COVER PAGE PLACE HOLDER REPLACE THIS WITH YOUR ACTUAL COVER PAGE!

TABLE OF CONTENTS PLACE HOLDER REPLACE THIS WITH YOUR ACTUAL TABLE OF CONTENTS!

RFGA NO. ADHS17-00007401

General Information

Information about the Applicant organization or individual and the person to contact for any questions during the review process should be clearly listed.

Provide the follow questions related	wing contact information for the person who is responsible for answering I to this Application:
Name	
Title	
Mailing Address	
Phone Number	
Email Address	
2. Legal name and a	address of Applicant:
Name	
Mailing Address	
W-9 Attached	
3. Name of Principa	I Investigator:
Name	
Email Address	
Date of terminal degree or completion	
of medical residency	
4. Title of Project	
Title	
5. Total Fund Reque	est for Project Budget Period (identify dollar amount per year):
Year 1	\$
Year 2	\$
Year 3	\$
Total Requested	\$

SIGNED W-9 PLACE HOLDER

SPONSORED PROJECTS WILL REPLACE THIS PAGE WITH THE ACTUAL, SIGNED W-9!

PLEASE LEAVE AS A PLACE HOLDER TO ENSURE PROPER PAGINATION

RFGA NO. ADHS17-00007401

REVIEW PURPOSES

١.	What field would you like your grant reviewed under? 1.1. If "Other," please specify:		
	What is the specialized area of proposed research?		
	what is the specialized area of proposed research?		
	Does your proposed research/project include human subjects?		
	3.1. Is your use of human subjects research exempt?		
	3.1.1. If yes, please describe:		
	Is your research an NIH defined clinical trial?		
	4.1. If yes, please describe:		
	Does the research involve Vertebrate Animals?		
	5.1. If yes, please attach IACUC Approval Animal Welfare Assurance Number.		

RFGA NO. ADHS17-00007401

PROJECT ABSTRACT

All Applicants are required to submit an abstract of the proposed activity suitable for publication. The abstract should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a scientifically or technically literate lay reader. The abstract shall not include any proprietary or sensitive business information as it may be made available to the public.

The abstract shall be within 1400 characters in length.

RFGA NO. ADHS17-00007401

DETAILED PROJECT DESCRIPTION

The following information shall be provided as "the Project Activities (Scope of Services)" for the Arizona New Investigator Award (AZ NIA). The Detailed Project Description should not exceed a total of eight (8) pages, pages beyond the limit will not be reviewed, excluding any cited references provided in support of the Detailed Project Description. The Project Description shall be single sided, typed using Ariel 10-point font, single spaced, and margins shall be no less than 0.9" top/bottom/right/left. The Detailed Project Description should be in sequence and organized as outlined below and related to the RFGA. Failure to include the requested information may have a negative impact on the evaluation of the Applicant's Application. The attachment must be labeled and titled as "Detailed Project Description."

Project Activities (Six (6) pages)

- 1. **Goals and Objectives:** List the specific aims, goals, and objectives of the proposed research and the hypothesis(es) to be tested.
- 2. **Background Information and Literature Review:** Include a narrative introduction to the application and provide relevant background information. Include an annotated bibliography of the relevant literature, if this information is in the biosketch, refer to the biosketch.
- 3. **Preliminary Work:** Provide a description of relevant preliminary work. Include a list of studies and publications related to the proposed project previously completed by the applicant.
- 4. **Experimental Methodology:** Outline the experimental design and procedures to be used to accomplish the specific aims, goals, and objectives of the project. Describe any new methodology and its advantage(s) over existing methodologies.
- 5. **Data Analysis:** Describe the means by which the data will be collected, analyzed, and interpreted. Discuss potential difficulties and limitations of the proposed techniques. Point out any procedures, situations, or materials that may be hazardous to personnel.
- 6. **Timeline:** Provide a chronological outline in regard to goals, objectives, methods, and data analysis. Define as clearly as possible the progression of the research plan over entire project period.
- 7. **Evaluation:** Discuss how Applicant will document that the research goals and objectives are met and how the applicant plans to evaluate the methods used.

Project Resources (Two (2) pages)

Specify the facilities/items/materials to be used for the conduct of the proposed research project by the listed categories. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the Project. Under "Other" category, identify support services such as machine shop, electronics shop, etc., and specify the extent to which they will be available to the Project.

