

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE		State Application Identifier
1. TYPE OF SUBMISSION*		4.a. Federal Identifier
<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		b. Agency Routing Number
2. DATE SUBMITTED	Application Identifier	c. Previous Grants.gov Tracking Number
5. APPLICANT INFORMATION		UEI*: PHZJFZ32NKH4
Legal Name*: The Scripps Research Institute Department: Division: Street1*: 10550 North Torrey Pines Road Street2: City*: La Jolla County: State*: CA: California Province: Country*: USA: UNITED STATES ZIP / Postal Code*: 92037-1000		
Person to be contacted on matters involving this application Prefix: First Name*: Tommy Middle Name: R. Last Name*: Rice Suffix: Position/Title: Senior Director, OSP Street1*: 10550 North Torrey Pines Road Street2: TPC-7 City*: La Jolla County: State*: CA: California Province: Country*: USA: UNITED STATES ZIP / Postal Code*: 92037-1000 Phone Number*: (858)784-8653 Fax Number: (858)784-8037 Email: grants@scripps.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN)*		1330435954A1
7. TYPE OF APPLICANT*		M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged		
8. TYPE OF APPLICATION*		If Revision, mark appropriate box(es).
<input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		<input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):
Is this application being submitted to other agencies?* <input type="radio"/> Yes <input checked="" type="radio"/> 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* Creating a Regional Hub for Mass Spectrometry Omics		
12. PROPOSED PROJECT Start Date* Ending Date* 12/01/2025 11/30/2027		13. CONGRESSIONAL DISTRICTS OF APPLICANT CA-050

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: First Name*: Jason Middle Name: Shih-Hao Last Name*: Chen Suffix:

Position/Title: Executive Director

Organization Name*: The Scripps Research Institute

Department:

Division:

Street1*: 10550 North Torrey Pines Road

Street2: SR-106

City*: La Jolla

County:

State*: CA: California

Province:

Country*: USA: UNITED STATES

ZIP / Postal Code*: 92037-1000

Phone Number*: 858-784-7379 Fax Number: Email*: jschen@scripps.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested* \$8,000,000.00

b. Total Non-Federal Funds* \$3,218,234.00

c. Total Federal & Non-Federal Funds* \$11,218,234.00

d. Estimated Program Income* \$0.00

16. 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:
DATE: 01/24/2025
- b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ 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)

☒ 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.

18. SFLLL or OTHER EXPLANATORY DOCUMENTATION

File Name:

19. AUTHORIZED REPRESENTATIVE

Prefix: First Name*: Tommy Middle Name: R. Last Name*: Rice Suffix:

Position/Title*: Senior Director, OSP

Organization Name*: The Scripps Research Institute

Department: Office of Sponsored Programs

Division:

Street1*: 10550 North Torrey Pines Road

Street2: TPC-7

City*: La Jolla

County:

State*: CA: California

Province:

Country*: USA: UNITED STATES

ZIP / Postal Code*: 92037-1000

Phone Number*: (858)784-8653 Fax Number: (858)784-8037 Email*: grants@scripps.edu

Signature of Authorized Representative*

Completed on submission to Grants.gov

Date Signed*

01/09/2025

20. PRE-APPLICATION File Name:**21. COVER LETTER ATTACHMENT** File Name: