE UPDATES TO THE CONCEPTS. SO THANK  
11 YOU, MR. CHAIRMAN.

12 CHAIRMAN THOMAS: THANK YOU, GIL. AND  
13 THANK YOU AND TEAM AGAIN FOR PROPOSING THESE  
14 CHANGES. JUST, AS YOU KNOW, THROUGH TIME PROGRAMS  
15 AND NEEDS AND DEFINITIONS AND TECHNOLOGY CHANGE. WE  
16 HAVE ALWAYS DONE AN EXCELLENT JOB OF KEEPING UP AND  
17 REFINING WHAT WE DO, AND THIS IS JUST THE LATEST  
18 EXAMPLE.

19 DO WE HAVE QUESTIONS OR COMMENTS FROM  
20 MEMBERS OF THE BOARD? DAVE.

21 DR. MARTIN: GIL, ONE OF THE QUESTIONS IN  
22 ITEM NO. 2 OF GENETIC RESEARCH, WOULD THAT INCLUDE  
23 SIMPLY MODIFYING THE EXPRESSION OF, FOR INSTANCE, A  
24 GENE M-RNA? YOU MENTIONED THAT. BUT, FOR INSTANCE,  
25 EPIGENETIC CHANGE THAT IS NOT A GENETIC CHANGE, JUST

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1 EXPRESSION CHANGE, HOW WOULD THAT -- IS IT CLEAR  
2 THAT THAT WOULD BE INCLUDED?

3 DR. SAMBRANO: YEAH. SO A LOT OF THE  
4 EPIGENETIC APPROACHES INVOLVE THE MANIPULATION OF  
5 NUCLEIC ACIDS IN ONE WAY OR ANOTHER. SO I THINK AS  
6 A RESULT THEY WOULD QUALIFY. SO I THINK WHEN WE  
7 EXPLORED THAT QUESTION, MOST OF THE PROJECTS THAT WE  
8 THOUGHT OF WOULD QUALIFY AS A CIRM PROJECT.

9 DR. MARTIN: I JUST WANT TO MAKE CERTAIN  
10 THAT THAT IS CLEAR TO POTENTIAL APPLICANTS. AND SO  
11 MAYBE IT MAY TAKE A LITTLE MESSAGE THERE.

12 DR. SAMBRANO: SURE. THANK YOU. WE CAN  
13 ALSO, I THINK, MAYBE PROVIDE EXAMPLES BY WAY OF THAT  
14 THAT MAY BE HELPFUL AS WELL.

15 CHAIRMAN THOMAS: THANK YOU, DAVE. BARRY.

16 DR. SELICK: THANKS, J.T. I THINK  
17 DIRECTIONALLY ALL OF THE RECOMMENDATIONS ARE SPOT  
18 ON. IN PARTICULAR I JUST WANTED TO COMMENT ON THE  
19 INCREASE TO THE AMOUNTS PERMITTED FOR THE DISCOVERY  
20 STAGE PROJECTS. FOR THOSE OF YOU NOT FAMILIAR WITH  
21 THE COST OF DRUG DISCOVERY, EVEN INCREASING THAT TO  
22 1.5 MILLION IS STILL RELATIVELY MODEST JUST  
23 DEPENDING UPON THE ACTUAL INDICATION THAT YOU'RE  
24 TARGETING AND THE ROUTE OF ADMINISTRATION, THE COSTS  
25 OF DOING THE SO-CALLED IND-ENABLING STUDIES, AND THE

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1 MANUFACTURE OF THE DRUG FOR ADMINISTRATION TO HUMANS  
2 CAN EASILY EXCEED \$1.5 MILLION. AND SO I'M HIGHLY  
3 SUPPORTIVE OF THAT INCREASE AND SUSPECT AND WOULD GO  
4 SO FAR AS TO PREDICT THAT AT SOME POINT IN THE  
5 FUTURE WE WILL LIKELY COME BACK AND INCREASE THAT  
6 EVEN HIGHER. BUT TOTALLY SUPPORTIVE OF ALL OF THE  
7 RECOMMENDATIONS THAT ARE BEING MADE.

8 CHAIRMAN THOMAS: THANK YOU, BARRY. FRED.

9 DR. FISHER: THANKS. GIL, I DIDN'T SEE IN  
10 THE MATERIALS, BUT I MAY HAVE MISHEARD SOMETHING YOU  
11 SAID IN CONNECTION TO THE TRAN WORK INCLUDING  
12 DIVERSE -- INCLUDING CELL LINES FROM DIVERSE  
13 COMMUNITIES. DID I HEAR THAT CORRECTLY OR NO?

14 DR. SAMBRANO: WELL, THIS IS FOR THE  
15 DISCOVERY 2. IT IS FOR AN ALLOWANCE TO UP TO  
16 200,000 TO INCLUDE ADDITIONAL CELL LINES FOR STUDY,  
17 WHICH MAY INCLUDE DIVERSIFYING THE CELL LINES THAT  
18 ARE REPRESENTED IN THOSE STUDIES.

19 DR. SELICK: I'M INTERESTED TO HEAR FROM  
20 THE SCIENTISTS ON THE BOARD OF WHETHER DIVERSITY  
21 WITHIN THE CELL LINE POPULATION IN A STUDY WOULD  
22 ENHANCE OR POTENTIALLY COMPLICATE THE OUTCOMES  
23 BECAUSE I'M NOT SURE THAT WE KNOW AT THE SORT OF  
24 STEM CELL LEVEL WHETHER ETHNIC DIFFERENCES REALLY  
25 REVEAL THEMSELVES IN THAT WAY AND WHETHER THAT'S A

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1 VALUE ADD TO THE RESEARCH.

2 I KNOW OUR DEI FOCUS HAS BEEN FOCUSED ON  
3 ACCESS, BUT IT'S UNCLEAR TO ME HOW MUCH IS REALLY  
4 UNDERSTOOD ABOUT DIVERSITY AT THE CELLULAR LEVEL AND  
5 HOW THAT COMES INTO PLAY IN OPENING THAT UP AND  
6 POTENTIALLY COMPLICATING RESULTS.

7 DR. SAMBRANO: THAT'S A GOOD POINT. AND I  
8 JUST WANT TO CLARIFY THAT THE ALLOWANCE IS TO ALLOW  
9 THE USE OF MULTIPLE LINES. SO THERE ARE MANY  
10 CONTEXTS. SOMEBODY IS PROPOSING AN AUTOLOGOUS  
11 THERAPY, FOR EXAMPLE, KNOWING THAT, AS THEY DEVELOP  
12 THE CANDIDATE, THAT CHANGING A GENE IN ONE CELL  
13 VERSUS ANOTHER IS GOING TO BE REPRODUCIBLE AND THE  
14 SAME. AND SO IN ORDER TO ALLOW FOR THOSE KINDS OF  
15 STUDIES TO HAPPEN, WE ARE CREATING THIS ADDITIONAL  
16 ALLOWANCE. BUT ONE OF THE REASONS TO USE IT, IT MAY  
17 NOT BE THE SOLE ONE, COULD ALSO BE TO INCREASE THE  
18 DIVERSITY OF THE LINES THAT ARE TESTED. MEANING  
19 THAT IN TERMS OF RACIAL/ETHNIC BACKGROUND, YOU ALSO  
20 HAVE REPRESENTATION AMONG THE LINES.

21 I THINK TO YOUR QUESTION, THE VALUE OF  
22 THAT MAY DEPEND ON THE SPECIFIC STUDY, WHAT THEY'RE  
23 DOING AT THAT EARLY STAGE.

24 DR. FISHER: THANKS.

25 CHAIRMAN THOMAS: THANK YOU, FRED. WE

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1 HAVE GOT MOHAMMED NEXT.

2 DR. ABOUSALEM: THANK YOU, J.T. GIL, I  
3 FIND THESE REQUESTS ARE SENSIBLE, AND I ACTUALLY  
4 APPRECIATE THE FLEXIBILITY OF THE PROGRAMS TO ADAPT  
5 TO THE SCIENTIFIC AND OPERATIONAL EVOLUTION OF THESE  
6 ACTIVITIES.

7 THE QUESTION I HAVE IS IF YOU CAN SPEAK TO  
8 THE PROCESS YOU GO THROUGH TO ARRIVE AT THESE KINDS  
9 OF MODIFICATIONS TO THE PROGRAMS? AND SPECIFICALLY,  
10 DO YOU CONSULT WITH PAST APPLICANTS OR PROSPECTIVE  
11 APPLICANTS ON WHAT WORKS OPERATIONALLY OR WHAT IS  
12 NEEDED, OR AT LEAST DO YOU VALIDATE THESE CHANGES  
13 WITH THESE PAST OR PROSPECTIVE APPLICANTS?

14 DR. SAMBRANO: SO THAT'S A GREAT QUESTION.  
15 IT DEPENDS ON WHAT THE CHANGE IS. SO IN SOME CASES,  
16 YES, A LOT OF IT IS EXPERIENCE WHEN WE ARE MANAGING  
17 SUBSEQUENT TO AN AWARD THE PROJECT AND WE SEE WHAT  
18 THE CONSEQUENCES OF WHAT RULES WE PUT IN PLACE MAY  
19 BE. I THINK PART OF IT IS ALSO JUST THAT WE NOTICE  
20 A LACK OF CLARITY, AND I THINK, AND I HOPE, THAT A  
21 LOT OF THE CHANGES WE'RE MAKING HERE ARE MAKING  
22 THINGS MORE CONSISTENTLY CLEAR. WE WANT TO MAKE  
23 SURE THAT SOMEBODY WHO COMES INTO DISCOVERY WHO THEN  
24 HAS A CERTAIN SET OF EXPECTATIONS OF WHAT QUALIFIES  
25 CAN GO ON TO THEN THE NEXT STAGE OF TRANSLATION AND



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1 WILL GENERALLY HAVE THE SAME EXPECTATIONS FOR WHAT  
2 QUALIFIES AND ISN'T SUDDENLY THROWN OUT BECAUSE OF  
3 INCONSISTENCIES IN LANGUAGE.

4 SO A LOT OF IT IS DRIVEN THROUGH THAT  
5 EXPERIENCE OF, AS WE BEGIN TO SEE APPLICATIONS COME  
6 IN, WHAT TENDS TO HAPPEN AND WE TAKE NOTE OF THOSE  
7 THINGS, AND WE HAVE A LIST OF ITEMS THAT WE START TO  
8 COMPILE OF WHAT NEEDS TO BE CHANGED. THE EXTENT TO  
9 WHICH WE DO THAT OUTREACH TO APPLICANTS IS JUST  
10 GOING TO REALLY DEPEND ON HOW MUCH WE FEEL IS  
11 NECESSARY TO GET THEIR INPUT ON IT. IT'S GOING TO  
12 BE LIMITED BECAUSE WE WANT TO MAKE THESE CHANGES  
13 INDEPENDENT OF THE OVERALL RECOMMENDATION OF  
14 APPLICANTS, BUT WE CERTAINLY DO TAKE IT INTO  
15 ACCOUNT.

16 I THINK, PARTICULARLY WITH THE INCREASE IN  
17 FUNDING, THAT IS SOMETHING WE DID HEAR FROM  
18 APPLICANTS QUITE A BIT FOR DISCOVERY AND, AS I  
19 MENTIONED, PARTICULARLY IN THE NEUROSCIENCE ARENA  
20 WHERE IT IS PROVING TO BE DIFFICULT FOR MANY TO  
21 ACCOMPLISH THE TASKS THEY WANT TO WITH THE CURRENT  
22 LEVELS OF FUNDING.

23 DR. CANET-AVILES: GIL, DO YOU MIND IF I  
24 ADD SOMETHING ELSE? DR. SELICK, WITH THE DISC WE  
25 ALSO DID AN ANALYSIS OF RECENT YEARS WHAT WAS THE

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1 PERCENTAGE OF AWARDS THAT REQUIRED A NO-COST  
2 EXTENSION. THERE WAS MORE THAN 60 PERCENT OF THEM  
3 REQUIRED A COST EXTENSION THAT WAS MORE THAN SIX  
4 MONTHS. SO THAT KIND OF LED US TO REALIZE THAT WE  
5 NEED TO GIVE THEM MORE TIME. AND, OF COURSE, FROM  
6 WHAT GIL SAID, ALL THE FEEDBACK THAT WE GET  
7 PREAPPLICATION FROM THE APPLICANTS IS VERY USEFUL  
8 ALSO FOR THE AMOUNTS.

9 DR. ABOUSALEM: SOUNDS GOOD. THANK YOU.

10 CHAIRMAN THOMAS: MICHAEL.

11 DR. BOTCHAN: I JUST WANTED TO LEND MY  
12 SUPPORT TO THESE CHANGES. AND I JUST ECHO WHAT HAS  
13 BEEN SAID ABOUT HOW EXPENSIVE IT IS TO DO THESE  
14 KINDS OF BASIC EXPERIMENTS.

15 I RAISED MY HAND IMMEDIATELY AFTER THE  
16 QUESTION ABOUT DIVERSITY. I JUST WANTED TO POINT  
17 OUT SOMETHING THAT I'M SURE HAS BEEN POINTED OUT  
18 MANY TIMES TO THIS GROUP, THAT VARIATION EVEN WITHIN  
19 AN ISOLATED POPULATION BETWEEN ONE INDIVIDUAL AND  
20 ANOTHER IS VERY GREAT, AND NOT ALL STEM CELLS HAVE  
21 THE SAME GENETIC BACKGROUND FROM THE SAME  
22 POPULATION. SO HAVING DIVERSITY OF CELL LINES  
23 ACTUALLY IS A VERY GOOD THING BECAUSE WE WANT TO SEE  
24 WHAT IS GENERAL AND WHAT IS SPECIFIC. AND THE MORE  
25 DIFFERENT TYPES OF CELL LINES THAT CAN BE USED, THE

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1 MORE INFORMATION WE'RE GOING TO GET ABOUT  
2 HETEROGENEITY AND HOW APPLICABLE BASIC DISCOVERY IS  
3 FROM WITHIN ALL HUMANS. AND IT'S NOT NECESSARILY  
4 SOMETHING THAT'S GOING TO TELL US ABOUT RACE OR  
5 ETHNICITY OR DIVERSITY IN THE SENSE THAT I THINK THE  
6 QUESTION WAS RAISED. THAT'S A STRONG POINT THAT WE  
7 COULD TALK ABOUT FOR A LONG TIME. THANK YOU.

8 CHAIRMAN THOMAS: THANK YOU, MICHAEL. I  
9 THINK, DAVE, YOU WERE NEXT, THEN PAT.

10 DR. MARTIN: JUST VERY QUICKLY ON WHAT  
11 MIKE JUST SAID AND JUST COMMENT THAT I THINK TAKING  
12 CELL LINES AND GENOME SEQUENCES AND TRYING TO  
13 DETERMINE WHICH ETHNIC GROUP FROM WHICH THEIR  
14 DERIVED IS --

15 DR. BOTCHAN: DIFFICULT.

16 DR. MARTIN: -- A LONG TIME AND VERY  
17 DIFFICULT. IF IT'S A NEANDERTHAL, YOU CAN PROBABLY  
18 DO IT THESE DAYS.

19 DR. BOTCHAN: THERE'S A LOT OF NEANDERTHAL  
20 DNA IN US.

21 DR. MARTIN: THAT'S RIGHT.

22 CHAIRMAN THOMAS: THANK YOU, DAVE. PAT.

23 DR. LEVITT: I DON'T THINK I CAN FOLLOW  
24 THE NEANDERTHAL REFERENCE. BUT I'M JUST GOING TO  
25 SAY, TO ECHO THIS, FIRST OF ALL, THE INCREASE FROM

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1 TWO TO THREE YEARS IS REALLY IMPORTANT, EXTREMELY  
2 IMPORTANT. IT'S JUST UNREALISTIC TO BE ABLE TO GET  
3 THROUGH THESE PROJECTS IN A TWO-YEAR TIME PERIOD.  
4 ESPECIALLY NOW GIVEN ALL THE CHALLENGES WE HAVE IN  
5 TERMS OF TIME MOVES MUCH MORE SLOWLY NOW IN TERMS OF  
6 BEING ABLE TO RAMP UP BECAUSE OF SUPPLY CHAIN  
7 ISSUES, ET CETERA, WE HAVE TO TAKE THAT INTO  
8 ACCOUNT.

9 THE OTHER IS THAT WE SHOULD BE  
10 ENCOURAGING, WITHIN ANCESTRY AND BETWEEN ANCESTRY,  
11 USE OF CELLS TO ADDRESS THIS ISSUE OF HETEROGENEITY.  
12 A LOT OF OUR DATA IS AN N OF 1, MEANING A SINGLE  
13 INDIVIDUAL. AND THAT'S NOT GENERALIZABLE. SO I  
14 REALLY SUPPORT THIS.

15 CHAIRMAN THOMAS: THANK YOU, PAT. OKAY.  
16 I THINK WE NEED A MOTION TO --

17 MS. BONNEVILLE: ELENA HAS HER HAND  
18 RAISED.

19 CHAIRMAN THOMAS: OH, SORRY. HELLO,  
20 ELENA.

21 DR. FLOWERS: THANKS, J.T. JUST TO BUILD  
22 ON WHAT PAT WAS SAYING, I JUST WANT TO, ASIDE FROM  
23 THIS SPECIFIC PROPOSAL, I WANT TO JUST KIND OF BRING  
24 UP THAT, EVERYONE IN THIS GROUP, WE NEED TO BE  
25 REALLY MINDFUL ABOUT HOW WE'RE USING SOME OF THESE

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1 TERMS IN DIFFERENTIATING BETWEEN RACE AND ANCESTRY.  
2 I REALLY APPRECIATED THAT PAT WAS REFERRING TO  
3 ANCESTRY AS BEING THE GENETIC DIFFERENTIATION  
4 BETWEEN SOME OF THE LINEAGES WHICH IS DISTINCT FROM  
5 THE CONCEPTS OF RACE AND ETHNICITY THAT WE SOMETIMES  
6 SORT OF LAYER ONTO INDIVIDUALS.

7 CHAIRMAN THOMAS: THANK YOU. DO WE  
8 HAVE -- WE NEED A MOTION TO APPROVE.

9 DR. DULIEGE: I MOVE.

10 DR. BARRETT: I SECOND.

11 CHAIRMAN THOMAS: WHO WAS THE SECOND ON  
12 THAT ONE?

13 DR. FISHER: I'LL DEFER TO WHOEVER THE  
14 OTHER PERSON WAS THAT CHIMED IN WITH ME.

15 DR. BARRETT: THAT WAS KIM.

16 CHAIRMAN THOMAS: KIM. THANK YOU, KIM.

17 MS. BONNEVILLE: ANNE-MARIE WAS THE FIRST?  
18 I JUST WANT TO CONFIRM.

19 CHAIRMAN THOMAS: YES.

20 MS. BONNEVILLE: THANK YOU.

21 CHAIRMAN THOMAS: DO WE HAVE FURTHER  
22 DISCUSSION OR COMMENT ON THIS ITEM? LET'S SEE. SO,  
23 AL, DO YOU WANT TO GO?

24 MR. ROWLETT: I APPRECIATE IT. I BELIEVE  
25 IT WAS MIKE WHO MADE THE COMMENTS REGARDING

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1 DIVERSITY, EQUITY, AND INCLUSION IN CELL LINES.  
2 CERTAINLY AS A PATIENT ADVOCATE, IT HAS BEEN AN  
3 IMPORTANT PART OF THE WORK THAT WE HAVE BEEN WANTING  
4 TO GET INCULCATED IN THE REVIEWS, AND THAT THE  
5 SCIENTIFIC REVIEWERS ALSO HAVE BEEN WORKING IN  
6 EARNEST TO MAKE SURE THAT IT IS REPRESENTED IN THE  
7 REVIEWS. SO THANK YOU FOR THAT, AND WANTED TO  
8 ACKNOWLEDGE THAT TO MEMBERS OF THE BOARD.

9 I ALSO THINK I WANT TO ACKNOWLEDGE STAFF  
10 AND THE WORK THAT STAFF DID AROUND REALLY ADVANCING  
11 CIRM'S ROLE AS THE LEADING GRANT ADMINISTRATOR  
12 AROUND STEM CELL RESEARCH IN THE COUNTRY, LET ALONE  
13 THE WORLD. I STRONGLY ENDORSE THIS PROPOSAL. AND I  
14 ENDORSE ALSO THE COMMENTS THAT ARE ASSOCIATED WITH  
15 THE TIME THAT IT TAKES TO REALLY BRING TO FRUITION  
16 THE KIND OF RESEARCH THAT, AGAIN, IS REPRESENTED IN  
17 CIRM'S STRATEGIC PLAN.

18 CHAIRMAN THOMAS: THANK YOU, AL. ROSA,  
19 DID YOU HAVE YOUR HAND UP THERE?

20 DR. CANET-AVILES: NO. THANKS.

21 CHAIRMAN THOMAS: ANNE-MARIE.

22 DR. DULIEGE: VERY BRIEF COMMENT TO SAY  
23 THAT I UNDERSTAND WHAT HAS BEEN SAID BEFORE, BUT IN  
24 THE END I APPRECIATE THIS PROPOSAL. GENETIC IS  
25 BROADER THAN GENES. AND WHILE IT'S STILL PART OF

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1 STEM CELL RESEARCH, IT WILL ALLOW TO HAVE A BROADER  
2 RESEARCH. M-RNA, WHICH OBVIOUSLY HAS BEEN SOMETHING  
3 EXTRAORDINARILY IMPORTANT TO THE HEALTH OF THE WORLD  
4 EVEN RECENTLY AND WILL CONTINUE TO BE SO MORE AND  
5 MORE AND MORE EVEN IN THE FUTURE. SO APPLAUD THIS  
6 INITIATIVE. I APPLAUD THIS INITIATIVE.

7 CHAIRMAN THOMAS: THANK YOU. AS WE KNOW,  
8 THAT NEW DEFINITION IS FURTHER TO THE EXPANSIVE  
9 LANGUAGE IN PROP 14 ITSELF. AND SO IT'S ENTIRELY  
10 CONSISTENT WITH THAT AS IS EVERYTHING ELSE ON THE  
11 TABLE HERE. OTHER QUESTIONS OR COMMENTS?

12 MS. DURON: MR. CHAIR.

13 CHAIRMAN THOMAS: YSABEL. HELLO, YSABEL.

14 MS. DURON: SORRY I'M LATE. I CAME IN THE  
15 MIDDLE OF THE DANCE. IT SOUNDED VERY INTERESTING,  
16 MAYBE LIKE A PECHANGA OR A MAMBO, BUT I REALLY  
17 ENJOYED WHAT I HEARD, BUT CAN YOU GIVE ME THE  
18 THUMBNAIL OF WHAT I'M SUPPOSED TO BE VOTING ON WHEN  
19 THE TIME COMES TO A VOTE?

20 CHAIRMAN THOMAS: GIL, WOULD YOU JUST LIKE  
21 TO GIVE THE 30-SECOND FOREST VIEW?

22 DR. SAMBRANO: CERTAINLY. SO THESE ARE  
23 CONCEPT UPDATES FOR THE DISCOVERY, TRANSLATIONAL,  
24 AND CLINICAL PROGRAMS. SO THERE ARE A SERIES OF  
25 CHANGES THAT ARE PROPOSED RELATED TO THE DURATION OF

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1 AWARD FOR DISCOVERY 2, WHICH WAS DISCUSSED, THE  
2 AWARD MAXIMUMS THAT ARE ALLOWED FOR SOME OF THESE,  
3 AND THEN A BROADENING OF THE DEFINITION OF GENE  
4 THERAPY TO A GENETIC THERAPY WHICH INCLUDES NOW  
5 TECHNOLOGY SUCH AS M-RNA AND ANTISENSE OLIGOS. SO  
6 THOSE ARE JUST EXAMPLES OF SOME OF THE ITEMS THAT  
7 ARE PROPOSED.

