

Opportunity Title:	Understanding and Preventing Brain Tumor Dispersal (R21)	
Offering Agency:	National Institutes of Health	
CFDA Number:		
CFDA Description:		
Opportunity Number:	PAS-06-201	
Competition ID:	VERSION-2-FORMS	
Opportunity Open Date:	07/18/2006	
Opportunity Close Date:	07/16/2007	
Agency Contact:	Grants Info TTY 301.451.0088 E-mail: GrantsInfo@nih.gov	▲ ▼

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Submission List

=>

Move Form to Documents List

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Mandatory Completed Documents for Submission

SF424 (R&R)

Research & Related Other Project Information

Research & Related Project/Performance Site Location(s)

Research & Related Senior/Key Person Profile

PHS 398 Cover Page Supplement

PHS 398 Research Plan

Optional Documents

Research & Related Budget

R&R Subaward Budget Attachment(s) Form

Move Form to Submission List

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Move Form to Documents List

<=

Optional Completed Documents for Submission

PHS 398 Cover Letter File

PHS 398 Modular Budget

Instructions

- 1

Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Submit" button will not be functional until the application is complete and saved.

- 2

Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

-It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

-The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

-To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box. To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

-When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3

Click the "Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
 - You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 090534694

* Legal Name: Universidad Central del Caribe

Department: Division:

* Street1: Avenida Laurel

Street2: Santa Juanita

* City: Bayamon

County:

* State: PR: Puerto

Province:

* Country: JNITED ST * ZIP / Postal Code: 00956

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. Luis Angel Cubano

* Phone Number: 787 798-3001 x2150

Fax Number: 787-740-4390

Email: luis.cubano@uccaribe.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

66-0349669

7. * TYPE OF APPLICANT:

O: Private Institution of Higher Education

8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: * Is this application being submitted to other agencies? Yes No

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Role of Microglia in Glioma Dispersal

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

All

13. PROPOSED PROJECT:

* Start Date

* Ending Date

05/01/2008

04/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

PR-098

PR-098

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. PI Name PI Middle Name PI Last Name

Position/Title: Associate Professor

* Organization Name: Universidad Central del Caribe

Department: Biochemistry

Division:

* Street1: Avenida Laurel

Street2: Santa Juanita

* City: Bayamon

County:

* State: PR: Puerto

Province:

* Country: JNITED ST * ZIP / Postal Code: 00956

* Phone Number: 787 798-3001 x2034

Fax Number: 787 786-6285

* Email: Plemail@uccaribe.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text" value="347,172.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="347,172.00"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE:</p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative** *** Date Signed**

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a If YES to Human Subjects

Is the IRB review Pending? Yes No

IRB Approval Date:

Exemption Number: 1 2 3 4 5 6

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? Yes No

4.a. * Does this project have an actual or potential impact on the environment? Yes No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * **Project Summary/Abstract**

7. * **Project Narrative**

8. **Bibliography & References Cited**

9. **Facilities & Other Resources**

10. **Equipment**

11. **Other Attachments**

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name:	Universidad Central del Caribe				
* Street1:	Avenida Laurel	Street2:	Santa Juanita		
* City:	Bayamon	County:		* State:	Puerto F
Province:		* Country:	NITED S	* ZIP / Postal Code:	00956

Project/Performance Site Location 1

Organization Name:					
* Street1:		Street2:			
* City:		County:		* State:	
Province:		* Country:	NITED S	* ZIP / Postal Code:	

<input type="button" value="Reset Entry"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>	<input type="button" value="Next Site"/>
Additional Location(s)					

OMB Number: 4040-0001
Expiration Date: 04/30/2008

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Project Director / Principal Investigator (PD/PI)

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* New Investigator? No Yes

Degrees:

2. Human Subjects

Clinical Trial? No Yes

* Agency-Defined Phase III Clinical Trial? No Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Phone Number: Fax Number:

Email:

* Title:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: * Zip / Postal Code:

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

- New
 Resubmission
 Renewal
 Continuation
 Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
(for RESUBMISSION or REVISION only)				
2. Specific Aims	Specific Aims.pdf	Add Attachment	Delete Attachment	View Attachment
3. Background and Significance	Background and Significance.pdf	Add Attachment	Delete Attachment	View Attachment
4. Preliminary Studies / Progress Report	Preliminary Results.pdf	Add Attachment	Delete Attachment	View Attachment
5. Research Design and Methods	Research Design and Methods.pdf	Add Attachment	Delete Attachment	View Attachment
6. Inclusion Enrollment Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7. Progress Report Publication List	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Human Subjects Sections

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

8. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Targeted/Planned Enrollment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

12. Vertebrate Animals	Animals.pdf	Add Attachment	Delete Attachment	View Attachment
13. Select Agent Research	Select Agent Research.pdf	Add Attachment	Delete Attachment	View Attachment
14. Multiple PI Leadership Plan	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15. Consortium/Contractual Arrangements	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
16. Letters of Support	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17. Resource Sharing Plan(s)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

18. Appendix

PHS 398 Checklist

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Change of Grantee Institution

* Name of former institution:

3. Inventions and Patents (For renewal applications only)

* Inventions and Patents: Yes No

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes No

4. * Program Income

Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation:

PHS 398 Cover Letter

OMB Number: 0925-0001

Expiration Date: 9/30/2007

*Mandatory Cover Letter Filename:

PHS 398 Modular Budget, Periods 1 and 2

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

Budget Period: 1

 Start Date:

 End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="150,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="150,000.00"/>

B. Indirect Costs

	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text" value="Salary and Wages"/>	<input type="text" value="69"/>	<input type="text" value="57,279.00"/>	<input type="text" value="36,086.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

 Indirect Cost Rate Agreement Date

 Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

 Funds Requested (\$)

Budget Period: 2

 Start Date:

 End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="125,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="125,000.00"/>

B. Indirect Costs

	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text" value="Salary and Wages"/>	<input type="text" value="69"/>	<input type="text" value="57,279.00"/>	<input type="text" value="36,086.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

 Indirect Cost Rate Agreement Date

 Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

 Funds Requested (\$)

PHS 398 Modular Budget, Periods 3 and 4

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

Budget Period: 3	<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>
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A. Direct Costs	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input style="width: 100%;" type="text"/>
Consortium F&A	<input style="width: 100%;" type="text"/>
* Total Direct Costs	<input style="width: 100%;" type="text"/>

B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 100%; height: 100%;" type="text"/>		
Indirect Cost Rate Agreement Date <input style="width: 80%;" type="text"/>		Total Indirect Costs <input style="width: 100%;" type="text"/>		

C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)
<input style="width: 100%;" type="text"/>	

Budget Period: 4	<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>
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A. Direct Costs	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input style="width: 100%;" type="text"/>
Consortium F&A	<input style="width: 100%;" type="text"/>
* Total Direct Costs	<input style="width: 100%;" type="text"/>

B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 100%; height: 100%;" type="text"/>		
Indirect Cost Rate Agreement Date <input style="width: 80%;" type="text"/>		Total Indirect Costs <input style="width: 100%;" type="text"/>		

C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)
<input style="width: 100%;" type="text"/>	

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

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Cumulative Budget Information

1. Total Costs, Entire Project Period

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input type="text" value="275,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input type="text"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input type="text" value="275,000.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input type="text" value="72,172.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text" value="347,172.00"/>

2. Budget Justifications

Personnel Justification	<input type="text" value="Personnel.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text" value="Equipment budget justification.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>