

FAU # 0804180400

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

**Request for Applications**

Investigator Initiated Research Projects and Innovative, Developmental or  
Exploratory Activities (IDEA) in Stem Cell Research

APPLICATION FORMS 1 - 16

**Face Page**

Project Title:					
Application Type: Investigator Initiated Research Project <input type="checkbox"/>				NYSTEM Application #:	
IDEA <input type="checkbox"/>					
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:		Fax:		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):			
Human Subjects	YES <input type="checkbox"/>	Vertebrate Animals	YES <input type="checkbox"/>	Human Embryonic Stem Cells	YES <input type="checkbox"/>
	NO <input type="checkbox"/>		NO <input type="checkbox"/>		NO <input type="checkbox"/>
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:		Fax:		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):					
X			DATE:		
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.

## Table of Contents

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1	Face Page - Subcontracting Organization(s)* .....	
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16	Staff, Collaborators, Consultants and Contributors.....	

\* Indicate "N/A" if not applicable.

## **Scientific Abstract**

Present the information requested. Use available space to your best advantage.

**Background:**

**Hypothesis:**

**Objectives/Aims:**

**Methods:**

**Impact:**

**List any human pluripotent stem cell lines and the source of such lines:**

**Lay Abstract**

Present the information requested below in non-technical terms. Use available space to your best advantage.

**Introduction/Background to the Research Topic:****The Question(s) or Central Hypothesis of the Research:****The General Methodology to be Used:****Innovative Elements of the Project:**

**Impact:** (Do not overstate this section.)

**Program Responsiveness**

Clearly describe how this application contributes to the goal of the ESSCB to stimulate and support investigations on any aspects of stem cell biology that will lead to a better understanding of the unique properties of stem cells and allow their utilization to treat disease. Describe future plans to bring anticipated research results to the next developmental stage in an effort to speed development of potential therapeutic applications. If the application includes collaboration, also describe the opportunities created through this partnership and how it is in the best interest of NYSTEM and the State.

**Budget – Name of Contractor or Subcontractor \_\_\_\_\_**

BUDGET CATEGORY		Year One	Year Two	Year Three	TOTAL
<b>PERSONAL SERVICE (PS)</b>					
1	SALARY AND STIPENDS				
	Position (list each to be funded separately)				
	<b>SUBTOTAL Salary &amp; Stipends</b>				
2	FRINGE BENEFITS				
3	<b>SUBTOTAL PS</b>				

<b>OTHER THAN PERSONAL SERVICE (OTPS)</b>				
4	SUPPLIES			
	LAB SUPPLIES			
	OFFICE SUPPLIES			
	<b>SUBTOTAL SUPPLIES</b>			
5	EQUIPMENT			
6	TRAVEL			
7	CONSULTANT COSTS			
8	OTHER EXPENSES			
	ANIMALS & CARE			
	CORE FACILITIES			
	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> (lines 12+13)			

**Form 6**

Attach subcontractor budgets using additional copies of Form 6



**Form 7**

Not to exceed 3 pages per organization. Attach Subcontractor Personnel Effort and Budget Justification using additional copies of Form 7.

**Form 7**

Not to exceed 3 pages per organization. Attach Subcontractor Personnel Effort and Budget Justification using additional copies of Form 7.

**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 8**

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 8.

<b>NAME</b>	<b>POSITION/TITLE</b>
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**Form 8**

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 8.

<b>NAME</b>	<b>POSITION/TITLE</b>
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**Form 8**

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 8.

<b>NAME</b>	<b>POSITION/TITLE</b>
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**Form 8**

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 8.

## **Facilities and Resources**

**FACILITIES:** Specify the facilities to be used to conduct the proposed research. Indicate the performance site(s) and describe pertinent site capabilities, relative proximity and extent of availability to the project. Under "Other", identify support services such as machine shop and electronics shop, and specify the extent to which such services will be available to the project.

**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.

## Other Support

Name of Key Personnel: \_\_\_\_\_

Check if there is no other research support for the individual listed:

TITLE OF PROJECT:  Pending  Active

PROJECT PI:

FUNDING AGENCY/GRANT ID NO.:

PERIOD OF SUPPORT: % FTE \_\_\_\_\_

THIS PROJECT INVOLVES STEM CELL RELATED RESEARCH:  \*Yes  No

THIS PROJECT OVERLAPS A RESEARCH AIM IN THIS APPLICATION:  \*Yes  No

### Form 10

Repeat the format presented above for each project. Use additional pages as needed. Present the Principal Investigator first, followed by Co-PI(s) and the remaining key personnel in alphabetical order. For any "Yes" answer, explain the distinction between the project and this application, directly below the item. Indicate a possible resolution, if this application is funded.

