**For New and Renewal Applications – DO NOT SUBMIT UNLESS REQUESTED**

**PHS 398 OTHER SUPPORT**

*There is no "form page" for reporting Other Support. Information on Other Support should be provided in the format shown below.*

\*Name of Individual: Anderson, R.R.

Commons ID: AndersonRR

**Other Support – Project/Proposal**

ACTIVE

\*Title: Chloride and Sodium Transport in Airway Epithelial Cells

\*Major Goals: The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.

\*Status of Support: Active

Project Number: 2 R01 HL 00000 - 13

Name of PD/PI: Anderson, R.R.

\*Source of Support: NHLBI

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date: (MM/YYYY) (if available): 03/2021 – 02/2026

\* Total Award Amount (including Indirect Costs): $1,492,232

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. 2022 | 3.6 calendar  |
| 2. 2023  | 3.6 calendar  |
| 3. 2024 | 3.6 calendar  |
| 4. 2025 | 3.6 calendar |
| 5. 2026 | 3.6 calendar |

\*Title: Ion Transport in Lungs

\*Major Goals: The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.

\*Status of Support: Active

Project Number: 5 R01 HL 00000-07

Name of PD/PI: Baker, J.B.

\*Source of Support: NHLBI

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date: (MM/YYYY) (if available): 04/2017 – 03/2022

\* Total Award Amount (including Indirect Costs): $981,736

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 4. 2021  | 1.2 calendar  |
| 5. 2022 | 1.2 calendar  |

PENDING

\*Title: Liposome Membrane Composition and Function

\*Major Goals: The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome uptake into cells.

\*Status of Support: Pending

Project Number: DCB 950000

Name of PD/PI: Anderson, R.R.

\*Source of Support: National Science Foundation

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date: (MM/YYYY) (if available): 10/2021 – 09/2023

\* Total Award Amount (including Indirect Costs): $262,921

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. 2022 | 2.4 calendar  |
| 2. 2023 | 2.4 calendar  |

**IN-KIND**

\*Summary of In-Kind Contribution: Post-doctoral fellow, Dr. John Smith, who conducts research activities in the Anderson lab. Salary supported by Oxford University.

\*Status of Support: Active

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period: N/A

\*Estimated Dollar Value of In-Kind Information: $80,000

\*Summary of In-Kind Contribution: Cell line XYZ provided by Dr. Jennifer Smith at Cornell University.

\*Status of Support: Active

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period: N/A

\*Estimated Dollar Value of In-Kind Information: estimate $1,000

\*Summary of In-Kind Contribution: C57BL/6-*ABC1*tm1jbp mice provided by Dr. Joseph Jones at the University of Texas at Austin.

\*Status of Support: Active

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period: N/A

\*Estimated Dollar Value of In-Kind Information: estimate $4,000

**\*Overlap** (summarized for each individual):

There is scientific overlap between aim 2 of NSF DCB 950000 and aim 4 of the application under consideration. If both are funded, the budgets will be adjusted appropriately in conjunction with agency staff.

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

\*Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­ Anderson, R.R.

Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­ March 25, 2021