

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

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

**1. \* TYPE OF SUBMISSION**  
 Pre-application    Application    Changed/Corrected Application

**4. a. Federal Identifier**   
**b. Agency Routing Number**

**2. DATE SUBMITTED**    **Applicant Identifier**

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

\* Legal Name:

Department:       Division:

\* Street1:   
Street2:

\* City:       County / Parish:

\* State:       Province:

\* Country:       USA: UNITED STATES      \* ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix:       \* First Name:       Middle Name:   
\* Last Name:       Suffix:

\* Phone Number:       Fax Number:

Email:

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

**7. \* TYPE OF APPLICANT:**       Please select one of the following  
Other (Specify):

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

**8. \* TYPE OF APPLICATION:**

<input type="checkbox"/> New <input type="checkbox"/> Resubmission	If Revision, mark appropriate box(es). <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"/> E. Other (specify): <input type="text"/>
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	

\* Is this application being submitted to other agencies?   Yes    No    What other Agencies?

**9. \* NAME OF FEDERAL AGENCY:**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**   
TITLE:

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

**12. PROPOSED PROJECT:**

\* Start Date       \* Ending Date

**\* 13. CONGRESSIONAL DISTRICT OF APPLICANT**

**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:       USA: UNITED STATES      \* ZIP / Postal Code:

\* Phone Number:       Fax Number:

\* Email:

<p><b>15. ESTIMATED PROJECT FUNDING</b></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 &amp; Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>d. Estimated Program Income <input style="width:150px;" type="text"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></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: <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" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text"/>	* 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" value="PD/PI"/>	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: <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" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text"/>	* 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.