

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
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application

4. a. Federal Identifier	<input type="text"/>
b. Agency Routing Identifier	<input type="text"/>
c. Previous Grants.gov Tracking ID	<input type="text"/>

2. DATE SUBMITTED	Applicant Identifier
<input type="text"/>	<input type="text"/>

5. APPLICANT INFORMATION	Organizational DUNS: <input type="text" value="041064767"/>
Legal Name: <input type="text" value="University of Cincinnati"/>	
Department: <input type="text" value="Sponsored Research Services"/> Division: <input type="text"/>	
Street1: <input type="text" value="51 Goodman Dr."/>	
Street2: <input type="text" value="PO Box 210222"/>	
City: <input type="text" value="Cincinnati"/> County / Parish: <input type="text" value="Hamilton"/>	
State: <input type="text" value="OH: Ohio"/> Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="45221-0222"/>	

Person to be contacted on matters involving this application		
Prefix: <input type="text"/>	First Name: <input type="text" value="Christine"/>	Middle Name: <input type="text" value="C"/>
Last Name: <input type="text" value="Jones"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text" value="Director-Grants and Contracts Management"/>		
Street1: <input type="text" value="51 Goodman Dr."/>		
Street2: <input type="text" value="PO Box 210222"/>		
City: <input type="text" value="Cincinnati"/> County / Parish: <input type="text" value="Hamilton"/>		
State: <input type="text" value="OH: Ohio"/> Province: <input type="text"/>		
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="45221-0222"/>		
Phone Number: <input type="text" value="513-556-4358"/>	Fax Number: <input type="text" value="513-556-4346"/>	
Email: <input type="text" value="ospaward@uc.edu"/>		

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):	<input type="text" value="1-316000989-A1"/>
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7. TYPE OF APPLICANT:	<input type="text" value="H: Public/State Controlled Institution of Higher Education"/>
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 checked="" 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 checked="" type="checkbox"/> What other Agencies? <input type="text"/>
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9. NAME OF FEDERAL AGENCY:	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
<input type="text" value="National Institutes of Health"/>	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"/> Ending Date: <input type="text"/>	<input type="text" value="OH-001"/>

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization Name:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested
 b. Total Non-Federal Funds
 c. Total Federal & Non-Federal Funds
 d. Estimated Program Income

16. 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

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 (Disclosure of Lobbying Activities) 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

Date Signed

20. Pre-application

21. Cover Letter Attachment