OMB Number: 0925-0001 Expiration Date: XX/XX/XXXX **Application Form** Core v1.0 @ Expand All Edit Submission Type O Pre-Application O Application O Corrected Submission **Prior Submission Tracking** Number * Type of Application New O Resubmission Federal Identifier 1. Applicant Information Organization DUNS 8043557900000 * Organization Name UNIVERSITY OF CALIFORNIA, SAN DIEGO Department Division * Street 1 UNIVERSITY OF CALIFORNIA SAN DIEGOO Street 2 OFFICE OF CONTRACT & GRANT ADMIN, 0934 * City LA JOLLA County CA: California; State

USA: UNITED STATES;

Province

* Country

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
Jüstiñ McPhêrsön	Air Force	View

Additional PD/PI

		Organization	
Entry #	Additional PD/PI Name	Name	Action

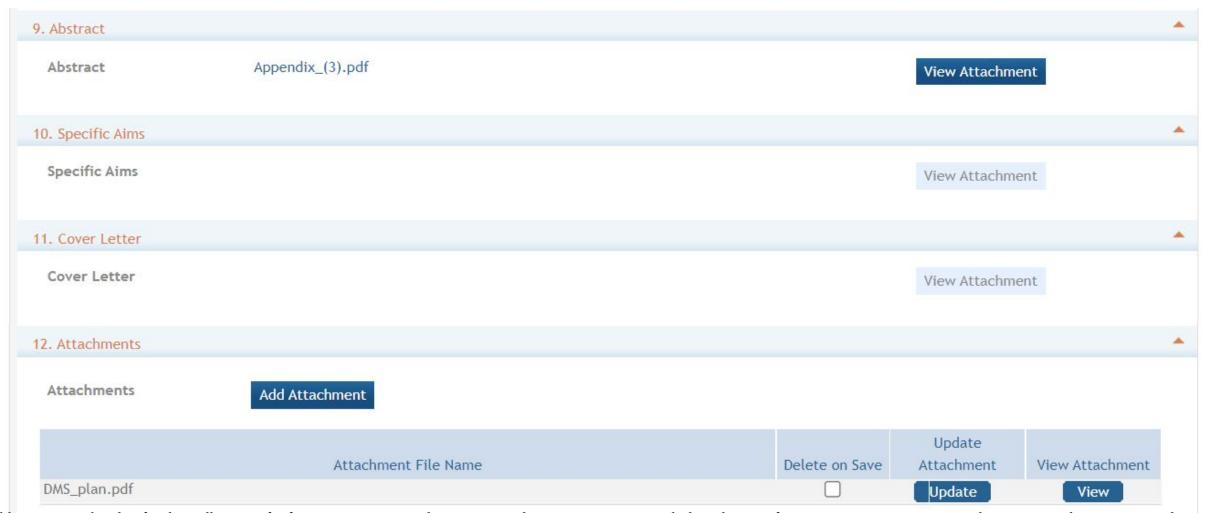
Nothing found to display.

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 TEST * Street 1 Street 2 * City TEST County CA: California; State 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





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