8 MS. DURON: THANK YOU, GIL. THANK YOU,  
9 MR. CHAIR.

10 CHAIRMAN THOMAS: THANK YOU. ANY OTHER  
11 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?  
12 BEEN A VERY GOOD, ROBUST DISCUSSION HERE. ANY  
13 COMMENTS FROM MEMBERS OF THE PUBLIC?

14 MS. BONNEVILLE: I SEE NO HANDS RAISED.

15 CHAIRMAN THOMAS: THANK YOU, MARIA. WILL  
16 YOU PLEASE CALL THE ROLL.

17 MS. BONNEVILLE: YES.

18 HAIFAA ABDULHAQ.

19 DR. ABDULHAQ: YES.

20 MS. BONNEVILLE: MOHAMED ABOUSALEM.

21 DR. ABOUSALEM: YES.

22 MS. BONNEVILLE: KIM BARRETT.

23 DR. BARRETT: YES.

24 MS. BONNEVILLE: DAN BERNAL. GEORGE  
25 BLUMENTHAL.



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1 DR. BLUMENTHAL: YES.  
2 MS. BONNEVILLE: LINDA BOXER.  
3 DR. BOXER: YES.  
4 MS. BONNEVILLE: MICHAEL BOTCHAN.  
5 DR. BOTCHAN: YES.  
6 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.  
7 DR. CLARK-HARVEY: YES.  
8 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
9 DR. DULIEGE: YES.  
10 MS. BONNEVILLE: YSABEL DURON.  
11 MS. DURON: YES.  
12 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
13 DR. FISCHER-COLBRIE: YES.  
14 MS. BONNEVILLE: FRED FISHER.  
15 DR. FISHER: YES.  
16 MS. BONNEVILLE: ELENA FLOWERS.  
17 DR. FLOWERS: YES.  
18 MS. BONNEVILLE: JUDY GASSON.  
19 DR. GASSON: YES.  
20 MS. BONNEVILLE: LARRY GOLDSTEIN.  
21 DR. GOLDSTEIN: YES.  
22 MS. BONNEVILLE: DAVID HIGGINS.  
23 DR. HIGGINS: YES.  
24 MS. BONNEVILLE: STEPHEN JUELSGAARD. RICH  
25 LAJARA.

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1 MR. LAJARA: YES.  
2 MS. BONNEVILLE: PAT LEVITT.  
3 DR. LEVITT: YES.  
4 MS. BONNEVILLE: DAVID LO.  
5 DR. LO: YES.  
6 MS. BONNEVILLE: LINDA MALKAS.  
7 DR. MALKAS: YES.  
8 MS. BONNEVILLE: DAVE MARTIN.  
9 DR. MARTIN: YES.  
10 MS. BONNEVILLE: SHLOMO MELMED.  
11 DR. MELMED: YES.  
12 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
13 DR. MIASKOWSKI: YES.  
14 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
15 MS. MILLER-ROGEN: YES.  
16 MS. BONNEVILLE: ADRIANA PADILLA.  
17 DR. PADILLA: YES.  
18 MS. BONNEVILLE: JOE PANETTA.  
19 MR. PANETTA: YES.  
20 MS. BONNEVILLE: AL ROWLETT.  
21 MR. ROWLETT: YES.  
22 MS. BONNEVILLE: BARRY SELICK.  
23 DR. SELICK: YES.  
24 MS. BONNEVILLE: MARVIN SOUTHARD.  
25 DR. SOUTHARD: YES.

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1 MS. BONNEVILLE: MICHAEL STAMOS.

2 DR. STAMOS: YES.

3 MS. BONNEVILLE: JONATHAN THOMAS.

4 CHAIRMAN THOMAS: YES.

5 MS. BONNEVILLE: ART TORRES.

6 MR. TORRES: AYE.

7 MS. BONNEVILLE: KRISTINA VUORI. KAROL

8 WATSON.

9 MOTION CARRIES.

10 CHAIRMAN THOMAS: THANK YOU, MARIA. WE  
11 ARE GOING TO TAKE A FIVE-MINUTE BREAK HERE TO GIVE  
12 BETH'S FINGERS A CHANCE TO RELAX, AND WE WILL  
13 RECONVENE IN THAT PERIOD OF TIME. THANK YOU.

14 (A RECESS WAS TAKEN.)

15 CHAIRMAN THOMAS: OKAY. IF WE CAN GET  
16 EVERYBODY TO RECONVENE HERE PLEASE. ALL RIGHT.  
17 WE'RE GOING TO CONTINUE ALONG WITH THE ACTION ITEM  
18 LIST HERE. WE ARE ON ITEM NO. 11 -- SORRY -- ITEM  
19 NO. 12, CONSIDERATION OF THE PROCESS AND TIMELINE  
20 FOR SELECTION OF A NEW CHAIR AND VICE CHAIR FOR THE  
21 ICOC. DR. GASSON WILL PRESENT HERE. JUDY.

22 DR. GASSON: THANK YOU VERY MUCH, J.T.  
23 AND I HAVE A REPORT FROM THE GOVERNANCE  
24 SUBCOMMITTEE. I THINK EVERYONE KNOWS THAT BOTH J.T.  
25 AND ART ARE TERMED OUT AT THE END OF THIS YEAR IN

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1 DECEMBER. AND SO HOPEFULLY YOU'VE HAD A CHANCE TO  
2 LOOK AT THE MEMO FROM JAMES HARRISON THAT WAS  
3 INCLUDED IN THE MATERIALS FOR TODAY'S MEETING.

4 I'M GOING TO SUMMARIZE THE PROCESS AND THE  
5 TIMELINE, AND THEN I'M GOING TO ASK FOR A MOTION TO  
6 APPROVE AND GO FORWARD.

7 WE ARE ONLY DISCUSSING THE PROCESS AND THE  
8 TIMELINE TODAY. WE ARE NOT DISCUSSING THE CRITERIA,  
9 THE PERCENT EFFORT, THE JOB, OR THE RESPONSIBILITIES  
10 TODAY. THAT WILL BE AT A LATER TIME.

11 THIS BOARD HAS THE AUTHORITY AND THE  
12 RESPONSIBILITY TO ELECT A CHAIR AND A VICE CHAIR  
13 FROM AMONG THE INDIVIDUALS NOMINATED BY THE  
14 CONSTITUTIONAL OFFICERS. AND THAT WOULD BE THE  
15 GOVERNOR, THE LIEUTENANT GOVERNOR, THE TREASURER,  
16 AND THE CONTROLLER. ONCE THE BOARD HAS HAD AN  
17 OPPORTUNITY TO CONSIDER THE PARAMETERS FOR THE  
18 POSITION OF CHAIR AND VICE CHAIR, INCLUDING THE  
19 PERCENT EFFORT, COMPENSATION, AND TO IDENTIFY ANY  
20 ADDITIONAL DESIRED QUALIFICATIONS, THE BOARD WILL  
21 REQUEST THE CONSTITUTIONAL OFFICERS TO NOMINATE  
22 CANDIDATES TO REPLACE CHAIR AND VICE CHAIR THOMAS  
23 AND TORRES.

24 ONCE THE NOMINATIONS ARE MADE FOR CHAIR  
25 AND VICE CHAIR, THE GOVERNANCE COMMITTEE AND THE

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1 BOARD WILL HAVE THE OPPORTUNITY TO EVALUATE THE  
2 NOMINEES.

3 IN ORDER TO GUIDE THE SELECTION OF THE  
4 CHAIR AND THE VICE CHAIR, THE GOVERNANCE  
5 SUBCOMMITTEE AND THE BOARD WILL DETERMINE THE SCOPE  
6 OF THE ROLES OF CHAIR AND VICE CHAIR, THE PERCENT  
7 EFFORT REQUIRED TO UNDERTAKE THE DUTIES OF CHAIR AND  
8 VICE CHAIR, AND THE COMPENSATION.

9 AS YOU SAW IN THE MEMO FROM JAMES  
10 HARRISON, DURING THE LAST ELECTION PROCESS, THE  
11 BOARD DEBATED HOW THE STATUTORY DUTIES OF THE CHAIR  
12 SHOULD BE CARRIED OUT, WHETHER IT WOULD BE A  
13 PARTNERSHIP MODEL AS AN EXECUTIVE CHAIR OR A MORE  
14 TRADITIONAL CHAIR OF A BOARD ROLE. AND THESE  
15 RESPONSIBILITIES WILL BE DEFINED BY THE BOARD AND  
16 THEN SENT ON TO THE CONSTITUTIONAL OFFICERS.

17 SO THE TIMELINE FOR THIS PROCESS -- I  
18 THINK MARIANNE HAS A SLIDE THAT GOES THROUGH THE  
19 TIMELINE. THANK YOU, MARIANNE.

20 IN MARCH AND APRIL WE'RE GOING TO CONDUCT  
21 A SURVEY OF THE BOARD MEMBERS TO GATHER INPUT WITH  
22 RESPECT TO THE CRITERIA FOR SELECTION OF THE CHAIR  
23 AND THE VICE CHAIR AND THE SCOPE OF THE POSITION.  
24 NOW THAT SURVEY WILL BE SENT OUT SHORTLY, AND THE  
25 RESULTS WILL BE ANONYMIZED AND COLLATED FOR FURTHER

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1 REVIEW BY THE BOARD.

2 ONCE THAT IS FINISHED, WE WILL HAVE THE  
3 OPPORTUNITY TO CONSIDER THE SURVEY RESULTS AND TO  
4 PREPARE RECOMMENDATIONS REGARDING THE CRITERIA, THE  
5 SCOPE, AND THE PERCENT EFFORT. BY MAY WE SHOULD BE  
6 ABLE TO CONSIDER THE GOVERNANCE SUBCOMMITTEE'S  
7 RECOMMENDATION, MAKE A DETERMINATION WITH RESPECT TO  
8 THESE CRITERIA, THE SCOPE, AND THE PERCENT EFFORT.  
9 SO THIS ENTIRE PROCESS WILL BE TAKING PLACE OVER THE  
10 NEXT COUPLE OF MONTHS.

11 ONCE THAT'S COMPLETED, IN JUNE THE  
12 GOVERNANCE SUBCOMMITTEE WILL REQUEST THAT THE  
13 CONSTITUTIONAL OFFICERS NOMINATE CANDIDATES BASED ON  
14 THE CRITERIA, THE SCOPE, AND SO ON AS HAS BEEN  
15 DETERMINED BY THE BOARD MEMBERS THROUGH THE SURVEY  
16 AND THROUGH THE GOVERNANCE COMMITTEE. AND WE WILL  
17 REQUEST THAT THE CONSTITUTIONAL OFFICERS PROVIDE  
18 BACKGROUND INFORMATION ON THE QUALIFICATION OF THE  
19 NOMINEES, INCLUDING A BRIEF PERSONAL STATEMENT FOR  
20 US TO CONSIDER. THESE MATERIALS WILL BE MADE  
21 AVAILABLE TO THE BOARD AND TO THE PUBLIC.

22 IN AUGUST AND SEPTEMBER, THE SUBCOMMITTEE  
23 WILL VET THE NOMINEES, REQUEST ADDITIONAL  
24 INFORMATION, INTERVIEW THEM, ET CETERA, TO OBTAIN  
25 THE RELEVANT INFORMATION PRIOR TO A VOTE.

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1           IN SEPTEMBER AND OCTOBER, THE BOARD WILL  
2 MEET TO CONSIDER THE NOMINEES, INCLUDING PUBLIC  
3 PRESENTATIONS BY THE CANDIDATES, CLOSED SESSION  
4 INTERVIEWS, AND A PUBLIC VOTE. IF ALL GOES  
5 ACCORDING TO PLAN, BY JANUARY WE WILL HAVE ELECTED A  
6 NEW CHAIR AND VICE CHAIR IN DECEMBER, AND THE  
7 INDIVIDUALS WILL TAKE THE OATH OF OFFICE AT THE  
8 BOARD'S FIRST MEETING IN JANUARY OF 2023, PROVIDING  
9 AN ORDERLY TRANSITION FROM OUR CURRENT CHAIR AND  
10 VICE CHAIR TO THE NEWLY ELECTED CHAIR AND VICE  
11 CHAIR.

12           SO WE ARE REQUESTING A MOTION TO APPROVE  
13 THIS PROCESS AND THIS TIMELINE AT THIS TIME.

14           CHAIRMAN THOMAS: THANK YOU, JUDY. DO WE  
15 HAVE A MOTION TO THAT EFFECT?

16           MR. HIGGINS: SO MOVED.

17           DR. VUORI: SECOND.

18           CHAIRMAN THOMAS: THANK YOU, DAVID AND  
19 KRISTINA. QUESTIONS, COMMENTS FROM MEMBERS OF THE  
20 BOARD? ANNE-MARIE.

21           DR. DULIEGE: YES. THANK YOU. THANK YOU  
22 ALSO FOR THIS CLARIFICATION. I REALIZE THAT YOU CAN  
23 PREDICT ALL THE TIMELINES, BUT IS THERE A PLAN TO  
24 HAVE AN OVERLAP BETWEEN THE CURRENT TEAM AND THE NEW  
25 TEAM, INCLUDING AT THE FIRST MEETING, SO THAT THE

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1       TRANSITION IS AS SMOOTH AS POSSIBLE?

2                 DR. GASSON: I'M GOING TO ANSWER YOUR  
3 QUESTION, ANNE-MARIE. BUT, MARIANNE, COULD YOU  
4 REMOVE THE SLIDE PLEASE SO I CAN SEE EVERYBODY?  
5 THANK YOU VERY MUCH.

6                 WE DISCUSSED THIS, AND THERE CAN ONLY BE  
7 ONE CHAIR AT A TIME AND ONE VICE CHAIR AT A TIME.  
8 HOWEVER, THE CURRENT TORRES AND THOMAS CHAIR AND  
9 VICE CHAIR HAVE EXPRESSED A WILLINGNESS TO HAVE A  
10 PROCESS WHEREBY THE NEWLY ELECTED CHAIR AND VICE  
11 CHAIR WOULD RECEIVE THE RELEVANT INFORMATION. AND  
12 THEY HAVE ALSO OFFERED TO CONTINUE TO PARTICIPATE IN  
13 ANY WAY TO SUPPORT THE NEW CHAIR AND THE NEW VICE  
14 CHAIR.

15                DR. DULIEGE: THANK YOU.

16                DR. GASSON: OTHER QUESTIONS OR COMMENTS?

17                DR. HIGGINS: JUDY, IS THERE ANY DOWNSIDE  
18 TO WHAT YOU JUST PROPOSED? IS THERE AN OPPOSING  
19 VIEW? IS THERE ANYBODY PUSHING BACK ON YOU ON THIS?

20                DR. GASSON: ON WHICH, THE TIMELINE OR THE  
21 TRANSITION?

22                MR. HIGGINS: THE PROPOSAL THAT YOU JUST  
23 READ, THE DETAILS OF THAT.

24                DR. GASSON: NO. I THINK THAT THE  
25 GOVERNANCE COMMITTEE HAS BEEN -- THE PROCESS IS THE



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1 PROCESS, AND IT'S PRETTY WELL DELINEATED. SO I  
2 THINK THE GOVERNANCE COMMITTEE IS UNANIMOUS IN  
3 RECOMMENDING THAT WE APPROVE THIS PROCESS AND  
4 TIMELINE.

5 DR. HIGGINS: THAT'S WHY WE HAVE  
6 COMMITTEES, AND THAT'S GOOD. ENOUGH SAID.

7 DR. GASSON: THANKS, DAVID. THANKS,  
8 ANNE-MARIE.

9 DO WE HAVE ANY QUESTIONS OR COMMENTS FROM  
10 THE PUBLIC, MARIA?

11 MS. BONNEVILLE: WE DO NOT.

12 DR. GASSON: THANK YOU.

13 CHAIRMAN THOMAS: OKAY. THANK YOU VERY  
14 MUCH, JUDY, FOR THIS WELL-CONCEIVED PLAN AND TO  
15 MEMBERS OF THE GOVERNANCE SUBCOMMITTEE. MARIA, WILL  
16 YOU PLEASE CALL THE ROLL.

17 MS. BONNEVILLE: HAIFAA ABDULHAQ.

18 DR. ABDULHAQ: YES.

19 MS. BONNEVILLE: MOHAMED ABOUSALEM.

20 DR. ABOUSALEM: YES.

21 MS. BONNEVILLE: KIM BARRETT.

22 DR. BARRETT: YES.

23 MS. BONNEVILLE: DAN BERNAL. GEORGE  
24 BLUMENTHAL.

25 DR. BLUMENTHAL: YES.

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1 MS. BONNEVILLE: LINDA BOXER.  
2 DR. BOXER: YES.  
3 MS. BONNEVILLE: MICHAEL BOTCHAN.  
4 DR. BOTCHAN: YES.  
5 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.  
6 DR. CLARK-HARVEY: YES.  
7 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
8 DR. DULIEGE: YES.  
9 MS. BONNEVILLE: YSABEL DURON.  
10 MS. DURON: YES.  
11 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
12 FRED FISHER.  
13 DR. FISHER: YES.  
14 MS. BONNEVILLE: ELENA FLOWERS.  
15 DR. FLOWERS: YES.  
16 MS. BONNEVILLE: JUDY GASSON.  
17 DR. GASSON: YES.  
18 MS. BONNEVILLE: LARRY GOLDSTEIN. DAVID  
19 HIGGINS.  
20 DR. HIGGINS: YES.  
21 MS. BONNEVILLE: STEPHEN JUELSGAARD. RICH  
22 LAJARA.  
23 MR. LAJARA: YES.  
24 MS. BONNEVILLE: PAT LEVITT.  
25 DR. LEVITT: YES.

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1 MS. BONNEVILLE: DAVID LO.  
2 DR. LO: YES.  
3 MS. BONNEVILLE: LINDA MALKAS.  
4 DR. MALKAS: YES.  
5 MS. BONNEVILLE: DAVE MARTIN.  
6 DR. MARTIN: YES.  
7 MS. BONNEVILLE: SHLOMO MELMED.  
8 DR. MELMED: YES.  
9 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
10 DR. MIASKOWSKI: YES.  
11 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
12 MS. MILLER-ROGEN: YES.  
13 MS. BONNEVILLE: ADRIANA PADILLA.  
14 DR. PADILLA: YES.  
15 MS. BONNEVILLE: JOE PANETTA.  
16 MR. PANETTA: YES.  
17 MS. BONNEVILLE: AL ROWLETT.  
18 MR. ROWLETT: YES.  
19 MS. BONNEVILLE: BARRY SELICK. MARVIN  
20 SOUTHARD.  
21 DR. SOUTHARD: YES.  
22 MS. BONNEVILLE: MICHAEL STAMOS.  
23 DR. STAMOS: YES.  
24 MS. BONNEVILLE: JONATHAN THOMAS.  
25 CHAIRMAN THOMAS: YES.

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1 MS. BONNEVILLE: ART TORRES.

2 MR. TORRES: AYE.

3 MS. BONNEVILLE: KRISTINA VUORI.

4 DR. VUORI: YES.

5 MS. BONNEVILLE: KAROL WATSON.

6 THE MOTION CARRIES.

7 CHAIRMAN THOMAS: THANK YOU VERY MUCH,  
8 MARIA. AND THANK YOU AGAIN TO JUDY AND KRISTINA AND  
9 ALL MEMBERS OF THE GOVERNANCE SUBCOMMITTEE FOR YOUR  
10 FINE WORK.

11 THAT CONCLUDES THE ACTION ITEMS. WE ARE  
12 NOW GOING TO CIRCLE BACK TO DR. MILLAN FOR THE  
13 PRESIDENT'S REPORT. MARIA.

14 DR. MILLAN: MR. CHAIRMAN, I AM GOING TO  
15 SHARE MY SCREEN SO I CAN GET TO THE PRESIDENT'S  
16 REPORT. OKAY. IS THAT VISIBLE ON YOUR SCREEN?

17 THANK YOU, MR. CHAIRMAN, MEMBERS OF THE  
18 BOARD, COLLEAGUES, AND THE MEMBERS OF THE PUBLIC.  
19 GOOD MORNING. I'LL BE GIVING A BRIEF FIRST QUARTER  
20 UPDATE ON HOW WE ARE DOING SINCE THIS BOARD APPROVED  
21 OUR STRATEGIC PLAN, OUR NEW STRATEGIC PLAN, JUST  
22 THREE SHORT MONTHS AGO.

23 ARE YOU ABLE TO SEE MY SCREEN?

24 MS. BONNEVILLE: YES.

25 DR. MILLAN: OKAY. PERFECT.

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1 SO WITH OUR MISSION STATEMENT, WHICH HAS  
2 BEEN REVIEWED EARLIER TODAY, TO ACCELERATE  
3 WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE  
4 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE  
5 MANNER TO A DIVERSE CALIFORNIA AND WORLD, WE SET  
6 FORTH EIGHT STRATEGIC GOALS FOR THE NEXT FIVE YEARS  
7 THAT ARE ARRANGED IN THREE STRATEGIC THEMES. THIS  
8 WILL BE FAMILIAR TO YOU AS THIS WAS IN THE STRATEGIC  
9 PLAN THAT WAS PRESENTED IN DECEMBER AND IS IN OUR  
10 STRATEGIC PLAN THAT IS POSTED, AND I HOPE THAT ALL  
11 OF YOU HAVE A COPY OF IT.

12 I'M JUST GOING TO GO THROUGH BY STRATEGIC  
13 THEMES OUR PROGRESS ON THE INITIAL LAUNCH OF OUR  
14 FIVE-YEAR STRATEGIC PLAN.

15 SO FOR THE FIRST STRATEGIC THEME, ADVANCE  
16 WORLD-CLASS SCIENCE, WE CONTINUE TO BUILD ON OUR  
17 CORE FUNDING OPPORTUNITIES. AND SOME OF THEM YOU  
18 HAVE SEEN IN THE PAST COUPLE OF BOARD MEETINGS, ONE  
19 TODAY IN THE CLINICAL PILLAR. TO DATE THIS BOARD  
20 HAS AWARDED \$3.4 BILLION IN AWARDS ACROSS FIVE  
21 PILLARS: DISCOVERY, TRANSLATIONAL, CLINICAL,  
22 EDUCATION, AND INFRASTRUCTURE. AND SINCE THE  
23 PASSAGE OF PROP 14, \$316 MILLION HAS ALREADY BEEN  
24 DEPLOYED FROM BONDS AUTHORIZED UNDER THIS NEW  
25 PROPOSITION.

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1 I WANTED TO POINT OUT THAT DURING THE  
2 WIND-DOWN FROM THE PROP 71 ERA THROUGH THE  
3 TRANSITION PERIOD, THAT IS THE TIME AROUND THE  
4 PASSAGE OF THE BOND INITIATIVE, AND TO THE RELAUNCH  
5 OF CIRM AND DURING THE CREATION OF THE NEW STRATEGIC  
6 PLAN, THIS BOARD HAS CONTINUED TO AWARD GRANTS EVEN  
7 DURING THE TRANSITION PERIOD, ESPECIALLY IN  
8 DISCOVERY AND CLINICAL, AND UPON RELAUNCH OF CIRM IN  
9 THE PROP 14 ERA IMMEDIATELY WE LAUNCHED ACROSS ALL  
10 FIVE PILLARS. SO THE NUMBERS YOU SEE HERE IN ORANGE  
11 ARE THE NUMBER OF AWARDS FOR A GIVEN PILLAR.

