

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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Type</td> <td style="width: 33%;">Activity</td> <td style="width: 34%;">Number</td> </tr> <tr> <td>Review Group</td> <td></td> <td>Formerly</td> </tr> <tr> <td>Council/Board (Month, Year)</td> <td></td> <td>Date Received</td> </tr> </table>		Type	Activity	Number	Review Group		Formerly	Council/Board (Month, Year)		Date Received
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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. 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 School of <Enter department here>												
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		4a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes										
4b. Federal-Wide Assurance No. FWA00002284		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. D1600245										
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: Washington University Address: Campus Box 1054, One Brookings Drive, St. Louis, MO 63130-4862		10. TYPE OF ORGANIZATION Public: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: <input checked="" 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 1430653611A1 DUNS NO. 068552207 Cong. District MO-001										
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name: Megan White Title: Director, Joint Research Office for Contracts Address: Washington University, Campus Box 1054, One Brookings Drive, St. Louis, MO 63130-4862 Tel: 314-747-5292 FAX: 314-362-8712 E-Mail: researchcontracts@wusm.wustl.edu		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name: Teri Medley Title: Director, Sponsored Research Services Address: Washington University, Campus Box 1054, One Brookings Drive, St. Louis, MO 63130-4862 Tel: 314-747-4134 FAX: 314-362-8712 E-Mail: researchgrants@wusm.wustl.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									