

American Society for Transplantation and Cellular Therapy 330 N. Wabash Ave, Suite 2000 Chicago, IL 60611 2021 NEW INVESTIGATOR AWARD GRANT APPLICATION <i>(Submission deadline Tuesday, September 8, 2020)</i>		LEAVE BLANK—FOR ASTCT USE ONLY.		
		Rev 1	Rev 2	Rev 3
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>				
2. PRINCIPAL INVESTIGATOR/APPLICANT				
2a. NAME (Last, first, middle)		2b. DEGREE(S)		
2c. CITIZENSHIP		2d. VISA (if applicable)		
2f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		2e. MAILING ADDRESS <i>(Street, city, state, postal code, country)</i>		
2g. MAJOR SUBDIVISION				
2h. TELEPHONE AND FAX <i>(Area code, number and extension)</i>		2i. E-MAIL ADDRESS:		
TEL:		FAX:		
3. WHICH CATEGORY BEST DESCRIBES YOU?				
<input type="checkbox"/> Fellow-in-Training/Post-doc <input type="checkbox"/> Junior-Level Faculty (must be at the Instructor or Assistant Professor level, Date of most recent promotion <i>(must be AFTER 07/01/2018)</i> :				
4. HUMAN SUBJECTS RESEARCH		4a. Research Exempt		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		
4b. Federal-Wide Assurance No.		4c. Clinical Trial		4d. NIH-defined Phase III Clinical Trial
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. 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 (\$)
07/01/2021	06/30/2022			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	
11. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE			12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION	
Name			Name	
Title			Title	
Address			Address	
Tel:			Tel:	
FAX:			FAX:	
E-Mail:			E-Mail:	
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	

Applicant/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY (Not to exceed 200 words):

KEY PERSONNEL. See instructions. Use continuation pages as needed to provide the required information in the format shown below. Start with Applicant/PI, followed by Mentor/Sponsor, then other senior/key personnel in alphabetical order, last name first.

Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp>. Use continuation pages as needed.

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line(s)

BUDGET REQUESTED:

The award cannot exceed \$50,000 per year, and is preferably to help support the salary of the investigator. Alternatively, the award may be used for direct payment of research costs. (The award should not be used for institutional overhead.)

\$ _____	<u>Investigator's Salary</u>
\$ _____	<u>Salary of Others (Specify)</u>
\$ _____	<u>Supplies (Specify)</u>
\$ _____	<u>Equipment (Specify)</u>
\$ _____	<u>Annual Total (Not to Exceed \$50,000)</u>

Please insert a detailed budget using NIH PHS Form 398 (<http://grants.nih.gov/grants/funding/phs398/phs398.html>) if you need to provide additional detail for any line item above.

**American Society for Transplantation and
Cellular Therapy**

**Certification for Protection of Human Subjects,
Precautions Involving Biohazards,
and Care and Treatment of Laboratory Animals**

I. HUMAN SUBJECTS

Safeguarding the rights of human subjects involved in activities supported by a grant from the American Society for Transplantation and Cellular Therapy is the responsibility of the institution which receives the funds awarded. In order to provide for the adequate discharge of this institutional responsibility, no grant for an activity involving human subjects shall be made unless the application for such support has been reviewed and approved by an appropriate institutional committee.

Check one of the following statements as applicable:

This application does not propose any activities that would involve human beings as research subjects.

This is to certify that this application, which does propose activities involving human subjects, has been reviewed and approved by our institutional committee on the date of _____ in accordance with current DHHS policy. (The review date should be recent; certification is invalid if review date would precede award date by more than one year.) **NOTE THAT PROPOSALS INVOLVING HUMAN SUBJECTS WILL OFTEN INVOLVE HANDLING HUMAN SECRETIONS, BLOOD, MARROW, OR OTHER BIOSPECIMENS. IN SUCH CASES, YOU MUST ALWAYS CHECK THE BIOHAZARD OPTION BELOW AS WELL. IF THERE ARE REALLY NO CORRELATIVE LAB STUDIES, THEN YOU WOULD NOT NEED TO CHECK A BIOHAZARD OPTION FOR HUMAN SUBJECTS RESEARCH.**

II. BIOHAZARDS

The safety precautions and general standards necessary for research involving any biohazard supported by a grant from the American Society for Transplantation and Cellular Therapy is the responsibility of the institution which receives the funds awarded. In order to provide for the adequate discharge of this institutional responsibility, no grant for an activity involving biohazards shall be made unless the application for such support has been reviewed and approved by an appropriate institutional committee.

Check one of the following statements as applicable:

This application does not propose any activities that would involve biohazards.

This is to certify that this application, which does propose activities involving biohazards, has been reviewed and approved by our institutional committee on the date of _____ in accordance with current general standards. (The review date should be recent; certification is invalid if review date would precede award date by more than one year.) **NOTE THAT PROPOSALS INVOLVING HUMAN SUBJECTS WILL OFTEN INVOLVE HANDLING HUMAN SECRETIONS, BLOOD, MARROW, OR OTHER BIOSPECIMENS. IN SUCH CASES, YOU MUST ALWAYS CHECK THE BIOHAZARD OPTION HERE AS WELL AND FOLLOW AT LEAST BL2 PREAUTIONS. IF THERE ARE REALLY NO CORRELATIVE LAB STUDIES, THEN YOU WOULD NOT NEED TO CHECK A BIOHAZARD OPTION FOR HUMAN SUBJECTS RESEARCH.**

III. LABORATORY ANIMALS

The proper care and humane treatment of laboratory animals involved in activities supported by a grant from the American Society for Transplantation and Cellular Therapy is the responsibility of the institution which receives the funds awarded. In order to provide for the adequate discharge of this institutional responsibility, no grant for an activity involving laboratory animals shall be made unless the application for such support has been reviewed and approved by an appropriate institutional committee.

Check one of the following statements as applicable:

- This application does not propose any activities that would involve laboratory animals.
- This is to certify that this application, which does propose activities involving laboratory animals, has been reviewed and approved by our institutional committee in accordance with current NIH policy.

LIST SPECIES OF LABORATORY ANIMALS TO BE USED:

APPLICANT'S CERTIFICATION:

The applicant, if granted a New Investigator Award, agrees to submit annual progress reports to the Executive Director of the American Society for Transplantation and Cellular Therapy, describing the progress made, and including reprints of publications written. The progress report will be used to ascertain that meaningful progress has occurred to warrant approval of continuation of the award.

The award recipient is expected to cite support from the New Investigator Award in any publications describing research conducted during the tenure of the award.

The applicant agrees to abide by these regulations and to respond to any reasonable requests for information about the research work conducted during the tenure of the award.

Applicant's Name

Applicant's Signature

Date