12 IN AGGREGATE, THIS HAS LED TO THE BUILDING  
13 OF AN EXTREMELY BROAD PORTFOLIO OF PROGRAMS AS YOU  
14 WILL SEE IN THIS PIE CHART. AND SPECIFICALLY NOTING  
15 THAT 34 PERCENT OF THESE ARE IN THE CNS, IN NEURO,  
16 NEUROLOGIC DISEASE, AND EYE DISEASE. 40 PERCENT OF  
17 THEM ARE IN RARE DISEASE, WHICH IS A VERY UNIQUE  
18 FEATURE OF THE CIRM PORTFOLIO.

19 WE'VE INVESTED IN A DIVERSE NUMBER OF  
20 THERAPEUTIC MODALITIES, MOST PROMINENTLY IN GENE  
21 THERAPY, CELL/GENE THERAPY, AND CELL THERAPIES. WE  
22 ALSO, AS HAD BEEN PRESENTED TODAY IN OUR DISCOVERY  
23 AND TRANSLATIONAL AND OUR CLINICAL PROGRAMS, SUPPORT  
24 BIOLOGIC AND SMALL MOLECULES PROVIDED THEY MEET AN  
25 UNMET MEDICAL NEED AND RELATE TO STEM CELL AND

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1 REGENERATIVE MEDICINE.

2 IN TERMS OF THE STRATEGIC THEME,  
3 DELIVERING REAL-WORLD SOLUTIONS, I WANTED TO  
4 HIGHLIGHT THAT, AGAIN, DURING THE TRANSITION PERIOD  
5 TO THE RELAUNCH OF CIRM IN THE PROP 14 ERA, THE CIRM  
6 FUNDING PROGRAM HAS ALLOWED US TO CONTINUE TO  
7 SUPPORT CLINICAL DEVELOPMENT ALL THROUGHOUT. IN  
8 FACT, DURING THE WIND-DOWN OF THE PROP 71 ERA, WE  
9 CONTINUED TO GROW OUR PORTFOLIO TO 64 CLINICAL  
10 TRIALS IN TOTAL FUNDED. AND DURING THE TRANSITION,  
11 FOUR CLINICAL TRIALS WERE FUNDED. A PHASE I TRIAL  
12 BY DR. DIANA FARMER AT UC DAVIS, WHICH WE SUPPORTED  
13 IN THE PRECLINICAL STAGE, WAS FUNDED LATE NOVEMBER  
14 TO INITIATE A PHASE I TRIAL FOR A FIRST-IN-HUMAN IN  
15 UTERO REPAIR OF SPINA BIFIDA, WHICH IS A DEFECT IN  
16 THE SPINAL CORD IN FETUSES. THIS INVOLVES A  
17 COMBINATION OF A CELL THERAPY ON A MATRIX. THIS  
18 PROGRAM HAS BEEN LAUNCHED.

19 ANOTHER TRIAL, A PHASE II TRIAL THAT  
20 INVOLVES COLLABORATION BETWEEN DR. DAVID WILLIAMS AT  
21 HARVARD BOSTON CHILDREN'S HOSPITAL WITH CALIFORNIA  
22 INVESTIGATORS UTILIZING THE ALPHA CLINICS AS WELL AS  
23 OUR GMP FACILITIES IN CALIFORNIA IS A PHASE II TRIAL  
24 BY DR. DAVID WILLIAMS THAT INDUCES FETAL HEMOGLOBIN  
25 AS A WAY OF TREATMENT FOR THE DEVASTATING DISEASE OF

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1 SICKLE CELL DISEASE. WHAT'S NOTABLE ABOUT THIS  
2 TRIAL BY DR. WILLIAMS, IN ADDITION TO COLLABORATION  
3 WITH EXPERTS IN CALIFORNIA AT UCLA AND UCSF, IS THAT  
4 THIS IS A COLLABORATIVE FUNDING BETWEEN THE NHLBI,  
5 THE INSTITUTE FOR HEART, LUNG, AND BLOOD AT THE NIH,  
6 AND CIRM IN A LANDMARK MEMORANDUM OF UNDERSTANDING  
7 TO CO-FUND PROGRAMS BASED ON THE CIRM FUNDING MODEL.

8 IN ADDITION, TWO OTHER PROGRAMS WERE  
9 FUNDED DURING THIS TIME, INCLUDING AN ULTRA RARE  
10 DISEASE IN INFANTS CALLED MALIGNANT OSTEOPETROSIS,  
11 WHICH IS A BONE DISEASE, AND A PHASE I TRIAL BY DR.  
12 DEEKS FOR A DUO CAR-T TRIAL FOR HIV.

13 THE CIRM PROGRAMS COMPRISE ABOUT 15  
14 PERCENT OF THIS EXPEDITED PATHWAY DESIGNATION CALLED  
15 THE REGENERATIVE MEDICINE ADVANCED THERAPY, CALLED  
16 RMAT, WHICH WAS CREATED UNDER THE 21ST CENTURY CURES  
17 ACT. IT'S A WAY THAT PROGRAMS HAVE THE OPPORTUNITY  
18 TO BE ACCELERATED THROUGH DEVELOPMENT WITH CLOSE  
19 PARTNERSHIP AND COLLABORATION AND FREQUENT  
20 INTERACTIONS WITH THE FDA.

21 DURING THIS TRANSITION PERIOD AND INTO THE  
22 NEW LAUNCH, TWO OF OUR PROGRAMS ACHIEVED THE  
23 EXPEDITED DESIGNATIONS INCLUDING THE RMAT FOR THE  
24 ARTEMIS SCID PROGRAM, SEVERE COMBINED  
25 IMMUNODEFICIENCY PROGRAM, AT UCSF.



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1 AND IN THE THIRD PILLAR OF CREATE  
2 OPPORTUNITY FOR ALL, THIS BOARD IS VERY AWARE THAT  
3 VERY EARLY ON WE LAUNCHED, RESTORED, AND SUPPORTED  
4 EXISTING PROGRAMS IN OUR EDUCATION PILLAR. AND  
5 INCLUDING MOST RECENTLY APPROVAL BY THIS BOARD OF A  
6 NEW PROGRAM, THE COMPASS PROGRAM, ALSO CALLED THE  
7 EDUC4, WHICH IS NOW BEING LAUNCHED. THE PROGRAM  
8 ANNOUNCEMENT IS OPEN AND APPLICATIONS ARE BEING  
9 TAKEN IN. IT'S A VERY UNIQUE UNDERGRADUATE PROGRAM.  
10 ALL THESE PROGRAMS STEM FROM HIGH SCHOOL,  
11 UNDERGRADUATE, GRADUATE, AND FELLOWSHIP LEVEL  
12 TRAINEES.

13 THESE ARE IMPORTANT PROGRAMS, AGAIN  
14 CONSISTENT WITH THE STRATEGIC PLAN, TO BUILD A  
15 WORKFORCE AND LEADERSHIP OF THE FUTURE TO BRING  
16 FORWARD AND TO SUPPORT THE PROGRESS IN THE FIELD OF  
17 REGENERATIVE MEDICINE. THESE CREATE MULTIPLE  
18 ONRAMPS ALONG THE WAY THROUGH THE EDUCATIONAL  
19 PROCESS.

20 JUST VERY BRIEFLY, IN THE FIRST QUARTER,  
21 THAT'S THREE MONTHS, SINCE WE LAUNCHED THE STRATEGIC  
22 PLAN IN DECEMBER, THE FOLLOWING PROGRESS HAS BEEN  
23 MADE IN THE THREE PILLARS, IN THE THREE THEMATIC  
24 GOALS.

25 IN TERMS OF ADVANCING WORLD-CLASS SCIENCE,

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1 THE CIRM TEAM CONDUCTED A CNS WORKSHOP WHERE MANY OF  
2 THE BOARD MEMBERS PARTICIPATED JUST THIS PAST MONTH  
3 TO INFORM THE SHARED RESOURCE AND KNOWLEDGE NETWORKS  
4 CONCEPT DEVELOPMENT THAT IS IN THAT STRATEGIC GOAL .

5 AND THEN TODAY THIS BOARD APPROVED DATA  
6 SHARING REQUIREMENTS AND ELEMENTS INTO ALL OF OUR  
7 CIRM AWARDS, AGAIN, IN SERVICE OF THE CREATION OF  
8 THESE KNOWLEDGE NETWORKS .

9 TODAY YOU ALSO SUPPORTED THE APPROVAL OF  
10 THE DISCO CONCEPT, AND THAT WILL ALLOW US TO BUILD A  
11 PIPELINE AND SHED LIGHT ON BASIC AND FOUNDATIONAL  
12 RESEARCH IN ORDER TO OVERCOME THE NEEDS THAT WE  
13 STILL HAVE ESPECIALLY IN CNS DISEASE, BUT ALSO OTHER  
14 AREAS .

15 AND YOU HAVE RECENTLY APPROVED THE ALPHA  
16 CLINICS EXPANSION CONCEPT. THIS RFA, THIS PROGRAM  
17 ANNOUNCEMENT, IS NOW OPEN FOR APPLICATIONS BASED ON  
18 THAT APPROVED CONCEPT .

19 AS MENTIONED IN THE PREVIOUS SLIDE, THE  
20 EDUCATIONAL PROGRAMS HAVE BEEN LAUNCHED, AND THE  
21 ICOC APPROVED A NEW UNDERGRADUATE EDUCATION PROGRAM  
22 BY CREATING OPPORTUNITIES FOR MENTORSHIP AND  
23 PARTNERSHIP ACROSS STEM CELL SCIENCE, THE COMPASS  
24 PROGRAM .

25 AND WE ARE REALLY PLEASED TO WELCOME OUR

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1 NEW VICE PRESIDENT OF MEDICAL AFFAIRS, WHICH NOW  
2 REPRESENTS A NEW DEPARTMENT WITHIN CIRM CALLED  
3 MEDICAL AFFAIRS AND POLICY. THIS GROUP WILL WORK  
4 WITHIN THE TEAM, WITH OUR AAWG, AND THE ICOC TO  
5 DEVELOP A ROAD MAP FOR ACCESS AND AFFORDABILITY, A  
6 BOLD GOAL FOR OUR FIVE-YEAR STRATEGIC PLAN.

7 AND AS NOTED EARLIER, THE REVIEW TEAM HAS  
8 ALREADY INCORPORATED DEI IN THE EVALUATION TOOLS  
9 AND, IN PARTNERSHIP WITH THE BOARD MEMBERS WHO SERVE  
10 ON THE GWG, HAVE BEEN CONTINUING TO REFINE THIS. WE  
11 HAVE A VERY SOLID PLATFORM FOR WHICH TO CONTINUE TO  
12 ITERATE AND DEVELOP.

13 NOW, A VERY IMPORTANT THING IS I'M VERY  
14 PLEASED TO ANNOUNCE OUR NEW TEAM MEMBERS. IN THE  
15 GRAY ARE THE TEAM MEMBERS THAT WERE INTRODUCED LAST  
16 YEAR WHEN WE FIRST LAUNCHED CIRM UNDER PROP 14. AND  
17 SINCE THEN, I'M GOING TO HAVE TO LOOK BECAUSE THIS  
18 IS A VERY IMPRESSIVE GROUP OF PEOPLE, SO I'M GOING  
19 TO LOOK AT THEIR BACKGROUNDS AND SHARE THEM WITH YOU  
20 A BIT.

21 SINCE LAST FALL WE HAVE RECRUITED TEN  
22 ADDITIONAL TEAM MEMBERS. SO I'D LIKE TO JUST GIVE A  
23 BRIEF INTRODUCTION TO THESE TEAM MEMBERS. DR. LINDA  
24 NEVIN JOINED US A SENIOR SCIENCE OFFICER ON THE  
25 REVIEW AND PORTFOLIO DEVELOPMENT TEAM. LINDA IS A

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1 FORMER ASSOCIATE EDITOR FOR THE JOURNAL PLOS  
2 MEDICINE WHERE SHE BRINGS EXPERIENCE IN TOPICS OF  
3 DATA SHARING IN HEALTH EQUITY AND RESEARCH, VERY  
4 RELEVANT TO WHERE CIRM IS TODAY.

5           STEPHANIE BAUTISTA, WHO KEEPS ME ON TRACK,  
6 WE'RE SO FORTUNATE TO HAVE HER COME IN. SHE COMES  
7 FROM VEO HEALTHCARE. SHE HAS SERVED AS A SUPPORT  
8 FOR ME, FOR THE LEADERSHIP TEAM, AND ACROSS THE  
9 ORGANIZATION.

10           MARIANNE VILLABLANCA, WHO YOU ALL KNOW  
11 VERY, VERY WELL, COMES FROM KAISER. AND YOU ALL  
12 KNOW HER WELL BECAUSE SHE CERTAINLY HIT THE GROUND  
13 RUNNING IN SUPPORTING THE BOARD THROUGH THIS  
14 IMPRESSIVE AND VERY BUSY SCHEDULE AT MEETINGS,  
15 SUBCOMMITTEE MEETINGS, AND WORKING GROUPS ALONG WITH  
16 MARIA.

17           KATIE SHARIFY IS OUR NEW COMMUNICATIONS  
18 TEAM COORDINATOR. WE ARE VERY PLEASED TO WELCOME  
19 KATIE WHO WAS A PATIENT IN ONE OF CIRM'S FIRST  
20 CLINICAL TRIALS. SHE'S BEEN A TIRELESS SUPPORTER  
21 AND ADVOCATE ON BEHALF OF CIRM, AND SHE CERTAINLY  
22 BRINGS AN EXTREMELY VALUABLE PERSPECTIVE TO THE WORK  
23 WE DO.

24           ESTEBAN CORTEZ IS OUR NEW DIRECTOR OF  
25 MARKETING AND COMMUNICATIONS, WHO BRINGS IN CLINICAL

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1 INSIGHT AND EXPERIENCE FROM HIS PAST ROLE IN  
2 MARKETING AND COMMUNICATIONS AT THE RAPHAEL HOUSE, A  
3 NONPROFIT ORGANIZATION THAT IS THE FIRST AND LARGEST  
4 FAMILY HOMELESS SHELTER IN SAN FRANCISCO. AGAIN,  
5 BRINGING IN REAL-LIFE EXPERIENCE AND EXPERTISE INTO  
6 OUR TEAM.

7 MAZIAR S. MOHAMMADI IS A SENIOR SCIENCE  
8 OFFICER IN OUR SCIENTIFIC PROGRAMS GROUP. HIS PH.D.  
9 IS IN BIOMATERIALS AND TISSUE ENGINEERING FROM  
10 MCGILL, AND HE WAS LEAD REVIEWER IN THE USFDA FOR  
11 THE CENTER OF DEVICES AND RADIOLOGIC HEALTH.

12 I HAVE TO TAKE A BREATH. THERE ARE A LOT  
13 OF NEW TEAM MEMBERS HERE. LISA MCGINLEY, DR.  
14 MCGINLEY, IS A SENIOR SCIENCE OFFICER IN  
15 THERAPEUTICS AND DEVELOPMENT. SHE RECEIVED HER  
16 PH.D. FROM IRELAND AND DID A FELLOWSHIP IN  
17 BIOENGINEERING AT GEORGIA TECH AND COMES TO US FROM  
18 THE UNIVERSITY OF MICHIGAN WHERE SHE WAS ASSISTANT  
19 PROFESSOR AND LED NIH-FUNDED COLLABORATIVE STEM CELL  
20 INITIATIVES DEVELOPING THERAPEUTICS IN ALS AND  
21 ALZHEIMER'S.

22 MASON SAIA RECEIVED HIS BACHELOR'S IN  
23 PSYCHOLOGY FROM THE UNIVERSITY OF OREGON, AND HE  
24 TRAINED IN WEB DEVELOPMENT AT THE APP ACADEMY.  
25 WE'RE PLEASED TO WELCOME MASON AS OUR SOFTWARE

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1 ENGINEER AT CIRM.

2 AND TRECZY NGUYEN IS CIRM'S NEW PROJECT  
3 MANAGER ON THE THERAPEUTICS DEVELOPMENT GROUP. SHE  
4 RECEIVED HER MASTER'S IN PUBLIC HEALTH FROM THE  
5 MASSACHUSETTS COLLEGE OF PHARMACY IN HEALTH SCIENCES  
6 AND JOINS US FROM THE UNITY COUNCIL, NONPROFIT  
7 COMMUNITY DEVELOPMENT ORGANIZATION, THAT'S COMMITTED  
8 TO EQUITY AND IMPROVING THE QUALITY OF LIFE OF  
9 TRADITIONALLY UNDERSERVED COMMUNITIES.

10 AND MAZIAR -- DID I MISS YOU? I THINK I  
11 DID HIM OUT OF ORDER. MAZIAR JOINED US IN DECEMBER.  
12 AND THEN, AS YOU KNOW, WE LAUNCHED THE STRATEGIC  
13 PLAN IN DECEMBER JUST TO GIVE CONTEXT, AND WE THEN  
14 HIRED TRECZY.

15 AND THEN SEAN TURBEVILLE, WHO IS OUR NEW  
16 VICE PRESIDENT OF MEDICAL AFFAIRS AND POLICY. SEAN  
17 HAS HIS PH.D. IN EPIDEMIOLOGY, TAUGHT AT THE  
18 UNIVERSITY OF OKLAHOMA WHERE HE HAD DONE HIS PH.D.,  
19 AND ALMOST 20 YEARS OF EXPERIENCE IN MEDICAL AFFAIRS  
20 IN BIOPHARMA WHERE HE SUPPORTED THE DEVELOPMENT OF  
21 THERAPEUTICS ACROSS A BROAD RANGE OF INDICATIONS.  
22 HE'S CREATED A GLOBAL REGULATORY RESOURCE FOR  
23 BIOPHARMA, BOTH MEDICAL INFORMATION AND, VERY  
24 IMPORTANTLY FOR US, ON COMPASSIONATE USE, EXPANDED  
25 USE PROGRAMS.

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1                   BEFORE JOINING CIRM, SEAN WAS THE  
2                   PRESIDENT OF THE METANZAS GROUP, WHICH IS A MEDICAL  
3                   CONSULTANCY. HE IS A MISSION-DRIVEN PATIENT  
4                   ADVOCATE, AND HE SERVES ON THE BOARD OF THE  
5                   CHOLANGIOCARCINOMA FOUNDATION, WHICH HE CO-FOUNDED  
6                   WITH OTHER FAMILY MEMBERS AFTER HIS OWN PERSONAL  
7                   LOSS. AT THAT FOUNDATION HE DROVE THE CREATION OF  
8                   ALLIANCES WITH COMPANIES TO INCREASE ACCESS TO  
9                   CLINICAL TRIALS FOR PATIENTS WITH THIS DEVASTATING  
10                  CANCER. I'M JUST GOING TO GIVE SEAN AN OPPORTUNITY  
11                  TO SAY HELLO TO THE BOARD. SEAN.

12                  DR. TURBEVILLE: THANK YOU, MARIA, MR.  
13                  CHAIRMAN, MEMBERS OF THE BOARD. REALLY EXCITED TO  
14                  BE PART OF THIS ORGANIZATION. THIS IS VERY UNIQUE.  
15                  I'M JUST CHEWING AT THE BIT TO GET READY TO START  
16                  IMPLEMENTING SOME OF THESE PROGRAMS THAT YOU GUYS  
17                  HAVE READY TO BE EMPLOYED FOR PATIENTS. SO THANK  
18                  YOU VERY MUCH.

19                  DR. MILLAN: THANK YOU, SEAN. YOU WILL  
20                  HEAR A LOT MORE FROM SEAN. HE'S BEEN WORKING VERY  
21                  CLOSELY WITH SENATOR TORRES AND THE AAWG AND WITH  
22                  OUR TEAM MEMBERS.

23                  SO THAT'S ALL I HAVE BY WAY OF BACKGROUND  
24                  AND INTRODUCTIONS. AND I'M VERY PLEASED TO THEN  
25                  TURN IT OVER TO SOME OF OUR, I CALL THEM OGT

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1 MEMBERS, LEGACY TEAM MEMBERS FROM PROP 71. WE BUILT  
2 AN INCREDIBLE TEAM HERE AT CIRM. REALLY JUST FEEL  
3 FORTUNATE TO BE WORKING WITH ALL OF THEM. BUT GIL  
4 SAMBRANO AND JENN LEWIS ARE TWO OF THE MEMBERS OF  
5 THE LEADERSHIP TEAM, AND THEY'LL BE GIVING YOU AN  
6 OVERVIEW OF THE GRANT-MAKING PROCESS THAT WE HAVE  
7 HERE AT CIRM THAT HAS GIVEN RISE TO SOME OF THE  
8 PROGRAMS YOU LOOKED AT TODAY.

9 MR. CHAIRMAN, MAY I TURN IT OVER TO YOU TO  
10 INTRODUCE GIL, OR YOU WANT ME TO JUST GO STRAIGHT TO  
11 GIL?

12 CHAIRMAN THOMAS: WHY DON'T YOU JUST GO  
13 STRAIGHT TO GIL. THANK YOU.

14 DR. MILLAN: GIL, YOU'RE ON.

15 DR. SAMBRANO: OKAY. THANK YOU. I NEED  
16 TO SHARE MY SCREEN.

17 SO THANK YOU VERY MUCH. I WANT TO GIVE AN  
18 OVERVIEW OF THE APPLICATION AND REVIEW PROCESS. AND  
19 I HOPE THAT THE LEVEL OF DETAIL IS NEITHER TOO MUCH  
20 OR TOO LITTLE. TRYING TO BALANCE OUT WHAT I THOUGHT  
21 MIGHT BE MOST APPROPRIATE.

22 SO OUR MISSION CONTINUES TO BE AS HAS BEEN  
23 STATED MULTIPLE TIMES. AND I JUST WANT TO SAY WE  
24 KEEP REITERATING IT BECAUSE IT'S REALLY IMPORTANT  
25 AND IT REALLY DOES DRIVE WHAT WE DO. SO WE TRY TO



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1 INCLUDE IT IN EVERY ONE OF OUR PRESENTATIONS.

2 SO LET ME START WITH WHERE THE PROCESS FOR  
3 APPLICATION BEGINS. SO WE HAVE BOTH RECURRING  
4 FUNDING OPPORTUNITIES AS WELL AS NONRECURRING. AND  
5 SO THE RECURRING FUNDING OPPORTUNITIES ARE FOUND AS  
6 EXAMPLES MOSTLY IN OUR DISCOVERY, TRANSLATION, AND  
7 CLINICAL PILLARS. SO SUCH AS THE DISCOVERY 0, WHICH  
8 IS FUNDAMENTAL BIOLOGY WHICH WAS APPROVED TODAY, THE  
9 QUEST PROGRAM THAT HAS BEEN ONGOING WHICH HAS  
10 MULTIPLE CYCLES PER YEAR, TRANSLATION HAS DIFFERENT  
11 OFFERINGS TWICE A YEAR, AND THEN THE CLINICAL  
12 PROGRAM WHICH IS OFFERED 12 TIMES PER YEAR.

13 AND SO THESE HAVE STANDING PROGRAM  
14 ANNOUNCEMENTS THAT DESCRIBE THESE. AND SO THE  
15 DEADLINES OCCUR OVER THE COURSE OF THE YEAR SEVERAL  
16 TIMES. THE GOAL IS FOR THESE TO BE PREDICTABLE AND  
17 RECURRING IN A CONSISTENT MANNER EACH YEAR.

