

Revisions shown at the bottom of page 1 in red - Also see Questions, Answers and Modifications posted to the internet at:

<http://www.nyhealth.gov/funding/rfa/0906290930/index.htm>

FAU # 0906290930

Empire State Institutional Training Programs in Stem Cell Research  
for Predoctoral and Postdoctoral Fellows

### Instructions for Completing the Application

#### A. Application Content and Format

**ALL APPLICATIONS SHOULD USE THE FORMS (see Attachment 1 – Forms 1-11) AND FORMATS PRESCRIBED IN THIS SECTION V.A. APPLICATIONS THAT DEVIATE FROM THESE INSTRUCTIONS OR THOSE FOUND ON THE FORMS WILL BE PENALIZED 0.1 POINTS (see embedded notations, below).**

**Applications should be submitted in both hard copy and electronic formats as described in this section.** The paper copy will be used if the CD or DVD is damaged. Applications will ONLY be accepted in the formats detailed in this section. **Applications sent in other formats or by fax or e-mail will NOT be accepted.**

**Electronic files must be submitted on a CD or DVD; no file should exceed 12 MB or be password protected. The CD or DVD should be clearly labeled with the applicant's name. The CD or DVD should contain the following four items (or a penalty of 0.1 will be assessed):**

- Applicant Forms 1 – 4 in a single Microsoft Word (.doc) file;
- Applicant Forms 1 – 4 in a single Portable Document Format (.pdf) file;
- Forms 5 –11, tabular data and all appendix material in a single .pdf file; and
- Signed Forms 1 (Face Pages for the Applicant and all Sub-applicants) in a .pdf file.

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared. Applicants are strongly encouraged to seek appropriate technical support in the creation of electronic files and to review the electronic files prior to submission. Some materials may require scanning and insertion into the file. Discretion should be exercised in the resolution of figures and scanned materials. Excess resolution will increase the size of the file without any appreciable increase in viewing quality. Tips for managing graphics and file sizes are available at [http://stemcell.ny.gov/research\\_support.html](http://stemcell.ny.gov/research_support.html). Applicants should also be aware that while color figures may be included, applications may be printed in black and white. Applicants may wish to annotate the figure legend directing the reader to the electronic file if color is an important aspect of the figure.

Forms are pre-set with acceptable fonts and margins. Applications should be single-spaced and typed using an 11-12 point font. Smaller font sizes are acceptable for use in tables and "figure legends. The header should contain the PI's last name, first initial and applicant institution name, with the exception of Forms 1-4. Each page should be numbered consecutively. Figures and illustrations are included in the page limits. Appendices may not be used to circumvent page limitations. Tabular data supporting the Workplan text (in addition to that requested on Form 9) is permissible and does not count against the page limit for the Workplan (see <http://grants1.nih.gov/grants/funding/424/index.htm#data> for suggested formats and fillable tables).

Each content section and form described below should be provided in the application. Any section that is not applicable should be noted on the form.

### **Applicant Face Page – Form 1**

Project Title. The title should describe the focus or purpose of the proposed project.

Application Type. This box should read “Stem Cell Training Program.”

FAU number. This box should read “0906290930.”

Principal Investigator/Program Director. Provide the information requested. The PI/PD is the New York State investigator employed by the applicant institution responsible for planning, coordinating and implementing the training program if an award is made. The PI/PD will act as liaison between the awarded institution and NYSTEM, and be required to fulfill technical reporting requirements and submit any revised budgets co-signed by an authorized organizational representative.

Co-PI/PD. If the Co-PI/PD is from the applicant institution, provide the information requested for the Co-PI/PD. If the institutional affiliation of the Co-PI/PD is different from that of the PI/PD, do not list him/her on the Applicant Face Page; complete a separate Face Page for each Co-PI/PD (see Sub-applicant Face Page – Form 1, below). NOTE: A Co-PI/PD shares responsibility with the PI/PD for oversight of the entire project; a co-investigator may be responsible for a specific component of the project.

Type of Organization. Select the appropriate choice from the dropdown box (Governmental or Nonprofit).

Federal Employer Identification Number. Enter the applicant organization’s nine-digit Internal Revenue Service employer identification number.

DUNS number. Enter applicant organization’s Dun and Bradstreet number, if any.

