

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Application</h2> <p style="font-size: small; margin: 0;"><i>Do not exceed 56-character length restrictions, including spaces.</i></p>		LEAVE BLANK—FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i>					
Number:		Title:			
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes		
3a. NAME <i>(Last, first, middle)</i>			3b. DEGREE(S)		
3c. POSITION TITLE			3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT			E-MAIL ADDRESS:		
3f. MAJOR SUBDIVISION					
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>					
TEL:		FAX:			
4. HUMAN SUBJECTS RESEARCH		4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____		5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> No <input type="checkbox"/> Yes		4b. Human Subjects Assurance No.	4c. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	5a. If "Yes," IACUC approval Date	5b. Animal welfare assurance no
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)	8b. Total Costs (\$)
9. APPLICANT ORGANIZATION			10. TYPE OF ORGANIZATION		
Name			Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
Address			Private: → <input type="checkbox"/> Private Nonprofit		
			For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business		
			<input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
Institutional Profile File Number (if known)			11. ENTITY IDENTIFICATION NUMBER		
			DUNS NO. <i>(if available)</i>		
			Congressional District		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name			Name		
Title			Title		
Address			Address		
Tel			Tel		
FAX			FAX		
E-Mail			E-Mail		
14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.			SIGNATURE OF PI/PD NAMED IN 3a. <i>(In ink. "Per" signature not acceptable.)</i>		DATE
15. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE

Principal Investigator/Program Director (Last, first, middle):

DESCRIPTION: State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

PERFORMANCE SITE(S) (*organization, city, state*)

KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator. List all other key personnel in alphabetical order, last name first.

Name	Organization	Role on Project
------	--------------	-----------------

Disclosure Permission Statement. Applicable to SBIR/STTR Only. See instructions. **Yes** **No**

Principal Investigator/Program Director (Last, first, middle):

The name of the principal investigator/program director must be provided at the top of each printed page and each continuation page.

FAST TRACK AWARD RESEARCH GRANT TABLE OF CONTENTS

	<i>Page Numbers</i>
Face Page	1
Description, Performance Sites, and Personnel	2- _____
Table of Contents	_____
Detailed Budget for Initial Budget Period (or Modular Budget)	_____
Budget for Entire Proposed Period of Support (not applicable with Modular Budget)	_____
Budgets Pertaining to Consortium/Contractual Arrangements (not applicable with Modular Budget)	_____
Biographical Sketch —Principal Investigator/Program Director (<i>Not to exceed four pages</i>).....	_____
Other Biographical Sketches (<i>Not to exceed four pages for each – See instructions</i>).....	_____
Resources	_____
Research Plan	
Introduction to Revised Application (<i>Not to exceed 3 pages</i>)	_____
<i>Items A-N: not to exceed 10 pages</i>	
A. Purpose/Objectives/Specific Aims	_____
B. Hypotheses/Research Questions	_____
C. Significance.....	_____
D. Military Relevance.....	_____
E. Background/Review of Literature.....	_____
F. Preliminary Studies/Progress Report.....	_____
G. Research Design, Methods, and Randomization Process.....	_____
H. Data Collection and Measurement.....	_____
I. Target Sample, Sample Size, and Inclusion/Exclusion Criteria.....	_____
J. Data Collection and Measurement.....	_____
K. Human Subject Protection, Recruitment, Benefits, Risks, and Risk/Benefit Assessment.....	_____
L. Vertebrate Animals.....	_____
M. Data Analysis	_____
N. Timeline.....	_____
O. Bibliography	_____
Checklist	_____
Appendix (<i>Five collated sets. No page numbering necessary for Appendix.</i>)	
<i>Appendices NOT PERMITTED for Phase I SBIR/STTR unless specifically solicited.</i>	<input type="checkbox"/>
Number of publications and manuscripts accepted for publication (<i>not to exceed 10</i>) _____	
Other items (list): _____	