- 1. Laboratory
- 2. Clinical
- 3. Animal
- 4. Computer
- Office
- 6. **Major Equipment:** List the most important equipment already available for this Project, note the location and capabilities of each.
- 7. Other

REPLACE THIS PAGE WITH YOUR BIOSKETCHES AND BUDGET INFO AS INSTRUCTED BELOW

APPLICATION PACKET ATTACHMENT B

RFGA NO. ADHS17-00007401

BIOGRAPHICAL SKETCH(ES)

Attach the requested information for the key personnel (and consultants) listed in Applicant's response to the RFGA. Begin with the Principal Investigator/Program Director. Provide this information for each person listed as key personnel or consultants.

Senior Mentor Biographical Sketch shall also be included, as applicable. NIH style biographical sketches may be utilized.

LETTERS OF SUPPORT / MENTOR SUPPORT

Letter(s) in support of the proposed Project may be included.

Senior Mentor Letter of Support must be included for the Arizona New Investigator Award Application. The Letter of Support shall list how support will be provided, type of activities and time that will be spent in direct mentorship, as applicable.

BUDGET INFORMATION

This information is particularly important since it will be used as a basis for negotiating the grant agreement if an organization or individual is selected. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category. The budget may be submitted an any format but must be submitted as part of the Application and must contain all information as requested below for each year and any additional information that may be relevant to the Project,

Note: Indirect costs for all institutions combined cannot exceed ten percent (10%) of the total direct cost. Direct and indirect costs combined for each year shall not exceed the up to amounts as listed in the Introduction Section.

- 1. Provide a separate budget for each year that you are requesting funding.
- 2. Provide salary costs (based on hourly rates) for the various labor categories used for the qualification proposal. For example: Principal Investigator, Co-investigator(s), Senior Associates, Sr. Scientists, Research Scientists, Post-Doctoral Associates, Other professionals (Technicians, Programmers, etc.), Graduate Students, Undergraduate Students, etc.

The salary limitation is limited to Executive Level II of the Federal Pay Scale. Principal Investigators, Key Personnel, and Technicians that are employed full-time can claim salaries.

- 1. Identify and provide all applicable fringe benefit rates, equipment usage fees, travel costs materials and supplies and other direct project costs that would be charged on each research project awarded.
- 2. Although not required, any matching or cost sharing (including in-kind donations) should be detailed.
- 3. Budget Narrative. Applicant shall provide a narrative explanation of, and justification for, the proposed Project budget.

ADDITIONAL ASSURANCES

CERTIFICATIONS

1. CERTIFICATION REGARDING DRUG-FREE WORK-PLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with the Drug-Free Workplace Act of 1988, 45 CFR Part 76, subpart F. The certification set out below is a material representation of fact upon which reliance will be placed when SSA determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, SSA, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants or government wide suspension or debarment.

The grantee certifies that it will or will not continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that as a condition of employment under the grant, the employee will:
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency within ten calendar days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices.

Notices shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted--
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

The grantee certifies that, as a condition of the grant, it will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

2. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

NOTE: In accordance with 45 CFR Part 76, amended June 26, 1995, any debarment, suspension, proposed debarment or other government wide exclusion initiated under the Federal Acquisition Regulation (FAR) on or after August 25, 1995, shall be recognized by and effective for Executive Branch agencies and participants as an exclusion under 45 CFR Part 76.

(a) Primary Covered Transactions

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (2) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (a)(2) of this certification; and

(4) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed under the assurances page in the application package.

(b) Lower Tier Covered Transactions

The applicant agrees by submitting this proposal that it will include, without modification, the following clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion -- Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion -- Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
* APPLICANT ORGANIZATION	* DATE SUBMITTED

SPONSORED PROJECTS WILL REPLACE THIS PAGE WITH THE SIGNED PAGE PLEASE LEAVE AS A PLACE HOLDER TO ENSURE PROPER PAGINATION



Grant Offer and Acceptance (ATTACHMENT C)

GRANT NO.: ADHS17-00007401

ARIZONA DEPARTMENT OF HEALTH SERVICES

150 N. 18th Avenue, Suite 260 Phoenix, AZ 85007 (602) 542-2942 (602) 548-1741 Fax

TO THE STATE OF ARIZONA:

