AGENDA

1. Opening remarks
2. Proposal submission process
   a. Form 5 changes
   b. NIH required certifications
3. ORS resources for Grants.gov
   a. Web site information
   b. Grants.gov upload site
4. Signing up for government back end systems
   a. NIH Commons
5. Demonstration of Grants.gov
6. Questions
OFFICE OF RESEARCH SERVICES
WEB SITE:  http://www.hawaii.edu/ors/

INTERIM DIRECTOR.......................... FAX 69081
Charlene Matsuda - Secretary ..........matsudac@hawaii.edu .......... 67800
Kevin Hanaoka..................................hanaokak@hawaii.edu .......... 69242

PRE-AWARD SECTION ......................... FAX 69081
Research Proposals and Post Award Modifications
Linda Murakami - Secretary ..........lindamur@hawaii.edu .......... 68658
Paul Kakugawa ..................................pkakugaw@hawaii.edu .......... 64054

Training/Other Spons. Proposals and Post Award Modifications
Julie Bailey - Secretary..........baileyju@hawaii.edu .......... 68706
Georgette Sakumoto ..............gsakumot@hawaii.edu .......... 64056

Nat'l Sci Fdn. Res and Trng Proposals and Post Award Modifications
Elsie Uchiyama - Secretary ..........euchiyam@hawaii.edu .......... 63105
Linda Lau ..................................laul@hawaii.edu .......... 66058

Computer Specialist
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Naoyuki Maruya ..............naoyuki@hawaii.edu .......... 66961
Mike Morimoto ..............mcmorimo@hawaii.edu

Pre-Award/Funding Opportunities
Kathy Yoshinaga ..........kyoshina@hawaii.edu .......... 64057

POST AWARD SECTION .................. FAX 69081
Contract Coordinators
Christine Waite ..............waiotec@hawaii.edu .......... 68552
Carrie Cheung ..............carriech@hawaii.edu .......... 68552

Contract/Agreement Review
Marianne Lam ................malam@hawaii.edu .......... 64740
Lauren Kwak ................lkwak@hawaii.edu .......... 67122
Lenny Gouveia ...............lgouveia@hawaii.edu .......... 68203
Natalie Au ......................ngsau@hawaii.edu .......... 60843

COMPLIANCE ......................... FAX 69081
Dennis Nakamura ..............dnakamu@hawaii.edu .......... 65893
Lisa Kunitomo ..............kunitomo@hawaii.edu .......... 68514

COST STUDIES............... FAX 69081
Kevin Hanaoka ..........hanaokak@hawaii.edu .......... 69242
Cindy Lee ..................chancind@hawaii.edu .......... 63377
Limei Huang (May) ..........limeih@hawaii.edu .......... 69804
OFFICE OF RESEARCH SERVICES
WEB SITE: http://www.hawaii.edu/ors/

ACCOUNTING
Aileen Ma aileenm@hawaii.edu 68205
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Harrison Iwata hiwata@hawaii.edu 64807
Jacqueline Lum-Ho lumjacqu@hawaii.edu 65137
Jennie Kan jkan@hawaii.edu 69233
June Yoshihiro yoshih@hawaii.edu 69230
Karen Ebesu kebesu@hawaii.edu 68168
Maria Rapozo rapozom@hawaii.edu 65013
Will Choy wchoy@hawaii.edu 65195
Wendy Wong cww@hawaii.edu 67440

FISCAL
Jean Uyeda jeanu@hawaii.edu 68166
Jeff Yamamoto jeffy@hawaii.edu 64059

OTHER UNIVERSITY DEPARTMENTS YOU MAY NEED TO CONTACT

HUMAN SUBJECTS FAX 539-3954
Bill Dendle dendle@hawaii.edu 539-3955

LAB ANIMAL SERVICE (IACUC) FAX 65785
Norman Magno nmagno@hawaii.edu 64446

ENVIRON. HEALTH & SAFETY FAX 63205
Roy Takekawa takekawa@hawaii.edu 68660

OFF TECH TRANS & ECON DEV FAX 539-3833
Richard Cox rcox@hawaii.edu 539-3817
NIH Announces Change in Business Process: Replacing Principal Investigator Signature on Grant Applications, Progress Reports, and Prior Approval Requests with an Institutional Compliance Requirement

Notice Number: NOT-OD-06-054

Key Dates
Release Date: April 7, 2006

Update: The following update relating to this announcement has been issued:


Issued by
National Institutes of Health (NIH), (http://www.nih.gov)

The purpose of this Notice is to inform the grantee community of a change regarding the signature of the Principal Investigator (PI) as a part of applications, post-submission information, progress reports, and post-award prior approval requests and the corresponding implementation of a new institutional compliance requirement to secure and retain the PI signature as part of the institutional review/approval process.

The signature of the Principal Investigator is no longer required as a part of a submitted application. Instead, a new compliance requirement is now implemented whereby the applicant organization agrees to secure and retain at the organization a written assurance from the Principal Investigator (PI) prior to submitting an application to the PHS. While this assurance is no longer required as part of the submitted application, it remains a compliance requirement. Therefore, organizations must retain a unique signature and date for each submitted application. This assurance must be available to the sponsoring agency or other authorized HHS or Federal officials upon request. Such an assurance must include at least the following certifications: (1) that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. When multiple PIs are proposed in an application, this assurance must be retained for all named PIs.