Charities’ Identification Number. Enter the charities’ identification number or, **if exempt, indicate the exemption category.** For information on identification numbers, contact the Department of State, Office of Charities Registration, 162 Washington Avenue, Albany, NY 12231, (518) 474-3720. Additional information and descriptions of exemption categories may be found at: <http://nysosc3.osc.state.ny.us/agencies/gbull/g-79.htm>.

Facilities and Administrative Costs. Select the appropriate choice from the dropdown box (DHHS Agreement Date, Agreement being negotiated, No agreement but rate established). If selecting “No agreement but rate established,” provide a brief explanation for the rate and the date upon which it was established. A copy of the United States Department of Health and Human Services (DHHS) agreement should be included as an application appendix to document that the F&A rate for the application does not exceed that which would be recovered applying the applicant organizations’ negotiated F&A rate.

Project Start and End Dates. Record the anticipated project duration of: July 1, 2011 through June 30, 2016.

Year One Grand Total Costs. Enter Year One Grand Total Costs from Form 6, Line 12. This figure includes direct and F&A costs for the applicant and all sub-applicants.

Grand Total Costs. Enter the Grand Total Costs from Form 6, Line 12. This figure includes direct and F&A costs for the applicant and all sub-applicants.

New York State Applicant Organization. Enter the legal name and address of the applicant organization/contracting entity.

Research Performing Sites. List all sites (organization and location) where the work described will be performed.

Contracts and Grants Official. Provide the information requested. This individual will be notified in the event of an award.

Official Signing for Applicant Organization. Provide the name and contact information for the individual authorized to act for the applicant organization. This individual will be responsible for administration and fiscal management of the contract should an award be made. *Note:* This individual typically is not the PI/PD.

Institution Name and Address Where Reimbursement is to be Sent. Many institutions request that payment be sent to entities or locations other than the mailing address of the Contracts and Grants official. Provide the requested information or indicate "same."

Principal Investigator/Program Director and Co-PI/PD Certification and Assurance. Prior to award recommendation, the PI/PD is required to sign and date the form and the Co-PI/Co-PD, if from the same institution, is also required to sign and date the form.

Organization Certification and Acceptance. Prior to award recommendation, the organizational representative is required to sign and date the form certifying compliance with all applicable assurances and certifications referenced in this RFA.

**Reminder: A separate face page will need to be completed, signed and dated for the applicant institution and each sub-applicant institution participating in the project.**

### **Sub-applicant Face Page – Form 1**

Project Title. The title should describe the focus or purpose of the proposed subproject.

Application Type. This box should read "Stem Cell Training Program."

FAU number. This box should read "FAU # 0906290930."

Principal Investigator/Program Director. Provide the information requested. The sub-applicant PI/PD is the investigator employed by the sub-applicant institution responsible for planning, coordinating and implementing the subcontracted portion of the training program if a subaward is made. The sub-applicant PI/PD will act as liaison with the contractor PI and be required to fulfill technical reporting requirements of the subcontract and submit any revised budgets co-signed by an authorized organizational representative. If this individual

is also considered to be the Co-PI of the overall application to NYSTEM, also check the "Overall Project Co-PI" box.

Co-PI/PD. If a Co-PI/PD from the sub-applicant institution is designated, provide the information requested for the Co-PI/PD of the sub-applicant. The Co-PI/PD and the sub-applicant institution's authorized agent should sign the form on which his/her name appears. NOTE: A Co-PI/PD shares responsibility with the PI/PD for oversight of the entire project; a co-investigator may be responsible for a specific component of the project.

Type of Organization. Select the appropriate choice from the dropdown box (Governmental, Nonprofit, For Profit).

Federal Employer Identification Number. Enter the sub-applicant organization's nine-digit Internal Revenue Service employer identification number.

DUNS number. Enter the sub-applicant organization's Dun and Bradstreet number, if any.

Charities' Identification Number. In the space provided, enter the charities' identification number or, **if exempt, indicate the exemption category.** For information on identification numbers, contact the Department of State, Office of Charities Registration, 162 Washington Avenue, Albany, NY 12231, (518) 474-3720. Additional information and descriptions of exemption categories may be found at: <http://nysosc3.osc.state.ny.us/agencies/gbull/g-79.htm>.