Check if
Appendix is
Included

Principal Investigator/Program Director (Last, first, middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM	THROUGH	
<i>PERSONNEL (Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	<i>DOLLAR AMOUNT REQUESTED (omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
SUBTOTALS →							
CONSULTANT COSTS							
EQUIPMENT <i>(Itemize)</i>							
SUPPLIES <i>(Itemize by category)</i>							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>							
OTHER EXPENSES <i>(Itemize by category)</i>							
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							\$
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS					
		FACILITIES AND ADMINISTRATIVE COSTS					
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i> →							\$
SBIR/STTR Only: FEE REQUESTED							





**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
SUBTOTAL DIRECT COSTS						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
	F&A					
TOTAL DIRECT COSTS						
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD <i>(Item 8a, Face Page)</i>						\$
SBIR/STTR Only Fee Requested						
SBIR/STTR Only: Total Fee Requested for Entire Proposed Project Period <small>(Add Total Fee amount to "Total direct costs for entire proposed project period" above and Total F&A/indirect costs from Checklist Form Page, and enter these as "Costs Requested for Proposed Period of Support on Face Page, Item 8b.)</small>					\$	

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.



Principal Investigator/Program Director (Last, first, middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
------	----------------

EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(S)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Principal Investigator/Program Director (Last, first, middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow the sample format on for each person. (See attached sample). **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow sample format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
Carlucci, Joseph Louis		Professor of Microbiology	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Stanford University	Ph.D.	1964	Infectious Diseases
Harvard Medical School	M.D.	1972	Medicine/Parasitology

A. Positions and Honors.**Positions and Employment**

1969-1971 Medical Residency, Internal Medicine, Harvard Medical School
 1971-1973 EIS Officer, Hospital Infection Section, Bacterial Diseases Branch, CDC, Atlanta, GA
 1973-1974 Instructor and Fellow in Medicine, Hematology, Massachusetts General Hospital, Boston, MA
 1974-1975 Instructor in Infectious Diseases, Massachusetts General Hospital, Boston, MA
 1978- Senior Associate in Infectious Diseases, Children's Hospital, Boston, MA
 1978-1984 Assistant Professor of Pediatrics, Harvard Medical School
 1985-1998 Chief, Hemostasis Laboratory, Children's Hospital, Boston, MA
 1993- Professor of Pediatrics, Harvard Medical School, Boston, MA
 1998- Professor, Dept. of Infectious Diseases, Harvard School of Public Health

Other Experience and Professional Memberships

1972-1973 Acting Chief, National Mucosal Infections Study
 1975-2000 Director of Infectious Diseases Laboratory
 1975-present Hospital Epidemiologist (Medical Director Infection Control 2000-present), Children's Hospital, Boston
 1981-1982 President, Society of Hospital Epidemiologists of America
 1988 Member, Society for Pediatric Research
 1989-present Medical Director Quality Assurance, Children's Hospital, Boston, MA
 1991-1993 Director, American Society for Microbiology, Division F
 1991-1997 Hospital Infection Control Practices Advisory Committee, Centers for Disease Control
 1998-present Vice-Chair for Health Outcomes, Dept. of Medicine, Children's Hospital
 1998-2001 Steering Committee, NACHRI/CDC Pediatric Prevention Network

Honors

1982 SERC Advanced Research Scholarship, Infectious Disease Society of America
 2001 Anthony Steinway Award for Excellence in Teaching (Children's Hospital)

B. Selected peer-reviewed publications (in chronological order).

(Publications selected from 133 peer-reviewed publications)

1. Luciani JM, Casper J, Goodman BF, Shaw CM, Carlucci JL. Prevention of respiratory virus infections through compliance with frequent hand-washing routines. *N Engl J Med* 1988 ;318:389-394.