18 WE ALSO HAVE NONRECURRING FUNDING  
19 OPPORTUNITIES, AND THESE ARE TYPICALLY DEFINED UNDER  
20 A REQUEST FOR APPLICATIONS OR AN RFA. SO EXAMPLES  
21 OF THESE MAY BE ALPHA CLINICS NETWORK, WHICH IS  
22 CURRENTLY OUT. AND SO SOME OF THESE MAY OCCUR EVERY  
23 FEW YEARS. THAT IS TRUE FOR ALL THE EDUCATION  
24 PROGRAMS SUCH AS BRIDGES AND SPARK, WHICH WE BRING  
25 TO YOU EVERY FIVE YEARS OR SO. AND SOME THAT WE MAY

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1 JUST DO ONCE. SO WE DID SEVERAL YEARS AGO  
2 ACCELERATING CENTER AND TRANSLATING CENTER. THOSE  
3 HAPPENED JUST ONCE, AND THOSE PROBABLY WILL NOT BE  
4 DONE AGAIN.

5 AS MENTIONED, ALL OF THESE ARE DESCRIBED  
6 IN A REQUEST FOR APPLICATION IF THEY'RE NONRECURRING  
7 OR UNDER A PROGRAM ANNOUNCEMENT IF THEY ARE  
8 RECURRING. AND THE GOAL OF THESE DOCUMENTS THAT ARE  
9 BASED ON THE CONCEPTS THAT YOU APPROVED HERE AT THE  
10 BOARD ARE TO DESCRIBE AS BEST AS WE CAN WHAT IT IS  
11 THAT CIRM IS LOOKING FOR AND HOW IT IS THAT AN  
12 APPLICANT CAN MEET THE ELIGIBILITY CRITERIA AND  
13 OVERALL UNDERSTAND THE TERMS OF AN AWARD AND WHAT  
14 IT'S GOING TO TAKE TO EARN ONE. AND SO THAT IS  
15 WHERE THE PROCESS BEGINS.

16 AND SO FOR THOSE THAT THEN CHOOSE TO  
17 SUBMIT AN APPLICATION, THE OVERALL REVIEW PROCESS  
18 BEGINS AT APPLICATION SUBMISSION AT ONE OF THOSE  
19 DEADLINES. AND WE DIVIDE IT INTO THREE GENERAL  
20 PHASES. SO THERE'S THE ELIGIBILITY PHASE, THE MERIT  
21 REVIEW PHASE, WHICH IS CONDUCTED BY THE GRANTS  
22 WORKING GROUP, AND THEN THE LAST WHICH IS THE  
23 PRESENTATION TO THE APPLICATION REVIEW SUBCOMMITTEE  
24 OF THE BOARD THAT MAKES THE FINAL DECISION.

25 AND I'M GOING TO TAKE YOU THROUGH SOME OF

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1 THESE STEPS JUST TO HELP YOU UNDERSTAND WHAT HAPPENS  
2 DURING THESE PHASES.

3 SO IN THE NEXT PHASE WE HAVE THE  
4 APPLICATION SUBMISSION AND THEN WHAT HAPPENS THERE.  
5 SO THIS IS ALL DONE INTERNALLY BY THE CIRM TEAM.  
6 AND WE ASSESS WHETHER THIS IS AN APPLICATION THAT WE  
7 CAN ACCEPT FOR REVIEW IN ORDER TO DETERMINE, ONE, IF  
8 IT'S COMPLETE AND HAS ALL THE REQUISITE PARTS THAT  
9 ARE GOING TO MAKE IT REVIEWABLE. IF IT'S A COMPANY,  
10 WE DO A SOLVENCY ASSESSMENT TO MAKE SURE THAT  
11 THEY'RE GOING TO BE SOLVENT FOR AT LEAST THE NEXT  
12 SIX MONTHS. IF THERE IS A CO-FUNDING REQUIREMENT,  
13 THAT THE APPROPRIATE CO-FUNDING IS PROVIDED. THAT  
14 THE STATUS AS A CALIFORNIA-BASED ORGANIZATION IS  
15 DETERMINED AND WHETHER THE PROGRAM IS IN SCOPE UNDER  
16 CIRM RULES. SO, FOR EXAMPLE, WHETHER IT'S REALLY  
17 UTILIZING STEM CELLS OR A GENE THERAPY.

18 AND SO ONCE WE DO THAT, THEN IT CAN GO ON  
19 TO THE NEXT STEP. BUT OFTENTIMES, AND THIS HAPPENS  
20 QUITE A BIT WITH OUR CLINICAL PROGRAM, APPLICANTS  
21 WILL SUBMIT AN APPLICATION TO CIRM, BUT WE GO  
22 THROUGH SOMETIMES MULTIPLE ITERATIONS OF HAVING TO  
23 FIX SCORE, MAKE CHANGES TO ENSURE THAT AN  
24 APPLICATION IS REALLY COMPLETE, THAT IT HAS ALL THE  
25 ELEMENTS. SO MOST OF THE TIME SOMEBODY IS NOT

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1     OUTRIGHT INELIGIBLE.  MANY TIMES IT IS REALLY ABOUT  
2     MAKING CHANGES OR FIXES BEFORE IT GOES ON.  AND SO  
3     WE TRY TO WORK WITH APPLICANTS TO MAKE SURE THAT, TO  
4     THE EXTENT POSSIBLE, THEIR APPLICATION IS GOING TO  
5     BE COMPLETE AND REVIEWABLE GOING FORWARD.

6             ONCE IT IS ACCEPTED AND GOES FORWARD, THEN  
7     THAT'S WHEN WE PREPARE FOR THE MERIT REVIEW BY THE  
8     GRANTS WORKING GROUP.  SO THE GRANTS WORKING GROUP  
9     ITSELF IS THE BODY THAT'S RESPONSIBLE FOR EVALUATING  
10    EVERYTHING THAT COMES TO CIRM AND PROVIDING A  
11    RECOMMENDATION TO THE BOARD ON WHETHER IT SHOULD BE  
12    FUNDED OR NOT.

13            AND SO AS A BODY, THE GRANTS WORKING GROUP  
14    MUST EVALUATE PROPOSALS ACROSS ALL THE DIFFERENT  
15    PILLARS FROM DISCOVERY THROUGH CLINICAL TO  
16    INFRASTRUCTURE, WHICH ENCOMPASSES A VERY BROAD  
17    SCOPE.  I'LL EXPLAIN IN A MINUTE HOW WE TRY TO BRING  
18    THE APPROPRIATE EXPERTISE TO ALL OF THIS.  BUT IN  
19    SUMMARY, WE DO ASSEMBLE EXPERT PANELS DEPENDING ON  
20    THE OPPORTUNITY TO MEET THOSE NEEDS.

21            THE COMPOSITION OF THE WORKING GROUP  
22    ITSELF, I'VE SHOWN THIS SLIDE BEFORE, BUT I'LL JUST  
23    REITERATE IT INCLUDES 15 SCIENTIFIC MEMBERS, ALL WHO  
24    ARE FROM OUTSIDE OF CALIFORNIA.  AND THEY CONDUCT  
25    THE SCIENTIFIC EVALUATION AND PROVIDE THE SCIENTIFIC

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1 SCORE. THE GRANTS WORKING GROUP PATIENT ADVOCATE OR  
2 NURSE MEMBERS, WHO ALSO SERVE ON THE ICOC BOARD,  
3 THERE ARE SEVEN MEMBERS, AND THEY CONDUCT THE DEI  
4 EVALUATION, PROVIDE THE PATIENT PERSPECTIVE ON  
5 POTENTIAL IMPACT AND SIGNIFICANCE, AND OVERSIGHT ON  
6 THE PROCESS. AND SO YOU CAN SEE THE DEI SCORE AS  
7 YOU DID EARLIER WITH THE CLIN PROGRAM, BUT THEY ALSO  
8 PROVIDE SUGGESTED SCIENTIFIC SCORE WHEN LOOKING AT  
9 APPLICATIONS IN THE TRANSLATIONAL AND CLINICAL  
10 PROGRAMS.

11 AND ALSO, AS MENTIONED EARLIER, WE HAVE  
12 THEN SCIENTIFIC SPECIALISTS WHO PARTICIPATE ON THE  
13 PANEL ON AN AD HOC BASIS FOR A GIVEN APPLICATION TO  
14 BRING ADDITIONAL EXPERTISE WHEN WE NEED IT. THESE  
15 MEMBERS DO NOT VOTE OR SCORE ON THE APPLICATION, BUT  
16 THEY DO PROVIDE A CRITIQUE AND CONTRIBUTE THEIR  
17 EXPERT OPINION TO THE GROUP.

18 GOING BACK TO HOW IT IS THAT WE THEN  
19 ASSEMBLE THESE PANELS, WE MAINTAIN A LARGE POOL OF  
20 EXPERTS. AS EARLIER TODAY, YOU APPROVED ADDITIONAL  
21 MEMBERS THAT CONTINUE TO ADD TO THIS EXPERTISE POOL  
22 THAT COVERS A LOT OF DIFFERENT AREAS FROM BASIC  
23 BIOLOGY TO CLINICAL, REGULATORY AFFAIRS, EDUCATION.  
24 AND THAT BROAD AND DIVERSE GROUP OF INDIVIDUALS  
25 ALLOWS US THEN TO ASSEMBLE A PANEL OF 15 SCIENTISTS

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1 THAT ARE APPROPRIATE FOR EACH OF THE REVIEW CYCLES  
2 THAT WE GET FOR DISCOVERY, TRANSLATIONAL, CLINICAL.  
3 AND EACH COHORT OF APPLICATIONS THAT WE GET WILL  
4 DEFINE IN MANY WAYS THE EXPERTS THAT WE'RE GOING TO  
5 NEED TO PUT TOGETHER INTO A PANEL SO THAT WE CAN  
6 MAXIMIZE THE LIKELIHOOD THAT WE HAVE THE RIGHT  
7 EXPERTS FOR ALL THE APPLICATIONS THAT ARE BEING  
8 CONSIDERED.

9 SO ONCE WE HAVE A PANEL ASSEMBLED, WE GO  
10 THROUGH THE PROCESS OF MAKING SPECIFIC ASSIGNMENTS  
11 TO THESE INDIVIDUALS AND HAVING THEM REVIEW. WE  
12 COME TOGETHER IN A GRANTS WORKING GROUP MEETING  
13 WHERE EVERYBODY SHARES THEIR OPINION ON THE  
14 APPLICATIONS AND HAVE A DISCUSSION ON EACH OF THEM.  
15 AND, LASTLY, SCORE THEM. AND THE SCORE IS WHAT  
16 DRIVES THE RECOMMENDATION OF THE WORKING GROUP IN  
17 TERMS OF WHETHER SOMETHING SHOULD BE FUNDED OR NOT.

18 WE HAVE TWO DIFFERENT SCORING SCHEMES  
19 DEPENDING ON WHETHER IT'S A CLINICAL APPLICATION OR  
20 A DISCOVERY OR TRANSLATIONAL APPLICATION. FOR THE  
21 CLINICAL PROGRAM, WE USE THE 1-2-3 SCORING SYSTEM,  
22 WITH 1 WARRANTING FUNDING; 2, NEEDING IMPROVEMENT;  
23 AND, 3, DO NOT FUND. AND WE DO THIS BASICALLY  
24 BECAUSE EACH APPLICATION IS ASSESSED INDEPENDENTLY.

25 FOR ANY GIVEN CYCLE OF THE 12 CYCLES THAT

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1 WE DO EACH YEAR, WE MAY GET ONE APPLICATION. SO  
2 THERE'S REALLY NOTHING TO COMPARE THAT TO WITHIN A  
3 COHORT. SOMETIMES WE GET FIVE, BUT HALF OF THEM MAY  
4 GET A SCORE OF 2 AND NOT STAY WITH THAT INITIAL  
5 COHORT THAT THEY CAME IN WITH. SO AS A RESULT,  
6 THEY'RE VIEWED INDEPENDENTLY.

7 BUT, ALSO, THIS SCORE OF 2 HAS BEEN A  
8 REALLY GREAT TOOL IN ALLOWING APPLICANTS TO RESPOND  
9 TO REVIEWER CONCERNS AND RESUBMIT WITHOUT HAVING TO  
10 RESTART A NEW APPLICATION. WHAT HAPPENS HERE IS WE  
11 PROVIDE A SUMMARY OF CONCERNS TO THE APPLICANT SOON  
12 AFTER THE REVIEW TAKES PLACE. THEY HAVE THEN THE  
13 OPPORTUNITY TO REVISE THE APPLICATION, PROVIDE  
14 COMMENTS, THAT THEN THE GRANTS WORKING GROUP WILL  
15 LOOK AGAIN AT WHATEVER THE NEXT AVAILABLE MEETING IS  
16 AND THEY WILL SCORE AGAIN. AND SO MOST OF THE TIME,  
17 SO ABOUT 60 PERCENT OF THE TIME OR MORE, THOSE THAT  
18 GOT A 2 AND RESUBMITTED WILL COME OUT AFTER THE  
19 SECOND TRY WITH A SCORE OF 1 BECAUSE IT ALLOWED THAT  
20 TEAM TO DEVELOP AN IMPROVED AND BETTER APPLICATION.

21 NOW, FOR THE DISCOVERY AND TRANSLATION  
22 PROGRAMS, WE USE A SCORING SYSTEM ON A SCALE OF ONE  
23 TO A HUNDRED, AND WE CREATE A CUTOFF AT 85. SO  
24 ANYTHING THAT RECEIVES A SCORE OF 85 OR MORE IS  
25 RECOMMENDED FOR FUNDING. ANYTHING LESS IS NOT

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1 RECOMMENDED FOR FUNDING. AND SO YOU WILL SEE THESE  
2 APPLICATIONS ARE RANKED AND ORDERED BY SCORE, AND WE  
3 PRESENT THOSE AS A WHOLE COHORT TO THE BOARD WHEN  
4 THE RECOMMENDATIONS ARE FINALLY MADE ON EACH OF  
5 THOSE.

6 THE OTHER NEW SCORING SYSTEM THAT WE HAVE  
7 DEVELOPED IS THAT FOR SCORING DEI. CURRENTLY THIS  
8 EXISTS ONLY IN THE CLINICAL PROGRAM, AND IT IS  
9 UTILIZED BY OUR BOARD MEMBERS OR PATIENT ADVOCATE  
10 AND NURSE MEMBERS. AND THE SCALE IS 0 TO 10 WITH 10  
11 BEING THE MOST OUTSTANDING DEI RESPONSE.

12 WE HAVE DEVELOPED A RUBRIC TABLE THAT  
13 CONTINUES TO EVOLVE AND BE DEVELOPED. AND THAT  
14 HELPS INFORM AND GUIDE THE SCORING FOR THE BOARD  
15 MEMBERS.

16 OKAY. AND SO ONCE APPLICATIONS ARE  
17 REVIEWED AND SCORED, WE GET TO THE FINAL PHASE,  
18 WHICH IS THE FUNDING DECISION THAT IS DONE AT THE  
19 BOARD BY THE APPLICATION REVIEW SUBCOMMITTEE. AND  
20 SO WE HAVE SCHEDULED MONTHLY APPLICATION REVIEW  
21 SUBCOMMITTEE MEETINGS GIVEN THAT WE HAVE TYPICALLY  
22 AT LEAST ONE, USUALLY TWO REVIEWS EACH MONTH. SO  
23 THE OUTCOMES OF EACH OF THOSE REVIEWS WILL GO TO THE  
24 NEXT MONTH'S APPLICATION REVIEW SUBCOMMITTEE FOR A  
25 PRESENTATION WHERE WE BRING TO YOU THE SCORES,



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1 SUMMARY OF THE KEY STRENGTHS AND WEAKNESSES FROM  
2 EACH APPLICATION. AND THE GOAL HERE IS TO CONDUCT A  
3 PROGRAMMATIC REVIEW, NOT NECESSARILY TO REITERATE  
4 THE SCIENTIFIC REVIEW THAT HAS HAPPENED AT THE GWG,  
5 AND ULTIMATELY TO VOTE TO FUND OR NOT FUND A  
6 PROJECT.

7 AND THE PROGRAMMATIC CONSIDERATIONS CAN BE  
8 QUITE VARIED, AND THERE ARE DIFFERENT ELEMENTS THAT  
9 COME INTO PLAY IN MAKING A PROGRAMMATIC ASSESSMENT.  
10 PART OF IT IS TO TAKE INTO ACCOUNT WHAT THE  
11 SCIENTIFIC SCORE AND OVERALL RANKING OF AN  
12 APPLICATION MAY BE, BUT ALSO TO ENSURE THAT THE  
13 PROJECTS THAT ARE PROPOSED ARE ALIGNED WITH THE CIRM  
14 MISSION AND OBJECTIVES OF THE OVERALL OPPORTUNITY,  
15 THAT THEY HAVE A POTENTIAL IMPACT ON PATIENTS, HOW  
16 IT FITS WITHIN THE PORTFOLIO OF PROJECTS THAT WE ARE  
17 FUNDING.

18 IN SOME CASES THERE ARE PROJECTS OR AREAS  
19 OF STUDY THAT WE HAVE NOT HISTORICALLY FUNDED THAT  
20 WE MAY WANT TO FUND OR SOME AREAS THAT WE HAVE  
21 FUNDED A LOT OF. SO PROGRAMMATIC DISCUSSION CAN  
22 INVOLVE THAT. IT CAN INCLUDE ASSESSMENTS OR FURTHER  
23 ASSESSMENT OF DEI AND/OR THE SCORE THAT IS GIVEN AS  
24 WELL AS THE AVAILABILITY OF FUNDS. IN SOME CASES WE  
25 SET A BUDGET FOR A PARTICULAR SET OF OPPORTUNITIES,

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1 AND WE MAY HAVE MORE APPLICATIONS RECOMMENDED THAT  
2 CAN BE FUNDED. AND SO THE DECISION ON WHICH ONES  
3 SHOULD BE FUNDED BECOMES PART OF THE PROGRAMMATIC  
4 ASSESSMENT THAT HAPPENS AT THE BOARD.

5 SO THAT KIND OF COVERS THE SPECTRUM OF  
6 ACTIVITIES THAT HAPPEN DURING THE APPLICATION REVIEW  
7 PROCESS.

8 AND, LASTLY, I JUST WANT TO POINT TO A  
9 PUBLICATION THAT WE HAD FROM 2020 WHERE YOU CAN FIND  
10 MORE DETAILS ON THE OVERALL PROCESS THAT INCLUDES  
11 THE REVIEW, BUT AS WELL AS POSTAWARD MANAGEMENT OF  
12 OUR AWARDS. AND IT SPEAKS TO HOW WE TRY TO CREATE  
13 PROCESSES THAT BOTH ACCELERATE THE ADVANCEMENT OF  
14 THESE PROJECTS AND HELP APPLICANTS SUCCEED ONCE WE  
15 FUND THEM IN ACHIEVING THEIR MILESTONES AND  
16 OBJECTIVES. SO IF YOU'RE INTERESTED, FEEL FREE TO  
17 LOOK AT THE *CELL STEM CELL* ARTICLE FROM 2020, APRIL  
18 2020. AND SO THAT IS IT FOR ME. IF THERE ARE ANY  
19 QUESTIONS, HAPPY TO TAKE THEM.

20 CHAIRMAN THOMAS: GIL, CAN YOU JUST SORT  
21 OF PREEMPTIVELY -- THANK YOU VERY MUCH, BY THE WAY,  
22 FOR THAT PRESENTATION -- ON WHAT REALLY IS WHAT I  
23 CALL THE MEAT AND POTATOES OF THE WHOLE CIRM  
24 OPERATION AND IS SOMETHING THAT IS REFINED AND VERY  
25 WELL OILED AT THIS POINT AND HAS YIELDED THIS

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1 BEST-IN-CLASS PORTFOLIO THAT WE HAVE? COULD YOU  
2 JUST SEND THAT *CELL STEM CELL* ARTICLE TO MEMBERS OF  
3 THE BOARD PLEASE SO THAT THEY HAVE IT?

4 DR. SAMBRANO: YEAH, ABSOLUTELY.

5 CHAIRMAN THOMAS: THANK YOU. LARRY.

6 DR. GOLDSTEIN: GIL, TERRIFIC PRESENTATION  
7 AS ALWAYS. WHAT I WANTED TO ASK IS IS IT STILL  
8 STANDARD PRACTICE FOR MEMBERS OF THE GRANTS WORKING  
9 GROUP TO SERVE A TRIAL PERIOD BEFORE BEING SELECTED  
10 AS PERMANENT MEMBERS?

11 DR. SAMBRANO: WE TRY TO DO IT TO THE  
12 EXTENT THAT IT'S POSSIBLE. AND IT'S EASIEST TO DO  
13 IT WITH OUR RECURRING OPPORTUNITIES, ESPECIALLY IN  
14 FIELDS AND AREAS THAT WE COMMONLY GET APPLICATIONS  
15 FOR. HOWEVER, THERE ARE TIMES THAT WE HAVE REVIEWS  
16 AND OPPORTUNITIES, EDUCATION, INFRASTRUCTURE, FOR  
17 EXAMPLE, THAT ARE GOING TO BE A ONE-TIME OCCURRENCE  
18 AND WE NEED EXPERTS IN A PARTICULAR AREA. AND SO  
19 THOSE WE BASE IT MORE ON RECOMMENDATION, US SPEAKING  
20 WITH THEM TO FIGURE OUT IF THEY'RE THE RIGHT FIT,  
21 AND WHETHER THEY UNDERSTAND THE GOALS OF THE  
22 OPPORTUNITY BEFORE WE BRING THEM IN. BUT IN SOME  
23 WAY WE DO TRY TO VET. MOST OFTEN WE TRY TO VET BY  
24 HAVING THEM PARTICIPATE AS SPECIALISTS WHEN WE CAN.

25 DR. GOLDSTEIN: THANK YOU.

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1 CHAIRMAN THOMAS: I THINK ANNE-MARIE WAS  
2 NEXT, THEN KIM AND THEN YSABEL.

3 MS. BONNEVILLE: YSABEL HAS HER HAND  
4 RAISED. I'M SORRY. SHE'S BEFORE ANNE-MARIE.

5 CHAIRMAN THOMAS: FOR SOME REASON IT'S NOT  
6 IN ORDER ON MY SCREEN. YSABEL.

7 MS. DURON: THANK YOU. AND THANK YOU,  
8 GIL, BECAUSE IT'S FOR ME CONSTANTLY A GOOD REMINDER  
9 HOW TO SEPARATE ALL THE SCIENCE AND THE THINKING  
10 AROUND HOW YOU BUILD AND REVIEW APPLICATIONS. BUT  
11 WHAT I'M WONDERING IS WHY THE DEI RUBRIC IS APPLIED  
12 ONLY TO CLINICAL WHEN I THINK IT SHOULD BE APPLIED  
13 ACROSS ALL RESEARCH UNLESS MAYBE IT'S THE LAB AND  
14 IT'S ABOUT SPIT, ALTHOUGH I THINK THERE ARE VARIOUS  
15 KINDS OF SPIT OUT THERE, BUT I'M A LITTLE FACETIOUS,  
16 BUT I'M JUST WONDERING.