Facilities and Administrative Costs. Select the appropriate choice from the dropdown box (DHHS Agreement Date, Agreement being negotiated, No agreement but rate established). If selecting "No agreement but rate established," provide a brief explanation for the rate and the date upon which it was established. A copy of the DHHS agreement should be included as an application appendix to document that the F&A rate for the application does not exceed that which would be recovered applying the applicant organizations' negotiated F&A rate.

Project Start and End Dates. Enter the anticipated duration for the subcontract.

Year One Grand Total Costs. Enter Year One Grand Total Costs from Form 6, Line 12. This figure includes direct and F&A costs for the sub-applicant.

Grand Total Costs. Enter the Grand Total Costs from Form 6, Line 12. This figure includes direct and F&A costs for the sub-applicant.

Sub-applicant Organization. Enter the legal name and address of the sub-applicant organization/contracting entity.

Research Performing Sites. List all sites (organization and location) where the work described will be performed.

Contracts and Grants Official. Provide the information requested. This individual will be notified in the event of a subaward.

Official Signing for Sub-applicant Organization. Provide the name and contact information for the individual authorized to act for the sub-applicant organization. This individual will be

responsible for administration and fiscal management of the subcontract should an award be made. *Note:* This individual typically is not the PI/PD.

Institution Name and Address Where Reimbursement is to be Sent. Many institutions request that payment be sent to locations other than the mailing address of the Contracts and Grants official. Provide the requested information or indicate “same.”

Principal Investigator/Program Director and Co-PI/PD Certification and Assurance. Prior to award recommendation, the sub-applicant PI/PD is required to sign and date the form and the Co-PI/Co-PD, if from the same institution, is also required to sign and date the form.

Organization Certification and Acceptance. Prior to award recommendation, the organizational representative is required to sign and date the form certifying compliance with all applicable assurances and certifications referenced in this RFA.

**Reminder: A separate face page will need to be completed, signed and dated for the applicant institution and each sub-applicant institution participating in the project.**

#### **Staff, Collaborators, Consultants and Contributors – Form 2**

List (spell out) the full name, title and institutional affiliation of all staff, collaborators, consultants and contributors (both paid and unpaid) associated with this project. Do not include the PI and Co-PIs named on any Form 1 in the application. Do not include unnamed or “to be determined” staff positions. For each individual listed, select the most applicable role from the dropdown box. This list is used to determine possible conflicts of interest at various stages of the review and award process.

#### **Acronyms and Abbreviations Used in Application – Form 3**

Provide a list of all acronyms and abbreviations and the full text/definition/description for each as used in the application. This will allow the Peer Review Panel to fully comprehend the proposed project. This may be particularly important for the identification of specific protein cascades, for example. Common acronyms such as hESC (human embryonic stem cells) need not be identified.

#### **Lay Abstract – Form 4**

Provide a summary of the application in non-technical terms; limit the information to 300 words. The abstract should be written so that the general public can easily understand the work proposed. Do not include confidential information in the lay abstract. This information will be condensed, edited and used in various public documents. Specifically, provide a summary of the training program (number and training level of students, goals for the program, selection processes for students and mentors, etc.). Describe the impact of the proposed training program on the ability of the institution to attract students and fellows into the field of stem cell research.

#### **Table of Contents – Form 5**

Complete the table of contents, entering page numbers as appropriate or entering “N/A” when not applicable. Additional table rows may be added to identify specific appendix material. Information submitted to NYSTEM is subject to the Freedom of Information Law (FOIL) (New York State Public Officers' Law, Article 6, Sections 84 to 90).

To the extent permitted by law, an application will not be disclosed, except for purposes of evaluation, prior to approval by the Office of the State Comptroller of the resulting contract.

All material submitted becomes the property of the Department and may be returned at the Department's discretion. Submitted applications may be reviewed and evaluated by any person, other than one associated with a competing applicant, designated by the Department. Any information supplied by an applicant, which is believed to be exempt from disclosure under FOIL, will be clearly marked and identified as such upon submission by the applicant. Marking the information as "confidential" or "proprietary" on its face or in the document header or footer shall not be sufficient without specific explanation of the basis for the claim of exemption from disclosure. Acceptance of the claimed materials by the Department does not constitute a determination on the exemption request. A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL in accordance with statutory procedure.