2. Gussmann J, Pratt R, Sideway DG, Sinclair JM, Emmerson MF, Carlucci JL. Coagulase-negative staphylococcal bacteremia in the changing neonatal intensive care unit population. Is there an epidemic? *JAMA*. 1988;158:1548-1552.
3. Gussmann J, Carlucci JL, McGovern JE, Jr., Methodologic issues in nursing home epidemiology. *Rev Infect Dis* 1989;11:1119-1141.
4. Gussmann J, Emmerson MF, Smyth NE, Platt RI, Sidebottom DG, Carlucci JL. Early hospital release and antibiotic usage with nosocomial staphylococcal bacteremia in two neonatal intensive care unit populations. *Amer J Dis Child* 1991;149:325-339.
5. Murphy JA, Black RW, Schroeder LC, Weissman ST, Gussman JM, Carlucci JL, Short CJ. Quality of care for children with asthma: the role of social factors and practice setting. *Pediatrics* 1996;98:379-84.
6. Gussmann J, Carlucci JL, McGovern JE, Jr. Incidence of *Staphylococcus epidermidis* catheter-related bacteremia by infusions. *J Infect Dis* 1996;172:320-4.
7. Carlucci JL, Huskins WC. Control of nosocomial antimicrobial-resistant bacteria A strategic priority for hospitals worldwide. *Clin Infect Dis* 1997;S139-S145.
8. Corning WC, Saylor BM, O'Steen C, Gulapagos L, O'Reilly EJ, Carlucci JL. Hospital infection prevention and control: A model for improving the quality of hospital care in low income countries. *Infect Control Hosp Epi*. 1999;13:123-35.
9. Handler CJ, Marriott B, Clearwater PT, Carlucci JL. Quality of care at a children's hospital: the child's perspective. *Arch Pediatr Adolesc Med*. 1999;143:1120-7.
10. McKinney D, Poulet KL, Wong Y, Murphy V, Ulright M, Dorling G, Long JC, Carlucci JL, Piper GB. Protective vaccine for *Staphylococcus aureus*. *Science* 1999;214:1421-7.
11. Gulazzii L, Kispert ZT, Carlucci JL, Corning WC. Risk-adjusted mortality rates in surgery: a model for outcome measurement in hospitals developing new quality improvement programs. *J Hosp Infect* 2000;24:33-42.
12. Huebner J, Qui A, Krueger WA, Carlucci JL, Pier GB. Prophylactic and therapeutic efficacy of antibodies to a capsular polysaccharide shared among vancomycin-sensitive and resistant enterococci. *Infect Immun* 2000; 68:4631-6.
13. Levitan O, Sissy RB, Kenney J, Buchwald E, Maccharone AB, Carlucci JL. Enhancement of neonatal innate defense: Effects of adding a recombinant fragment of bactericidal protein on growth and tumor necrosis factor-inducing activity of gram-positive bacteria tested in vivo. *Immun* 2000;38:3120-25.
14. Garletti JS, Harrison MC, Collin PA, Miller CD, Otter D, Shaker C, Wren M, Carlucci JL, Makato DG. A randomized trial comparing iodine to a alcohol impregnated dressing for prevention of catheter infections in neonates. *Pediatrics*. 2001;127:1461-6.
15. Corning WC, Barillo K, Festival MR, Lingonberry S, Lumbar P, Peters A, Pursons M, Carlucci JL, Tella JE. A national survey of practice variation in the use of antibiotic prophylaxis in heart surgery. *J Hosp Infect*. 2001;33:121-5.
16. Hoboken S, Peterson D, Gravelly L, Carlucci JL. Compliance with hand hygiene practice in pediatric intensive care. *Pediatric Crit Care Med*. 2001;12:211-214.
17. Hasker S, Pittoui D, Gray L, Zaruccii A, Potter G, Seemore MH, Carlucci JL. Interventional study to evaluate the impact of an antibiotic-infused hand gel in improving hand hygiene compliance. *Pediatr Infect Dis J*. Accepted for publication.
18. Lander C, Summers R, Murray S, Hummer CJ, Carlucci JL. Pediatrics: Is hospital food more nutritional than mom's cooking? *Pediatrics* 2001;11: 140-145.

C. Research Support

Ongoing Research Support

R01 HS35793 Carlucci (PI)

9/01/99-8/30/04

AHRQ

Reducing Antimicrobial Resistance in Low-Income Communities: A Randomized Trial.

