

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>		<b>LEAVE BLANK—FOR PHS USE ONLY.</b>		
		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				
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

<b>TSNRP Research Fellow Award Application</b> (To be completed by applicant-- follow PHS 416-1 instructions)				NAME OF APPLICANT (Last, first, middle initial)		
16. APPLICANT'S EDUCATION						
DEGREE	MONTH(mm)	YEAR (yyyy)	FIELD	INSTITUTION	MENTOR	
17. APPLICANT'S TRAINING/EMPLOYMENT (After college)						
ACTIVITY/ OCCUPATION	BEGINNING DATE (mm/yy)	ENDING DATE (mm/yy)	FIELD	INSTITUTION/COMPANY	SUPERVISOR/EMPLOYER	
18. GOALS FOR FELLOWSHIP TRAINING AND CAREER						
<b>SPONSOR</b>						
19. NAME AND DEGREE(S)						
20. POSITION/RANK						
21. RESEARCH INTERESTS/AREAS						
<b>RESEARCH PROPOSAL</b>						
22. DESCRIPTION						

**TSNRP Research Fellow Award Application**  
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NAME OF APPLICANT (Last, first, middle initial)

**Page Numbers**

(Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 6a, 6b.)

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b. Doctoral Dissertation	_____
c. Publications	_____
Revised Application	_____
Training Plan	_____
a. Activities Under Award	_____
b. Training Proposal	_____
(1) Background and Career Goals of the fellow	} (Not to exceed 10 pages)
(2) Significance to Military Nursing Research	
(3) Specific Aims of the Training	
(4) Mentoring Plan	
(5) Final Product	
(6) Literature Cited	
c. Respective Contributions	_____
d. Selection of Sponsor and Institution	_____
e. Responsible Conduct of Research	_____
Biographical Sketch of Research Fellow (PHS 398 form)	_____

**Section 2 — Sponsor**

Biographical Sketch (Form Page 7)	_____
Facilities and Commitment Statement (Form Page 8)	_____
Training Plan, Environment, Research Facilities	_____
Number of Fellows/Trainees to be Supervised	_____
Applicant's Qualifications and Potential	_____
Human Subjects	_____
Vertebrate Animals	_____

**Section 3 — Budget**

Detailed Budget for Initial Budget Period (PHS 398 form)	_____
Budget for Entire Proposed Period of Support (PHS 398 form)	_____
Budgets Pertaining to Consortium/Contractual Arrangements (PHS 398 form)	_____
Checklist (PHS 398 form)	_____
Other Items (list):	
Personal Data Page for Applicant (PHS 398 form)	

**Section 4 — Appendix**

(3 collated sets. No page numbering necessary. Not to exceed 3 publications; 2 for predoctoral candidates.)

Check if Appendix is included



**TSNRP Research Fellow Award Application  
Background**

*(To be completed by applicant--follow PHS 416-1 instructions.)*

NAME OF APPLICANT *(Last, first, middle initial)*

24. PRIOR AND/OR CURRENT TSNRP SUPPORT. List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers.

25a. ACADEMIC AND PROFESSIONAL HONORS. Include all scholarships, traineeships, fellowships, and development awards. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

25b. TITLE(S) OF THESIS/DISSERTATION(S)

26. NAME OF DISSERTATION ADVISOR OR CHIEF OF SERVICE  
*(If reference report not included, explain why not.)*

TITLE, DEPARTMENT, AND INSTITUTION

27. APPLICATION FOR CONCURRENT SUPPORT

NO  YES

Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

**TSNRP Research Fellow Award Application**  
**Research**

*(To be completed by applicant--follow PHS 416-1 instructions.)*

NAME OF APPLICANT *(Last, first, middle initial)*

## 28. RESEARCH EXPERIENCE

- a. Summary
- b. Doctoral Dissertation
- c. Publications (published, accepted, submitted, or in preparation)

## 29. REVISED APPLICATION

## 30. TRAINING PLAN

- a. Approximate percentage of proposed award time in activities identified below. *(See instructions.)*

Year	Research	Course Work	Teaching	Clinical
First				

## b. Training Proposal

- Background and Career Goals of the fellow
- Significance to Military Nursing Research
- Specific Aims of the Training
- Mentoring Plan
- Final Product

## c. Respective Contributions

- d. Selection of Sponsor and Institution
- e. Responsible Conduct of Research



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):

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### 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.**

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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

**BIOGRAPHICAL SKETCH**Provide the following information for the sponsor (co-sponsor). **DO NOT EXCEED FOUR PAGES.**

NAME OF SPONSOR (CO-SPONSOR)

POSITION TITLE

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION

DEGREE  
(*if applicable*)

YEAR(s)

FIELD OF STUDY

**TSNRP Research Fellow Award Application  
Facilities and Commitment**

*(To be completed by sponsor--follow PHS 416-1 instructions.)*

NAME OF APPLICANT *(Last, first, middle initial)*

32. Identify the research and research training support available to the sponsor and the applicant during period of proposed award.

33. SPONSOR'S PREVIOUS FELLOWS/TRAINEES

Give total number of pre- and postdoctoral individuals and provide information on a representative five. List their present employing organizations and position titles or occupations.

**FACILITIES AND COMMITMENT STATEMENT**

*In the space below and on continuation pages, complete the following items. Identify each item by number and title.*

34. Training Plan, Environment, Research Facilities.

Describe the research training plan for the applicant, Include such items as classes, seminars, and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewing groups evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to the applicant's career. Describe the skills, techniques, etc., that the applicant will learn and relate these to the applicant's career goals.

35. Number of Fellows/Trainees to be Supervised During the Fellowship. Indicate Pre-or Postdoctoral.

36. Applicant's Qualifications and Potential for a Research Career.

37. Human Subjects/Vertebrate Animals Use and Description.

38. **CERTIFICATION:** We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			

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

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>					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						
<b>SUBTOTALS</b> →							
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>							
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>							\$
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS					
		FACILITIES AND ADMINISTRATIVE COSTS					
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> <i>(Item 7a, Face Page)</i> →							\$
<b>SBIR/STTR Only: FEE REQUESTED</b>							





**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					
<b>TOTAL DIRECT COSTS</b>						
<b>TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD</b> <i>(Item 8a, Face Page)</i>						<b>\$</b>
<b>SBIR/STTR Only Fee Requested</b>						
<b>SBIR/STTR Only: Total Fee Requested for Entire Proposed Project Period</b> <small>(Add Total Fee amount to "Total direct costs for entire proposed project period" above and Total F&amp;A/indirect costs from Checklist Form Page, and enter these as "Costs Requested for Proposed Period of Support on Face Page, Item 8b.)</small>						<b>\$</b>

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

**TSNRP Research Fellow Award Application  
Continuation Page**

NAME OF APPLICANT (*Last, first, middle initial*)



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.