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| PI: Fong, Timothy C | Title: Novel indication for myeloid progenitor use: Induction of tolerance | |
| Received: 12/04/2012 | FOA: PA12-089 | Council: 05/2013 |
| Competition ID: ADOBE-FORMS-B2 | FOA Title: PHS 2012-02 OMNIBUS SOLICITATION OF THE NIH FOR SMALL BUSINESS TECHNOLOGY TRANSFER GRANT APPLICATIONS (PARENT STTR [R41/R42]) | |
| 1 R41 AI108016-01 | Dual: CA,HL,NR | Accession Number: 3546121 |
| IPF: 10000154 | Organization: CELLERANT THERAPEUTICS, INC. | |
| Former Number: | Department: | |
| IRG/SRG: ZRG1 IMM-G (10)B | AIDS: N | Expedited: N |
| Subtotal Direct Costs (excludes consortium F&A) Year 1: XXXXXXXXXX | Animals: Y Humans: N Clinical Trial: N Current HS Code: 10 HESC: N | New Investigator: N Early Stage Investigator: N |
| | | |
| <i>Senior/Key Personnel:</i> | <i>Organization:</i> | <i>Role Category:</i> |
| Holger Karsunky | Cellerant Therapeutics | PD/PI |
| Adrianus Domen | The Children's Mercy Hospital, Kansas City, MO | MPI |

This sample is a multi-page PDF document.

Continue scrolling to see the remainder of the application, navigate using the bookmarks in your PDF reader of choice, or skip to page 4 for the Table of Contents.

If you have any questions, contact deaweb@niaid.nih.gov.

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

2. DATE SUBMITTED

Applicant Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

5. APPLICANT INFORMATION

* Organizational DUNS:

* Legal Name: Cellerant Therapeutics, inc.

Department:

Division:

* Street1: 1561 Industrial Road

Street2:

* City: San Carlos

County / Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* ZIP / Postal Code: 94070-4111

Person to be contacted on matters involving this application

Prefix: Dr.

* First Name: Holger

Middle Name:

* Last Name: Karsunky

Suffix:

* Phone Number:

Fax Number:

Email:

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

7. * TYPE OF APPLICANT:

R: Small Business

Other (Specify):

Small Business Organization Type

☐

Women Owned

☐

Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award☐ B. Decrease Award☐ C. Increase Duration☐ D. Decrease Duration☐ E. Other (specify):* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Novel indication for myeloid progenitor use: Induction of tolerance

12. PROPOSED PROJECT:

* Start Date

* Ending Date

06/01/2013

05/31/2014

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-012

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr.

* First Name: Holger

Middle Name:

* Last Name: Karsunky

Suffix:

Position/Title:

Director, Preclinical Development

* Organization Name:

Cellerant Therapeutics

Department:

Division:

* Street1: 1561 Industrial Road

Street2:

* City: San Carlos

County / Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* ZIP / Postal Code: 94070-4111

* Phone Number:

Fax Number:

* Email:

| | |
|---|---|
| 15. ESTIMATED PROJECT FUNDING a. Total Federal Funds Requested <input style="width: 150px;" type="text"/> b. Total Non-Federal Funds <input style="width: 150px;" type="text" value="0.00"/> c. Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="0.00"/> d. Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/> | 16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text"/> b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| 17. 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) <input checked="" type="checkbox"/> * I agree <small>* 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.</small> | |
| 18. SFLLL or other Explanatory Documentation <div style="border: 1px solid black; height: 20px; width: 450px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div><div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div><div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div></div> | |
| 19. Authorized Representative <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>Prefix: <input style="width: 80px;" type="text" value="Dr."/></div><div>* First Name: <input style="width: 250px;" type="text" value="Ram"/></div><div>Middle Name: <input style="width: 180px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* Last Name: <input style="width: 450px;" type="text" value="Mandalam"/></div><div>Suffix: <input style="width: 100px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* Position/Title: <input style="width: 350px;" type="text" value="President & CEO"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* Organization: <input style="width: 450px;" type="text" value="Cellerant Therapeutics"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>Department: <input style="width: 180px;" type="text"/></div><div>Division: <input style="width: 220px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* Street1: <input style="width: 400px;" type="text" value="1561 Industrial Road"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>Street2: <input style="width: 400px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* City: <input style="width: 250px;" type="text" value="San Carlos"/></div><div>County / Parish: <input style="width: 220px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* State: <input style="width: 400px;" type="text" value="CA: California"/></div><div>Province: <input style="width: 150px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* Country: <input style="width: 400px;" type="text" value="USA: UNITED STATES"/></div><div>* ZIP / Postal Code: <input style="width: 150px;" type="text" value="94070-4111"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* Phone Number: <input style="width: 150px;" type="text"/></div><div>Fax Number: <input style="width: 150px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>* Email: <input style="width: 450px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;">* Signature of Authorized Representative <div style="border: 1px solid black; padding: 5px; text-align: center;">Holger Karsunky</div></div><div style="width: 45%;">* Date Signed <div style="border: 1px solid black; padding: 5px; text-align: center;">12/04/2012</div></div></div> | |
| 20. Pre-application <input style="width: 300px;" type="text"/> <div style="display: flex; justify-content: flex-end; gap: 10px; margin-top: 5px;"><div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div><div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div><div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div></div> | |

424 R&R and PHS-398 Specific Table Of Contents

Page Numbers

| | |
|--|----|
| SF 424 R&R Face Page----- | 1 |
| Table of Contents----- | 3 |
| Performance Sites----- | 4 |
| Research & Related Other Project Information----- | 5 |
| Project Summary/Abstract (Description)----- | 6 |
| Public Health Relevance Statement (Narrative attachment)----- | 7 |
| Facilities & Other Resources----- | 8 |
| Equipment----- | 11 |
| Research & Related Senior/Key Person----- | 12 |
| Biographical Sketches for each listed Senior/Key Person----- | 13 |
| Research & Related Budget - Year 1----- | 21 |
| Budget Justification----- | 24 |
| Research & Related Budget - Cumulative Budget----- | 26 |
| Research & Related Budget - Consortium Budget (Subaward 1)----- | 27 |
| SBIR/STTR Information----- | 33 |
| PHS 398 Specific Cover Page Supplement----- | 35 |
| PHS 398 Specific Research Plan----- | 37 |
| Specific Aims----- | 38 |
| Research Strategy----- | 39 |
| Vertebrate Animals----- | 45 |
| Select Agent Research----- | 48 |
| Multiple PI Leadership Plan----- | 49 |
| Bibliography & References Cited----- | 50 |
| Consortium/Contractual----- | 55 |
| Resource Sharing Plan----- | 57 |
| PHS 398 Checklist----- | 58 |

Project/Performance Site Location(s)**Project/Performance Site Primary Location**☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Cellerant Therapeutics, Inc.

DUNS Number:

* Street1: 1561 Industrial Road

Street2:

* City: San Carlos

County: San Mateo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 94070-4111

* Project/ Performance Site Congressional District: CA-012

Project/Performance Site Location a☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: The Children's Mercy Hospital, Kansas City, MO

DUNS Number:

* Street1: 2401 Gillham Road

Street2:

* City: Kansas City

County: Jackson

* State: MO: Missouri

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 64108-4619

* Project/ Performance Site Congressional District: MO-005

Additional Location(s)

Add Attachment

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