This change is effective with competing applications submitted for submission/receipt dates May 10, 2006 and thereafter.

Changes to Specific Applications

PHS 398 Application

This change applies to all competing applications prepared using the PHS398 application for submission/receipt dates May 10, 2006 and thereafter. The Face Page (Form Page 1) of the PHS398 has been revised to remove the PI signature item; corresponding instructions have also been deleted. Part III Policy/Assurances/Definitions has been revised to now include the Principal Investigator Assurance as an institutional compliance requirement. See NIH Guide Notice NOT-OD-06-058 for additional details on changes to the PHS398.

Applications Using the SF424 Family of Forms

This change applies to all competing applications submitted electronically through Grants.gov using the SF424 family of forms and is effective for submissions with Open dates May 10, 2006 and thereafter. The PI verification step in the eRA Commons is being eliminated. Instead, once an application package has been successfully submitted through Grants.gov, all errors corrected, and the application assembled by the eRA Commons, PDPiPs and AOR/ISOs will have two business days to review the application. If everything is acceptable, no further action is necessary. The application will automatically move forward in the process after two business days. If, however, it is determined that the some part of the application was lost or didn't transfer correctly during the submission process, the AOR/ISO will have the option to "Reject" the image and submit a Changed/Corrected application. See NIH Guide Notice NOT-OD-06-055 for additional details.

Annual Progress Reports (PHS2590)

This policy also applies to all progress reports submitted using the PHS2590 form. The Face Page (Form Page 1) of the PHS2590 has been revised to remove the PI signature item. Comparable instructions have also been deleted. See NIH Guide Notice NOT-OD-06-058 for additional details on changes to the PHS2590.

The equivalent PI approval currently developed in the eRA Commons E-SNAP module will be removed in the future.

Prior Approval Requests

Effective immediately, this policy also applies to all requests for NIH prior approval. The signature of the PI is no longer required on requests submitted to the agency; however, the grantee institution must secure and retain such documentation within their own internal processes.

In all cases, this assurance must be available to the sponsoring agency or other authorized HHS or Federal officials upon request.

Inquiries

Questions concerning this guide notice may be directed to:

Division of Grants Policy
Office of Policy for Extramural Research Administration
National Institutes of Health
Telephone: (301) 435-0938
Email: GrantsPolicy@od.nih.gov
NIH/AHRQ Announce Change in Business Process Concerning eRA Commons Verifications of Electronically Submitted Applications

Notice Number: NOT-OD-06-055

Key Dates
Release Date: April 7, 2006

Issued by
National Institutes of Health (NIH), (http://www.nih.gov)
Agency for Healthcare Research and Quality (AHRQ) (http://www.ahrq.gov/)

The purpose of this Notice is to inform the research community of a change in business process concerning eRA Commons verification of electronically submitted applications.

The original process for electronic submission of grant applications required that both the Signing Official (SO) and the Project Director/Principal Investigator (PD/PI) access the electronic grant application in the eRA Commons, check it for completeness, and verify it via a form checkbox. This verification served as the electronic signature for the application and completed the electronic submission process.

As indicated in Guide Notice NOT-06-054, the PD/PI signature on a grant application has been replaced with an institutional compliance requirement. The application guides have been revised to reflect this business process change and to add the PD/PI assurance as an Institutional compliance requirement. This change, and the recognition of the Authorized Organization Representative’s (AOR) signature at the time of application submission to Grants.gov, has allowed NIH/AHRQ to simplify the eRA Commons verification process.

Effective for applications submitted for May 10, 2006 and beyond, NIH/AHRQ will no longer require the verification of the grant application by the AOR/SO and PD/PI. The verification step will be replaced with a two business day period for checking the assembled application in eRA Commons, after which the submission process will be complete and the application will automatically move forward to the Division of Receipt and Referral, Center for Scientific Review. Within the two day period, the AOR/SO will have the ability to “Reject” the application and stop further processing. PD/PIs must work through the AOR/SO to “Reject” an application.

- Once an application package has been successfully submitted through Grants.gov, any errors have been addressed, and the assembled application has been created in the eRA Commons, the PD/PI and AOR/SO have two business days to view the application image.

- If everything is acceptable, no further action is necessary. The application will automatically move forward for processing by the Division of Receipt and Referral after two business days.

- Prior to the submission deadline, the AOR/SO can “Reject” the assembled application and submit a changed/corrected application within the two day viewing window. This option should be used if the AOR/SO determines that warnings should be addressed. Reminder: warnings do not stop further application processing. If an application submission results in warnings (but no errors) it will automatically move forward after two business days if no action is taken. Please remember that some warnings may not be applicable or may need to be addressed after application submission.