### **Budget – Form 6**

Report the amount requested for each category, subtotal and total for each year or portion thereof. For any sub-applicant costs, provide additional copies of the form for each proposed sub-applicant. **A penalty of 0.1 will be assessed if any required Form 6 is missing.**

Note that all expenses directly related to a trainee (stipend, tuition, and health insurance costs) must be included in the budget of the institution at which the trainee is enrolled or affiliated. 'Training Related Expenses' as well as 'Administrative Support' as detailed below may be included in the budget of either the trainee's institution or another institution at which training is conducted, as appropriate.

### Allowable Expenses

Support in the form of salaries, fringe benefits, supplies, travel and equipment may be requested for the PI/PD and administrative support in an amount not to exceed 15 percent of the annual total trainee costs (stipend, training expenses, and tuition – see chart page 17.)

#### 1. Personal Service

Salaries and stipends are to be paid according to established institutional policies and proportional to the percent of expended professional effort. Fringe benefits may be requested in accordance with institutional guidelines for each position, provided such benefits are applied consistently by the applicant organization as a direct cost to all sponsors. Salary support may not be requested for the mentor(s) although a designated percentage of effort for the mentor(s) is appropriate.

Trainees enrolled by the contractor must be conducting relevant projects in stem cell-related research laboratories at the applicant or sub-applicant institution. A fulltime 12-month (100 percent professional effort) commitment to the fellowship is required of the trainees throughout the term of the contract, though it is expected that trainees may rotate off the program to accept individual fellowships and other opportunities and be replaced by another trainee.

It is expected that the total yearly remuneration paid to trainees throughout the course of this award will, at a minimum, adhere to NIH guidelines and be consistent with both the established salary structure for equivalent appointments and with actual salary provided by the institution from its own funds to other staff of equivalent qualifications, rank and

responsibilities in the applicable department. Stipends paid from this award for predoctoral trainees will not exceed a cost of \$23,000 per calendar year. Stipends paid from this award for postdoctoral trainees will not exceed a cost of \$50,000 per calendar year. Therefore, if the NIH or institutional stipend amount exceeds \$23,000 for predoctoral trainees or \$50,000 for postdoctoral trainees at any time during the award, the contractor will be required to pay the difference from other eligible sources of funds.

## 2. Other Than Personal Service

Tuition costs may be requested up to a maximum of 60 percent of tuition costs and in amounts not to exceed \$16,000 per year for predoctoral trainees and \$4,500 per year for postdoctoral trainees.

Other training-related expenses may not exceed \$4,200 per year for predoctoral trainees and \$10,000 per year for postdoctoral trainees. Such expenses may include:

- Supplies
- Equipment
- Travel
- Consultant costs
- Other Expenses:
  - ✓ Trainee Health Insurance Costs
  - ✓ Human Subjects
  - ✓ Animals and their Care
  - ✓ Core Facility Usage Fees
  - ✓ Communication Costs
  - ✓ Meeting Registration Costs
  - ✓ Publication Costs
  - ✓ Miscellaneous

Requests for purchase of equipment may be granted if strongly justified as essential to the proposed project; a current price quote should be included in the application appendix. During the course of the contract term, prior approval will be required for all equipment purchases that were not detailed in the application and its appendix.

Patient care costs are not allowable expenses. Ineligible budget items will be removed from the budget and the budget amount requested will be reduced to reflect the removal of the ineligible items.

<b><u>INSTITUTIONAL TRAINING AWARD MAXIMUM ALLOWANCE PER TRAINEE*</u></b>		
	<u>Predocctoral Trainee</u>	<u>Postdoctoral Trainee</u>
Trainee Stipend	\$ 23,000.00	\$ 50,000.00
Training Related Expenses	\$ 4,200.00	\$ 10,000.00
Tuition	\$ 16,000.00	\$ 4,500.00
Subtotal	\$ 43,200.00	\$ 64,500.00
PI/PD; Admin Support (15% subtotal)	\$ 6,480.00	\$ 9,675.00
Total Direct Costs	\$ 49,680.00	\$ 74,175.00
Facilities and Administration (8%)	\$ 3,975.00	\$ 5,935.00
<b>Total</b>	<b>\$ 53,655.00</b>	<b>\$ 80,110.00</b>

\* These expenses may be budgeted at either the applicant institution, the sub-applicant institution, or split between the two as appropriate.

