

CENTER FOR INDOOR AIR RESEARCH
1099 WINTERS ROAD SUITE 280 LINTHICUM, MD. 21090
(410) 684-3777 FAX (410) 684-3729

APPLICATION FOR RESEARCH CONTRACT

1. PRINCIPAL INVESTIGATOR. NAME, TITLE, TELEPHONE # AND MAILING ADDRESS.

(A) Steven R. Kleeberger, Ph.D. (B) Associate Professor (C) (410) 955-3515/955-0299
NAME TITLE TELEPHONE #/FAX #
(D) Environmental Health Sciences (E) Johns Hopkins University, School of Hyg. & Pub. Hlth.
DEPARTMENT INSTITUTION
(F) 615 North Wolfe Street, Baltimore, Maryland (G) 21205
MAILING ADDRESS STATE/ZIP

2. PROJECT TITLE Mechanisms of Chronic Ozone Exposure: Role of Inflammation

3. KEY WORDS. PLEASE PROVIDE THREE (3) KEY WORDS WHICH WILL BE USED AS REFERENCE HEADINGS. Ozone, Inflammation, Mast Cell

4. INSTITUTION. NAME AND ADDRESS OF INSTITUTION RESPONSIBLE AND ACCOUNTABLE FOR DISPOSITION OF FUNDS AWARDED ON THE BASIS OF THIS APPLICATION.

(A) Johns Hopkins University (B) 615 North Wolfe Street
INSTITUTION STREET ADDRESS
(C) Baltimore (D) Maryland 21205
CITY STATE/ZIP

5. LOCATION. LIST LOCATION WHERE RESEARCH WILL BE CONDUCTED IF OTHER THAN INSTITUTION IDENTIFIED IN #4 ABOVE.

- (A)
(B)

6. INCLUSIVE DATES AND TOTAL COSTS OF THIS SPECIFIC PROJECT RELATED TO EACH 12 MONTH PERIOD IF MORE THAN ONE YEAR IS REQUIRED TO COMPLETE PROJECT. SUMMARIZE FROM BUDGET PAGE, ITEM 12(j). IT MUST BE UNDERSTOOD THAT AWARDS FOR 2ND AND 3RD PERIODS ARE DEPENDENT ON CENTER APPROVAL OF CONTINUATION APPLICATION.

	INCLUSIVE DATE	THRU	TOTAL COST
(A) 1ST 12 MONTH PERIOD	<u>01/01/94</u>	<u>12/31/94</u>	\$ <u>210,910</u>
(B) 2ND 12 MONTH PERIOD IF REQUIRED	<u>01/01/95</u>	<u>12/31/95</u>	\$ <u>212,481</u>
(C) 3RD 12 MONTH PERIOD IF REQUIRED	<u>01/01/96</u>	<u>12/31/96</u>	\$ <u>220,416</u>

7. INSTITUTIONAL OFFICER. NAME, TITLE AND TELEPHONE NUMBER OF INDIVIDUAL AUTHORIZED TO SIGN FOR THE INSTITUTION IDENTIFIED IN #4 ABOVE. IT IS UNDERSTOOD THAT THE OFFICER, IN APPLYING FOR A CONTRACT, HAS READ AND FOUND ACCEPTABLE THE CENTER'S MANAGEMENT OF RESEARCH CONTRACTS AND CONTRACT ADMINISTRATION POLICY.

(A) Alan M. Goldberg, Ph.D. (B) Assoc. Dean for Research
NAME TITLE
(C) (410) 955-9253 (D) 5/26/93
TELEPHONE SIGNATURE OF INSTITUTIONAL OFFICER DATE

8. PRELIMINARY STUDIES*.

- (A) FEASIBILITY OF PROPOSED RESEARCH
(B) QUALIFICATIONS OF INVESTIGATOR

9. EXPERIMENTAL PLAN*.

- (A) DESIGN
(B) METHODS
(C) ANALYSIS OF DATA
(D) INTERPRETATION OF RESULTS
(E) TIMETABLE FOR THE INVESTIGATION
(F) LITERATURE CITED

10. AVAILABLE FACILITIES AND RESOURCES.

11. OTHER SUPPORT

* APPEND AS MUCH MATERIAL AS REQUIRED. TYPE, SINGLE SPACE, USE 8-1/2" X 11" WHITE PAPER AND LABEL EACH SHEET WITH NAME OF THE PRINCIPAL INVESTIGATOR IN THE UPPER RIGHT HAND CORNER AND PAGE NUMBER AT THE BOTTOM. CONSECUTIVELY NUMBER EACH ADDENDUM BEGINNING WITH PAGE 5. DO NOT INSERT PAGES BETWEEN PAGES 1 AND 6, E.G., 2A, 2B, 3A, ETC. INCLUDE NINE COPIES AND AN ORIGINAL. IF SENDING PHOTOGRAPHS, INCLUDE 2 ORIGINAL SETS. NOTE: EACH OF THE NINE COPIES MUST BE PLACED IN A BINDER PER MAILING INSTRUCTIONS.

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