- If the two day window falls after the submission deadline, the AOR/SO will have the option to “Reject” the application if, due to an eRA Commons or Grants.gov system issue, the application does not correctly reflect the submitted application package (e.g., some part of the application was lost or didn’t transfer correctly during the submission process). The AOR/SO should first contact the eRA Commons Helpdesk to confirm the system error, document the issue, and determine the best course of action. NIH will not penalize the applicant for an eRA Commons or Grants.gov system issue.

- If the AOR/SO chooses to “Reject” the image after the submission deadline for a reason other than an eRA Commons or Grants.gov system failure, a changed/corrected application still can be submitted but it will be subject to the NIH late policy guidelines and may not be accepted. The reason for this delay should be explained in the cover letter attachment.

- Both the AOR/SO and PD/PI will receive e-mail notifications when the application is rejected or the application automatically moves forward in the process after two days.

Although the AOR/SO and PI will no longer need to complete the verification process, NIH/AHRQ strongly encourages applicants to take advantage of the two day window to view assembled grant applications in the eRA Commons. The eRA Commons provides the only opportunity to see the grant application just as a reviewer will see it. Once the two day window has elapsed, any changes to the application must be made through and with the permission of the assigned Scientific Review Administrator and can potentially delay the processing of the application.

6/5/2006
Please note that the following resources continue to be available for assistance in the electronic submission of grant applications to NIH/AHRQ through Grants.gov:

**General Information:**
http://era.nih.gov/ElectronicReceipt/
http://www.ahrq.gov/pathiegrants.htm

**Grants.gov Customer Support**
Phone: 800-518-4726  
Hours: M-F 7:00 a.m.–9:00 p.m. ET  
Email: support@grants.gov

**eRA Commons Help Desk**
Web: http://ithelpdesk.nih.gov/eRA/  
Phone: 301-402-7469 or 866-504-9552 (Toll Free)  
TTY: 301-451-5939  
Hours: M-F 7:00 a.m.–8:00 p.m. ET

**Inquiries**

Inquiries regarding this Notice should be directed to:

**Grantsinfo**
Office of Extramural Research  
National Institutes of Health  
Phone: 301-435-0714  
TTY: 301-451-0088  
Email: grantsinfo@nih.gov

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**Weekly TOC for this Announcement**
NIH Funding Opportunities and Notices

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Department of Health and Human Services
National Institutes of Health (NIH)  
9000 Rockville Pike  
Bethesda, Maryland 20892

6/5/2006
ORS FORM 5
UNIVERSITY OF HAWAII
OFFICE OF RESEARCH SERVICES FORM 5
PROPOSAL & CONTRACT COORDINATION RECORD

Directions: Do not use correction fluid anywhere on this form. Any corrections should be lined out and initialed by the PI.
The attached proposal MUST be identical to the one you submit to the funding agency.
Submit to ORS Sakamaki D-200:
-Form 5 (on yellow paper) with any attachments-Original and one copy
-Entire Proposal-Original and one copy -or- Electronic Proposals-One copy
-Announcement/Solicitation/RFP-One copy

A. Proposal Deadline: [Choose one...]
(Submit to ORS at least five working days prior to this date)
Late Submission: If ORS is unable to complete a review of this proposal due to late submission or other factors beyond ORS
ccontrol, the signature of the Chancellor, Dean, or Director on Page 2 shall certify that the School/College from its own funds will
fulfill all terms and conditions of any award(s) received as a result of this proposal, including but not limited to, cost sharing
commitments and inappropriate or unallowable commitment of University resources.

B. Contact Information:
Principal Investigator:
Phone: E-mail:
UH Department/Division:
Fiscal Officer:
Phone: E-mail:
Name for Pick Up:
Phone: E-mail:

C. Proposal Info:

This is a [Choose one...]
proposal. Previous or current award number if applicable:

Proposal to be submitted to (Sponsor):
Prime funding agency (if any):
Proposed Activity: [Choose one...]
Check box if this is an NSF Solicitation [ ]
If checked, what is the solicitation number?

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<th>From Date</th>
<th>To Date</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Initial Proposal</td>
<td>Before the award</td>
<td>1st year</td>
</tr>
<tr>
<td>Subsequent Proposals</td>
<td>For revisions after the original award</td>
<td>Current Cumulative Total for all project periods</td>
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On-Campus Location: [ ]
Off-Campus Location: [ ]
Indirect Cost Rate*: [ ]
Indirect Cost Base: [Choose one...]
*If other than currently established rate, attach copy of agency limitations or proof of waiver.

Scope/Description of Work (50 words or less, in layman's terms, without acronyms or abbreviations):

PRINCIPAL INVESTIGATOR CERTIFICATIONS - Please check all that apply:

D. COMMITMENTS:
1. [ ] Proposal includes cost sharing or in-kind contributions. If checked, explain or provide details.
   Percentage: [ ]
   Dollar Value:
2. [ ] Proposal includes commitments from UH department(s) other than that of the PI. If checked, provide appropriate
details and approvals on ORS Form 5a.
3. [ ] Proposal includes commitments from non-University sources. If checked, attach letters of commitment.

E. CONFLICT OF INTEREST:
1. [ ] Potential conflict of interest (financial or otherwise).*
2. [ ] Proposal for NSF or PHS funding (including flow-through NSF & PHS funds).*
   If you checked either box, please submit an ORS Form 5b.