This study is a randomized trial of interventions to reduce antimicrobial usage and resistance in low-income communities.

Role: PI

Ongoing Research Support (cont.)

2 R01 AI12345-05 Carlucci (PI) 4/01/01-3/31/06
 NIH/NIAID
 Bacteriology and Mycology Study of ICU Patients at Risk for Antimicrobial Resistant Bacterial Infections.
 The study will perform clinical trials of interventions to reduce antimicrobial resistant infections.
 Role: PI

R01- AI24680-04 Peterson (PI) 3/01/01-2/28/06
 NIH/NIAID
 Virulence and Immunity to Staphylococci.
 This study investigates the production of polysaccharide by *Staphylococcus aureus* and its role in virulence as measured in animal models of infection and its ability to function as a target for protective antibody.
 Role: Paid consultant.

2 R01 HL 00000-13 Anderson (PI) 3/01/01-2/28/06
 NIH/NHLBI
 Chloride and Sodium Transport in Airway Epithelial Cells
 The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.
 Role: Co-Investigator

5 R01 HL 00000-07 Baker (PI) 4/1/01 – 3/31/04
 NIH/NHLBI
 Ion Transport in Lungs
 The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.
 Role: Co-Investigator

1 R01 AI12826-01 Hoffman (PI) 9/28/01-9/27/03
 NIH/NIAID
 Intermountain Child Health Services Research Consortium
 This consortium will seek to build pediatric health services research capacity and training in the Intermountain Region.
 Role: Co-Investigator

Completed Research Support

5 RO1 AI10011-05 Herman (PI) 10/01/99 – 11/30/01
 NIH/NIAID
 Evaluating Quality Improvement Strategies (EQUIS)
 The goal of this study was to evaluate quality improvement and collaborative learning to improve asthma care in office-based pediatrics.
 Role: Co-Investigator

5 R01 AI098765 Spielman (PI) 7/01/96 -6/30/01
 NIH/NIAID
 Epidemiology of Emerging Infections #1 T32 AI07654
 The goal of this project was to study emerging infections in high risk populations who are treated in emergency room situations.
 Role: Co-Investigator

RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
- SBIR Phase I SBIR Phase II: SBIR Phase I Grant No. _____ SBIR Fast Track
 STTR Phase I STTR Phase II: STTR Phase I Grant No. _____ STTR Fast Track
- REVISION of application number: _____
 (This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)
- COMPETING CONTINUATION of grant number: _____
 (This application is to extend a funded grant beyond its current project period.)
- No Previously reported
 Yes. If "Yes," Not previously reported
- SUPPLEMENT to grant number: _____
 (This application is for additional funds to supplement a currently funded grant.)
- CHANGE of principal investigator/program director.
 Name of former principal investigator/program director: _____
- FOREIGN application or significant foreign component.

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications are provided in Section III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

- Human Subjects; •Research Using Human Embryonic Stem Cells•
- Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy• Vertebrate Animals•

- Debarment and Suspension; •Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying; •Non-Delinquency on Federal Debt; •Research Misconduct; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA and Human Gene Transfer Research; •Financial Conflict of Interest (except Phase I SBIR/STTR) •STTR ONLY: Certification of Research Institution Participation.

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

- DHHS Agreement dated: _____ No Facilities And Administrative Costs Requested.
- DHHS Agreement being negotiated with _____ Regional Office.
- No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
TOTAL F&A Costs \$				

*Check appropriate box(es):

- Salary and wages base Modified total direct cost base Other base (Explain)
 Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):

4. SMOKE-FREE WORKPLACE Yes No (The response to this question has no impact on the review or funding of this application.)

Principal Investigator/Program Director (Last, first, middle):

Place this form at the end of the signed original copy of the application.
Do not duplicate.