The Undersigned hereby applies and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax Licer Applicant's Federal Employer Identification Number: Applicant's DUNS Number: 806345617	se Number: 20221243 74-2652689 74-2652689 PLEASE LEAVE AS A PLACEHOLDER TO ENSURE PROPER PAGINATION
Applicant's Name	Name of Person Authorized to Sign Application
Street Address	Title of Authorized Person
City State Zip Code	Signature of Authorized Person Date
Telephone Number: 520-626-6000 E-Mail Address: sponsor@email.arizona.edu	Facsimile Number: 520-626-4130
	Amendment No. & Date Amendment No. & Date
	ATION AND GRANT AWARD rizona Use Only)
Your Application is hereby accepted as described in the N upon the RFGA and Grantee's Application, as accepted by	
Grantee is hereby cautioned not to commence any billable until Grantee receives an executed Purchase Order, G applicable.	
State of Arizona, Arizona De	partment of Health Services
Awarded thisday of	201
ADHS Chief Pro	curement Officer

NOTICES, CORRESPONDENCE AND PAYMENTS ATTACHMENT D

RFGA NO. ADHS17-00007401

Notices, Correspondence and Payments to the Grantee shall be sent to:

(Print and complete the information below and attach to your Quote in the "Attachments Tab" in ProcureAZ)

Grantee:	
Attention:	
Address:	
City, State, Zip:	
Telephone:	
Email:	



All offerors must select one of the following:

TO ENSURE ACCURATE PAGINATION.

Designation of Confidential, Trade Secret & Proprietary Information (Attachment E)

Grant No.: ADHS17-00007401	PAGE 1
Description: Arizona New Investigator Award (AZ NIA)	OF 2

ARIZONA DEPARTMENT OF HEALTH SERVICES

150 N. 18th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax

All materials submitted as part of a response to a solicitation are subject to Arizona public records law and will be disclosed if there is an appropriate public records request at the time of or after the award of the contract. Recognizing there may be materials included in a solicitation response that is proprietary or a trade secret, a process is set out in A.A.C. R2-7-103 (attached) that will allow qualifying materials to be designated as confidential and excluded from disclosure. For purposes of this process the definition of "trade secret" will be the same as that set out in A.A.C. R2-7-101(52).

This form must be completed and returned with the response to the solicitation and any supporting information to assist the State in making its determination as to whether any of the materials submitted as part of the solicitation response should be designated confidential because the material is proprietary or a trade secret and therefore not subject to disclosure.

PLEASE CHECK THE APPLICABLE ANSWER

	My response does not contain proprietary or trade so become public record in accordance with A.A.C. R2		ecret information. I understand that my entire response will -7-C317.	
	_ My	response does contain trade secret information	on because it contains information that:	
	1.	Is a formula, pattern, compilation, program,	n, device, method, technique or process, AND	
	2.		al or potential, from not being generally known to, and not being other persons who can obtain economic value from its disclosure	
	3.	Is the subject of efforts by myself or my maintain its secrecy.	y organization that are reasonable under the circumstances to	
rade secret def pecome public	finitio	on. All information that does not meet the	a a determination that the information does not meet the statutory to definition of trade secret as defined by A.A.C. R2-7-101(52) will attereserves the right to make its own determination of Proposer's ordance with A.A.C. R2-7-103.	
	o coo		or confidentiality and the determination is challenged, the undersigned rmination with all interested parties, including legal counsel or other	
hared with an estate, its agents	evalua and e	ation committee and technical advisors during employees, harmless from any claims or caus	including confidential, trade secret and proprietary information may be ng the evaluation process. Proposer agrees to indemnify and hold the uses of action relating to the State's withholding of information based of all costs and attorney fees incurred by the State in defending such an	
		Company Name	Signature of Person Authorized to Sign	
		Address	Printed Name	
City		State 7in	Title	

APPROPRIATE ANSWER ABOVE TO ENSURE ACCURACY. PLEASE LEAVE THIS PAGE AS A PLACEHOLDER

SPONSORED PROJECTS WILL REPLACE THIS PAGE WITH THE SIGNED PAGE. PLEASE CHECK THE



Designation of Confidential, Trade Secret & Proprietary Information (Attachment E)

Grant No.: ADHS17-00007401

PAGE
2

Description: Arizona New Investigator Award (AZ NIA)

