

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: 0653915260000

* Legal Name: The Rector and Visitors of the University of Virginia

Department: Office of Sponsored Programs Division:

* Street1: Box 400195 Street2:

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

Province: * Country: UNITED STATES * ZIP / Postal Code: 22904

Person to be contacted on matters involving this application

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

Ms. Sarah J. White

* Phone Number: 434-924-8426 Fax Number: 434-924-8725 Email: sjw2b@virginia.edu

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

546-001-796A1

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

Women Owned 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:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Must not exceed 81 Characters

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

n/a

13. PROPOSED PROJECT:

* Start Date * Ending Date

01/01/2007 12/31/2007

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

VA005 VA005

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Dr. Hugo L. First

Position/Title: Professor * Organization Name: The Rector and Visitors of the University of Virginia

Department: Microbiology Division:

* Street1: Box 000000 Street2:

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

Province: * Country: UNITED STATES * ZIP / Postal Code: 229089

* Phone Number: 434-924-0000 Fax Number: 434-924-0000 * Email: Hugo@virginia.edu

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:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative * Date Signed

20. Pre-application

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