RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved?	O Yes O No		
1.a. If YES to Human Subjects			
Is the Project Exempt from Federal	regulations? O Yes O No		
If yes, check appropriate exemption	number		
Exemption Number: 1 2	2 _ 3 _ 4 _ 5 _ 6		
If no, is the IRB review Pending?	O Yes O No		
IRB Approval Date:			
Human Subject Assurance Number			
2. * Are Vertebrate Animals Used?	O Yes O No		
2.a. If YES to Vertebrate Animals			
Is the IACUC review Pending?	O Yes O No		
IACUC Approval Date:			
Animal Welfare Assurance Number			
3. * Is proprietary/privileged information	n OYes ONo		
included in the application?			
4.a. * Does this project have an actual or	notential impact on the environment	? O Yes O	No
4.b. If yes, please explain:	potential impact on the environment		NO
4.c. If this project has an actual or potent	tial impact on the environment has a	n exemption been sutherized or a	anvironmentel
	•		
	npact statement (EIS) been performe	d? O Yes O	NO
4.d. If yes, please explain:			2
5.a.* Is the research performance site de	signated, or eligible to be designated	I, as a historic place? O	Yes O No
5.b. If yes, please explain:			
6.a.* Does this project involve activities		nternational Collaborators? O	Yes O No
6.b. If yes, identify countries:	#7-No more than 30		110 Nie weene there 0
6.c. Optional Explanation:	lines of text with 0.5"		#8-No more than 3
7. * Project Summary/Abstract	margins all around.		sentences.
8. * Project Narrative		#9-There should be	
10. Facilities & Other Resources		a Pub Med Central	
11. Equipment	#10-Include description	- ID # (PMCID) for	
	of how the scientific	· · · ·	
	environment will	each applicable	
	contribute to the	publication per NIH	
	probability of success of	Public Access	
	the project, unique	Policy.	
	features of the		
	environment.		
	*Early Stage		
	Investigators - include		
	description of Institutional		
	investment, e.g.		
	resources, classes, etc.		



RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix * First Name Dr.////////////////////////////////////	e Middle Name	* Last Name ////////////////////////////////////	Suffix
Position/Title: Professor	/////Department	: Medicine	
Organization Name:ÁVÔŠŒÖæçãaÁÕ^~	^} AÛ&@[[/4́[-ÁT^åæa]^A∰₩₩₩₩₩₩₩₩₩Öivision:Ca	ardiology	
* Street1: 10833 Le Conte Avenue	Street2: Ro	om 37-120 CHS	
* City: Los Angeles	County: Los Angeles County * St	ate: CA: California Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 90095-1736		
*Phone Number 310-825-FGH ////////////////////////////////////	Fax Number eRA Commons User Nam field is 100% accurate othe will NOT be forwarded to t	erwise the proposals	* E-Mail ﷺài´ðj@mednet.ucla.edu
Degree Type: Degree Year: Attach Biographical Sketch Attach Current & Pending Support	File	e Name	Mime Type
Not required at the time of proposal submission, except K mentors.	publication citations; last 3 years); do NOT effort B) Positions, Scie reverse chronological C) Contributions t	o 3 sections: ment - in 1st person; c can include both ongo include pending supp ntific Appointments I order <i>starting</i> w/press o Science - 5 max, no applicable <u>Pub Med C</u>	oing & completed (duri bort, any \$ amounts or and Honors - in sent o more than 4 citations

PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001 Expiration Date: 9/30/2007

Budget Period: 5 Start Date: End	Date:
A. Direct Costs	Funds Requested (\$) * Direct Cost less Consortium F&A Consortium F&A * Total Direct Costs 0.00
B. Indirect Costs Indirect Cost Type 1. Research On Campus 2. 3. 4. Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Wallace Ch	Indirect Cost Rate (%) Indirect Cost Base (\$) * Funds Requested (\$)
Indirect Cost Rate Agreement Date 02/28/2007 C. Total Direct and Indirect Costs (A + B)	Total Indirect Costs Funds Requested (\$) 0.00
Cumulative Budget Information 1. Total Costs, Entire Project Period * Section A, Total Direct Cost less Consortium F&A for Entire Project Period	¢
Section A, Total Direct Costs less Consolitum P&A for Entire Project Period * Section A, Total Direct Costs for Entire Project Period * Section B, Total Indirect Costs for Entire Project Period * Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$\$\$\$\$
2. Budget Justifications Modular BJ-Justify UCL include justification for a Detailed BJ-Justify ALL Personnel Justification Consortium Justification Additional Narrative Justification	

	PHS 398 Research Plan 😑
	B Checklist. The responses provided on these pages, regarding the type of application be- e, as you attach the appropriate sections of the research plan.
*Type of Application:	
ONew O Resubmission O Re	enewal O Continuation O Revision
2. Research Plan Attachments:	
Please attach applicable sections of the resea (1. Introduction to Application (for RESUBMISSION or REVISION only)	1 Page Max
2. Specific Aims	
	2 Pages Max
5. Progress Report Publication List	
Human Subjects Sections	
6. Protection of Human Subjects	
7. Inclusion of Women and Minorities	
 8. Targeted/Planned Enrollment Table 9. Inclusion of Children 	
Other Research Plan Sections	
10. Vertebrate Animals	
11. Select Agent Research	
12. Multiple PD/PI Leadership Plan	
13. Consortium/Contractual Arrangements	
14. Letters of Support	
15. Resource Sharing Plan(s)	
16. Appendix	

	Cover Letter is recommended but non-mandatory. The letter should contain any o
	the following information that applies to the application:
	1. Application title.
	2. Funding Opportunity (PA or RFA) title of the NIH initiative.
	3. Request of an assignment (referral) to a particular <u>awarding component(s) in</u>
	Section 1.4 or Scientific Review Group (SRG). The PHS makes the final
	determination.
	4. List of individuals (e.g., competitors) who should not review your application
	and why.
	5. Disciplines involved, if multidisciplinary.
	6. For late applications (see Late Application policy in <u>Section 2.14</u>) include
_	-specific information about the timing and nature of the cause of the delay.
	7. When submitting a Changed/Corrected Application after the submission date
	a cover letter is required explaining the reason for the Changed/Corrected
	Application. If you already submitted a cover letter with a previous submission and
	are now submitting a Changed/Corrected Application, you must include all
	previous cover letter text in the revised cover letter attachment. The system does
	not retain any previously submitted cover letters until after an application is
	verified; therefore, you must repeat all information previously submitted in the
	cover letter as well as any additional information.
	8. Explanation of any subaward budget components that are not active for all
	periods of the proposed grant.
	9. Statement that you have attached any required agency approval
	documentation for the type of application submitted. This may include approval for
	applications \$500,000 or more, approval for Conference Grant or Cooperative
	Agreement (R13 or U13), etc.