



Grant Number: 1T32HL103104-01

Principal Investigator(s):

ALEXANDER QUARSHIE (contact), MD
GIANLUCA TOSINI

Project Title: MSM Interdisciplinary Sleep/Clinical Cardiovascular Research Training Program

Dr. Sandra Harris-Hooker
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Award e-mailed to: sharris-hooker@msm.edu

Budget Period: 06/01/2010 – 05/31/2011

Project Period: 06/01/2010 – 05/31/2015

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$249,612 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to MOREHOUSE SCHOOL OF MEDICINE in support of the above referenced project. This award is pursuant to the authority of 42 USC 288 42 CFR 66 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

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If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Beckie Chamberlin
Grants Management Officer
NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Additional information follows

Department of Health and Human Services Public Health Services Statement of Appointment <i>(Please Type)</i>		Follow attached instructions carefully. Submit this form at the time the individual is appointed, is reappointed, or the reported appointment is amended. Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, signed and dated payback agreement must accompany this form.	
1. PHS GRANT NUMBER 5 T32 HL 103104-5 <div style="display: flex; justify-content: space-between;"> Type Activity ID Serial No. </div> <div style="display: flex; justify-content: space-between;"> 5 T32 103104 </div>		2. APPOINTEE'S NAME <i>(Last, first, initial)</i> Daley, Danielle, S 3. SEX <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> M <input checked="" type="checkbox"/> F </div>	
4. TYPE OF ACTION <i>(Mark X for only one type)</i> <input type="checkbox"/> NEW appointment (NOT previously supported by this grant) <input checked="" type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) <input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 15 <input type="checkbox"/> 20		5. PRIOR NRSA SUPPORT <i>(Individual or institutional)</i> <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If "Yes", see instructions) <i>See 'PRIOR NRSA SUPPORT' section on the Page 1 continued</i>	
6. SOCIAL SECURITY NO.		7. BIRTHDATE <i>(Month, day, year)</i> 11/13/1984	
8. CITIZENSHIP <i>(See instructions)</i> <input checked="" type="checkbox"/> U.S. Citizen or Noncitizen National Non-U.S. Citizen <input type="checkbox"/> With a Permanent U.S. Resident Visa ("Green Card") <input type="checkbox"/> With a Temporary U.S. Visa If not a U.S. citizen, of which country are you a citizen? UNITED STATES		9. PERMANENT MAILING ADDRESS 3161 Robinwood Trl Decatur, GA 30034 E-mail ddaley@msm.edu	
10. Are you Hispanic (or Latino)? <i>Mark(X)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Intentionally Withheld			
11. What's your racial background? <i>Mark (X) one or more</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input checked="" type="checkbox"/> Intentionally Withheld		12. Do you have a disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Do not wish to provide If yes, which of the following categories describe your disability(ies): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility/Orthopedic Impairment </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Visual <input type="checkbox"/> Other </div>	
14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT <i>(for this appointment)</i> Enter a 4 digit code from instructions: 1000		15. PERIOD OF APPOINTMENT <i>(Month, day, year)</i> From: 09/02/2015 To: 09/01/2016	
16. EDUCATION – AFTER HIGH SCHOOL <i>(Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)</i>			
(a) Name of Institution and Location <i>(List most recent first)</i>	(b) Degree(s) Received		(c) Major Field
	Degree	Mo./Yr.	
Georgia State University	MS	12/2009	
Georgia State University	BS	05/2007	

17. NAME OF SPECIALTY BOARDS <i>(if applicable)</i>		
18. DEGREE(S) SOUGHT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate type of degree PHD	
Are you in a dual degree program (e.g., M.D./Ph.D.)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
19. EXPECTED COMPLETION DATE OF DEGREE REQUIREMENTS <i>(if applicable)</i>	05/01/2017	
20. SUPPORT FOR PERIOD OF APPOINTMENT		
Type	Total of this Grant <i>(Omit cents.)</i>	
Stipend /Salary / Other Compensation	\$	22920
Tuition/fees <i>(estimated)</i>	\$	14000
Travel <i>(estimated)</i>	\$	1400
TOTAL	\$	38320
21. STATEMENT OF NONDELINQUENCY ON U.S. FEDERAL DEBT. Is the appointee delinquent on the repayment of any U.S. Federal debt(s)? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," please explain below.)</i>		
22. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	(a) SIGNATURE OF APPOINTEE	(b) DATE
23. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.	(a) SIGNATURE OF PROGRAM DIRECTOR Electronically certified via eRA xTrain system by PI	(b) DATE 05/29/2015
(c) TYPED NAME OF PROGRAM DIRECTOR	Quarshie, Alexander	
(d) INSTITUTION'S NAME, ADDRESS, AND PHONE NO. (Street, city, state, zip code)	MOREHOUSE SCHOOL OF MEDICINE MOREHOUSE SCHOOL OF MEDICINE 720 Westview Dr SW ATLANTA, GA 303101495 Phone : 404-752-1725	