17 DR. SAMBRANO: THAT'S A GOOD QUESTION.  
18 LET ME JUST CLARIFY THAT. OUR EXPECTATIONS FOR  
19 ADDRESSING DEI IS ACROSS THE BOARD. SO EVERYTHING  
20 FROM DISCOVERY THROUGH CLIN APPLICANTS ADDRESS IN  
21 SOME WAY. AND IT IS DIFFERENT FOR CLINICAL THAN IT  
22 IS FOR EARLY DISCOVERY. HOWEVER, AT THE MOMENT THE  
23 ONLY PLACE WHERE WE ARE HAVING OUR BOARD MEMBERS  
24 SCORE DEI SPECIFICALLY IS IN THE CLINICAL PROGRAM.  
25 FOR ALL THE OTHER PROGRAMS, IT'S INCORPORATED INTO

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1 THE OVERALL SCORE THAT YOU SEE OF THE ONE TO A  
2 HUNDRED FOR TRAN OR DISCOVERY.

3 WHAT WE ARE HOPING TO DO IS, AS WE  
4 SOLIDIFY THE PROCESS THAT'S HAPPENING IN CLIN WITH  
5 OUR BOARD MEMBERS, WE WANT TO EXTEND IT INTO TRAN.  
6 BECAUSE IT MEANS THAT FOR EACH APPLICATION WE DO AN  
7 ASSIGNMENT, SO EACH BOARD MEMBER IS ASSIGNED TO  
8 REVIEW AN APPLICATION. AS WE GET INTO DISCOVERY, WE  
9 ARE TALKING ABOUT CLOSE TO A HUNDRED APPLICATIONS  
10 SOMETIMES. SO THAT MAY BECOME A LITTLE BIT  
11 DIFFICULT TO DO. AND SO WE MAY HOLD OFF ON DOING IT  
12 SPECIFICALLY AS A SCORE IN THAT ARENA, BUT WE DO  
13 INTEND TO INCLUDE IT IN TRANSLATION AS WELL AS IN  
14 CLIN.

15 MS. DURON: THANK YOU. THAT MAKES SENSE.  
16 I THINK THAT WHAT I'M HOPING CIRM DOES IN A  
17 HISTORICAL FASHION IS SEND A MESSAGE TO ALL  
18 RESEARCHERS THAT THIS IS A CRITICAL PIECE THAT THEY  
19 NEED TO CONSIDER NO MATTER HOW LABOR INTENSIVE IT IS  
20 EVEN FOR CIRM. I KNOW IT'S LABOR INTENSIVE, BUT  
21 THANKS. APPRECIATE THE EXPLANATION.

22 CHAIRMAN THOMAS: OKAY. ANNE-MARIE.

23 DR. DULIEGE: THANK YOU VERY MUCH, MARIA  
24 AND GIL, FOR YOUR PRESENTATIONS. IT'S ALWAYS  
25 IMPORTANT AND UPLIFTING TO SEE THAT YOU KEEP US

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1     UPDATED ABOUT THE FUTURE, NOT JUST THE PRESENT, BUT  
2     FOR THE FUTURE.  AND THIS IS MY WAY TO WELCOME, I  
3     ASSUME ON BEHALF OF THE BOARD, BUT CERTAINLY ON  
4     BEHALF OF MYSELF, ALL THE NEW MEMBERS TO THE TEAM.  
5     IT'S GREAT TO SEE THEM COMING.

6                 MARIA, A QUESTION FOR YOU.  CAN YOU TELL  
7     ME ROUGHLY, TELL US ROUGHLY WHAT PROPORTION ARE NEW  
8     POSITIONS VERSUS REPLACEMENT OF PREVIOUS POSITIONS?  
9     INTERESTED TO SEE ABOUT THE GROWTH OF THE EMPLOYEE  
10    POOL AS A WHOLE.

11                AND THE SECOND QUESTION IS WELCOME TO  
12    ESTEBAN.  IS ESTEBAN -- WHAT'S THE ROLE OF ESTEBAN  
13    VERSUS THAT OF KEVIN MCCORMACK?

14                DR. MILLAN:  THANK YOU SO MUCH,  
15    ANNE-MARIE.  THE MAJORITY OF THE POSITIONS ARE NEW  
16    POSITIONS, BUT THERE HAVE BEEN SOME VACATED  
17    POSITIONS THAT ARE NOW VACATED.  SO WHAT HAPPENS IS,  
18    BASED ON THE PROGRAMMATIC NEEDS AND THE WORKLOAD AND  
19    WHATEVER NEW TYPES OF PROGRAMS THAT WE HAVE THAT  
20    REQUIRE SPECIALIZATION THAT WE WANT TO BRING  
21    IN-HOUSE, WE CREATE NEW POSITIONS.

22                SO HOW WE ARE DOING THINGS IS THAT EVERY  
23    YEAR WHEN WE BRING TO YOU -- IN MAY POUNEH SIMPSON  
24    IS GOING TO BRING TO YOU A BUDGET.  THE BUDGET IS TO  
25    ADD WHATEVER NEW POSITIONS ARE NEEDED ON TOP OF

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1 CURRENT POSITIONS. SO REALLY WE'VE BEEN FORTUNATE  
2 THAT WE KEPT A CORE GROUP TOGETHER. AND IN THE TEAM  
3 BUILD, FOR SURE, WE'RE REPLACING NUMBERS OF PEOPLE,  
4 BUT WHAT'S HAPPENING IS WE REORGANIZED IN SOME WAYS  
5 INTERNALLY. SO WE REALLY VIEW THEM ALL AS PRETTY  
6 MUCH NEW POSITIONS ALTHOUGH THEY ARE REPLACING  
7 ESTABLISHED ROLES. I HOPE THAT MAKES SENSE.

8 IN TERMS OF THE DIFFERENTIATION BETWEEN  
9 THE VARIOUS TEAM MEMBERS, I WOULD DEFER THAT TO  
10 MARIA BONNEVILLE, WHO OVERSEES THAT WHOLE  
11 DEPARTMENT. MARIA.

12 MS. BONNEVILLE: THANKS, MARIA. SO THE  
13 DIFFERENCE, KEVIN MCCORMACK MOVED OVER TO BE  
14 DIRECTOR OF PATIENT ADVOCACY. SO HE'LL BE FOCUSING  
15 SPECIFICALLY ON PATIENT ADVOCACY, OUTREACH, AND  
16 GETTING INTO THE COMMUNITIES. ESTEBAN IS OUR  
17 DIRECTOR OF COMMUNICATIONS AND MARKETING.

18 DR. DULIEGE: THANK YOU.

19 CHAIRMAN THOMAS: KIM.

20 DR. BARRETT: I WANT TO THANK MARIA AND  
21 GIL FOR THE VERY INFORMATIVE PRESENTATIONS. AND  
22 J.T. SAID SOMETHING THAT I THINK IS IMPORTANT, THAT  
23 THIS REALLY HIGHLIGHTS OUR BEST IN CLASS PORTFOLIO.  
24 BUT I THINK THAT BEFORE YOU CAN HAVE A BEST-IN-CLASS  
25 PORTFOLIO, YOU HAVE TO HAVE BEST-IN-CLASS PROCESS.

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1 I'M A RELATIVELY NEW BOARD MEMBER, BUT I HAVE BEEN  
2 INCREDIBLY IMPRESSED BY THE ATTENTION THAT HAS BEEN  
3 PAID TO DESIGNING THE REVIEW PROCESS, PARTICULARLY  
4 WITH RESPECT TO AVOIDING CONFLICTS OF INTEREST. AND  
5 I JUST WANT TO CONGRATULATE THE TEAM ON DOING THAT.

6 SO IT'S NOT REALLY A QUESTION. IT'S MORE  
7 OF A COMMENT. BUT THANK YOU VERY MUCH FOR THOSE  
8 PRESENTATIONS.

9 CHAIRMAN THOMAS: THANK YOU, KIM. ANY  
10 OTHER COMMENTS OR QUESTIONS THERE?

11 MR. ROWLETT: I WANTED TO ACKNOWLEDGE THAT  
12 GIL'S PRESENTATION AND MARIA'S PRESENTATION  
13 CERTAINLY ENCOURAGE THE NEW PATIENT ADVOCATES. THIS  
14 KIND OF ONBOARDING IS, I THINK, REFLECTIVE OF YOUR  
15 COMMITMENT, GIL, TO MAKE SURE THAT THE ORGANIZATION  
16 IS AN EXEMPLARY GRANT MANAGEMENT ORGANIZATION, WHICH  
17 I THINK IS ONE OF OUR PRIMARY PILLARS. SO THANK YOU  
18 ALL VERY MUCH FOR DOING THAT. AND I HOPE THAT THE  
19 NEWLY APPOINTED PATIENT ADVOCATES WILL BE INVOLVED  
20 IN THE GRANT REVIEW PROCESS.

21 I WANT TO SPEAK ALSO SPECIFICALLY TO  
22 YSABEL'S POINT ABOUT DISCOVERY. AND AS A PATIENT  
23 ADVOCATE WHO IS ASKED TO BE INVOLVED IN THE POSITIVE  
24 SELECTION PROCESS, OFTENTIMES THERE ARE COMPONENTS  
25 OF THE SCIENCE THAT I DON'T UNDERSTAND AND MAY EVEN



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1 HAVE TO DEFER TO GIL AS I COMPLETE MY SELECTION. IT  
2 IS STILL, I THINK, AN IMPERATIVE THAT WE INCLUDE DEI  
3 AND COMPONENTS OF DEI IN THAT AREA OF REVIEW.

4 AND WHILE I RECOGNIZE IT'S A STRETCH, I  
5 WANT TO MAKE SURE THAT IT'S NOT A LOST STRETCH GOAL.  
6 OR AS YSABEL SAID WHEN SHE USED THE ANALOGY OF SPIT,  
7 HOWEVER WE ARE ABLE TO ENSURE THAT CELL LINES  
8 REFLECT THE UNIQUE DIVERSITY OF ALL THE CITIZENS OR  
9 THE INDIVIDUALS AND THE WONDERFUL STATE THAT WE GET  
10 TO REPRESENT, I THINK THAT THAT'S IMPORTANT.

11 SO, AGAIN, TO SUMMARIZE, I APPRECIATE THE  
12 PRESENTATION AND THE WORK AND WANT TO UNDERSCORE THE  
13 DEI COMPONENTS AGAIN.

14 CHAIRMAN THOMAS: THANK YOU, AL. AND  
15 THANK YOU ALL MEMBERS OF THE GWG FROM THE BOARD, THE  
16 PATIENT ADVOCATES ON THE BOARD, WHO ARE SO INVOLVED  
17 IN ANALYZING THE DEI COMPONENTS OF EACH OF THE  
18 PRESENTATIONS THAT COMES BEFORE THE GWG. IT IS A  
19 FUNDAMENTALLY IMPORTANT ELEMENT OF THE GWG  
20 CONSIDERATION, AND, AS GIL POINTED OUT, CONTINUES TO  
21 BE REFINED AND MADE BETTER AND EVEN MORE INTEGRAL.  
22 SO THANK YOU TO ALL OF THE PATIENT ADVOCATE MEMBERS  
23 OF THE GWG.

24 NEXT, HAIFA.

25 DR. ABDULHAQ: THANK YOU FOR A GREAT

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1 PRESENTATION. I JUST HAD A QUESTION. IF I  
2 UNDERSTOOD CORRECTLY, THE SCIENTISTS IN THE GWG  
3 PANEL, I THINK I HEARD THEY ARE ALL FROM OUTSIDE  
4 CALIFORNIA, AND I JUST WANTED TO CLARIFY THAT. AND  
5 IS THAT JUST TO AVOID CONFLICTS OF INTEREST? AND IS  
6 THERE ANY WAY WE CAN INVOLVE SCIENTISTS FROM  
7 CALIFORNIA, BUT THEN WORK ON A MECHANISM TO AVOID  
8 CONFLICTS OF INTEREST?

9 DR. SAMBRANO: YES. THAT'S A GREAT  
10 QUESTION. AND THE BYLAWS UNDER CIRM FOR GRANTS  
11 WORKING GROUP MEMBERS IS THAT THEY MUST NOT RESIDE  
12 OR BE EMPLOYED IN CALIFORNIA. AND THE MAIN REASON  
13 FOR THAT IS INDEED TO AVOID CONFLICTS OF INTEREST IN  
14 CALIFORNIA TO THE EXTENT POSSIBLE.

15 NOW, I ALSO MENTIONED THE USE OF  
16 SPECIALISTS WHICH ARE NONVOTING, NONSCORING MEMBERS.  
17 AND SO IN SOME INSTANCES WE HAVE UTILIZED EXPERTS  
18 FROM CALIFORNIA IN THAT ROLE. AND SO THAT IS ONE  
19 WAY IN WHICH CALIFORNIA SCIENTISTS CAN PARTICIPATE.

20 DR. ABDULHAQ: THANK YOU.

21 MS. BONNEVILLE: ART HAS HIS HAND RAISED,  
22 J.T.

23 CHAIRMAN THOMAS: SOMEBODY KEEPS MUTING  
24 ME. I ASSUME THAT'S YOU, MARIA. ART.

25 MR. TORRES: THESE ISSUES CAME UP ALMOST

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1 TEN YEARS AGO WHEN I STARTED QUESTIONING WHY WE HAD  
2 NO NATIVE AMERICAN CLIENTS IN OUR CLINICAL TRIALS  
3 AND HOW WE WERE GOING TO IMPROVE UPON THAT. AND  
4 THEN, OF COURSE, IT RAISED ITSELF AGAIN DURING THE  
5 COVID CRISIS WHEN AN INORDINATE AMOUNT OF AFRICAN  
6 AMERICAN, LATINO, AND NATIVE AMERICAN RESERVATIONS  
7 WERE IMPACTED BY THE INFECTION.

8 AND NOW WE ARE COMING CLEAR TO YESTERDAY'S  
9 HEARING BEFORE THE U.S. SENATE WHEN MY FORMER FELLOW  
10 SENATOR PADILLA ASKED A VERY IMPORTANT QUESTION OF  
11 JUSTICE JACKSON. AND WE FOUND OUT THAT SHE'S GOING  
12 TO HAVE TO RECUSE HERSELF FROM THE PROPOSED LAWSUIT  
13 BY HARVARD AND UNIVERSITY OF NORTH CAROLINA ON  
14 AFFIRMATIVE ACTION AND ON DEI. SO THIS IS GOING TO  
15 HAVE AN IMPACTFUL INFLUENCE ON US AND HOW WE  
16 FORMULATE OUR RESPONSES, NOT ONLY FOR THE UNIVERSITY  
17 OF CALIFORNIA IN LIGHT OF PROP 209, BUT IF JACKSON  
18 IS CONFIRMED, GOD WILLING, AND SHE SITS ON THE  
19 COURT, SHE HAS SAID PUBLICLY THAT SHE WILL RECUSE  
20 HERSELF FROM THIS DECISION, WHICH MAY LEAD TO A VERY  
21 ONEROUS DECISION THAT, AGAIN, WE'RE GOING TO HAVE TO  
22 LOOK AT TO MAKE SURE THAT WE ARE IN COMPLIANCE WITH  
23 THAT. AGAIN, MY THANKS TO GIL AND HIS STAFF FOR  
24 DOING AN EXCELLENT JOB IN PROMOTING AND DEVELOPING  
25 THIS LITERATURE AND THIS APPROACH.

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1 CHAIRMAN THOMAS: THANK YOU, ART.

2 LOOKS LIKE THOSE ARE THE COMMENTS. WE  
3 HAVE HAD TWO EXCELLENT PRESENTATIONS, AND WE HAVE  
4 ONE EXCELLENT PRESENTATION TO GO. MARIA, COULD YOU  
5 INTRODUCE JENN PLEASE?

6 DR. MILLAN: YES. I WAS GOING TO SAY AND  
7 THEN THERE'S MORE, AND THIS IS REALLY IMPORTANT.  
8 I'D LOVE TO INTRODUCE JENN LEWIS WHO'S THE HEAD OF  
9 GRANTS MANAGEMENT, BUT ALSO OPERATIONS. AND SHE'S  
10 BEEN A SPECTACULAR LEADER AND TEAM MEMBER TO MAKE  
11 SURE THAT OUR GRANTS COMPLIANCE AND OUR CONTRACTING  
12 GOES SMOOTHLY AND EXPEDITIOUSLY AS YOU'VE SEEN FROM  
13 OUR METRIC. SO, JENN, PLEASE TAKE US AWAY.

14 MS. LEWIS: THANK YOU, MARIA. AND THANK  
15 YOU, J.T. AND MEMBERS OF THE BOARD, FOR GIVING ME  
16 THIS OPPORTUNITY TO SHARE A LITTLE BIT MORE ABOUT  
17 THE GRANTS MANAGEMENT TEAM AND OUR OPERATIONS. CAN  
18 EVERYBODY SEE THIS PRESENTATION?

19 SO THE GRANTS MANAGEMENT TEAM IS  
20 RESPONSIBLE FOR CONTRACTING AND FINANCIAL COMPLIANCE  
21 OF CIRM'S PORTFOLIO BY ENSURING ALL AWARDS ARE  
22 ADMINISTERED WITHIN THE REGULATIONS OF PROP 14 AND  
23 THIS GOVERNING BOARD. SO TODAY I WANTED TO GIVE YOU  
24 JUST A BRIEF OVERVIEW OF THE TYPES OF FISCAL  
25 MANAGEMENT AND COMPLIANCE. AND IN THE NEXT FEW

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1 SLIDES, I'LL FOCUS ON INITIAL BUDGET REVIEWS THAT WE  
2 PERFORM IN PARTNERSHIP WITH GIL'S TEAM IN THE REVIEW  
3 PROCESS, OUR MILESTONES AND DISBURSEMENTS THAT GO  
4 INTO OUR CONTRACTING PROCESS, OUR MONITORING AND  
5 REPORTING REQUIREMENTS, AS WELL AS OUR FINANCIAL  
6 COMPLIANCE PROGRAM.

7 AND AS GIL MENTIONED, I JUST WANTED TO  
8 ECHO THAT WE DO START ALL OUR PRESENTATIONS OUT WITH  
9 OUR MISSION. BUT JUST SPEAKING FOR THE GRANTS  
10 MANAGEMENT TEAM IN PARTICULAR AND OPERATIONS, WE  
11 REALLY TAKE THIS TO HEART AS WE SEE PROCESSES AND  
12 SYSTEMS COME TO PLAY AND HOW CAN WE BEST ACCELERATE  
13 OUR INTERNAL SYSTEMS TO GET THERAPIES OUT AND  
14 TREATMENTS OUT TO PATIENTS. AND SO IT IS SOMETHING  
15 THAT WE ALL REALLY THINK OF AND KEEP TO HEART.

16 STARTING OFF WITH APPLICATION BUDGET  
17 REVIEW, AS GIL MENTIONED, FOR OUR LARGEST -- DURING  
18 THE TIME OF APPLICATION PRIOR TO A GRANTS WORKING  
19 GROUP REVIEW, THE CIRM TEAM CONDUCTS AN INITIAL HIGH  
20 LEVEL BUDGET REVIEW FOR SOME OF OUR MOST EXPENSIVE  
21 PROGRAMS IN THE CLINICAL PORTFOLIO AND  
22 INFRASTRUCTURE PORTFOLIO. AND THESE REVIEWS CONFIRM  
23 THAT THE BUDGET IS ALLOWABLE, ALLOCABLE, COMPLETE,  
24 AND WELL JUSTIFIED. AND WE ALSO TAKE A LOOK AND  
25 BENCHMARK OUR CLINICAL PROGRAMS AMONGST OUR GENERAL

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1 PORTFOLIO OF SIMILAR SIZES AND INDICATIONS TO SEE  
2 HOW THE COSTS MEASURE.

3 SEVERAL REASONS WHY WE DO THIS IS TO  
4 ENSURE THAT ONCE APPLICATIONS COME TO THE GWG AND TO  
5 THE BOARD IS THAT COSTS HAVE BEEN EVALUATED  
6 THOROUGHLY AND ARE ELIGIBLE FOR CIRM FUNDS. AND IT  
7 ALSO SPEAKS TO OUR ACCELERATION IN ALLOWING FOR  
8 EARLY DUE DILIGENCE TO BEGIN AT THE TIME OF  
9 APPLICATION. SO IF SOMETHING IS APPROVED FOR  
10 FUNDING BY THE BOARD, WE CAN ACCELERATE OUR TIME  
11 FROM CONTRACTING TO PROJECT START AND PROJECT  
12 READINESS IN AN EXPEDITIOUS WAY.

13 SO AFTER AN AWARD IS APPROVED BY THE  
14 BOARD, OUR WORRIES HAVE A SPECIFIED TIME FRAME TO  
15 BEGIN ACTIVITIES, AS MENTIONED, TO LAUNCH A  
16 CIRM-FUNDED PROJECT. AND SO FOR OUR CLINICAL STAGE  
17 PROGRAMS, THAT'S 45 DAYS FROM BOARD APPROVAL TO  
18 ISSUING A CONTRACT. AS MENTIONED IN THE PREVIOUS  
19 PRESENTATIONS FOR THE CONCEPT CHANGES, OUR  
20 TRANSLATION AND DISCOVERY STAGE PROGRAMS HAVE BEEN  
21 60 DAYS, AND THAT WILL NOW CHANGE TO 90 DAYS, AS  
22 WELL AS OUR EDUCATION PROGRAM AND INFRASTRUCTURE  
23 PROGRAMS HAVE A 90-DAY CONTRACTING WINDOW.

24 SO DURING THIS LAUNCH PERIOD, THE CIRM  
25 TEAM OF GRANTS MANAGEMENT OFFICERS AND SCIENCE

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1 OFFICERS WORK VERY CLOSELY TOGETHER WITH OUR  
2 AWARDEES TO ESTABLISH MILESTONES AND DISBURSEMENTS  
3 THAT GO INTO OUR CONTRACTS. WE CONDUCT A FINAL  
4 BUDGET REVIEW TO ENSURE ALL COSTS ARE ALLOWABLE, BUT  
5 ALSO MAKE ANY CUTS THAT ARE NOT ALLOWABLE AND NEED  
6 TO BE REDUCED FROM THE AWARD, AS WELL AS ENSURE  
7 PROJECT READINESS, THAT ALL PROJECTS ARE READY TO  
8 START ON DAY ONE OF GETTING THAT CONTRACT.

9 AND SO IN THE NEXT FEW SLIDES I'M GOING TO  
10 DIVE IN A LITTLE DEEPER WHAT THE TWO TYPES OF  
11 MILESTONES THAT WE HAVE ARE AS WELL AS THE MILESTONE  
12 PROCESS AND WHAT THAT MEANS PARTICULARLY WITH THE  
13 OPERATIONAL MILESTONES.

14 CIRM CONTRACTS INCLUDE WHAT WE CALL  
15 PROJECT MILESTONES OR OPERATIONAL MILESTONES, WHICH  
16 ARE OBJECTIVE MEASURES BASED ON THE APPLICANT'S  
17 PROPOSED TIMELINE AS WELL AS KEY AIMS OR MILESTONES  
18 THAT ARE IN THE ORIGINAL APPLICATION. AND THIS IS  
19 THEN WHAT WE DEVELOP FURTHER AND PUT INTO A  
20 CONTRACT, WHAT WE CALL A NOTICE OF AWARD.

21 AND SO FOR OUR EDUCATION AND DISCOVERY  
22 PROGRAMS, WE ACCEPT WHAT WE CALL PROJECT MILESTONES  
23 WHERE PROGRESS IS MONITORED WITH PERIODIC REPORTING  
24 BY THE GRANTS MANAGEMENT SCIENCE TEAMS, AND  
25 DISBURSEMENTS ARE NOT MADE UNTIL A SCIENCE OFFICER

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1 HAS APPROVED THE PROGRESS IN THAT REPORT AND FEELS  
2 THAT IT'S SUFFICIENT. AND WE ALSO ENSURE THAT ALL  
3 OTHER COMPLIANCE AND OTHER REPORTING HAVE BEEN  
4 SUBMITTED IN ORDER TO TRIGGER ANY SORT OF PAYMENT.