PERSONAL DATA ON PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator/program director. To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests social Security numbers for accurate identification, referral, and review of applications and for management of PHS grant programs. Provision of the Social Security number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number. The PHS requests the Social Security Number under Sections 301 (a) and 487 of the PHS Act as amended (42 USC241a and USC288). All analyses conducted on the date of birth and race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)

SEX/GENDER

Female Male

Social Security Number

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- Hispanic or Latino**
 Not Hispanic or Latino

RACE

2. What race do you consider yourself to be? Select one or more of the following.

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)
- Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Check here if you do not wish to provide some or all of the above information.



Principal Investigator/Program Director (Last, first, middle):

DO NOT SUBMIT UNLESS REQUESTED

OTHER SUPPORT

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. **Include the principal investigator's name at the top and number consecutively with the rest of the application.** The sample is intended to provide guidance regarding the type and extent of information requested. Refer to the specific instructions in Section I. For information pertaining to the use of and policy for other support, see "Policy and Additional Guidance."

Format

NAME OF INDIVIDUAL

ACTIVE/PENDING

Project Number (Principal Investigator) Source Title of Project (<i>or Subproject</i>)	Dates of Approved/Proposed Project Annual Direct Costs	Percent Effort
The major goals of this project are...		

OVERLAP (*summarized for each individual*)

Samples

ANDERSON, R.R.

ACTIVE

2 R01 HL 00000-13 (Anderson) NIH/NHLBI Chloride and Sodium Transport in Airway Epithelial Cells	3/1/1997 – 2/28/2002 \$186,529	30%
---	-----------------------------------	-----

The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.

5 R01 HL 00000-07 (Baker) NIH/NHLBI Ion Transport in Lungs	4/1/1994 – 3/31/2002 \$122,717	10%
--	-----------------------------------	-----

The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.

R000 (Anderson) Cystic Fibrosis Foundation Gene Transfer of CFTR to the Airway Epithelium	9/1/1996 – 8/31/2002 \$43,123	10%
---	----------------------------------	-----

The major goals of this project are to identify and isolate airway epithelium progenitor cells and express human CFTR in airway epithelial cells.

PENDING

DCB 950000 (Anderson) National Science Foundation \$82,163 Liposome Membrane Composition and Function	12/01/2002 – 11/30/2004	20%
---	-------------------------	-----

The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome uptake into cells.

OVERLAP

DO NOT SUBMIT UNLESS REQUESTED

OTHER SUPPORT (*continued*)

RICHARDS, L.

NONE

HERNANDEZ, M.

ACTIVE

5 R01 CA 00000-07 (Hernandez) NIH/NCI Gene Therapy for Small Cell Lung Carcinoma	4/1/1995 – 3/31/2002	40% academic
--	----------------------	--------------

The major goals of this project are to use viral strategies to express the normal p53 gene in human SCLC cell lines and to study the effect on growth and invasiveness of the lines.

5 P01 CA 00000-03 (Chen) NIH/NCI Mutations in p53 in Progression of Small Cell Lung Carcinoma	7/1/2000 – 6/30/2002 \$104,428 (sub only)	20% academic 100% summer
---	--	-----------------------------

The major goals of this subproject are to define the p53 mutations in SCLC and their contribution to tumor progression and metastasis.

BE 00000 (Hernandez) American Cancer Society p53 Mutations in Breast Cancer	9/1/1996 – 8/31/2002 \$86,732	20% academic
---	----------------------------------	--------------

The major goals of this project are to define the spectrum of p53 mutations in human breast cancer samples and correlate the results with clinical outcome.

OVERLAP

Potential commitment overlap for Dr. Hernandez between 5 R01 CA 00000-07 and the application under consideration. If the application under consideration is funded with Dr. Hernandez committed at 30 percent effort, Dr. Hernandez will request approval to reduce her effort on the NCI grant.

BENNETT, P.

ACTIVE

Investigator Award (Bennett) Howard Hughes Medical Institute \$581,317 Gene Cloning and Targeting for Neurological Disease Genes	9/1/1999 – 8/31/2002	70%
--	----------------------	-----

This award supports the PI's program to map and clone the gene(s) implicated in the development of Alzheimer's disease and to target expression of the cloned gene(s) to relevant cells.

OVERLAP

None