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