OF
2

ARIZONA DEPARTMENT OF HEALTH SERVICES

150 N. 18th Avenue, Suite 280 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax

R2-7-103. Confidential Information

- A. If a person wants to assert that a person's offer, specification, or protest contains a trade secret or other proprietary information, a person shall include with the submission a statement supporting this assertion. A person shall clearly designate any trade secret and other proprietary information, using the term "confidential". Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.
- B. Until a final determination is made under subsection (C), an agency chief procurement officer shall not disclose information designated as confidential under subsection (A) except to those individuals deemed by an agency chief procurement officer to have a legitimate state interest.
- C. Upon receipt of a submission, an agency chief procurement officer shall make one of the following written determinations:
 - 1. The designated information is confidential and the agency chief procurement officer shall not disclose the information except to those individuals deemed by the agency chief procurement officer to have a legitimate state interest;
 - 2. The designated information is not confidential; or
 - 3. Additional information is required before a final confidentiality determination can be made.
- D. If an agency chief procurement officer determines that information submitted is not confidential, a person who made the submission shall be notified in writing. The notice shall include a time period for requesting a review of the determination by the state procurement administrator.
- E. An agency chief procurement officer may release information designated as confidential under subsection (A) if:
 - 1. A request for review is not received by the state procurement administrator within the time period specified in the notice; or
 - 2. The state procurement administrator, after review, makes a written determination that the designated information is not confidential.

SPONSORED PROJECTS WILL REPLACE THIS PAGE WITH THE ACTUAL SIGNED PAGE. PLEASE LEAVE THIS PAGE IN PLACE TO ENSURE ACCURATE PAGINATION.



Participation if Boycott of Israel (Attachment F)

PAGE Grant No.: ADHS17-00007401 1 OF Description: Arizona New Investigator Award (AZ NIA)

Arizona Department of Health Services Office of Procurement

150 N.18th Ave., Suite 260 Phoenix, AZ 85007

All materials submitted as part of a response to a solicitation/contract are subject to Arizona public records law and will be disclosed if there is an appropriate public records request at the time of or after the award of the contract. Recently legislation has been enacted to prohibit the state from contracting with companies currently engaged in a boycott of Israel. To ensure compliance with A.R.S. §35-393.01 This form must be completed and returned with the response to the solicitation/contract and any supporting information to assist the State in making its determination of compliance.

As defined by A.R.S. §35-393.01:

- 1."Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with Israel or with persons or entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:
 - (a) In compliance with or adherence to calls for a boycott of Israel other than those boycotts to which 50 United States Code section 4607(c) applies.
 - (b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.
- 2. "Company" means a sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, and includes a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate.
- 3. "Direct holdings" means all publicly traded securities of a company that are held directly by the state treasurer or a retirement system in an actively managed account or fund in which the retirement system owns all shares or interests.
- 4."Indirect holdings" means all securities of a company that are held in an account or fund, including a mutual fund, that is managed by one or more persons who are not employed by the state treasurer or a retirement system, if the state treasurer or retirement system owns shares or interests either:
 - (a) together with other investors that are not subject to this section.
 - (b) that are held in an index fund.
- 5."Public entity" means this State, a political subdivision of this STATE or an agency, board, commission or department of this state or a political subdivision of this state.
- 6. "Public fund" means the state treasurer or a retirement system.
- 7. "Restricted companies" means companies that boycott Israel.
- "Retirement system" means a retirement plan or system that is established by or pursuant to title 38.

All offerors	s must select one of the following	;:		
	My company does not participate in, and agrees not to participate in during the term of the contract a boycott of Israel in accordance with A.R.S. §35-393.01. I understand that my entire response will become public record in accordance with A.A.C. R2-7-C317.			
	My company does participate in a	a boycott of Israel as define	ed by A.R.S. §35-393.01. :	
auses of ac		pased upon reliance on the	State, its agents and employees, harmless from any claims or above representations, including the payment of all costs and	
	Company Name		Signature of Person Authorized to Sign	
	Address		Printed Name	
	City State	Zip	Title	

OTHER ATTACHMENTS PLACE HOLDER REPLACE THIS WITH YOUR ACTUAL OTHER ATTACHMENTS, IF ANY!

PER INSTRUCTIONS, PROVIDE ITEMIZED LIST OF ATTACHMENTS AND A BRIEF

STATEMENT OF IMPORTANCE AS TO WHY THE ATTACHMENTS HAVE BEEN

INCLUDED FOR REVIEW