5 OUR EDUCATION AWARDS, AS DISCUSSED  
6 PREVIOUSLY, AND MANY OF THE APPROVALS THAT YOU HAVE  
7 MADE OVER THE PAST YEAR IN OUR EDUCATION PROGRAMS,  
8 WE DO REQUIRE AN ADDITIONAL LEVEL OF APPROVAL OF  
9 SUBMISSION OF TRAINEE APPOINTMENT TO RELEASE  
10 TRAINING FUNDS. THAT WAY WE ARE MONITORING THAT THE  
11 SLOTS THAT WERE PROPOSED IN THE APPLICATION ARE  
12 ACTUALLY BEING FILLED AND MEET THE REQUIREMENTS THAT  
13 ARE BEING LOOKED FOR FOR THE PARTICULAR TRAINING  
14 PROGRAM THAT IS BEING OFFERED.

15 ONE KEY THING FOR PROJECT MILESTONES,  
16 THOUGH, IS PAYMENT IS NOT DIRECTLY TIED TO THE  
17 ACTUAL MILESTONE BEING ACHIEVED, WHICH WE'LL GET TO  
18 MORE IN OUR OPERATION MILESTONES. HOWEVER, FAILURE  
19 TO MEET THAT MILESTONE DOES GIVE CIRM THE RIGHT AT  
20 ANY TIME TO SUSPEND PAYMENTS. GIVEN THE TYPES OF  
21 PROGRAMS, WE FORMULATE PROJECT MILESTONES INSTEAD OF  
22 A MORE RIGOROUS OPERATIONAL MILESTONE.

23 IN OUR TRANSLATION AND CLINICAL AREAS AND  
24 INFRASTRUCTURE AWARDS, WE ALSO STRUCTURE AWARDS WITH  
25 OPERATIONAL MILESTONES WHERE PROGRESS IS ATTACHED TO



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1 FUNDING. AND IN THE NEXT FEW SLIDES, I'D LIKE TO  
2 OUTLINE WHAT THAT PROCESS LOOKS LIKE AND HOW THAT  
3 DERISKS CIRM'S INVESTMENT.

4 SO AS MENTIONED, OPERATIONAL MILESTONES  
5 ARE SET ON OBJECTIVE MEASURES OF PROGRESS. AND  
6 PRIOR TO CONTRACTING AN AWARD, THE SCIENCE OFFICER  
7 AND GRANTS MANAGEMENT OFFICER WORK TOGETHER TO  
8 OUTLINE WHAT THOSE OBJECTIVE MARKERS OF SUCCESS ARE,  
9 THE DATE OF ACHIEVEMENT, AND UTILIZE THAT  
10 APPLICATION BUDGET TO CALCULATE THE FUNDS REQUIRED  
11 TO ACHIEVE EACH OF THESE MILESTONE PERIODS.

12 SO IN THE NEXT FEW SLIDES, I'LL WALK YOU  
13 THROUGH HOW THE SYSTEM WORKS. AND SO IN THIS  
14 EXAMPLE RIGHT HERE, WE'RE SHOWING A \$3 MILLION AWARD  
15 WITH THREE KEY MILESTONES OF ENROLLMENT, 33 PERCENT,  
16 66 PERCENT, AND 100 PERCENT OVER THE COURSE OF AN  
17 AWARD.

18 AND SO WHEN A CONTRACT IS LAUNCHED, WE  
19 WILL ISSUE AN UPFRONT DISBURSEMENT THAT PROVIDES  
20 ENOUGH FUNDING FOR AN AWARDEE TO GET TO THAT FIRST  
21 OPERATIONAL MILESTONE. SO AT CONTRACT LAUNCH IN  
22 THIS EXAMPLE WE ISSUE A MILLION DOLLARS THAT WOULD  
23 FUND ALL ACTIVITIES IN THAT BUDGET APPLICATION TO  
24 THE END OF THE BUDGET TO GET TO THE 33 PERCENT  
25 ENROLLED. AND THEN ONCE THAT OPERATIONAL MILESTONE

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1 IS ACHIEVED, WE MAKE ANOTHER UPFRONT DISBURSEMENT,  
2 PROVIDING FUNDS TO GET TO THE NEXT OPERATIONAL  
3 MILESTONE AND SO ON AND SO FORTH UNTIL THE AWARDEE  
4 ACHIEVES THAT MILESTONE.

5           HOWEVER, IF AN AWARDEE EXPERIENCES A DELAY  
6 IN ACHIEVING A MILESTONE, DISBURSEMENTS WILL BE  
7 SUSPENDED UNTIL THAT MILESTONE IS REACHED. AND ANY  
8 SHORTFALL WOULD BE COVERED BY AN AWARDEE'S  
9 CONTINGENCY FUNDS UNTIL THAT MILESTONE IS ACHIEVED  
10 AND THE NEXT PAYMENT IS RELEASED. AND THAT'S  
11 SOMETHING THAT WE REALLY EVALUATE IN THAT INITIAL  
12 BUDGET REVIEW ALONG WITH THE REVIEW TEAM IN ENSURING  
13 THAT THE AWARDEE HAS A PLAN IF ANY CONTINGENCY FUNDS  
14 ARE NEEDED.

15           AND ALTHOUGH CIRM SUSPENDS PAYMENT AND  
16 EXPECTS THE AWARDEE TO THEN USE THEIR CONTINGENCY  
17 FUNDS, THE CIRM TEAM IS ACTIVELY ENGAGED THROUGHOUT  
18 THE PROCESS WITH AN AWARDEE TO, ONE, IDENTIFY IF WE  
19 SEE THAT THERE COULD BE A GAP IN EXPENDITURES.

20           SO THE GRANTS MANAGEMENT TEAM IS  
21 CONSTANTLY EVALUATING FINANCIALS AND TALKING TO  
22 AWARDEES AHEAD OF TIME IF THERE SEEMS TO BE A GAP  
23 THAT COULD BE COMING IN THE FUTURE AS WELL AS DR.  
24 ALBA CREASEY AND THE THERAPEUTIC DEVELOPMENT TEAM  
25 ARE WORKING WITH AWARDEES TO CONDUCT ADVISORY

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1 PANELS. SO THEY'RE ALSO LOOKING AT THE PROGRESS AND  
2 THE SCIENTIFIC PROGRESS, HOW ARE THINGS GOING AND  
3 ARE WE GOING TO SEE ANY ISSUES THAT WILL IMPACT  
4 ACHIEVING THE NEXT MILESTONE.

5 CONVERSELY, IF AN AWARDEE ACHIEVES EARLY,  
6 ANY SAVINGS FROM THAT PREVIOUS DISBURSEMENT CAN BE  
7 CARRIED FORWARD TO FURTHER THE PROJECT TOWARDS THE  
8 NEXT MILESTONE. AND, IN ADDITION, ANY EXCESS FUNDS,  
9 IF AN AWARDEE ACHIEVES THE END OBJECTIVE OF AN AWARD  
10 EARLY AND AHEAD OF SCHEDULE AND HAS SAVINGS AS WELL,  
11 WE HAVE WHAT WE CALL POST PROJECT ALLOWABLE COSTS,  
12 WHICH ALLOWS AN AWARDEE TO PROPOSE HOW TO USE THOSE  
13 REMAINING FUNDS TO EITHER FURTHER THAT PARTICULAR  
14 PROJECT OR ANOTHER PROJECT THAT FULFILLS CIRM'S  
15 MISSION.

16 AND THEN, LASTLY, AS PART OF THIS PROCESS,  
17 OUR TRAN AND CLINICAL AWARD HAVE A CO-FUNDING  
18 REQUIREMENT, AS MENTIONED IN THE PREVIOUS  
19 PRESENTATION. AND THESE REQUIREMENTS DEPEND ON THE  
20 TYPE OF INSTITUTION, WHETHER IT'S A NONPROFIT OR  
21 FOR-PROFIT OR PARTICULAR PHASE OF THE PROJECT, AND  
22 ARE SPECIFIED IN THE PROGRAM ANNOUNCEMENTS. BUT THE  
23 REQUIREMENT IS TO ENSURE THAT FUNDING IS THERE TO  
24 ENSURE THAT CIRM FUNDING IS NOT EXPENDED AND THERE'S  
25 NO SOURCE OF ADDITIONAL FUNDS. OUR GOAL HERE IS TO

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1 ENSURE THAT A PROJECT WOULDN'T HALT OR PROGRESS SLOW  
2 DOWN BECAUSE FUNDING IS NOT AVAILABLE.

3 THUS, THE WAY WE MONITOR THIS IS TO  
4 CONTINUOUSLY REQUIRE THAT CO-FUNDING IS EXPENDED IN  
5 LINE AND IN STEP WITH CIRM FUNDING. SO AT EACH  
6 MILESTONE ACHIEVEMENT, WE'RE ENSURING THAT AN  
7 AWARDEE HAS ENOUGH FUNDS TO MEET THE NEXT CO-FUNDING  
8 REQUIREMENT TO GET TO THE NEXT MILESTONE. AND AT  
9 EACH OF THOSE TIMES WE ASK THE AWARDEE TO PROVIDE  
10 EVIDENCE OF HAVING THOSE FUNDS AVAILABLE AT THAT  
11 TIME.

12 SO ONCE AN AWARD IS LAUNCHED, I WANTED TO  
13 GIVE YOU A BRIEF SNAPSHOT OF THE VARIOUS TYPES OF  
14 MONITORING AND OVERSIGHT THAT WE HAVE OF PROGRAMS.  
15 AND SO WE HAVE PROGRESS REPORTS ACROSS EACH OF OUR  
16 PROGRAM TYPES, WHICH INCLUDE FOCUSED UPDATES ON  
17 THESE MILESTONES AND PROGRESS, AS WELL AS SECTIONS  
18 REGARDING COMPLIANCE, WHETHER IT'S ENSURING THAT THE  
19 PI EFFORT IS MEETING OUR REGULATIONS OR OTHER  
20 PROTOCOL CERTIFICATIONS. WE REQUIRE FINANCIAL  
21 REPORTING, REQUESTING CONFIRMATION OF HOW MUCH HAS  
22 BEEN DISBURSED, HOW MUCH HAS BEEN SPENT, AND ANY  
23 VERIFICATION OF CO-FUNDING OR CONTINGENCY USE TO  
24 DATE.

25 THESE FREQUENCIES DEPEND ON THE PROGRAM

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1 AND TYPE AS YOU CAN SEE HERE. FOR OUR TRANSLATION,  
2 CLINICAL, AND INFRASTRUCTURE AWARDS, WE HAVE  
3 OPERATIONAL MILESTONE REPORTS. AND THESE ARE  
4 SUBMITTED AT THE TIME OF ACHIEVEMENT OF THAT  
5 MILESTONE, AND THESE ARE WHAT TRIGGER THE  
6 DISBURSEMENT OR PAYMENT FOR THE NEXT MILESTONE AS  
7 DESCRIBED IN PREVIOUS SLIDES. AND FOR OUR EDUCATION  
8 PROGRAM, AS MENTIONED, WE REQUIRE THAT ALL TRAINEES  
9 IN THE PROGRAM, THAT THE PROGRAM DIRECTOR IS  
10 SUBMITTING THE ACTUAL APPOINTMENTS AND VERIFICATION  
11 THAT THEY HAVE RECRUITED TRAINEES INTO THE PROGRAM.  
12 AND, THUS, THAT TRIGGERS THE PAYMENT AS WELL.

13 ALL OF CIRM'S AWARD CONTRACTS REQUIRE  
14 AWARDEE INSTITUTIONS TO DISCLOSE WHETHER THEY HAVE  
15 HAD A PUBLICATION OR INVENTION OR OTHER TECHNOLOGY  
16 THAT HAS COME FROM THAT CIRM FUNDING. THE  
17 REQUIREMENT PER OUR REGULATIONS IS WITHIN 60 DAYS.  
18 SO THAT'S SOMETHING THAT WE ALSO ARE MONITORING.

19 AND TWO OTHER AREAS I WANTED TO JUST TOUCH  
20 ON IS AWARDEE INSTITUTIONS ARE ANNUALLY REQUIRED TO  
21 REPORT BACK TO CIRM ON UTILIZATION OF WHAT PATENTS,  
22 LICENSES, AND ANY OTHER COMMERCIAL TECHNOLOGIES THAT  
23 COME OUT OF CIRM FUNDING.

24 AND, LASTLY, CIRM CONDUCTS WHAT WE CALL A  
25 FINANCIAL COMPLIANCE PROGRAM WHERE WE ACTUALLY VISIT

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1 INSTITUTIONS. ON THE NEXT SLIDE, I'D LIKE TO SHARE  
2 A LITTLE BIT MORE ABOUT THAT.

3 SO IN THE START OF PROP 71, AT THE  
4 RECOMMENDATION OF THE STATE BUREAU OF AUDITS, CIRM  
5 BEGAN A STRUCTURED COMPLIANCE PROGRAM. AND THE  
6 GRANTS MANAGEMENT TEAM HAS REFINED THIS TO A PROCESS  
7 WHERE ANNUALLY WE REVIEW SIX AWARDEE INSTITUTIONS,  
8 WHETHER THEY'RE FOR-PROFIT OR NONPROFIT, AND WE  
9 SAMPLE TRANSACTIONS. AND IN THAT ARE REQUESTING  
10 EVIDENCE TO SUPPORT ANY EXPENDITURES APPLIED TO CIRM  
11 FUNDS ON THESE SAMPLE OF AWARDS. DURING THESE  
12 AUDITS, MOST OF OUR AWARDEES, ALTHOUGH THAT  
13 PERCENTAGE IS CHANGING, AS J.T. MENTIONED EARLIER,  
14 ARE RESEARCH UNIVERSITIES WHO ARE ALREADY SUBJECT TO  
15 FEDERAL AUDIT. SO OUR CIRM AUDIT IS NOT TO REPEAT  
16 THOSE AUDITS, BUT RATHER TO FOCUS ON CIRM-SPECIFIC  
17 ISSUES.

18 AND IN THAT WE ARE FOCUSING ON ALLOWABLE  
19 COSTS FOR OUR GRANTS ADMINISTRATION POLICY OR OTHER  
20 RELATED PROGRAM ANNOUNCEMENTS. AND FINDINGS HAVE  
21 RESULTED IN AWARDEE ORGANIZATIONS REVERSING  
22 ALLOWABLE COSTS OR REFUNDS TO THE AGENCY OR OTHER  
23 ADJUSTMENTS THAT HAVE MORE BROADLY IMPACTED THE  
24 INSTITUTION AND REFUNDS TO CIRM. SOME SMALL  
25 EXAMPLES OF THAT WOULD BE SALARIES OVER OUR SALARY

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1 CAP BY PI'S OR ALSO UNALLOWABLE COSTS THAT WE HAVE  
2 DISCOVERED.

3 SO, LASTLY, I JUST WANTED TO SHARE THAT,  
4 AS DR. MILLAN MENTIONED, THIS BOARD HAS APPROVED 3.4  
5 BILLION IN FUNDING. AND 382 MILLION OF THESE FUNDS  
6 RESULTED FROM RETURNED FUNDS DUE TO FISCAL  
7 MONITORING COMPLIANCE THAT WERE REDEPLOYED TO ALLOW  
8 THIS BOARD TO APPROVE ADDITIONAL AWARDS AND FUND  
9 MORE PROGRAMS.

10 I THINK THAT'S A REALLY GREAT TRIBUTE TO  
11 SOME OF THE SYSTEMS THAT WE PUT IN PLACE. AS WELL  
12 AS I WANTED TO TOUCH ON WE TALKED ABOUT CO-FUNDING.  
13 AND DUE TO THE CO-FUNDING REQUIREMENTS THAT ARE IN  
14 OUR PROGRAMS, 1.1 BILLION HAS BEEN COMMITTED BY  
15 AWARDEES TO DATE IN PARTNERSHIP WITH CIRM DOLLARS TO  
16 FUND PROGRAMS.

17 AND SO WITH THAT, I JUST WANTED TO  
18 HIGHLIGHT THE SMALL BUT MIGHTY TEAM BEHIND ALL OF  
19 THIS. AND REALLY THESE THREE INDIVIDUALS HERE, DOUG  
20 KEARNEY, RYAN WELLS, AND ALEXANDRA CARABALLO, ARE  
21 KIND OF THE CORE THAT SUPPORT THIS AND REALLY MAKE  
22 SURE THAT OUR INVESTMENT IS BEING SPENT WISELY. SO  
23 THANK YOU AND HAPPY TO TAKE ANY QUESTIONS.

24 CHAIRMAN THOMAS: SO, FIRST OF ALL, JENN,  
25 THANK YOU VERY MUCH TO YOU AND YOUR TEAM FOR ALL THE

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1 GREAT WORK YOU DO IN RUNNING GRANTS MANAGEMENT. IT  
2 IS A HERCULEAN TASK GIVEN THE NUMBER OF GRANTS WE  
3 HAVE OUTSTANDING, AND YOU AND YOUR TEAM HAVE ALWAYS  
4 DONE A WONDERFUL JOB.

5 I SHOULD NOTE FOR NEWER MEMBERS OF THE  
6 BOARD THAT ALL OF THE INVOLVEMENT THAT CIRM HAS WITH  
7 GRANTEES, ACTUALLY STARTING BEFORE APPLICATION AND  
8 THROUGH THE PROCESS OF IMPLEMENTING THE GRANTS, IS  
9 REALLY UNIQUE. NO OTHER GRANTING AGENCY THAT I'M  
10 AWARE OF HAS ANYWHERE NEAR THE ONGOING INVOLVEMENT  
11 THAT WE DO BETWEEN THE MILESTONE CHECK AND THE  
12 ADVISORY PANELS, ETC. AND AS A RESULT, I THINK WE  
13 ARE POSITIONED TO BE ABLE TO GET THE BEST POSSIBLE  
14 RESULTS WORKING WITH THE EXTRAORDINARY GRANTEES THAT  
15 WE HAVE SPREAD THROUGHOUT ACADEMIA AND INDUSTRY IN  
16 THE STATE OF CALIFORNIA.

17 AND, INDEED, SUCH IS THE NATURE OF OUR  
18 PROCESS THAT SEVERAL YEARS AGO NIH ACTUALLY HAD US  
19 BACK TO TALK TO A NUMBER OF THE INDIVIDUAL  
20 INSTITUTES TO DESCRIBE OUR PROCESS, WHICH WAS AN  
21 EXTRAORDINARY VALIDATION OF EVERYTHING THAT WE HAVE  
22 PUT IN PLACE AND THE REAL CREDIT TO WHAT ALL MEMBERS  
23 OF THE TEAM DO TO MAKE THIS POSSIBLE. SO THANK YOU  
24 VERY MUCH, JENN, AGAIN TO YOU AND YOUR TEAM.

25 MARIA, SINCE I DON'T HAVE THE ORDERING



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1 CORRECT ON MY SCREEN HERE, WILL YOU PLEASE --

2 MS. BONNEVILLE: THANK YOU. THANK YOU FOR  
3 ACKNOWLEDGING THAT. I APPRECIATE IT. YSABEL IS  
4 NEXT.

5 MS. DURON: THANK YOU VERY MUCH. YES,  
6 NICE TO MEET YOU, JENNIFER, SEE ALL THE WORK THAT  
7 YOUR TEAM IS DOING. I HOPE YOU HAVE A LITTLE PEN  
8 HANDY BECAUSE I HAVE A NUMBER OF QUESTIONS. BUT MY  
9 FIRST ONE IS HOW MANY NONPROFITS ACTUALLY HAVE  
10 APPLIED AND BEEN FUNDED? AND WHAT IS THEIR ANNUAL  
11 BUDGET THAT THEY CAN ACTUALLY TAKE ON A MAJOR  
12 PROJECT LIKE ONE OF THESE? SO THAT'S QUESTION NO.  
13 1. AND THEN I'LL LET YOU ANSWER AND THEN I'LL GO ON  
14 TO THE NEXT.

15 MS. LEWIS: SO HOW MANY NONPROFITS HAVE  
16 APPLIED GENERALLY? SO GENERALLY WE HAVE HAD, I  
17 THINK, 60 PERCENT OF OUR PORTFOLIO ABOUT IS  
18 NONPROFIT ORGANIZATIONS AND IN OUR CLINICAL 40  
19 PERCENT. I'D SAY A MAJORITY OUTSIDE OF THAT IS  
20 NONPROFIT. SO RESEARCH INSTITUTIONS. I WANT TO GET  
21 TO THE HEART OF YOUR QUESTION THOUGH WHICH I THINK  
22 IS YOU'RE TRYING TO DIFFERENTIATE BETWEEN MAYBE  
23 ACADEMIC RESEARCH INSTITUTIONS AND NONPROFITS. I'D  
24 SAY NONPROFITS IS A VERY SMALL PORTION OF OUR  
25 PORTFOLIO, ALTHOUGH IN RECENT APPLICATION ROUNDS, WE

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1 HAVE SEEN MORE SMALLER NONPROFIT INSTITUTES APPLY AS  
2 WELL.

3 MS. DURON: I GUESS I'M THINKING EVEN MORE  
4 MICRO, AND THAT'S COMMUNITY-BASED ORGANIZATIONS WHO  
5 ARE ALSO NONPROFITS. AND SO THAT GOES TO MY NEXT  
6 AREA.

7 IN THE APPLICATION, AS MUCH AS WE LOOK AT  
8 DEI, CAN YOU OR THIS MIGHT BE SOMETHING THE BOARD  
9 HAS TO APPROVE OR WE MAY BE CONSTRAINED BY STATE  
10 LAWS OR WHATEVER, CAN WE REQUIRE APPLICANTS TO  
11 INCLUDE A LINE ITEM FOR CBO ENGAGEMENT WHERE THERE'S  
12 AN EQUITABLE INVESTMENT SO THAT IF THEY'RE NECESSARY  
13 TO THE RECRUITMENT OF RAISING AWARENESS,  
14 PARTICULARLY RACIAL, ETHNIC, AND UNDERREPRESENTED  
15 POPULATIONS, SO THAT THEIR TIME, TRAINING, AND  
16 ENGAGEMENT IS RECOMPENSED? BECAUSE YOU'RE ASKING  
17 CBO'S TO PUT FORTH THEIR TIME AND TALENT. AND SO AN  
18 EQUITABLE LINE OF INVESTMENT IN THEM WHEN YOU'RE  
19 ASKING THEM TO PARTICIPATE.

20 SECOND OF ALL, A LINE ITEM THAT REQUIRES  
21 THE RESEARCHERS, THE ACADEMICS, TO REPORT BACK AND  
22 DISSEMINATE TO COMMUNITIES WHERE THERE IS IMPACT HOW  
23 THEIR ENGAGEMENT HAS HELPED INFORM THE RESEARCH AND,  
24 THEREFORE, WHY IT IS NECESSARY THAT THEY BE ENGAGED.  
25 I'M AFRAID NOT ENOUGH GOES FROM ONE END OF THE AISLE

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1 TO THE OTHER SO THAT COMMUNITY AND MORE WIDELY THE  
2 CITIZENS OF CALIFORNIA ARE NOT REALLY GETTING BACK  
3 THE BANG FOR THEIR BUCK IN BEING INFORMED IN WHAT  
4 WAS DONE WITH THAT PROJECT, HOW IT IMPACTED WHICH  
5 COMMUNITIES, AND WHY THAT HAS MADE A DIFFERENCE FOR  
6 THOSE COMMUNITIES TO BE ENGAGED. I'D LIKE THOSE TO  
7 BE LINE ITEMS IN THEIR BUDGET. I THINK IT'S BEEN  
8 PASSED OVER WAY TOO LONG, AND I'D LIKE TO KNOW IF WE  
9 CAN DO THAT. BUT I THINK THAT THAT WOULD VASTLY  
10 IMPROVE THE ENGAGEMENT OF CBO'S, THAT THEY CAN BE  
11 EQUITABLY RECOMPENSED FOR THEIR TIME AND THEIR  
12 EFFORTS.