### 3. Subcontracts

Allowable expenses for sub-applicants will be consistent with those established herein for the applicant. Amounts will be carried forward from sub-applicant budget forms to Line 9, of the applicant budget, Form 6. Such amount will include sub-applicant F&A costs.

Note that any expenses budgeted for the sub-applicant will reduce the allowable expenses for the applicant institution.

### 4. Facilities and Administrative Costs

F&A support is limited to a maximum of eight percent of modified total direct costs. Modified total direct costs consist of all salaries and wages, fringe benefits, materials and supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Equipment, capital expenditures, charges for patient care and tuition remission, rental costs, scholarships and fellowships, as well as the portion of each subgrant and subcontract in excess of \$25,000 shall be excluded from modified total direct costs.

If an award is made, F&A costs will be re-calculated from recommended and approved budget amounts. F&A costs will be calculated as the lower of the RFA-specified percentage of modified total direct costs or the amount recovered using the institution's current DHHS F&A rate. A copy of the DHHS F&A rate agreement should be included in the application appendix. In the absence of a DHHS agreement, an equivalently documented rate for the organization may be used. Sub-applicant F&A costs are likewise limited and are included in the primary applicant's direct costs.

### **Personal Effort and Budget Justification – Form 7**

Complete Form 7 as directed below. For any sub-applicant costs, provide additional copies of the form for each sub-applicant. **A penalty of 0.1 will be assessed if any required Form 7 is missing.** Applicants should request funds appropriate for cost-effective

performance of the proposed training goals. Funds awarded by this program may not be used to supplant other existing support for the same work.

Provide the information requested for key personnel and technical staff at the applicant organization, regardless whether financial support is requested. Insert additional lines as necessary. The 'Total Salary + Fringe Requested' amount should equal Line 3, Year One, from Form 6.

Starting with personnel, **fully justify** amounts requested in each budget category. Regardless of whether financial support is requested, describe the roles and expected contributions to the project of the PI/PD and other staff necessary for administration of the program.

In addition, provide a **detailed** justification for each 'Other Than Personal Service' (e.g., supplies, equipment, travel, consultant costs and other expenses) necessary for the administration of the program. Note that tuition costs and other training related expenses are limited as described in the RFA and be verifiable upon audit but do not need to be itemized here. In the justification for equipment, describe the necessity for equipment requested, noting the impact on the program if the request is not approved; provide alternative approaches to completing the work proposed without the equipment purchase.

List the number of predoctoral and postdoctoral training slots proposed. The budgeted amounts for lines 4 and 5 of Form 6 cannot exceed the corresponding number of predoctoral and postdoctoral slots proposed, multiplied by the maximum allowed per trainee.

### **Biographical Sketch – Form 8**

Provide two-page biographical sketches for **all key personnel and mentors** listed on each Form 7, including collaborators and consultants. **A penalty of 0.1 will be assessed if any required Form 8 is missing.** Start with the PI/PD followed by Co-PI(s)/PD(s), and then include remaining key personnel and mentors in alphabetical order using additional copies of Form 8.

### **Other Support – Form 9**

Provide the information requested for **all key personnel, mentors and faculty**, on all existing and pending research support. Also provide the information requested for **all key personnel, mentors and faculty** on all existing and pending training support available to the participating faculty members, department(s) or programs(s). Applications submitted to NYSTEM should not duplicate other funded research or research training projects. The PI/PD and the contracting organization are responsible for notifying NYSTEM administration staff of any changes in funding overlap information.

### **Workplan – Form 10**

**Do not exceed 10 pages for sections a-f; a penalty of 0.1 will be assessed if page limit is exceeded.** A copy of Form 10 will be included any awarded contract; therefore, it should be sufficiently detailed to allow monitoring of progress toward program goals. The Workplan should present information in sufficient detail to convey clearly and concisely to reviewers that:

- the proposed training program is well-defined, appropriately led and supported; and
- the essential components of the plan will provide a fertile training ground for the development of the highest caliber of stem cell researchers, and will include didactic

and lab-based experience as well as training in responsible conduct of research, laboratory and project management and grant writing.