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

**Form 11**

Follow all page limitations, font and margin requirements.

**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.

## Human Subjects

This form is required only for projects to which protections for use of human subjects on the face page.

- Ethnically/Racially diverse populations **included**.
- Ethnically/Racially diverse populations **excluded**.

Complete separate tables for **ALL** human subjects protocols to be used with the grant application if funded. Present information from the applicant organization first, followed by subcontracting or consortium organizations. It is the responsibility of the applicant organization to ensure that all performance sites comply with the regulations in 45 CFR Part 46, and all other statutes, regulations or policies pertaining to human subject participants and tissues.

**Institution:** \_\_\_\_\_

**Institutional OHRP Federal-wide Assurance of Compliance Number:** \_\_\_\_\_

**IRB Approval Status:**  Approved       Pending       Exemption # \_\_\_\_\_

**Protocol Number:** \_\_\_\_\_ **Principal Investigator:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_ **Are you listed as an approved investigator on this protocol:**  Yes     No

**Does your institution require annual (or more frequent) reviews of this protocol:**     Yes     No

**If "Yes", date of next review:** \_\_\_\_\_

**Repeat table as often as necessary.**

**If the IRB Approval Status (above) is Pending or Approved, attach a narrative to address the eight points listed below (see Section V.A. Application Contents).**

1. Involvement of Human Subjects and Population Characteristics
2. Sources of Materials – Confidentiality
3. Risks
4. Recruitment and Consent
5. Protection from Risk
6. Potential Benefits of the Proposed Research to the Subjects and Others
7. Importance of the Knowledge to be Gained
8. Education

### Form 13

Use additional sheets as necessary.

## Vertebrate Animals

This form is required only for applications that checked “Yes” for vertebrate animals on the face page.

Complete separate tables for **ALL** vertebrate animal protocols to be used with the grant application if funded. Present information from the applicant organization first, followed by subcontracting or consortium organizations.

Institution: \_\_\_\_\_

Institutional Animal Care & Use Number: \_\_\_\_\_

NYS DOH Animal Care & Use Certificate Number: \_\_\_\_\_

USDA Registration Number (if applicable to species): \_\_\_\_\_

Vertebrate Animal Approval Status:  Approved  Pending

Protocol Number: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

Project Title: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Are you listed as an approved investigator on this protocol:  Yes  No

Does your institution require annual (or more frequent) reviews of this protocol:  Yes  No

If “Yes”, date of next review: \_\_\_\_\_

Repeat table as often as necessary.

**All applications proposing vertebrate animal research are required to address the four points below.**

Acquisition and use of animals at all performance sites must comply with New York State Public Health Law, Article 5, Title I, Sections 504 and 505-a.

1. Description of proposed animal use
2. Justification
3. Description of procedures to ensure that discomfort, distress, pain and injury will be limited
4. Description of any method of euthanasia

**Form 14**

Use additional sheets as necessary.

## Human Embryonic Stem Cells

This form is required only for applications that checked “Yes” for Human Embryonic Stem Cells on the face page.

- Newly derived human embryonic stem cells
- Import of human embryonic stem cells
- Use of preexisting human embryonic stem cell lines already in possession of the PI.

Complete separate tables for **ALL** human embryonic stem cell protocols to be used with the grant application if funded. Present information from the applicant organization first, followed by subcontracting or consortium organizations. It is the responsibility of the applicant organization to ensure that all performance sites comply with the human embryonic stem cell guidelines as specified by NYSTEM and all other statutes, regulations or policies pertaining to use of such stem cell lines.

**Institution:** \_\_\_\_\_

**ESCRO Approval Status:**  Approved  Pending  Exemption # \_\_\_\_\_

**Protocol Number:** \_\_\_\_\_ **Principal Investigator:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_ **Are you listed as an approved investigator on this protocol:**  Yes  No

**Does your institution require annual (or more frequent) reviews of this protocol:**  Yes  No

**If “Yes”, date of next review:** \_\_\_\_\_

**Repeat table as often as necessary.**

**If the ESCRO Approval Status (above) is Pending or Approved, attach a narrative to address the five points listed below (see Section Human Embryonic Stem Cell Application Contents).**

1. Involvement of Human Embryonic Stem Cells
2. Sources of Materials – Confidentiality
3. Importance of the Knowledge to be Gained
4. Education
5. Therapeutics