ORS use only: ORS #: 
Date Processed: 

Page: 1/2
### Proposal Title: [max 500 characters]

<table>
<thead>
<tr>
<th>Department</th>
<th>Date</th>
<th>Dean, Director, Chancellor, or VP</th>
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Signatures indicate concurrence with all resource commitments proposed for your department above and in the attached proposal.

<table>
<thead>
<tr>
<th>Department Chair</th>
<th>Date</th>
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### 2. Department:

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[Attach additional sheets as necessary]
APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. *TYPE OF SUBMISSION
   - Pre-application
   - Application [✓] Application
   - Changed/Corrected Application

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. Federal Identifier

5. APPLICANT INFORMATION
   - *Organizational DUNS: 9650880570000
   - Legal Name: University of Hawaii
   - Department: Office of Research Services
   - Division:
   - Street1: 2530 Dole St., Sakamaki D-200
   - Street2:
   - City: Honolulu
   - County: [ ]
   - State: HI
   - * ZIP Code: 96822
   - Country: USA

Person to be contacted on matters involving this application
   - Prefix: Mr.
   - First Name: Paul
   - Middle Name: 
   - Last Name: Kakugawa
   - Suffix: 
   - Phone Number: (808)-956-4054
   - Fax Number: (808)-956-9081
   - Email: pkakugaw@hawaii.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
   - 996000354

7. * TYPE OF APPLICANT:
   - F: State-Controlled 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? [✓] No
   - What other Agencies?

9. * NAME OF FEDERAL AGENCY:
   - National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. * DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:
   - Regulation of Fatty Acid Biosynthesis and Degradation in Pseudomonas aeruginosa

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
   - U.S.A.

13. PROPOSED PROJECT:
   - * Start Date: 04/01/2007
   - * Ending Date: 03/31/2009

14. CONGRESSIONAL DISTRICTS OF:
   - A. * Applicant
   - HI-001
   - B. * Project
   - HI-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
   - Prefix: Dr.
   - First Name: 
   - Middle Name: 
   - Last Name: 
   - Suffix: 
   - Position/Title: Assistant Professor
   - * Organization Name: University of Hawaii at Manoa
   - Department: Office of Research Services
   - Division:
   - Street1: 2530 Dole St., Sakamaki D-200
   - Street2:
   - City: Honolulu
   - County: 
   - State: HI
   - * ZIP Code: 96822
   - Country: USA
   - Phone Number: (808)-956
   - Fax Number: (808)-956
   - Email: 

OMB Number: 4040-0001
Expiration Date: 04/30/2008
16. ESTIMATED PROJECT FUNDING

| a. * Total Estimated Project Funding | 380,600.00 |
| b. * Total Federal & Non-Federal Funds | 380,600.00 |
| c. * Estimated Program Income | 0.00 |

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

| a. YES | □ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: |
| b. NO | □ PROGRAM IS NOT COVERED BY E.O. 12372; OR |
| | □ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |

DATE:

18. 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)

* I agree

* 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.

19. Authorized Representative

Prefix: | First Name: | Middle Name: | Last Name: | Suffix: |
---|---|---|---|---|
| Paul | | Kakugawa | |

Position/Title: Administrative Officer

Department: Office of Research Services

Organization: University of Hawaii

Street1: 2530 Dole Street Sakamaki D-200

Street2:

City: Honolulu

County: 

State: HI

ZIP Code: 96822

Phone Number: (808)-956-4054

Fax Number: (808)-956-9081

Email: pkakugaw@hawaii.edu

Signature of Authorized Representative

Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment
PHS 398 Cover Page Supplement

1. Project Director / Principal Investigator (PD/PI)

Prefix:  
Middle Name:  
* Last Name:  
Suffix:  

* New Investigator?  
   ☑ No  ☑ Yes

Degrees:  B.Sc.  M.Sc.  Ph.D.

2. Human Subjects

Clinical Trial?  
   ☑ No  ☑ Yes

* Agency-Defined Phase III Clinical Trial?  
   ☑ No  ☑ Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix:  Mr.  
Middle Name:  
* Last Name:  Kakugawa  
Suffix:  

* Phone Number:  (808)-956-4054  
Fax Number:  (808)-956-9081  
Email:  pkakugaw@hawaii.edu

* Title:  Administrative Officer

* Street1:  Office of Research Services  
Street2:  2530 Dole Street, Sakamaki D-200  
* City:  Honolulu  
County:  
* State:  HI  
* Zip Code:  96822  
   * Country:  USA
**PHS 398 Research Plan**

1. **Application Type:**
   
   From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

   *Type of Application:*
   - [ ] New
   - [ ] Resubmission
   - [ ] Renewal
   - [ ] Continuation
   - [ ] Revision

2. **Research Plan Attachments:**
   
   Please attach applicable sections of the research plan, below.