The Workplan for the training program should include a detailed discussion of the following:

**a) Training Program Description/Plan**

- program goals and objectives
- program policies and administration, including financial support and use of funds
- didactic training as well as laboratory or clinical research experience designed to develop trainee skills to understand research and to apply their critical thinking abilities to conduct research, identify problems in the process of conducting research, raise questions and propose solutions
- professional development skills and career guidance including, but not limited to, instruction and training in grant writing in order to apply successfully for future career development and independent research support
- instruction in laboratory and project management
- formal and informal instruction in the responsible conduct of research including but not limited to, scientific integrity and ethical principles in research, stem cell research ethics, conflict of interest, responsible authorship and publication, peer review, policies for handling misconduct, data management, data sharing, collaborative research and mentor-mentee relationships (see <http://grants.nih.gov/training/responsibleconduct.htm> for additional guidance);
- instruction in policies regarding human subjects, live vertebrate animal subjects and human pluripotent stem cells in research compliant with federal regulations and guidelines and NYSTEM contract requirements such that trainees participating in these types of research meet applicable standards and training requirements. Applicants should note that prior to the initiation of any related trainee research participation, required research training and institutional protocol review and approval is required (e.g., human subjects, vertebrate animals, human pluripotent stem cells, recombinant DNA and use of biohazardous materials and/or select agents) and that such documentation may be requested by NYSTEM; and
- rationale for the instruction, the format and subject matter, the degree of faculty participation, trainee attendance, plans to assess quality, and the frequency of instruction.

**b) Candidate Pool, Recruitment, Selection, Appointment and Evaluation**

- candidate pool, selection criteria and appointment
- process to be used for identification and evaluation of prospective mentors and the proposed training experiences and environments
- process to be used for evaluation of the training experience, including research progress reporting
- plan for recruiting trainees from both outside and inside the sponsoring institutions, including an outreach plan to increase the depth and diversity of the applicant pool including those underrepresented in the current scientific research workforce in the area of the proposed research training (see <http://www.nsf.gov/statistics/showpub.cfm?TopID=2&SubID=27> for additional information)
- plan for determining individual trainee experience and needs, and monitoring individual progress to accomplish desired goals.

**c) PI/PD Leadership and Administration**

- qualifications and experience of PI/PD to administer the program
- percentage of effort of the PI/PD toward the program
- institutional support and commitment to the goals of the research training program from the administration of the applicant institution as well as all participating units and sub-applicants. This might include financial and other support to be provided to the proposed program (e.g., space, shared laboratory facilities and equipment, funds for curriculum development, release time for the PI/PD and/or participating faculty, support for additional trainees in the program, support for increased stipends, or any other creative ways to improve the climate for the establishment and growth of the research training program).

**d) Faculty/Mentors and the Stem Cell Research Environment**

- relevant projects in laboratories conducting stem cell-related research to be pursued by predoctoral trainees
- well-defined research projects to be pursued by postdoctoral trainees
- environment conducive to the breadth and depth of stem cell research programs
- opportunities for interactions with a diverse pool of stem cell researchers, including journal clubs, seminars, and other means of expanding the ability of the trainees to engage in scientific learning
- access to shared facilities and equipment, scientific journals, computational and statistical support, etc.

**e) Past Training Record**

- of the program and/or institution
- of the PI/PD and designated faculty preceptors/mentors and their trainees in seeking further career development and in establishing productive scientific careers. Evidence can include successful completion of programs and further career advancement of former trainees such as receipt of fellowships, career awards, further training appointments and similar accomplishments. Evidence of a productive scientific career can include a record of successful competition for research grants, receipt of special honors or awards, a record of publications, receipt of patents, promotion to scientific positions, and any other accepted measure of success.

**f) Training Program Evaluation**

- an evaluation plan to review and determine the quality and effectiveness of the training program. This should include plans to obtain feedback from current and former trainees to help identify weaknesses in the training program and to provide suggestions for program improvements, as well as plans for assessing trainees' career development and progression, including publications, degree completion, and post-training positions.

**Time Line and Collaboration Strategy – Form 11**

Complete the table provided. A copy of Form 11 will be included in any awarded contract; therefore, it should be sufficiently detailed to allow monitoring of progress toward program goals. Describe strategies for information and/or resource exchange to ensure the efficient and effective completion of the program. Include frequency and methods of

communications. Include strategies to overcome potential problems with communication and resource sharing.

***TO BE SURE YOUR APPLICATION IS COMPLETE, REFER TO ATTACHMENT 2 OF THE RFA, "APPLICATION CHECKLIST."***