

Application Form

Core v1.0 

OMB Number: 0925-0001
Expiration Date: XX/XX/XXXX

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Submission Type

Pre-Application Application Corrected Submission

Prior Submission Tracking
Number

* Type of Application New Resubmission

Federal Identifier

1. Applicant Information

Organization DUNS	8043557900000
* Organization Name	UNIVERSITY OF CALIFORNIA, SAN DIEGO
Department	
Division	
* Street 1	UNIVERSITY OF CALIFORNIA SAN DIEGO
Street 2	OFFICE OF CONTRACT & GRANT ADMIN, 0934
* City	LA JOLLA
County	
State	CA: California;
Province	
* Country	USA: UNITED STATES ;

2. Employer Identification (EIN) or (TIN)

Employer Identification 1956006144A1

3. Descriptive Title Of Applicant's Project

* Descriptive Title of Applicant's Project Justin ARPA-H (Do not touch)

4. Project Period

* Start Date 01/01/2023
* End Date 12/31/2023

5. Project Director/Principal Investigator Contact Information

Enter the Contact PD/PI's contact information below.

Contact PD/PI Name	Organization Name	Action
Justin McPherson	Air Force	View

Additional PD/PI

Entry #	Additional PD/PI Name	Organization Name	Action
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Nothing found to display.

Leadership Plan

[View Attachment](#)

6. Business Official Contact Information

Prefix

* First Name Justin

Middle Name

* Last Name McPherson

Suffix

Position/Title

Department |

* Organization Name University of California

Division

* Street 1 TEST

Street 2

* City TEST

County

State CA: California;

Province

* Country USA: UNITED STATES ;

Zip/Postal Code 207080000

Phone Number 1111111111

Fax Number

* Email justin.mcpherson@nih.gov

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 218, Section 1001)

** I agree

7. Estimated Project Funding (\$)

Total Funds Requested

200,000.00

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Total Funds Requested

200,000.00

8. Human Subjects

* Do you anticipate studies involving human subjects (Y/N)?

Yes No

If YES to Human Subjects

Is the project exempt from Federal regulations?

Yes No

If yes, check the appropriate exemption number.

1 2 3 4 5 6 7 8

9. Abstract

Abstract

Appendix_(3).pdf

[View Attachment](#)

9. Abstract

Abstract

Appendix_(3).pdf

View Attachment

10. Specific Aims

Specific Aims

View Attachment

11. Cover Letter

Cover Letter

View Attachment

12. Attachments

Attachments

Add Attachment

Attachment File Name	Delete on Save	Update Attachment	View Attachment
DMS_plan.pdf	<input type="checkbox"/>	Update	View

Public reporting burden for this collection of information is estimated to average 11 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0001). Do not return the completed form to this address.

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Attachments are shown in the assembled application image as entered by applicants. The text of each attachment is placed after the core form in the order entered in the application

9. ABSTRACT ATTACHMENT File Name:abstactP1.pdf
10. SPECIFIC AIMS ATTACHMENT File Name:specificaims.pdf
11. COVER LETTER ATTACHMENT File Name:
12. ATTACHMENTS File Name:DMS_plan.pdf File Name:Research_strategy.pdf