<table>
<thead>
<tr>
<th>Section</th>
<th>Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to Application</td>
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<td></td>
<td></td>
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<tr>
<td>(for RESUBMISSION or REVISION only)</td>
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<tr>
<td>2. Specific Aims</td>
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<tr>
<td>3. Background and Significance</td>
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<tr>
<td>4. Preliminary Studies / Progress Report</td>
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<tr>
<td>5. Research Design and Methods</td>
<td>Research_Design.pdf</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>

3. **Human Subjects Sections**

   Attachments 6-10 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 6-10 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

<table>
<thead>
<tr>
<th>Section</th>
<th>Add Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Protection of Human Subjects</td>
<td></td>
</tr>
<tr>
<td>7. Inclusion of Women and Minorities</td>
<td></td>
</tr>
<tr>
<td>8. Targeted/Planned Enrollment Table</td>
<td></td>
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<tr>
<td>9. Inclusion of Children</td>
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<tr>
<td>10. Data and Safety Monitoring Plan</td>
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</table>

4. **Other Research Plan Sections**

<table>
<thead>
<tr>
<th>Section</th>
<th>Add Attachment</th>
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</thead>
<tbody>
<tr>
<td>11. Vertebrate Animals</td>
<td></td>
</tr>
<tr>
<td>12. Consortium/Contractual Arrangements</td>
<td></td>
</tr>
<tr>
<td>13. Letters of Support</td>
<td></td>
</tr>
<tr>
<td>14. Resource Sharing Plan(s)</td>
<td></td>
</tr>
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</table>

5. **Appendix**

<table>
<thead>
<tr>
<th>Add Attachments</th>
<th>Remove Attachments</th>
<th>View Attachments</th>
</tr>
</thead>
</table>
RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name: * Last Name: Suffix:  
Position/Title: Assistant Professor Department:  
Organization Name: University of Hawaii Division:  
Street1: 2538 McCarthy Mall-Snyder 310 Street2:  
City: Honolulu County: * State: HI * Zip Code: 96822 * Country: USA  
* Phone Number: (808)-956- Fax Number: * E-Mail:  
Credential, e.g., agency login:  
* Project Role: PD/PI Other Project Role Category:  
*Attach Biographical Sketch: biosketch.pdf  
Attach Current & Pending Support:  
Delete Attachment | View Attachment

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name: * Last Name: Suffix:  
Position/Title:  
Organization Name:  
Street1:  
City: County: * State: * Zip Code: * Country: USA  
* Phone Number: Fax Number: * E-Mail:  
Credential, e.g., agency login:  
* Project Role: Other Project Role Category:  
*Attach Biographical Sketch:  
Attach Current & Pending Support:  
Add Attachment

Reset Entry | Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)  
Add Attachment

Additional Biographical Sketch(es) (Senior/Key Person)  
Add Attachment

Additional Current and Pending Support(s)  
Add Attachment

OMB Number: 4040-0001  
Expiration Date: 04/30/2008
4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?  
  ✔ No  ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/registry/index.asp. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Cell Line(s):  ☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.
1. Application Type:
From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

Federal Identifier: __________________________

2. Change of Investigator / Change of Institution Questions

- [ ] Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix: __________________________

- [ ] First Name: __________________________

- [ ] Middle Name: __________________________

- [ ] Last Name: __________________________

Suffix: __________________________

- [ ] Change of Grantee Institution

* Name of former institution: __________________________

3. Inventions and Patents  (For renewal applications only)

* Inventions and Patents:  Yes [ ]  No [ ]

If the answer is "Yes" then please answer the following:

* Previously Reported:  Yes [ ]  No [ ]
4. Program Income

Is program income anticipated during the periods for which the grant support is requested?

☐ Yes  ☑ No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

<table>
<thead>
<tr>
<th>*Budget Period</th>
<th>*Anticipated Amount ($)</th>
<th>*Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided at: http://grants.nih.gov/grants/funding/phs398/PolAssurDef.doc

*Human Subjects; *Research Using Human Embryonic Stem Cells; *Research on Transplantation of Human Fetal Tissue; *Women and Minority Inclusion Policy; *Inclusion of Children Policy; *Vertebrate Animals; *Debarment and Suspension; *Drug-Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); *Lobbying; *Non-Delinquency on Federal Debt; *Research Misconduct; *Civil Rights (Form HHS 441 or HHS 690); *Handicapped Individuals (Form HHS 641 or HHS 690); *Sex Discrimination (Form HHS 639-A or HHS 690); *Age Discrimination (Form HHS 680 or HHS 690); *Recombinant DNA and Human Gene Transfer Research; *Financial Conflict of Interest (except Phase I SBIR/STTR); *Prohibited Research; *Select Agents; *Smoke-Free Workplace; *STTR ONLY: Certification of Research Institution Participation.

