

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier A12345
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: 605799469

* Legal Name: University of Washington

Department: Office of Sponsored Programs Division: Office of Research

* Street1: 4333 Brooklyn Ave

Street2: 17th floor

* City: Seattle County: King

* State: WA: Washington Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 98195-9472

Person to be contacted on matters involving this application

Prefix: * First Name: Lynne Middle Name:

* Last Name: Chronister Suffix:

* Phone Number: 206-543-4043 Fax Number: 206-685-1732

Email: osp@u.washington.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 91-6001537

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: Example for Training Purposes

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Seattle, King, WA	13. PROPOSED PROJECT: * Start Date: 12/01/2008 * Ending Date: 11/30/2013	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: WA-07 b. * Project: WA-07
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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Specific PI Information Middle Name:

* Last Name: PI Last Name Suffix:

Position/Title:

* Organization Name: University of Washington

Department: Your specific Department Division: Your specific Division

* Street1: Mailing address for PI

Street2:

* City: Seattle County: King

* State: WA: Washington Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 98195-9472

* Phone Number: PI phone number Fax Number: PI fax number

* Email: PIemailaddress@u.washington.edu

16. ESTIMATED PROJECT FUNDING	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. * Total Estimated Project Funding <input type="text" value="250,000.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="250,000.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/> b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> 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.