

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT (<i>Do not exceed 81 characters, including spaces and punctuation.</i>)					
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 (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name	
3c. POSITION TITLE		3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>) E-MAIL ADDRESS:			
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
3f. MAJOR SUBDIVISION					
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: _____ FAX: _____					
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4b. Human Subjects Assurance No.		5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "Yes," Exemption No. _____		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>) From 7/1/07 Through 6/30/09		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) \$200,000		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 8a. Direct Costs (\$) \$400,000 8b. Total Costs (\$) \$621,000	
9. APPLICANT ORGANIZATION Name Board of Trustess of the University of Illinois Address MB 502, M/C 551 809 Marshfield Avenue Chicago, IL 60607			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local 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		
			11. ENTITY IDENTIFICATION NUMBER 37-6000511-A5 DUNS NO. 098987217 Cong. District 7		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Luis Vargas Title Executive Director Address Office of Research Services 304 AOB, M/C 672, 1737 West Polk Street Chicago, IL 60612-7227 Tel: 312-996-9406 FAX: 312-996-9005 E-Mail: awards@uic.edu			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Dr. Larry H. Danziger Title Interim Vice Chancellor for Research Address 310 AOB, M/C 672 1737 West Polk Street Chicago, IL 60612-7227 Tel: 312-996-4993 FAX: 312-996-9005 E-Mail: awards@uic.edu		
14. 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

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 7/1/05	THROUGH 6/30/06	
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Amy Burton	Principal Investigator	12	15.0	100,000	15,000	4,298	19,298
William Miller	Co-PI	12	10.0	93,000	9,300	2,665	11,965
Anita Simmons	Co-PI	10	10.0	81,000	8,100	2,321	10,421
Chris Hays	Res. Asst.	12	50.0	30,000	15,000	4,298	19,298
Phillip Turner	Res Specialist	12	100.0	45,000	45,000	12,982	57,982
SUBTOTALS →					92,400	26,564	118,964
CONSULTANT COSTS							
EQUIPMENT <i>(Itemize)</i>							
SUPPLIES <i>(Itemize by category)</i> Baboon Bone Marrow Samples 12/Year \$5000; Cell Culture \$15,000; Matrices, Growth Factors, Plastic Ware \$6,000; Threacyte Devices x 30 \$2174; Software \$3000							
							31,174
TRAVEL							
PATIENT CARE COSTS		INPATIENT None					
		OUTPATIENT None					
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>							
OTHER EXPENSES <i>(Itemize by category)</i> UIUC Component \$50,000							
							50,000
CONSORTIUM/CONTRACTUAL COSTS				DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i>							\$ 200,138
CONSORTIUM/CONTRACTUAL COSTS				FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							\$ 200,138

SBIR/STTR Only: FEE REQUESTED

Principal Investigator/Program Director (Last, First, Middle):

**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>		118,964	118,964			
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES		31,174	31,174			
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES		50,000	50,000			
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>		200,138	200,138			
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
TOTAL DIRECT COSTS		200,138	200,138			
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD						\$ 400,276
SBIR/STTR Only Fee Requested						
SBIR/STTR Only: Total Fee Requested for Entire Proposed Project Period <i>(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.)</i>						\$

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

BUDGET JUSTIFICATION PAGE MODULAR RESEARCH GRANT APPLICATION						
	Initial Period	2nd	3rd	4th	5th	Sum Total (For Entire Project Period)
DC less Consortium F&A	200,000 <i>(Item 7a, Face Page)</i>	200,000				400,000 <i>(Item 8a, Face Page)</i>
Consortium F&A						
Total Direct Costs	200,000	200,000				\$ 400,000

Personnel

PI: Amy Burton (MD): Dr. Burton is a Transplant Surgeon in the Dept. of Surgery at the University of Illinois at Chicago with extensive experience with both hematopoietic and mesenchymal stem cell research for the induction of transplantation tolerance. Her laboratory is one of the few across the nation that has expertise in baboon, cynomolgus monkey, mouse and rat Mesenchymal Stem Cells. A support of 15% of her time is requested.

Co-PI: William Miller (PhD): Dr. Miller holds joint appointments in the Bioengineering Department and the Department of Civil and Materials Engineering. He specialized in Computational Mechanics and in development of Computer Software for engineering applications. A support of 10% of his time is requested.

Co-PI: Anita Simmons (PhD): Dr. Simons brings her expertise in cell and tissue mechanics to this project. A support of 10% of her time is being requested.

Chris Hays: Chris Hays has two years experience in the laboratories of both Dr. Burton and Miller. He will accomplish baboon harvest, ex vivo expansion and differentiation and strain measurements of the Theracyte and matrix materials. A 50% commitment is requested.

Phillip Turner: Phillip Turner will bring his unique qualifications in computer programming for large scale simulations to this project, and a 100% commitment is requested for this Post Doctoral Fellow.

Consortium**Fee (SBIR/STTR Only)**

Principal Investigator/Program Director (last, First, Middle):

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
- 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.)
- 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: _____
- CHANGE of Grantee Institution. Name of former institution: _____
- FOREIGN application Domestic Grant with foreign involvement List Country(ies) Involved: _____
- 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

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.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part 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 Research, Including Human Gene Transfer Research; •Financial Conflict of Interest (except Phase I SBIR/STTR); •Smoke Free Workplace; •Prohibited Research; •Select Agents
- 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 Office of Naval Research Date 7/1/03

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 \$	<u>150,000</u>	x Rate applied	<u>0.55</u>	% = F&A costs	\$	<u>82,500 UIC</u>
b. 02-year 02 Period	Amount of base \$	<u>150,000</u>	x Rate applied	<u>0.55</u>	% = F&A costs	\$	<u>82,500 UIC</u>
c. 02-year Initial Budget Period	Amount of base \$	<u>50,000</u>	x Rate applied	<u>0.56</u>	% = F&A costs	\$	<u>28,000 UIUC</u>
d. 04-year 02 Period	Amount of base \$	<u>50,000</u>	x Rate applied	<u>0.56</u>	% = F&A costs	\$	<u>28,000 UIUC</u>
e. 05 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____
						TOTAL F&A Costs	\$ 221,000

*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.):