

FAU #0802071100

**New York State Department of Health  
and the  
Empire State Stem Cell Board**

**2008 Request for Applications**

Planning Grants for Emerging Opportunities and  
Consortia Development for Stem Cell Research

APPLICATION FORMS 1 - 10

**Face Page**

Project Title:							
Application Type: Planning Grants				NYSTEM Application #:			
Principal Investigator: Last Name, First Name, Middle Initial, Degree(s)				Co-Principal Investigator: Last Name, First Name, Middle Initial, Degree(s)			
Institution:				Institution:			
Department:				Department:			
Mailing Address (Street, MS, PO Box, City, State, Zip):				Mailing Address(Street, MS, PO Box, City, State, Zip):			
Phone:				Phone:			
E-mail:				E-mail:			
Type of Organization: <input type="checkbox"/> Governmental <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit							
Federal Employer ID # (9 digits):				DUNS Number:			
Charities Registration Number (or "Exempt category"):							
F&A Costs:		<input type="checkbox"/> DHHS Agreement Date: _____ <input type="checkbox"/> DHHS Agreement being Negotiated <input type="checkbox"/> No DHHS Agreement, but rate established (explain and date):					
Project Duration:		Year One Grand Total Costs:		Grand Total Costs:			
New York State Applicant Organization :				Research Performing Sites:			
Mailing Address (Street, MS, PO Box, City, State, Zip):							
Contracts and Grants Official:				Official Signing for Organization (Name and Title):			
Mailing Address (Street, PO Box, MS, City, State, Zip):				Organizational Name and Mailing Address: (Street, MS, PO Box, City, State, Zip)			
Phone:				Phone:			
E-mail:				E-mail:			
Address where reimbursement should be sent if contract is awarded (Street, MS,PO Box, City, NY, Zip):							
CERTIFICATION AND ASSURANCE: I certify that the statements herein are true and complete to the best of my knowledge. I agree to accept responsibility for the scientific conduct and integrity of the research, and to provide the required progress reports if a contract is awarded as a result of this application.							
SIGNATURES OF PRINCIPAL INVESTIGATOR and CO-PI ("Per" not allowed):							
1 X				DATE:			
2 X				DATE:			
ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge, and I accept the obligation to comply with the Empire State Stem Cell Board's terms and conditions if a contract is awarded as a result of this application.							
SIGNATURE OF THE OFFICAL SIGNING FOR THE APPLICANT ORGANIZATION ("Per" not allowed) :							
X				DATE:			

**Form 1**

Insert signed copies for subcontracting organizations behind the applicant face page.

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\* Indicate “N/A” if not applicable.

**Lay Abstract**

Present the information requested below in non-technical terms. Use available space to your best advantage; comply with font guidelines.

**Introduction/Background/Statement of Need:****Summary of Goals and Objectives:**

## **Program Responsiveness**

Clearly describe how this application contributes to the goal of the ESSCB to develop and maintain the strong infrastructure and the multifaceted research and development capability necessary to develop therapies for specific diseases.



**OTHER THAN PERSONAL SERVICE (OTPS)**

	SUPPLIES					
4	LAB SUPPLIES					
	OFFICE SUPPLIES					
	<b>SUBTOTAL SUPPLIES</b>					
5	EQUIPMENT					
6	TRAVEL					
7	CONSULTANT COSTS					
	OTHER EXPENSES					
	CORE FACILITIES	0	0	0	0	0
8	PUBLICATION					
	COMMUNICATION					
	MISC. OTHER EXPENSES					
	<b>SUBTOTAL OTHER EXPENSES</b>					
9	<b>SUBTOTAL OTPS</b> (sum of lines 4-8)					
10	<b>TOTAL PS &amp; OTPS</b> (lines 3+9)					
11	<b>TOTAL SUBCONTRACT COSTS</b> (sum of line 14 of all subcontractor budgets)					
12	<b>TOTAL DIRECT COSTS</b> (lines 10+11)					
13	FACILITIES AND ADMINISTRATIVE COSTS					
14	<b>GRAND TOTAL COSTS</b> (sum of lines 12 + 13)					

**Form 5**

Attach Subcontractor budgets using additional copies of Form 5.



**Form 6**

Not to exceed 3 pages per organization. Attach Subcontractor Personnel Effort and Budget Justification using additional copies of Form 6.

**Form 6**

Not to exceed 3 pages per organization. Attach Subcontractor Personnel Effort and Budget Justification using additional copies of Form 6.

**Biographical Sketch**

<b>NAME</b>		<b>POSITION/TITLE</b>	
<b>EDUCATION/TRAINING</b> (Begin with baccalaureate or other professional education, and include postdoctoral training)			
<b>INSTITUTION AND LOCATION</b>	<b>DEGREE</b>	<b>YEAR(s)</b>	<b>FIELD OF STUDY</b>

**A. Positions and Honors.** List in chronological order all 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 or manuscripts in press (in chronological order).** Do not include manuscripts submitted or in preparation. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference.

**C. Research Support. List ongoing research support and recently completed research support.** List the type of support grant, identifying grant #, source of the grant, term of the grant, the PI for the research supported, role of the person named in the sketch, and title of the research with a brief description of the research being supported.

**Form 7**

Not to exceed four pages per individual. Present the PI first, followed by Co-PI(s) and the remaining key personnel in alphabetical order using additional copies of Form 7.

<b>NAME</b>	<b>POSITION/TITLE</b>
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**Form 7**

Not to exceed four pages per individual. Present the PI first, followed by Co-PI(s) and the remaining key personnel in alphabetical order using additional copies of Form 7.

<b>NAME</b>	<b>POSITION/TITLE</b>
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**Form 7**

Not to exceed four pages per individual. Present the PI first, followed by Co-PI(s) and the remaining key personnel in alphabetical order using additional copies of Form 7.

<b>NAME</b>	<b>POSITION/TITLE</b>
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**Form 7**

Not to exceed four pages per individual. Present the PI first, followed by Co-PI(s) and the remaining key personnel in alphabetical order using additional copies of Form 7.

**Work Plan:** Use available space to your best advantage.

**Establish the Planning Team:**

**Identify Need and Develop a Long-Range Strategic Plan to Meet that Need** (opportunities, action plan and outcome measurements):

**Define the Goals and Objectives:**

**Detail Resources to be Used in the Planning Process:**

**Detail any Institutional Commitment to the Planning Process:**

**Describe the Steps to be Taken to Develop the Plan:**

**Time Line and Collaboration Strategy**

<b>Aim</b>	<b>Investigator Responsible/ Name of Institution</b>	<b>Activities</b>	<b>Time Frame</b>

Describe strategies for information and/or resource exchange to ensure efficient and effective completion of the project.

