

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 NO YES <i>(If "Yes," state number and title)</i>				
Number:		Title:		
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR				
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				
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>				
TEL:		E-MAIL ADDRESS:		
FAX:				
4. HUMAN SUBJECTS RESEARCH		4a. Research Exempt		If "Yes," Exemption No.
No Yes		No Yes		
4b. Federal-Wide Assurance No.		4c. Clinical Trial		4d. NIH-defined Phase III Clinical Trial
		No Yes		No Yes
5. VERTEBRATE ANIMALS No Yes			5a. Animal Welfare Assurance No	
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
From Through		7a. Direct Costs (\$)		7b. Total Costs (\$)
		8a. Direct Costs (\$)		8b. Total Costs (\$)
9. APPLICANT ORGANIZATION		10. TYPE OF ORGANIZATION		
Name		Public: → Federal State Local		
Address		Private: → Private Nonprofit		
		For-profit: → General Small Business		
		Woman-owned Socially and Economically Disadvantaged		
		11. ENTITY IDENTIFICATION NUMBER		
		DUNS NO.		Cong. District
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name		Name		
Title		Title		
Address		Address		
Tel:		Tel:		FAX:
FAX:		FAX:		
E-Mail:		E-Mail:		
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