APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	**State Application Identifier**
4. Federal Identifier	

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

5. APPLICANT INFORMATION *** Organizational DUNS:** 065391526

* Legal Name: The Rector and Visitors of the University of Virginia

Department: Office of Sponsored Programs Division:

* Street1: PO Box 400195

Street2:

* City: Charlottesville County:

* State: VA: Virginia Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 22904-4195

Person to be contacted on matters involving this application

Prefix: Mr. * First Name: Stewart Middle Name: P.

* Last Name: Craig Suffix:

* Phone Number: 434-924-8426 Fax Number: 434-924-8725

Email: osp-grantsgov@virginia.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):* 1546001796A1

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ 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:

Put your eye-catching, interesting title here

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*

N/A

13. PROPOSED PROJECT:

* Start Date: 12/01/2009 * Ending Date: 11/30/2013

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: VA-005 b. * Project: VA-005

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Jane Middle Name: Q.

* Last Name: Smith-Jones Suffix: M.D.

Position/Title: Professor

* Organization Name: The Rector and Visitors of the University of Virginia

Department: Medicine Division:

* Street1: P.O. BOX 123456

Street2:

* City: Charlottesville County:

* State: VA: Virginia Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 22904-

* Phone Number: 434-111-1111 Fax Number: 434-222-2222

* Email: jqs1j@virginia.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: 1,937,500.00

b. * Total Federal & Non-Federal Funds: 1,937,500.00

c. * Estimated Program Income: 0.00

17. * 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:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☒ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.*

19. Authorized Representative

Prefix: Mr. * First Name: Stewart Middle Name: P.

* Last Name: Craig Suffix:

* Position/Title: Asst Dean for Research Admin

* Organization: The Rector and Visitors of the University of Virginia

Department: Office of Sponsored Programs Division:

* Street1: PO Box 400195

Street2:

* City: Charlottesville County:

* State: VA: Virginia Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 22904-4195

* Phone Number: 434-924-8426 Fax Number: 434-924-8725

* Email: osp-grantsgov@virginia.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application Add Attachment Delete Attachment View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment Delete Attachment View Attachment