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation: ___________________________________________ | Add Attachment | ___________________________
RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? □ Yes ☑ No

   1.a. If YES to Human Subjects
       Is the IRB review Pending? □ Yes □ No
       IRB Approval Date: ______________________
       Exemption Number: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6
       Human Subject Assurance Number: ______________________

2. * Are Vertebrate Animals Used? □ Yes ☑ No

   2.a. If YES to Vertebrate Animals
       Is the IACUC review Pending? □ Yes □ No
       IACUC Approval Date: ______________________
       Animal Welfare Assurance Number: ______________________

3. * Is proprietary/privileged information included in the application? □ Yes ☑ No

4. a. * Does this project have an actual or potential impact on the environment? □ Yes ☑ No

   b. If yes, please explain:

4. c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? □ Yes □ No

   d. If yes, please explain:

5. a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? □ Yes ☑ No

   b. If yes, identify countries:

   c. Optional Explanation:

6. * Project Summary/Abstract

   Abstract.pdf

7. * Project Narrative

   Narrative.pdf

8. Bibliography & References Cited

   References.pdf

9. Facilities & Other Resources

   facility.pdf

10. Equipment

    equipments.pdf

11. Other Attachments

    Add Attachments □ Delete Attachments □ View Attachments

OMB Number: 4040-0001
Expiration Date: 04/30/2008
### RESEARCH & RELATED Project/Performance Site Location(s)

**Project/Performance Site Primary Location**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name</td>
<td>University of Hawaii</td>
</tr>
<tr>
<td>* Street1</td>
<td>2530 Dole Street, Sakamaki D200</td>
</tr>
<tr>
<td>* City</td>
<td>Honolulu</td>
</tr>
<tr>
<td>* State</td>
<td>HI</td>
</tr>
<tr>
<td>* ZIP Code</td>
<td>96822</td>
</tr>
<tr>
<td>* Country</td>
<td>USA</td>
</tr>
</tbody>
</table>

**Project/Performance Site Location 1**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name</td>
<td>University of Hawaii at Manoa</td>
</tr>
<tr>
<td>* Street1</td>
<td>2538 McCarthy Mall-Snyder Hall 310</td>
</tr>
<tr>
<td>* City</td>
<td>Honolulu</td>
</tr>
<tr>
<td>* State</td>
<td>HI</td>
</tr>
<tr>
<td>* ZIP Code</td>
<td>96822</td>
</tr>
<tr>
<td>* Country</td>
<td>USA</td>
</tr>
</tbody>
</table>

**Additional Location(s)**

- Line 1
- Line 2
- Line 3

**Add Attachment**

OMB Number: 4046-0001
Expiration Date: 04/30/2008
# PHS 398 Modular Budget, Periods 1 and 2

## Period 1

**Budget Period:** 1  
Start Date: 04/01/2007  
End Date: 03/31/2008

### A. Direct Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Cost less Consortium F&amp;A</td>
<td>125,000.00</td>
</tr>
<tr>
<td>Consortium F&amp;A</td>
<td></td>
</tr>
<tr>
<td><strong>Total Direct Costs</strong></td>
<td>125,000.00</td>
</tr>
</tbody>
</table>

### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified Total Direct Costs</td>
<td>38.4</td>
<td>125,000</td>
<td>48,000.00</td>
</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date: 2/28/06  
Total Indirect Costs: 48,000.00

### C. Total Direct and Indirect Costs (A + B)

Funds Requested ($) 173,000.00

## Period 2

**Budget Period:** 2  
Start Date: 04/01/2008  
End Date: 03/31/2009

### A. Direct Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Cost less Consortium F&amp;A</td>
<td>150,000.00</td>
</tr>
<tr>
<td>Consortium F&amp;A</td>
<td></td>
</tr>
<tr>
<td><strong>Total Direct Costs</strong></td>
<td>150,000.00</td>
</tr>
</tbody>
</table>

### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified Total Direct Costs</td>
<td>38.4</td>
<td>150,000</td>
<td>57,600.00</td>
</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date: 2/28/06  
Total Indirect Costs: 57,600.00

### C. Total Direct and Indirect Costs (A + B)

Funds Requested ($) 207,600.00
## PHS 398 Modular Budget, Periods 3 and 4

### Budget Period: 3

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
</table>

#### A. Direct Costs

- * Direct Cost less Consortium F&A
- Consortium F&A

#### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

Total Indirect Costs

#### C. Total Direct and Indirect Costs (A + B)

Funds Requested ($)

### Budget Period: 4

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
</table>

#### A. Direct Costs

- * Direct Cost less Consortium F&A
- Consortium F&A

#### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

Total Indirect Costs

#### C. Total Direct and Indirect Costs (A + B)

Funds Requested ($)
# PHS 398 Modular Budget, Period 5 and Cumulative

**Budget Period:** 5

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>

**A. Direct Costs**

- Direct Cost less Consortium F&A
- Consortium F&A
- Total Direct Costs

**B. Indirect Costs**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cognizant Agency (Agency Name, POC Name and Phone Number)**

**Indirect Cost Rate Agreement Date**

**Total Indirect Costs**

**C. Total Direct and Indirect Costs (A + B)**

**Funds Requested ($)**

---

**Cumulative Budget Information**

1. **Total Costs, Entire Project Period**

   - * Section A, Total Direct Cost less Consortium F&A for Entire Project Period $275,000.00
   - Section A, Total Consortium F&A for Entire Project Period $0
   - * Section A, Total Direct Costs for Entire Project Period $275,000.00
   - * Section B, Total Indirect Costs for Entire Project Period $105,600.00
   - * Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period $380,600.00

2. **Budget Justifications**

   - Personnel Justification [personnel.pdf]
   - Consortium Justification
   - Additional Narrative Justification

[Delete Attachment] [View Attachment]
Submission Confirmation

Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by using the following steps:

1. Go to http://www.grants.gov
2. Click on the "Applicants" link at the top of the Grants.gov home page
3. Login to the system using your AOR user id and password
4. Click on the "Application Status" link at the left of your screen.