13 MS. LEWIS: SURE. I THINK CURRENT  
14 APPLICANTS ARE DOING THAT AND THEY HAVE THE  
15 FLEXIBILITY TO UTILIZE THE FUNDS, BUT TO YOUR POINT  
16 ON REQUIRING IT, I THINK THAT WOULD BE SOMETHING  
17 THAT A DECISION -- THAT WOULD HAVE TO BE DECISION OF  
18 THE BOARD IF YOU WOULD LIKE TO ADD THAT TO ANY OF  
19 OUR PROGRAMS AND PUT THAT IN, WHETHER IT'S ALL THE  
20 PROGRAMS OR SOME OF THEM, AS ADDITIONAL FUNDS OR  
21 REQUIRED FUNDS AND HOW WE'D LIKE TO MONITOR THAT.

22 MS. DURON: I APPRECIATE THAT. THANK YOU.

23 MS. BONNEVILLE: MICHAEL IS NEXT.

24 DR. BOTCHAN: GREAT REPORT AND A LOT OF  
25 FACTS. I HAD SORT OF AN OPINION QUESTION. WHAT

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1 FRACTION OF THE TOTAL GRANTS ARE ACTUALLY -- YOU  
2 GAVE US A NUMBER, A LUMP SUM NUMBER OF THE AMOUNT OF  
3 MONEY THAT YOU RECOVERED AND THEN REUSED. WHAT  
4 FRACTION OF THE GRANTS ACTUALLY GIVE BACK MONEY OR  
5 ARE TERMINATED FOR WHATEVER REASON? YOU HAVE ANY  
6 GRANULARITY FOR THAT? I COULD PROBABLY DO SOME  
7 TABLECLOTH CALCULATIONS.

8 MS. LEWIS: I WOULD SAY -- I DON'T HAVE  
9 THE PERCENTAGE IN FRONT OF ME. THE AMOUNT IS VERY  
10 SMALL THAT ARE ACTUALLY TERMINATED. I'D SAY WE'VE  
11 MADE ALMOST 1200 AWARDS BECAUSE OF THAT PARTNERSHIP  
12 MODEL. ONLY TO SAY THAT, ALSO, WE ESTABLISHED THAT  
13 MILESTONE SYSTEM IN THE PAST SEVERAL YEARS. SO IF  
14 YOU'RE LOOKING AT THAT WHOLE PORTFOLIO, IT'S ONLY IN  
15 MORE RECENT YEARS THAT WE'VE HAD THAT MORE  
16 SUSPENSION AND TERMINATION MODEL.

17 BUT I CAN GET THAT NUMBER THOUGH AND HAVE  
18 THAT DISTRIBUTED OUT. BUT I'D SAY IT'S A SMALLER  
19 PERCENTAGE AS WE REALLY TRY TO WORK WITH OUR  
20 AWARDEES TO ENSURE PROJECT SUCCESS IF VIABLE. IF  
21 IT'S NOT VIABLE, THEN WE DO WIND DOWN THE AWARD AND  
22 TERMINATE.

23 DR. BOTCHAN: SO YOU DON'T HAVE A BALLPARK  
24 NUMBER FOR WHAT THE PERCENT MIGHT BE?

25 MS. LEWIS: NOT --

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1 DR. BOTCHAN: THAT'S OKAY IF YOU DON'T.  
2 I'M JUST CURIOUS.

3 DR. MILLAN: IF I MAY PIPE IN. SO I THINK  
4 THAT IF YOU LOOK AT THE NUMBERS IN GENERAL,  
5 BALLPARK, A LOT OF THEM ARE RELATED TO CLINICAL  
6 AWARDS BECAUSE THERE IS SOME VARIABILITY IN TERMS OF  
7 ABILITY TO ACTUAL ENROLLMENT. SOMETIMES THEY ENROLL  
8 FEWER THAN THEY EXPECTED TO OR DON'T NEED TO ENROLL  
9 AS MANY AS THEY NEEDED TO. IN SOME CASES, AS JENN  
10 SAID, THERE WERE PROGRAMS THAT WERE TERMINATED BASED  
11 ON FUTILITY WHICH IS THE CORRECT THING TO DO. AND  
12 THAT DOES GIVE US AN OPPORTUNITY TO RECOVER THOSE  
13 FUNDS SO IT CAN BE DEPLOYED FOR OTHER PROGRAMS. BUT  
14 IT'S VERY RARE THAT PROGRAMS WILL BE TERMINATED AT  
15 ALL BECAUSE SCIENCE IS SCIENCE. ALTHOUGH WHAT WE DO  
16 TRY TO DO IS ASSIST, ADVISE, AND GET THE PROGRAMS TO  
17 BE ABLE TO MEET THEIR MILESTONES, AND ARE JUST IN  
18 CLOSE COMMUNICATION TO SEE WHAT KIND OF OBSTACLES  
19 MAY COME IN THEIR WAY.

20 AND SO THE SYSTEM THAT JENN DESCRIBED  
21 REALLY DOES ALLOW US NOT JUST ADJUDICATION OR  
22 PUNITIVE AT ALL. IT'S MORE OF AN ABILITY TO IMPACT  
23 A COURSE CORRECTION WHERE NEEDED AND THEN IN VERY  
24 EXTREME CASES TO RECOVER THE FUNDS SO THAT IT CAN BE  
25 USED FOR OTHER RESEARCH.

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1 DR. BOTCHAN: THANK YOU.

2 MS. BONNEVILLE: GEORGE.

3 DR. BLUMENTHAL: THANK YOU, JENNIFER.

4 THIS IS A REALLY IMPORTANT AND GOOD REPORT THAT YOU  
5 GAVE. I HAVE TWO QUESTIONS. FIRST ONE IS VERY  
6 TREMENDOUS, CLEAR. YOU MENTIONED THAT YOU DO SIX  
7 AUDITS A YEAR ANNUALLY. ARE THOSE CHOSEN RANDOMLY,  
8 OR ARE THERE CRITERIA THAT YOU USE TO DECIDE WHICH  
9 PROGRAMS TO AUDIT?

10 MS. LEWIS: WE TRY TO FIRST LOOK -- WE DO  
11 RANDOMLY SELECTION. WE TRY, THOUGH, TO LOOK AT PAST  
12 MAYBE ONE OR TWO YEARS TO ENSURE THAT WE'RE NOT  
13 REPEATING INSTITUTIONS BECAUSE WE WANT TO DIVERSIFY.  
14 WE ALSO THEN TAKE THAT TO SEE WHO'S HAD SOME KEY  
15 PROGRESS OR ACHIEVEMENTS WHO HAVE UTILIZED THE  
16 FUNDS, SO WE MARRY THAT TOGETHER. BUT MOSTLY  
17 RANDOM. ONCE WE HAVE A SHORT LIST, WE'LL START TO  
18 SEE HOW WE CAN DECIPHER WHO THE BEST -- WHO'S HAD  
19 THE MOST ACTIVITY THAT MAKES THE MOST SENSE TO VISIT  
20 AT THAT TIME.

21 DR. BLUMENTHAL: GREAT. THANK YOU. THE  
22 OTHER QUESTION IS I NOTICE THAT ROUGHLY, IN FACT  
23 MORE THAN 10 PERCENT OF THE FUNDS THAT HAVE BEEN  
24 AWARDED HAVE NOW BEEN RECOVERED. THE AMOUNT OF  
25 RECOVERY IS REALLY QUITE HUGE, MORE THAN \$300

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1 MILLION OVER THE YEARS. I DON'T KNOW WHETHER I  
2 SHOULD BE PLEASED AT THAT NUMBER OR DISAPPOINTED IN  
3 THAT NUMBER BECAUSE ON ONE HAND IT'S GREAT THAT  
4 YOU'RE DOING RECOVERY AND YET 10 PERCENT SEEMS LIKE  
5 A LOT TO ME.

6 MS. LEWIS: SURE. IT KIND OF SPEAKS TO A  
7 LITTLE BIT, I THINK, THE OTHER QUESTION THAT WAS  
8 ASKED. IT'S NOT SOLELY DUE TO TERMINATING PROJECTS.  
9 IT'S ALSO DUE TO DUE DILIGENCE BETWEEN WHAT THE  
10 AMOUNT THAT'S BEEN APPROVED BY THIS BOARD AND WE CAN  
11 GET TO CONTRACTING. SO IT'S LOOKING AT THOSE  
12 BUDGETS, MAKING SURE THOSE COSTS ARE ALLOWABLE, THAT  
13 THEY ARE WITHIN OUR REGULATIONS, AND THINGS OF THAT  
14 NATURE. AND SO IT'S ALSO OVER TIME. SO THERE'S  
15 PROGRAMS TO DATE WHERE PERHAPS THERE WAS PARTICULAR  
16 LINE ITEMS LIKE EQUIPMENT OR RECRUITMENT OF TRAINEES  
17 WHERE WE WOULD RECOUP FUNDS BACK IF THEY HAVEN'T HIT  
18 THOSE PARTICULAR TARGETS, BUT THE PROJECT HAS STILL  
19 BEEN SUCCESSFUL. SO IT'S A WIDE RANGE OF  
20 ACTIVITIES, NOT SOLELY JUST TO SAY THAT A PROJECT  
21 FAILED AND RECOUPED BACK \$10 MILLION. IT'S OVER A  
22 COURSE OF VARIOUS ACTIVITIES.

23 DR. BLUMENTHAL: THANK YOU.

24 DR. GOLDSTEIN: THANK YOU, MARIA.

25 JENNIFER, THAT WAS AN EXCELLENT PRESENTATION. I

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1 ACTUALLY LEARNED QUITE A BIT IN SPITE OF HAVING BEEN  
2 FLOATED AROUND CIRM FOR MANY YEARS. SO THAT WAS  
3 GREAT.

4 THE AMOUNT OF MONEY YOU GUYS ARE GETTING  
5 OUT THE DOOR IN PROP 14 FUNDS AND THE RATE AT WHICH  
6 YOU'RE GETTING IT OUT IS VERY IMPRESSIVE. I DO  
7 NOTICE THAT YOU HAVE FOUR PEOPLE IN YOUR ENTIRE  
8 DEPARTMENT DOING WHAT LOOKS LIKE IS GOING TO BE A  
9 MOUNTAIN OF WORK OVER THE NEXT FEW YEARS IN TERMS OF  
10 MANAGEMENT. ARE YOU ADEQUATELY STAFFED? AND DO YOU  
11 HAVE WHAT YOU NEED TO GET ALL THAT DONE BECAUSE THIS  
12 IS A CRUCIAL PART OF OUR OPERATION?

13 MS. LEWIS: THANKS, LARRY. SO THIS BOARD  
14 HAS BEEN REALLY ACTIVE SINCE JANUARY OF 2021. WE  
15 HAVE INCREASED THE PORTFOLIO BY 50 PERCENT. NEXT  
16 YEAR WE ARE EXPECTED TO INCREASE BY ANOTHER 50  
17 PERCENT. AND SO THE PORTFOLIO IS GROWING, AS YOU  
18 NOTED. I WOULD SAY WE AVERAGE ABOUT 80 AWARDS PER  
19 GRANTS MANAGER. AND OF THAT TEAM, THREE INDIVIDUALS  
20 ARE REALLY MANAGING THE PORTFOLIO. SO WE ARE HIRING  
21 AT THE CURRENT MOMENT AND HAVE PLANS TO HOPEFULLY  
22 BRING ON SOMEONE ELSE IN THE NEXT YEAR, BUT IT IS  
23 SOMETHING THAT WE'RE CONSTANTLY MONITORING AS THE  
24 PORTFOLIO GROWS AND AS WE EXPAND TO MORE PROGRAMS.

25 I APPRECIATE THAT QUESTION BECAUSE WE ARE



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1 TRYING TO GET SOME MORE HELP FOR THE TEAM BECAUSE  
2 THE PORTFOLIO IS GROWING AT A RAPID RATE.

3 DR. GOLDSTEIN: GREAT. THANKS.

4 MS. BONNEVILLE: MARVIN. MARVIN, YOU'RE  
5 ON MUTE.

6 DR. SOUTHARD: THIS IS A SUGGESTION,  
7 MAYBE, BUILT ON YSABEL'S SUGGESTION, IS IF IT'S  
8 DIFFICULT TO MAKE SOMETHING A REQUIREMENT, SOME OF  
9 THE PROCESSES THAT I OVERSAW BEFORE, WE GAVE  
10 ADDITIONAL POINTS TO SOME FAVORED ACTIVITY THAT WE  
11 WANTED TO PROMOTE WITHOUT MAKING IT A REQUIREMENT.  
12 SO THAT MIGHT BE SOMETHING TO CONSIDER AS THE BOARD  
13 CONSIDERS THESE SUGGESTIONS.

14 MS. LEWIS: THAT'S A GREAT POINT. THANK  
15 YOU FOR THAT SUGGESTION.

16 MS. BONNEVILLE: J.T., THAT'S ALL THE  
17 HANDS.

18 CHAIRMAN THOMAS: THANK YOU.

19 MR. ROWLETT: IF I COULD MAKE A COMMENT.

20 CHAIRMAN THOMAS: AL, PLEASE.

21 MR. ROWLETT: BECAUSE OF MY RELATIONSHIP  
22 WITH MARV, I WANTED TO SAY THAT IT IS INCREDIBLY  
23 HELPFUL TO RECEIVE PRESENTATIONS LIKE THIS, J.T. AND  
24 MEMBERS OF THE BOARD, FROM A PATIENT ADVOCATE  
25 PERSPECTIVE AS IT HELPS ME TO UNDERSTAND AND

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1 APPRECIATE CIRM'S PROMINENCE AS A GRANT MANAGEMENT  
2 ORGANIZATION.

3 I ALSO WANT TO ECHO WHAT YSABEL CONSTANTLY  
4 REMINDS ME OF, AND I MEAN THAT IN ONLY THE BEST WAY,  
5 THAT OUR RESPONSIBILITY IS TO ENSURE THAT THE  
6 UNDERSERVED AND UNSERVED GET REPRESENTED IN THE  
7 TRIALS THAT THESE GRANTS ARE DIRECTED AT. AND,  
8 AGAIN, THIS PRESENTATION HELPS ME AS A BOARD MEMBER  
9 TO BE MORE EFFECTIVE. AND SO IN TERMS OF CIRM BEING  
10 EXEMPLARY, I HAVE LOTS OF SUPERLATIVES HERE BECAUSE  
11 I APPLAUD THIS AREA OF WORK AND HOPE, J.T., THAT YOU  
12 AND THE NEXT CHAIR WILL BE FOCUSED ON MAKING SURE  
13 THAT EVERY NEW BOARD MEMBER GETS THIS KIND OF  
14 ONBOARDING AND PRESENTATION AS PART OF THEIR INITIAL  
15 ORIENTATION TO THIS BOARD. IT'S VERY HELPFUL.

16 CHAIRMAN THOMAS: THANK YOU, AL. I THINK  
17 THAT THAT IS LARGELY BEHIND MARIA'S DECISION TO HAVE  
18 GIL AND JENN PRESENT AS PART OF HER PRESIDENT'S  
19 REPORT BECAUSE WE DO HAVE SO MANY NEW BOARD MEMBERS  
20 AND, AS I MENTIONED OFF THE TOP, ARE NOW FULL UP FOR  
21 THE FIRST TIME IN MANY, MANY YEARS. SO THANK YOU  
22 FOR THAT, AL.

23 OKAY. JENN, THANKS AGAIN. AND I BELIEVE  
24 AL USED THE WORD "PROMINENCE" AS A GRANT MAKING  
25 INSTITUTION. I WOULD GO ONE STEP FURTHER AND USE

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1 THE WORD "PREEMINENCE" BECAUSE I DON'T KNOW OF ANY  
2 OTHER OPERATION THAT DOES IT ANY BETTER THAN WE DO.  
3 SO THAT IS DIRECTLY A FUNCTION OF ALL MEMBERS OF THE  
4 TEAM. SO THANK YOU TO EVERYBODY FOR MAKING THIS  
5 HAPPEN.

6 OKAY. MARIA, I BELIEVE THAT CONCLUDES THE  
7 PRESIDENT'S REPORT?

8 DR. MILLAN: THANK YOU VERY MUCH, MR.  
9 CHAIRMAN. AND WE APPRECIATE THE BOARD'S FEEDBACK.  
10 WE WILL CONTINUE TO PROVIDE UPDATES DURING THE  
11 PRESIDENT'S REPORT ON THESE TYPES OF MATTERS AS WELL  
12 AS UPDATES ON OUR PORTFOLIO AND ACTIVITIES IN THE  
13 ORGANIZATION. THANK YOU FOR ALLOWING US THAT TIME.

14 CHAIRMAN THOMAS: THANK YOU.

15 NEXT GOING TO HAND IT OVER TO ART FOR  
16 COMMENTS ON THE AAWG.

17 MR. TORRES: YES. THERE'S NO REAL REPORT  
18 TO GIVE OTHER THAN THAT WE'RE PROCEEDING ACCORDINGLY  
19 WORKING WITH THE DEPARTMENT OF FINANCE AND THE  
20 GOVERNOR'S MAY REVISES ON OUR BUDGET AND ABILITY TO  
21 DISTRIBUTE FUNDS FOR OUR PATIENT ASSISTANCE FUND  
22 THAT WE CLEARLY APPROVED A FEW WEEKS AGO.

23 WE'RE ALSO NOW WORKING -- IT'S GREAT TO  
24 HAVE SEAN ON BOARD, AND WE'RE WORKING VERY CLOSELY  
25 TOGETHER AS WE MOVE FORWARD. SO I THINK OUR NEXT

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1 WORKING GROUP MEETING WILL PROBABLY BE IN MAY, WHICH  
2 WE WILL HAVE A MUCH FULLER REPORT AS ACTIVITIES  
3 EMERGE. THANKS.

4 CHAIRMAN THOMAS: THANK YOU, ART.

5 LAST, BUT NOT LEAST, I WANTED TO GIVE A  
6 FEW COMMENTS AS PART OF THE CHAIR'S REPORT. FOR  
7 THOSE OF YOU WHO ARE FAMILIAR WITH MODERN MUSIC  
8 THESE DAYS, ON MANY INSTANCES YOU WILL HAVE TWO  
9 PERFORMERS; FOR EXAMPLE, YOU'LL HAVE A SONG BY DRAKE  
10 FEATURING RIHANNA. AND SO IN THE SPIRIT OF THAT, I  
11 WANTED TO GIVE SOME COMMENTS ON A TOPIC AND TO  
12 PROMINENTLY FEATURE YSABEL TO FLESH OUT THE TOPICS.  
13 I THINK IT'S SOMETHING THAT WILL BE OF CONSIDERABLE  
14 INTEREST TO THE BOARD. SO --

15 MR. TORRES: WAIT. IS THIS YOUR POST CIRM  
16 CAREER, RECORD PRODUCER?

17 CHAIRMAN THOMAS: YES. EXACTLY. THANK  
18 YOU, ART.

19 MS. DURON: BUT AM I DRAKE OR AM I  
20 RIHANNA?

21 CHAIRMAN THOMAS: YOU'RE RIHANNA. I'M  
22 DRAKE. I FIGURED SOMEBODY WOULD ASK THAT QUESTION.  
23 SO THERE WERE A LOT OF COMMENTS EARLIER TODAY ABOUT  
24 DIVERSIFIED CELL LINES AND THE NEED TO GET MORE DATA  
25 FOR THOSE FROM COMMUNITIES THAT ARE PARTICULARLY

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1       UNDERSERVED, AND, OF COURSE, ALL OF THE COMMENTS  
2       ABOUT OUR ONGOING DEVELOPING DEI POLICY AND  
3       IMPLEMENTATION. THERE WAS A VERY INTERESTING THING  
4       THAT HAPPENED LAST WEEK, WHICH I DON'T KNOW HOW MANY  
5       OF YOU CAUGHT IT, BUT A NUMBER YEARS AGO IN THE  
6       MID-2010S, NIH EMBARKED UPON SOMETHING CALLED "THE  
7       ALL OF US STUDY," THE GOAL OF WHICH WAS TO GET A  
8       MILLION PEOPLE TO DONATE BLOOD OR SALIVA TO DEVELOP  
9       A SET OF A MILLION WHOLE GENOME SEQUENCES FOR USE BY  
10      THE SCIENTIFIC COMMUNITY TO DO RESEARCH ON FOR  
11      VARIOUS CONDITIONS.

12                 IT WAS A BOLD PROGRAM AS IT WAS DESIGNED.  
13      AND LAST THURSDAY THE NIH RELEASED THE WHOLE GENOMIC  
14      SEQUENCES OF JUST UNDER 100,000 OF THOSE  
15      PARTICIPATING. AND NORMALLY, IN THE PAST,  
16      HISTORICALLY, GENOME SEQUENCING HAS BEEN REALLY  
17      CONFINED, FIRST AND FOREMOST, TO THOSE OF EUROPEAN  
18      DESCENT, AS MUCH AS 90 PERCENT OF THAT. AND THE  
19      GOAL HERE WAS TO GREATLY DIVERSIFY THE COMMUNITIES  
20      THAT WERE INVOLVED IN THESE GENOMIC SEQUENCINGS.  
21      AND INDEED FROM THE 90-PERCENT FIGURE, THOSE THAT  
22      WERE JUST RELEASED AND WHAT WILL BE THE FINAL RESULT  
23      WHEN ALL IS SAID AND DONE IS THAT FULLY HALF OF THE  
24      GENOMIC SEQUENCINGS WILL BE FROM COMMUNITIES OF  
25      COLOR AND THOSE THAT HAVE TYPICALLY NOT BEEN

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1 ADEQUATELY OR ANYWHERE NEAR ADEQUATELY PAID  
2 ATTENTION TO IN MEDICAL RESEARCH.

3 TO DATE THEY'VE HAD 470,000, GIVE OR TAKE,  
4 WHO HAVE AGREED TO PARTICIPATE TOWARDS THEIR GOAL OF  
5 A MILLION, AND 325,000 OF THOSE HAVE NOW GIVEN BLOOD  
6 OR SALIVA TOWARDS THE ANALYSIS IN QUESTION. SO THIS  
7 IS A MEGA BIG DATA PROGRAM THAT IS DRAMATICALLY  
8 ALTERING THE LANDSCAPE FOR WHAT WILL BE AVAILABLE  
9 FOR SCIENTISTS TO ANALYZE AND DEVELOP PRECISION  
10 TARGETED TREATMENTS FOR COMMUNITIES OF EVERY SORT,  
11 EVERY COLOR, AND IS ENORMOUSLY VALUABLE.

12 SO I JUST WANTED TO MAKE THE BOARD AWARE  
13 OF THAT BECAUSE THAT PROJECT IS SO IN KEEPING WITH  
14 EVERYTHING THAT IS FUNDAMENTAL TO THE MISSION OF  
15 CIRM.

