

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—FOR PHS USE ONLY.		
		Type	Activity	Number
		Review Group		Formerly
		Council/Board (Month, Year)		Date Received
1. TITLE OF PROJECT (<i>Do not exceed 81 characters, including spaces and punctuation.</i>)				
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," state number and title) Number: _____ Title: _____				
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes	
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name
3c. POSITION TITLE		3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
3f. MAJOR SUBDIVISION School of Medicine				
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: _____ FAX: _____				
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4b. Human Subjects Assurance No. FWA00006183		5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes
4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	5a. If "Yes," IACUC approval Date
If "Yes," Exemption No. _____				5b. Animal welfare assurance no. A3245-01
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>) From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
		7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)
				8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name UNIVERSITY OF VIRGINIA Address PO BOX 400195 CHARLOTTESVILLE, VA 22904-4195 Institutional Profile File Number 1526402			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged	
			11. ENTITY IDENTIFICATION NUMBER 1546001796A1 DUNS NO. 065391526 Cong. District 5th	
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Gerald J. Kane Title Director of Grants and Contracts Address OFFICE OF SPONSORED PROGRAMS PO BOX 400195 CHARLOTTESVILLE, VA 22904-4195 Tel: 434-924-4270 FAX: 434-982-3096 E-Mail: gjk5y@virginia.edu			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name SARAH J. WHITE Title Assistant Dean for Research Administration Address OFFICE OF SPONSORED PROGRAMS PO BOX 400195 CHARLOTTESVILLE, VA 22904-4195 Tel: 434-924-8426 FAX: 434-924-8725 E-Mail: sjw2b@virginia.edu	
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and 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.			SIGNATURE OF OFFICIAL NAMED IN 13. (<i>In ink. "Per" signature not acceptable.</i>)	
			DATE	