

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

<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]

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

**4. Federal Identifier** [ ]

**5. APPLICANT INFORMATION** \* Organizational DUNS: 065391526

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

Department: Office of Sponsored Programs Division: [ ]

\* Street1: PO Box 400195  
Street2: [ ]

\* City: Charlottesville County: [ ]

\* State: VA: Virginia Province: [ ]

\* Country: USA: UNITED STATES \* ZIP / Postal Code: 22904-4195

Person to be contacted on matters involving this application

Prefix: Mr. \* First Name: Stewart Middle Name: P.

\* Last Name: Craig Suffix: [ ]

\* Phone Number: 434-924-8426 Fax Number: 434-924-8725

Email: osp-grantsgov@virginia.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):** 546001796

**7. \* TYPE OF APPLICANT:** H: Public/State Controlled Institution of Higher Education

Other (Specify): [ ]

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

**8. \* TYPE OF APPLICATION:**  New  Resubmission  Renewal  Continuation  Revision

If Revision, mark appropriate box(es).  
 A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  
 E. Other (specify): [ ]

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

**9. \* NAME OF FEDERAL AGENCY:**  
National Institutes of Health

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

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Put your eye-catching, interesting title here

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

**13. PROPOSED PROJECT:**  
\* Start Date: 12/01/2009 \* Ending Date: 11/30/2013

**14. CONGRESSIONAL DISTRICTS OF:**  
a. \* Applicant: VA-005 b. \* Project: VA-005

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: Dr. \* First Name: Jane Middle Name: Q.

\* Last Name: Smith-Jones Suffix: M.D.

Position/Title: Professor

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

Department: Medicine Division: [ ]

\* Street1: P.O. BOX 123456  
Street2: [ ]

\* City: Charlottesville County: [ ]

\* State: VA: Virginia Province: [ ]

\* Country: USA: UNITED STATES \* ZIP / Postal Code: 22904-

\* Phone Number: 434-111-1111 Fax Number: 434-222-2222

\* Email: jqslj@virginia.edu

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text" value="1,937,500.00"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input style="width:150px;" type="text" value="1,937,500.00"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text" value="0.00"/></p>	<p><b>17. * 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 checked="" type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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**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:

<p><b>* Signature of Authorized Representative</b></p> <p><input style="width:450px;" type="text" value="Completed on submission to Grants.gov"/></p>	<p><b>* Date Signed</b></p> <p><input style="width:450px;" type="text" value="Completed on submission to Grants.gov"/></p>
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**20. Pre-application**

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