Note that once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXX. Contact Center hours of operation are Monday-Friday from 7:00 A.M. to 9:00 P.M. Eastern Standard Time.

The following application tracking information was generated by the system:

Grants.gov Tracking Number : GRANT00113306
CFDA Number :
CFDA Description :
Funding Opportunity Number :
Funding Opportunity Description :
Agency Name :
Application Name of this Submission :
Date/Time of Receipt : 2006.06.01 7:42 PM, EDT

It is suggested you Save and/or Print this response for your records.

eSubmission Errors/Warning

If appropriate for your organization, please supply a division for the PD/PI.

The PD/PI position/title, Assistant Professor, does not match those listed on the Commons account: null. The grid image will display the position/title as submitted here.

Status Information

General Grant Information

- Status: Application entered into system
- Institution Name: UNIVERSITY OF HAWAII
- School Name:
- School Category:
- Division Name:
- Department Name:
- PI Name:
- Grant #:
- Proposal Title: 1R21-
- Proposal Receipt Date: 06/01/2006
- Last Status Update Date: 06/01/2006
- Current Award Notice Date:
- Application Source: Grants.gov
- Project Period Begin Date: 04/01/2007
- Project Period End Date: 03/31/2009
- eApplication Status: Pending Verification

Status History

- Effective Date: 06/01/2006
- Status Message: Application entered into system

Application Information

- Award Document Number:
- FSR Accepted Code:
- Snap Indicator Code:
- Contacts Administration Name

Primary Institute or Center Assignment

- Institute Name
- Institute Center Assignment Date
- Advisory Council(AC) Information

Contact Us | Privacy Notice | Disclaimer | Accessibility

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Screen Rendered: 06/02/2006
03:01:51 EDT
Screen Id: STA4002

https://commons.era.nih.gov/commons/status/genericStatusInformation.jsp

6/2/2006
NIH has received Grant Application titled: [Title] and assigned PI: [PI Name] at least 2 business days have passed. Grant Application has now advanced to the next step, Referral.

You can view and track the status of this Grant Application via ‘Status’ module in eRA Commons (log into eRA Commons and click ‘Status’ on the top blue menu bar).

If you have any questions about this email, please contact the eRA Help Desk via the web at http://ithelpdesk.nih.gov/eRA/, by phone 1-866-504-9552 (tty: 301-451-5939) or commons@od.nih.gov <mailto:commons@od.nih.gov>.
Date: Thu, 01 Jun 2006 22:58:10 -0400 (EDT)
From: support@grants.gov
Subject: Grants.gov Submission Receipt GRANT00113306
To: pkakugaw@hawaii.edu
X-PMX-Version: 5.2.0.264296, Antispam-Engine: 2.4.0.264935,
Antispam-Data: 2006.6.2.5404
Original-recipient: rfc822;pbakugaw@hawaii.edu
X-Perlmx-Spam: Gauge=Illllll, Probability=7%, Report='NO_REAL_NAME 0,
__CP_URI_IN_BODY 0, __CT 0, __CTE 0, __CT_TEXT_PLAIN 0, __HAS_MSGID 0,
__MIME_TEXT_ONLY 0, __MIME_VERSION 0, __PHISH PHRASE7 0, __SANE_MSGID 0,
__STOCK PHRASE_24 0'

Your application has been received by Grants.gov and is currently being validated.
Your submission was received at 01-Jun-06 07:42:56 PM EDT
Type: GRANT
Grants.gov Tracking Number:GRANT00113306

We will notify you via email when your application has been validated by Grants.gov and is
ready for the Grantor agency to retrieve and review.

**DUNS Number:** 9650880570000

**Application Name:** R21 Exploratory/Developmental Research

**Opportunity Number:** PA-06-181

**Opportunity Name:** NIH Exploratory/Developmental Research Grant Program (Parent R21)

**AOR Name:** Paul Kakugawa

[https://apply.grants.gov/ApplicantLoginGetID](https://apply.grants.gov/ApplicantLoginGetID)

Thank you.

Customer Support
http://www.grants.gov
800-518-GRANTS

PLEASE NOTE: This email is for notification purposes only. Please do not reply to this email
for any purpose.
[https://apply.grants.gov](https://apply.grants.gov)
Date: Thu, 01 Jun 2006 23:00:17 -0400 (EDT)
From: support@grants.gov
Subject: Grants.gov Submission Validation Receipt for Application GRANT00113306
To: pkakugaw@hawaii.edu
X-PMX-Version: 5.2.0.264296, Antispam-Engine: 2.4.0.264935,
     Antispam-Data: 2006.6.2.14404
Original-recipient: rfc822:pkakugaw@hawaii.edu
X-Perlmx-Spam: Gauge=IIIIII, Probability=7%, Report='NO_REAL_NAME 0,
     __CP_URI_IN_BODY 0, __CT 0, __CTE 0, __CT_TEXT_PLAIN 0, __HAS_MSGID 0,
     __MIME_TEXT_ONLY 0, __MIME_VERSION 0, __PHISH PHRASE7 0, __SANE_MSGID 0'

Your application has been received and validated by Grants.gov and is being prepared for
Grantor agency retrieval and review.

