

S U M E X

STANFORD UNIVERSITY
MEDICAL EXPERIMENTAL COMPUTER RESOURCE

COMPETING RENEWAL APPLICATION
RR - 00785

BOOK II
COLLABORATIVE PROJECTS
AND APPENDIXES

Submitted to
BIOTECHNOLOGY RESOURCES PROGRAM
NATIONAL INSTITUTES OF HEALTH

June 1, 1977

DEPARTMENT OF GENETICS
STANFORD UNIVERSITY SCHOOL OF MEDICINE
Joshua Lederberg, Principal Investigator

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

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GRANT APPLICATION

TYPE	PROGRAM	NUMBER
REVIEW GROUP		FORMERLY
COUNCIL (Month, Year)		DATE RECEIVED

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (Items 1 through 7 and 15A)

1. TITLE OF PROPOSAL (Do not exceed 53 typewriter spaces) S U Medical EXperimental Computer Resource (SUMEX)	
2. PRINCIPAL INVESTIGATOR	3. DATES OF ENTIRE PROPOSED PROJECT PERIOD (This application, FROM THROUGH)
2A. NAME (Last, First, Initial) LEDERBERG, Joshua	8/1/78 7/31/83
2B. TITLE OF POSITION Professor and Chairman	4. TOTAL DIRECT COSTS REQUESTED FOR PERIOD IN ITEM 3 \$ 5,155,655
2C. MAILING ADDRESS (Street, City, State, Zip Code) Department of Genetics Stanford University Medical Center Stanford, California 94305	5. DIRECT COSTS REQUESTED FOR FIRST 12-MONTH PERIOD \$ 744,300
2D. DEGREE Ph.D.	6. PERFORMANCE SITE(S) (See Instructions) Stanford University
2E. SOCIAL SECURITY NO. [REDACTED]	
2F. TELEPHONE DATA Area Code: 415 TELEPHONE NUMBER AND EXTENSION: 497-5801	
2G. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT (See Instructions) Department of Genetics	
2H. MAJOR SUBDIVISION (See Instructions) School of Medicine	
7. Research Involving Human Subjects (See Instructions) A. <input checked="" type="checkbox"/> NO B. <input type="checkbox"/> YES Approved: _____ Date _____ C. <input type="checkbox"/> YES - Pending Review	8. Inventions (Renewal Applicants Only - See Instructions) A. <input checked="" type="checkbox"/> NO B. <input type="checkbox"/> YES - Not previously reported C. <input type="checkbox"/> YES - Previously reported

TO BE COMPLETED BY RESPONSIBLE ADMINISTRATIVE AUTHORITY (Items 8 through 13 and 15B)

9. APPLICANT ORGANIZATION(S) (See Instructions) Stanford University Stanford, California 94305 IRS No. 94-1156365 Congressional District No. 12	11. TYPE OF ORGANIZATION (Check applicable item) <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input checked="" type="checkbox"/> OTHER (Specify) <u>Private Non-Profit University</u>
10. NAME, TITLE, AND TELEPHONE NUMBER OF OFFICIAL(S) SIGNING FOR APPLICANT ORGANIZATION(S) D'Ann B. Downey Sponsored Projects Officer Sponsored Projects Office Telephone Number (s) (415) 497-2883	12. NAME, TITLE, ADDRESS, AND TELEPHONE NUMBER OF OFFICIAL IN BUSINESS OFFICE WHO SHOULD ALSO BE NOTIFIED IF AN AWARD IS MADE K. D. Creighton Associate Vice President - Controller Stanford University Stanford, California 94305 Telephone Number (415) 497-2251
	13. IDENTIFY ORGANIZATIONAL COMPONENT TO RECEIVE CREDIT FOR INSTITUTIONAL GRANT PURPOSES (See Instructions) 01 School of Medicine
	14. ENTITY NUMBER (Formerly PHS Account Number) IRS No. 94-1156365

15. CERTIFICATION AND ACCEPTANCE. We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge and accept, as to any grant awarded, the obligation to comply with Public Health Service terms and conditions in effect at the time of the award.

SIGNATURES (Signatures required on original copy only. Use ink, "Per" signatures not acceptable)	A. SIGNATURE OF PERSON NAMED IN ITEM 2A	DATE
	B. SIGNATURE(S) OF PERSON(S) NAMED IN ITEM 10 <i>D'Ann B. Downey</i>	DATE 5/26/77

LEDERBERG, Joshua

The undersigned agrees to accept responsibility for the scientific and technical conduct of the project and for the provision of required progress reports if a grant is awarded as the result of this application.

5/24/77

Date

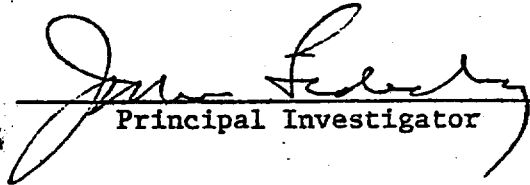

Principal Investigator

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