

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: P.O. Box 400195 Street2:

\* City: Charlottesville County: Albemarle \* State: VA: Virginia

Province: \* Country: UNITED ST \* ZIP / Postal Code: 22904-4195

Person to be contacted on matters involving this application

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

Mr. Gerald J. Kane

\* Phone Number: 434-924-4270 Fax Number: 434-982-3096 Email: osp-grantsgov@virginia.edu

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

54-6001796

7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION:  New

Resubmission  Renewal  Continuation  Revision

Other (Specify):

Women Owned  Small Business Organization Type  
 Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

A. Increase Award  B. Decrease Award  C. Increase Duration  
 D. Decrease Duration  E. Other (specify):

9. \* NAME OF FEDERAL AGENCY:

National Institutes of Health

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93.846

TITLE: Arthritis, Musculoskeletal and Skin Diseases Research

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

Insert title here

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

USA

13. PROPOSED PROJECT:

\* Start Date \* Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant b. \* Project

5th 5th

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

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

Position/Title: Department: Division:

\* Street1: Street2:

\* City: Charlottesville County: Albemarle \* State: VA: Virginia

Province: \* Country: UNITED ST \* ZIP / Postal Code:

\* Phone Number: Fax Number: \* Email:

16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

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

Mr.  Gerald  J  Kane

\* Position/Title:  Director of Grants and Contracts \* Organization:  The Rector and Visitors of the University of Virginia

Department:  Office of Sponsored Programs Division:

\* Street1:  P.O. Box 400195 Street2:

\* City:  Charlottesville County:  Albemarle \* State:  VA: Virginia

Province:  \* Country:  UNITED ST \* ZIP / Postal Code:  22904-4195

\* Phone Number:  434-924-4270 Fax Number:  434-982-3096 \* 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

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