

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. * TYPE OF SUBMISSION		4. a. Federal Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input type="text"/>
2. DATE SUBMITTED	Applicant Identifier	b. Agency Routing Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. APPLICANT INFORMATION		* Organizational DUNS:
* Legal Name: <input type="text"/>		<input type="text"/>
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County / Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	USA: UNITED STATES	* ZIP / Postal Code: <input type="text"/>

Person to be contacted on matters involving this application		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
Email: <input type="text"/>		

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	<input type="text"/>
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7. * TYPE OF APPLICANT:	<input type="text"/>	Please select one of the following
Other (Specify): <input type="text"/>		
Small Business Organization Type	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:	If Revision, mark appropriate box(es).
<input type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>

* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies? <input type="text"/>

9. * NAME OF FEDERAL AGENCY:	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
<input type="text"/>	<input type="text"/>
	TITLE: <input type="text"/>

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
<input type="text"/>

12. PROPOSED PROJECT:	* 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date <input type="text"/>	<input type="text"/>
* Ending Date <input type="text"/>	

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>		
* Organization Name: <input type="text"/>		
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County / Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	USA: UNITED STATES	* ZIP / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Email: <input type="text"/>		

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input style="width:150px;" type="text"/></p> <p>b. Total Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>c. Total Federal & Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>d. Estimated Program Income <input style="width:150px;" type="text"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width:100px;" type="text"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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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

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

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

4.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

4.d. If yes, please explain:

5. * Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.a. If yes, please explain:

6. * Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. * Project Summary/Abstract

8. * Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>	Department:	<input type="text"/>
Organization Name:	<input type="text"/>		Division:
* Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	USA: UNITED STATES		* Zip / Postal Code:
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login: <input type="text"/>			
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type: <input type="text"/>			
Degree Year: <input type="text"/>			
*Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>	Department:	<input type="text"/>
Organization Name:	<input type="text"/>		Division:
* Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	USA: UNITED STATES		* Zip / Postal Code:
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login: <input type="text"/>			
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type: <input type="text"/>			
Degree Year: <input type="text"/>			
*Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.