

Department of Health and Human Services Public Health Services  <b>Grant Application</b>  <i>Do not exceed character length restrictions indicated.</i>		<b>LEAVE BLANK—FOR PHS USE ONLY.</b>		
		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 ( <i>If "Yes," state number and title</i> ) Number: _____ Title: _____				
<b>3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR</b>				
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 The College of				
3g. TELEPHONE AND FAX ( <i>Area code, number and extension</i> ) TEL: _____ FAX: _____				
E-MAIL ADDRESS:				
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes		
4b. Federal-Wide Assurance No. FWA00007961		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		
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes		5a. Animal Welfare Assurance No. D16-00104		
6. DATES OF PROPOSED PERIOD OF SUPPORT ( <i>month, day, year—MM/DD/YY</i> ) From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) <u>Martha Ogilvie@ouhsc.edu</u>		
		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 8a. Direct Costs (\$) _____ 8b. Total Costs (\$) _____		
9. APPLICANT ORGANIZATION Name University of Oklahoma Health Sciences Center Address 865 Research Parkway, URP865-450 Oklahoma City, OK 73104-3609		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 731563627 DUNS NO. 878648294 Cong. District OK-005		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Ashley Krukowski Title Associate Director Address Office of Research Administration 865 Research Parkway, URP865-450 Oklahoma City, OK 73104-3609 Tel: (405) 271-2090 FAX: (405) 271-8651 E-Mail: Ashley-Krukowski@ouhsc.edu		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Ashley Krukowski Title Associate Director Address Office of Research Administration 865 Research Parkway, URP865-450 Oklahoma City, OK 73104-3609 Tel: (405) 271-2090 FAX: (405) 271-8651 E-Mail: Ashley-Krukowski@ouhsc.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		