

PI: Wahlby, Carolina Ewa Asa	Title: Image analysis for high-throughput C. elegans infection and metabolism assays	
Received: 02/03/2010	FOA: PA10-067	Council: 10/2010
Competition ID: ADOBE-FORMS-B	FOA Title: Research Project Grant (Parent R01)	
1 R01 GM095672-01	Dual:	Accession Number: 3264072
IPF: 10021177	Organization: BROAD INSTITUTE, INC.	
Former Number:	Department:	
IRG/SRG: MI	AIDS: N	Expedited: N
Subtotal Direct Costs (excludes consortium F&A) Year 1: 250,000 Year 2: 250,000 Year 3: 250,000 Year 4: 250,000 Year 5: 250,000	Animals: N Humans: N Clinical Trial: N Current HS Code: 10 HESC: N	New Investigator: Y Early Stage Investigator: Y
<i>Senior/Key Personnel:</i>	<i>Organization:</i>	<i>Role Category:</i>
Carolina Wahlby Ph.D.	Broad Institute, Inc.	PD/PI
Anne Carpenter Ph.D	Broad Institute, Inc.	Other Professional-Platform Director
Frederick Ausubel Ph.D	Massachusetts General Hospital	Other (Specify)-Other Significant Contributor
Polina Golland	Massachusetts Institute of Technology	Other (Specify)-Other Significant Contributor
Gary Ruvkun Ph.D	Massachusetts General Hospital	Other (Specify)-Other Significant Contributor
Tamar Riklin-Raviv Ph.D	Massachusetts Institute of Technology	Other (Specify)-Other Significant Contributor

Appendices

2010 wahlby isbi

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: 623544785

* Legal Name: Broad Institute, Inc.

Department:

Division:

* Street1: 7 Cambridge Center

Street2:

* City: Cambridge

County / Parish:

* State: MA: Massachusetts

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 02142-1401

Person to be contacted on matters involving this application

Prefix: * First Name: Stacey

Middle Name:

* Last Name: Donnelly

Suffix:

* Phone Number: 617-714-7130

Fax Number: 617-714-8972

Email: awards@broadinstitute.org

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

7. * TYPE OF APPLICANT:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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:

Image analysis for high-throughput C. elegans infection and metabolism assays

12. PROPOSED PROJECT:

* Start Date

* Ending Date

12/01/2010

11/30/2015

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

MA008

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Carolina

Middle Name:

* Last Name: Wahlby

Suffix: Ph.D.

Position/Title: Computational Biologist

* Organization Name: Broad Institute, Inc.

Department:

Division:

* Street1: 7 Cambridge Center

Street2:

* City: Cambridge

County / Parish:

* State: MA: Massachusetts

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 02142-1401

* Phone Number: 617-714-7781

Fax Number:

* Email: carolina@broadinstitute.org

15. ESTIMATED PROJECT FUNDING a. Total Federal Funds Requested <input style="width: 150px;" type="text" value="1,892,525.00"/> 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="1,892,525.00"/> 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: 100%;"></div> <div style="text-align: right;"><input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div>	
19. Authorized Representative Prefix: <input style="width: 80px;" type="text"/> * First Name: <input style="width: 250px;" type="text" value="Stacey"/> Middle Name: <input style="width: 150px;" type="text"/> * Last Name: <input style="width: 450px;" type="text" value="Donnelly"/> Suffix: <input style="width: 80px;" type="text"/> * Position/Title: <input style="width: 350px;" type="text" value="Director, Sponsored Research and Planning"/> * Organization: <input style="width: 450px;" type="text" value="Broad Institute, Inc."/> Department: <input style="width: 150px;" type="text"/> Division: <input style="width: 150px;" type="text"/> * Street1: <input style="width: 400px;" type="text" value="7 Cambridge Center"/> Street2: <input style="width: 400px;" type="text"/> * City: <input style="width: 250px;" type="text" value="Cambridge"/> County / Parish: <input style="width: 200px;" type="text"/> * State: <input style="width: 150px;" type="text" value="MA: Massachusetts"/> Province: <input style="width: 150px;" type="text"/> * Country: <input style="width: 150px;" type="text" value="USA: UNITED STATES"/> * ZIP / Postal Code: <input style="width: 150px;" type="text" value="02142-1401"/> * Phone Number: <input style="width: 150px;" type="text" value="617-714-7130"/> Fax Number: <input style="width: 150px;" type="text" value="617-714-8972"/> * Email: <input style="width: 450px;" type="text" value="awards@broadinstitute.org"/> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">* Signature of Authorized Representative <div style="border: 1px solid black; padding: 5px; text-align: center;">Scott Breiding</div></div><div style="width: 45%;">* Date Signed <div style="border: 1px solid black; padding: 5px; text-align: center;">02/03/2010</div></div></div>	
20. Pre-application <input style="width: 300px;" type="text"/> <div style="text-align: right;"><input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div>	

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Appendix*Number of Attachments in Appendix: 1*

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: DUNS Number: * Street1: Street2: * City: County: * State: Province: * Country: * ZIP / Postal Code: * Project/ Performance Site Congressional District: **Project/Performance Site Location 1**☐ 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: DUNS Number: * Street1: Street2: * City: County: * State: Province: * Country: * ZIP / Postal Code: * Project/ Performance Site Congressional District: **Additional Location(s)**