Type: GRANT
Grants.gov Tracking Number:GRANT00113306

We will notify you via email when your application is ready to be retrieved by the Grantor
agency.

Thank you.

Customer Support
http://www.grants.gov
800-518-GRANTS

PLEASE NOTE: This email is for notification purposes only. Please do not reply to this email
for any purpose.

https://apply.grants.gov
Date: Thu, 01 Jun 2006 23:56:48 -0400 (EDT)
From: support@grants.gov
Subject: Grants.gov Grantor Agency Retrieval Receipt for Application
       GRANT00113306
To: pkakugaw@hawaii.edu
X-PMX-Version: 5.2.0.264296, Antispam-Engine: 2.4.0.264935,
       Antispam-Data: 2006.6.2.10505
Original-recipient: rfc822;pkakugaw@hawaii.edu
X-Perlmx-Spam: Gauge=IIIIIII, Probability=7%, Report='NO_REAL_NAME 0,
       _CP_URI_IN_BODY 0, _CT 0, _CTE 0, _CT_TEXT_PLAIN 0, _HAS_MSGID 0,
       _MIME_TEXT_ONLY 0, _MIME_VERSION 0, _PHISH PHRASE7 0, _SANE_MSGID 0'

Your application has been retrieved by the Grantor agency and is currently being reviewed.

Type: GRANT
Grants.gov Tracking Number:GRANT00113306

We will notify you via email when your Grantor agency has assigned an Agency Tracking
Number to your application.

Thank you.

Customer Support
http://www.grants.gov
800-518-GRANTS

PLEASE NOTE: This email is for notification purposes only. Please do not reply to this email
for any purpose.
https://apply.grants.gov
NIH has received the electronic application titled "Regulation of Fatty Acid Biosynthesis and Degradation in Pseudomonas aeruginosa" that was submitted through Grants.gov. One or more warnings have been generated for the application; these warnings will not block processing of the application. To view the warnings, log in to the eRA Commons at https://commons.era.nih.gov/commons/ with your username and password. Select the "Status" tab. Find the Application ID with the correct Grants.gov tracking number. You will see "eSubmission Error" in the Application Status. To see a list of all warnings associated with the application submission and to view the assembled application, click on the Grants.gov tracking number.

Please review the assembled application within the next two business days (i.e., Monday-Friday; includes holidays). If you wish to go forward with the warnings, and the assembled application is acceptable, no action is required. If you wish to address the warnings, or the application does not correctly reflect your submission (e.g., missing or garbled text), the Signing Official (SO) has the authority to stop the application from moving forward. To stop the application, the SO should click on the Reject eApplication link on the Status hitlist. The SO will be asked to include comments; these comments will be included in an e-mail that will be sent to the PI and to the SO. Once corrections have been made, the entire corrected application can be submitted (select the Changed/Corrected Application Type of Submission) through Grants.gov.

If the SO does not explicitly stop the application within two business days (i.e., Monday-Friday; includes holidays), it will automatically move to the referral process. Once the application has moved to referral, all subsequent corrections must be addressed through your assigned Scientific Review Administrator.

Note that if the application correctly reflects your submission and you choose to stop the application from moving to referral, any subsequent application submissions that occur after the submission deadline will be subject to the late policy.

If you have any questions about this email, please contact the eRA Helpdesk via Web Support at http://ithelpdesk.nih.gov/eRA/.
Date: Thu, 01 Jun 2006 23:58:40 -0400 (EDT)
From: support@grants.gov
Subject: Grants.gov Agency Tracking Number Assignment for Application
        GRANT00113306
To: pkakugaw@hawaii.edu
X-PMX-Version: 5.2.0.264296, Antispam-Engine: 2.4.0.264935,
        Antispam-Data: 2006.6.1.234405
Original-recipient: rfc822:pkakugaw@hawaii.edu
X-Perlmx-Spam: Gauge=IllIllI, Probability=7%, Report="NO_REAL_NAME 0,
            __CP_URI_IN_BODY 0, __CT 0, __CTE 0, __CT_TEXT_PLAIN 0, __HAS_MSGID 0,
            __MIME_TEXT_ONLY 0, __MIME_VERSION 0, __PHISH_PHRASE7 0, __SANE_MSGID 0"

Your application has been reviewed by the Grantor agency and assigned an Agency Tracking Number.

AN: 8A33007

You will need the Agency Tracking Number when corresponding with the Grantor agency
about your application.

Use the Grants.gov Tracking Number at Grants.gov to check your application's status and to
obtain your Agency Tracking Number.
Type: GRANT
Grants.gov Tracking Number:GRANT00113306

Thank you.

Customer Support
http://www.grants.gov
800-518-GRANTS

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for any purpose.
https://apply.grants.gov