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| Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i> | | LEAVE BLANK—FOR PHS USE ONLY. | | | |
| | | Type | Activity | Number | |
| | | Review Group | | Formerly | |
| | | Council/Board (Month, Year) | | Date Received | |
| 1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i> | | | | | |
| 2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION NO YES <i>(If "Yes," state number and title)</i> | | | | | |
| Number: | | Title: | | | |
| 3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR | | | | | |
| 3a. NAME (Last, first, middle) | | | 3b. DEGREE(S) | | 3h. eRA Commons User Name |
| 3c. POSITION TITLE | | | 3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> | | |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | |
| 3f. MAJOR SUBDIVISION | | | | | |
| 3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i> | | | | | |
| TEL: | | | FAX: | | |
| 4. HUMAN SUBJECTS RESEARCH | | 4a. Research Exempt | | If "Yes," Exemption No. | |
| No Yes | | No Yes | | | |
| 4b. Federal-Wide Assurance No. | | 4c. Clinical Trial | | 4d. NIH-defined Phase III Clinical Trial | |
| | | No Yes | | No Yes | |
| 5. VERTEBRATE ANIMALS No Yes | | | 5a. Animal Welfare Assurance No | | |
| 6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i> | | 7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD | | 8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT | |
| From Through | | 7a. Direct Costs (\$) | | 7b. Total Costs (\$) | |
| | | | | 8a. Direct Costs (\$) | |
| | | | | 8b. Total Costs (\$) | |
| 9. APPLICANT ORGANIZATION | | | 10. TYPE OF ORGANIZATION | | |
| Name | | | Public: → Federal State Local | | |
| Address | | | Private: → Private Nonprofit | | |
| | | | For-profit: → General Small Business | | |
| | | | Woman-owned Socially and Economically Disadvantaged | | |
| | | | 11. ENTITY IDENTIFICATION NUMBER | | |
| | | | DUNS NO. | | Cong. District |
| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | | | 13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION | | |
| Name | | | Name | | |
| Title | | | Title | | |
| Address | | | Address | | |
| Tel: | | | FAX: | | |
| E-Mail: | | | E-Mail: | | |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I 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 OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i> | | DATE |