16 NOW, THAT'S THE END OF THE DRAKE PART OF  
17 THE PRESENTATION. IT JUST SO HAPPENS THAT, PERHAPS  
18 NOT SURPRISINGLY, YSABEL WAS ASKED TO BE A PART OF  
19 THE ALL OF US STUDY TEAM A NUMBER OF YEARS AGO AND  
20 HAS BROUGHT THE SAME PASSION THAT SHE BRINGS TO WHAT  
21 WE DO HERE AT CIRM TO WHAT THEY'RE DOING AT ALL OF  
22 US. SO I'D LIKE TO NOW TURN IT OVER TO  
23 YSABEL/RIHANNA TO TELL US MORE ABOUT WHAT SHE HAS  
24 BEEN DOING IN THAT EFFORT. SO THANK YOU. YSABEL.

25 MS. DURON: THANK YOU VERY MUCH, J.T. IF

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1 I'D HAVE KNOWN I WAS RIHANNA, I WOULD HAVE DRESSED  
2 DIFFERENTLY, BUT I WASN'T GIVEN AN ADVANCE NOTICE.  
3 THANK YOU.

4 AND I HAVE BREAKING NEWS BECAUSE, IN FACT,  
5 I WAS LATE BECAUSE WE WERE GETTING OUR UPDATED  
6 REPORT. AND SO I CAN CHANGE YOUR NUMBERS JUST A  
7 LITTLE. BUT I DO APPRECIATE WHAT YOU'RE REFERRING  
8 TO, J.T., AND YET, JUST LIKE CIRM, ALL OF US IS IN A  
9 CONSTANT LEARNING, EVOLVING MODE. AND MY JOY AND  
10 PLEASURE OF BEING ON THE IRB, WHICH I HAVE BEEN ON  
11 SINCE ITS INCEPTION IN 2016, HAS BEEN, IN FACT, TO  
12 LOB A FEW BALLS THAT HAVE CHANGED THE DIRECTION OR  
13 THE SLOWNESS IN WHICH THE PROGRAM WAS MOVING TO  
14 IMPROVE ITS DEI SCORE, IF YOU WILL.

15 SO AS OF JANUARY 31ST OF THIS YEAR,  
16 459,933 HAVE COMPLETED ALL PRIMARY CONSENT AND  
17 ALMOST 412,000 HAVE ALSO COMPLETED EHR CONSENT. AND  
18 OF THOSE, 75 PERCENT ARE CONSIDERED UNDERREPRESENTED  
19 INDIVIDUALS, BUT THIS INCLUDES RACIAL AND ETHNIC  
20 MINORITIES, THE RURAL, THE DISABLED, INCLUDING BLIND  
21 AND OTHER INCAPACITATED INDIVIDUALS. SO THE TOTAL  
22 ACTIVE ENROLLMENT SITES IS 216 DIFFERENT  
23 CONSTRUCTIONS OF NONPROFITS, THE LARGE ONES WE  
24 MENTIONED, ACADEMIC INSTITUTIONS, COMMUNITY  
25 FEDERALLY QUALIFIED HEALTHCARE CENTERS. WE HAVE ONE

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1 PARTICIPATING FROM CALIFORNIA. AND THEY'VE MADE A  
2 GREAT DEAL OF DIFFERENCE WITH DIFFERENT METHODS OF  
3 APPROACH TO MAKE THESE 459,000 POSSIBLE.

4 WE ARE NOW IN THE YEAR FIVE OF THIS  
5 PROGRAM. SO WE ARE HALFWAY THERE. AND IF YOU WILL  
6 RECALL, THIS WAS ACTUALLY INITIATED BY PRESIDENT  
7 OBAMA IN HIS 2015 STATE OF THE NATION IN WHICH HE  
8 CALLED FOR THE IMPLEMENTATION OF THIS ALL OF US  
9 RESEARCH PROGRAM. AND SO I'LL BREAK DOWN THE  
10 NUMBERS AS WE CURRENTLY HAVE THEM.

11 NON-HISPANIC WHITE IS 152,611; FOR  
12 HISPANIC IT'S ALMOST 54,000; FOR AFRICAN-AMERICAN  
13 IT'S ALMOST 66,000; FOR ASIANS, WHICH WE DISCUSSED  
14 AGAIN TODAY ABOUT THE LOW TURNOUT AND WHAT DO WE DO  
15 ABOUT THAT, IS JUST SHORT OF 9400; FOR AMERICAN  
16 INDIAN AND ALASKA NATIVE, IT'S JUST OVER 4,000,  
17 WHICH WE WERE CONSIDERING VERY SUCCESSFUL GIVEN THE  
18 PERCENTAGES THEY REPRESENT IN THE COUNTRY, BUT  
19 THERE'S ALSO BEEN SOME UNDERSTANDINGS WITH THE  
20 TRIBAL NATIONS THAT HAVE KIND OF CONTROLLED OUR  
21 ABILITY TO OUTREACH MORE TO THIS PARTICULAR  
22 POPULATION. FOR A COMBINATION OF BISEXUAL, GAY, AND  
23 LESBIAN, IT'S ALMOST OVER 20,000.

24 INCOMewise IT'S ALSO VERY INTERESTING.  
25 LESS THAN 10,000 OVER 51,000 PARTICIPANTS; BETWEEN



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1 10 AND 25,000, IT'S ALMOST 40,000 PARTICIPANTS;  
2 BETWEEN 50 AND 75 K, IT'S ABOUT 31,000 PARTICIPANTS;  
3 AND WITH A REPORTED INCOME OF OVER 200,000, IT'S  
4 ABOUT 18,000 PARTICIPANTS.

5 THE LARGEST GROUPS OF PARTICIPANTS ARE  
6 BETWEEN 45 AND 74. AT LEAST 44,000 HAVE REPORTED A  
7 DISABILITY STATUS, SUCH AS COGNITION, HEARING,  
8 MOBILITY, VISION, THEY'RE IN INDEPENDENT LIVING.  
9 AND BETWEEN ONE-THIRD AND TWO-THIRDS IDENTIFIED AS A  
10 RACIAL/ETHNIC GROUP PARTICIPANT. SO ABOUT 9300 HAVE  
11 WITHDRAWN FROM THE PROGRAM SINCE ITS START.

12 THERE ARE A COUPLE OF THINGS THAT I  
13 LEARNED STARTING IN THIS PROGRAM AND FOUND OUT HOW  
14 POWERFUL IRB'S ARE. IT'S MY UNDERSTANDING WE CAN  
15 CLOSE DOWN THE PROGRAM AND STOP IT IN ITS TRACKS. I  
16 NEVER THOUGHT ABOUT IT IN THOSE TERMS, BUT ALWAYS IN  
17 TERMS OF HOW DO WE MAKE THE APPLICANTS BETTER? HOW  
18 DO WE INCREASE THEIR ENGAGEMENT OF COMMUNITIES WHO  
19 ARE UNDERREPRESENTED? AND HOW DO WE USE THAT POWER  
20 ACTUALLY TO CHANGE THE WAY THE IRB DOES BUSINESS? I  
21 ALWAYS SAID FROM THE GIT-GO THAT I WANTED US TO BE  
22 THE PLATINUM MODEL FOR WHAT IRB'S DO AND HOW THEY DO  
23 IT.

24 SO WE HAVE ABOUT FOUR PATIENT ADVOCATES  
25 AMONGST THE 15 PEOPLE ON THE IRB, WHICH INCLUDE

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1 ACADEMICIANS, RESEARCHERS, BIOETHICISTS,  
2 BIOINFORMATICIANS, GENETICISTS, ONCOLOGISTS, AND  
3 LAWYERS. SOME OF THOSE REPRESENT TWO OR THREE  
4 THINGS. BUT IT'S BEEN REALLY IMPORTANT TO HAVE THE  
5 PATIENT ADVOCATES, BUT MORE IMPORTANTLY AND  
6 SOMETHING I TELL IRB'S AND OTHER LEADERSHIP,  
7 INCLUDING YOU, J.T., THAT IT IS VERY CRUCIAL TO  
8 PATIENT ADVOCATES TO BE ABLE TO FEEL THAT THEY CAN  
9 MOVE THEIR ISSUES BY FINDING ALLIES AMONGST  
10 ACADEMICIANS AND THE SCIENTIFIC COMMUNITY WHO WILL,  
11 IN FACT, SUPPORT WHAT THEY'RE TRYING TO GET ACROSS  
12 BECAUSE IT REALLY BUILDS, I THINK, THE MUSCLE OF  
13 THAT PATIENT ADVOCATE TO BELIEVE THEY HAVE SOMETHING  
14 TO SAY AND THAT THEY CAN ACTUALLY MAKE IMPACT.

15 AND IN MY VERY FIRST DAY ON THE JOB, WHEN  
16 THE PROGRAM LEADERSHIP WAS TALKING ABOUT MAYBE IN  
17 ONE YEAR LAUNCHING A SPANISH LANGUAGE WEBSITE, I  
18 TOLD THEM I THOUGHT THAT THAT WAS INCORRECT, THAT  
19 THEY NEEDED TO START WORK ON THAT RIGHT AWAY, THAT  
20 IF THEY WANTED TO REPRESENT INCLUSION, THAT THEY  
21 NEEDED TO HAVE THAT. IT WAS A PRESENTATION ISSUE,  
22 AN IMAGE ISSUE, AS WELL AS AN INCLUSION ISSUE. AND  
23 THANKS TO THE CHAIR WHO HELPED SUPPORT THAT  
24 PROPOSAL, THEY STARTED WORKING ON IT RIGHT AWAY.  
25 AND IT WAS PROBABLY IMPLEMENTED WITHIN SIX MONTHS OF

1 THAT.

2 THE OTHER THING THAT WE DID, WHICH IS  
3 SOMETHING I DROVE HERE, AND THAT IS DEI. WE  
4 REQUIRED THAT ALL APPLICANTS HAD TO PROVIDE A PLAN  
5 BASED ON THE DEMOGRAPHIC FOOTPRINT OF THE AREA THEY  
6 SERVED, THE GEOGRAPHIC AND DEMOGRAPHICS OF THE  
7 GEOGRAPHIC FOOTPRINT THEY SERVED. THEY NEEDED TO  
8 PROVIDE METRICS BASED ON THE DEMOGRAPHICS OF WHO  
9 THEY WOULD RECRUIT AND IF THEY HAD THE APPROPRIATE  
10 LANGUAGE SPEAKERS ON BOARD TO SUPPORT THE PROJECT.  
11 THE PLANS HAD TO INDICATE THE MAKEUP OF THE CAB, THE  
12 COMMUNITY ADVISORY BOARD. THEY HAD TO OFFER  
13 CULTURAL COMPETENCY TRAINING TO THEIR TEAMS. AND,  
14 FINALLY, WHAT WAS THEIR COMMUNITY ENGAGEMENT AND  
15 OUTREACH PLAN.

16 AND I THINK THAT THAT'S BEEN REALLY  
17 CRUCIAL IN OUR KEEPING THEIR FEET TO THE FIRE ON  
18 THIS. AND I'VE REVIEWED A LOT OF CONSORTIUM REPORTS  
19 AND SEEN HOW THEY HAVE IN THEIR OWN LEARNING PROCESS  
20 RECOGNIZED IT IS DIFFICULT, BUT IT IS NECESSARY AND  
21 ALSO BEEN VERY IMPORTANT FOR THEIR OUTREACH TO WORK  
22 WITH COMMUNITY.

23 THERE'S A COUPLE OF IDEAS THAT ARE BEING  
24 CONSIDERED AND ONE THAT I THINK IS REALLY CRUCIAL  
25 BECAUSE WE KEEP GETTING ASKED, I KEEP GETTING ASKED

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1 BY MANY HOW DO WE GET MORE COMMUNITIES OF COLOR INTO  
2 CLINICAL TRIALS? ONE OF THE THINGS I'VE HEARD HERE  
3 IS THAT WE ACCOMMODATE PARTICIPANTS IN MULTIPLE  
4 DIFFERENT WAYS, INCLUDING USING MOBILE UNITS, HOME  
5 VISITS, AND CONVENIENT PLACES, SUCH AS LIBRARIES AND  
6 COMMUNITY CENTERS, WHERE WI-FI IS AVAILABLE IN ORDER  
7 TO EDUCATE, INFORM, RECRUIT, AND CONSENT, AS WELL AS  
8 FOR COLLECTIONS OF BIOSPECIMENS. AND, IN FACT, TO,  
9 I THINK IT WAS LARRY'S POINT, BUT NOT SURE, WHERE WE  
10 ALLOW PARTICIPANTS TO REPORT THEIR OWN PHYSICAL  
11 MEASUREMENTS. THEY ORDER SALIVA KITS AND CONNECT TO  
12 THEIR ELECTRONIC HEALTH RECORDS. AND I AGREE THAT  
13 THERE WAS SOME CONCERN ON OUR BOARD ABOUT HOW  
14 CREDIBLE AND VALUABLE PEOPLE DOING THEIR OWN  
15 REPORTING MIGHT BE, BUT THESE ARE SOME OF THE  
16 THINKINGS.

17 ONE OTHER THING THAT I THOUGHT WAS REALLY  
18 CRUCIAL IS THAT THEY HAVE ADDED A MODULE THAT  
19 COLLECTS SOCIAL DETERMINANTS OF HEALTH. THE TASK  
20 FORCE THAT WAS CHARGED WITH DEVELOPING IT DEFINED  
21 SOCIAL DETERMINANTS OF HEALTH AS THE CONDITIONS AND  
22 CONTEXT IN WHICH PEOPLE ARE BORN, LIVE, LEARN, PLAY,  
23 WORK, AND WORSHIP ACROSS THE LIFE SPAN THAT  
24 INFLUENCE HEALTH AND QUALITY OF LIFE. THAT WAS  
25 APPROVED BY US IN JUNE OF 2021. IT'S OPTIONAL.

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1 IT'S AVAILABLE TO ALL PARTICIPANTS. AS OF JANUARY  
2 OF 2022, 21 PERCENT OF ALL ELIGIBLE PARTICIPANTS HAD  
3 COMPLETED THE SURVEY.

4 THERE ARE SIX COMPONENTS. ABOUT 19  
5 PERCENT WERE UNDERREPRESENTED GROUPS AND ABOUT 5.4  
6 PERCENT WERE SPANISH SPEAKING.

7 AND, FINALLY, I'LL SHARE WITH YOU  
8 SOMETHING THAT I THOUGHT WAS VERY CRITICAL, AND THAT  
9 WAS, AS YOU MENTIONED, J.T., BEING ABLE FOR  
10 SCIENTISTS TO GO IN AND ACTUALLY REGISTER TO UTILIZE  
11 THIS DATA. AND ONE OF THE THINGS IS THAT ALREADY 21  
12 DIFFERENT RESEARCH PAPERS HAVE BEEN PUBLISHED BASED  
13 ON SOME OF WHAT THEY HAVE LEARNED. AND I FOUND SOME  
14 OF THEM KIND OF INTERESTING IN TERMS OF THE PAPERS,  
15 LIKE CARDIOVASCULAR HEALTH DISPARITIES IN RACIAL AND  
16 OTHER UNDERREPRESENTED GROUPS, ANTIBODIES TO SEVERE  
17 ACUTE RESPIRATORY SYNDROME DUE TO CORONA VIRUS 2  
18 THAT THEY'RE LOOKING AT, HEALTHCARE ACCESS AND  
19 UTILIZATION AMONG ADULT CANCER SURVIVORS, SELF-RATED  
20 FAMILY HISTORY HEALTH KNOWLEDGE AMONG ALL OF THE  
21 PARTICIPANTS, STROKE DISPARITIES AMONG NONRACIAL  
22 MINORITIES IN THE ALL OF US RESEARCH PROGRAM. AND  
23 ONE OTHER THING, INCREASING INCLUSIVITY IN THE  
24 PRECISION MEDICINE RESEARCH, THE VIEWS OF DEAF AND  
25 HARD OF HEARING INDIVIDUALS, WHICH IS ONE OF THE

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1 AREAS THAT WE ARE TRYING TO IMPROVE ON OURSELVES.  
2 TO THE LAST POINT ABOUT UTILIZING AND  
3 ACCESSING THIS DATA, EARLY ON WE STARTED DISCUSSING  
4 ABOUT THE POSSIBILITY OF THE COMMUNITY BEING ABLE TO  
5 BE ABLE TO ASK THE RESEARCH QUESTION AND, THEREFORE,  
6 ALSO BEING ABLE TO ACCESS THE DATA. NOW, IT DOES  
7 REQUIRE -- FIRST OF ALL, YOU CAN ONLY DO THIS WORK  
8 IN THE CLOUD. YOU CAN'T DOWNLOAD IT AND TAKE IT  
9 HOME WITH YOU. YOU HAVE TO WORK WITHIN THE  
10 PARAMETERS SET UP BY ALL OF US.

11 SECOND OF ALL, YOU HAVE TO MEET CERTAIN  
12 VERY HIGH LEVEL REQUIREMENTS IN ORDER TO DO THIS  
13 WORK. BUT THEY ALSO DID WANT TO INCLUDE CITIZEN  
14 SCIENTISTS AND ALLOW THEM TO ACCESS AND DO THEIR OWN  
15 WORK. AND AT THE TIME I SAID THAT'S GREAT. AND I  
16 WAS AT A MEETING, A TRAINING MEETING, WITH ROMA  
17 TORRES, AKA COMMUNITY HEALTH WORKERS, AND TELLING  
18 THEM ALL OF US IS GOING TO DO THIS. WE AS COMMUNITY  
19 ARE GOING TO BE ABLE TO ACCESS THIS INFORMATION.  
20 WE'RE GOING TO BE ABLE TO ASK OUR OWN QUESTIONS THAT  
21 ARE IMPORTANT TO THE LATINO COMMUNITY SO THAT YOU  
22 CAN GO OUT AND TALK TO THEM ABOUT SOME OF OUR  
23 ISSUES.

24 AND SO I SAID CITIZEN SCIENTISTS. AND THE  
25 FIRST THING IS SOMEONE GOT UP AND SAID, DO NOT CALL

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1 IT CITIZEN SCIENTISTS. CALL IT COMMUNITY SCIENTISTS  
2 BECAUSE CITIZEN SCIENTISTS TO US IS EXCLUSIVE. IT  
3 LEAVES SOME OF OUR COMMUNITY OUT BASED ON A WORD.  
4 SO WE HAVE TO BE CAREFUL ABOUT THE NARRATIVE.

5 SO I WENT BACK AND FOUGHT FOR THE CHANGE  
6 JUST IN THE LANGUAGE FROM CITIZEN SCIENTIST TO  
7 COMMUNITY SCIENTISTS. AND SO THEY HAVE DONE THAT,  
8 BUT THERE IS ALSO A FORMAL GROUP CALLING THEMSELVES  
9 COMMUNITY SCIENTISTS, BUT THAT DOESN'T BOTHER ME.  
10 THE FACT OF THE MATTER IS THAT ALL OF US HAS BEEN  
11 SENSITIVE TO AND ACTS ON ISSUES THAT THEY HADN'T  
12 THOUGHT ABOUT. IT IS NOT THEIR LIVED EXPERIENCE,  
13 BUT THEY'RE WILLING TO BE OPEN TO AND MAKE THAT  
14 CHANGE BECAUSE THEY WANT TO GET TO THAT MILLION WITH  
15 PRESIDENT OBAMA'S INITIATIVE IN MIND, AND IT  
16 INCLUDES ALL OF US.

17 SO THAT'S MY REPORT FOR TODAY. I HOPE  
18 THAT SOME OF YOU FOUND IT VERY HELPFUL AND  
19 INTERESTING.

20 CHAIRMAN THOMAS: THANKS VERY MUCH,  
21 YSABEL. AND THAT'S A GREAT AMPLIFICATION ON THE  
22 DETAILS AND THE INNER WORKINGS OF WHAT THAT GROUP IS  
23 DOING, WHICH IS VERY, VERY IMPORTANT AND, AS WE'VE  
24 BEEN SAYING, IS COMPLETELY COPASETIC TO WHAT WE ARE  
25 TRYING TO DO AS WELL.

**BETH C. DRAIN, CA CSR NO. 7152**

1 ANY COMMENTS OR QUESTIONS OF YSABEL WITH  
2 RESPECT TO HER COMMENTS THERE? MARIA, DO YOU SEE  
3 ANY HANDS THERE?

4 MS. BONNEVILLE: NO.

5 MS. DURON: CAN I MAKE ONE LAST COMMENT,  
6 J.T.?

7 CHAIRMAN THOMAS: CERTAINLY.

8 MS. DURON: FOR THE COMFORT OF THOSE WHO  
9 WOULD NAME ME AND FOR THOSE WHO ARE NEW, A SIMPLE  
10 ISABEL WILL DO. I APPRECIATE THOSE ADDING THE  
11 ACCENT. I KNOW SOMETIMES IT'S A STRUGGLE. SO  
12 ISABEL WILL DO.

13 CHAIRMAN THOMAS: THANK YOU. OKAY.

14 SO THAT CONCLUDES THE CHAIR REPORT. I  
15 THINK WE ARE NOW TO THE PUBLIC COMMENT ON ANY ITEMS  
16 OF ANY INTEREST. MARIA, DO YOU SEE ANY PUBLIC  
17 COMMENT?

18 MS. BONNEVILLE: I DO NOT.

19 CHAIRMAN THOMAS: OKAY. HAVING SAID THAT,  
20 I, OF COURSE, WOULD BE REMISS IF I DIDN'T SAY HOW  
21 HAPPY I WAS THAT THE BASEBALL NEGOTIATIONS  
22 SUCCESSFULLY CONCLUDED AND WE'RE GOING TO HAVE A  
23 SEASON. AL, I'M SORRY THAT POSY AND BRYANT ARE  
24 GONE. GIL AS WELL. BUT YOU KNOW THESE THINGS  
25 HAPPEN. SO MAY THE BEST TEAM WIN WHEN OPENING DAY



**BETH C. DRAIN, CA CSR NO. 7152**

1 COMES IN THE NEXT COUPLE WEEKS. AND WITH THAT,  
2 THANK YOU ALL FOR A VERY NICE, INFORMATIVE MEETING  
3 AS ALWAYS.

4 MARIA, OUR NEXT FULL BOARD MEETING IS?

5 MS. BONNEVILLE: OUR NEXT FULL BOARD  
6 MEETING IS MAY 26TH. WE HAVE AN APPLICATION REVIEW  
7 SUBCOMMITTEE MEETING ON APRIL 19TH FOR THOSE OF YOU  
8 THAT ARE PART OF THAT. AND WE ARE TRYING TO GET A  
9 JUNE ALL-BOARD MEETING SCHEDULED. I KNOW IT'S SUPER  
10 LAST MINUTE, BUT JUST GIVEN AGGRESSIVE SCHEDULES  
11 WITH CHAIR AND VICE CHAIR SEARCH AS WELL AS SOME  
12 OTHER ITEMS, WE ARE HOPING TO GET A JUNE MEETING AS  
13 WELL. SO THAT'S WHAT WE HAVE GOT.

14 CHAIRMAN THOMAS: THANK YOU. AND THANK  
15 YOU, MARIA. THANK YOU, DOUG. THANK YOU, TRICIA.  
16 THANK YOU, KOLE. THANK YOU, STEPHANIE. AND TO ALL  
17 OF YOU WHO MAKE THIS HAPPEN, WE APPRECIATE IT.  
18 MARIANNE. WITH THAT, HAVE A GREAT REST OF YOUR DAY.  
19 WE STAND ADJOURNED.

20 (THE MEETING WAS THEN CONCLUDED AT 12:16 P.M.)  
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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON MARCH 24, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CSR 7152  
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