

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 <b>School of &lt;enter department here&gt;</b>				
3g. TELEPHONE AND FAX ( <i>Area code, number and extension</i> )		E-MAIL ADDRESS:		
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. <b>FWA00002284</b>		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. <b>A3381-01</b>		
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 <b>Washington University</b>		Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
Address <b>Campus Box 1054 One Brookings Drive St. Louis, MO 63130-4862</b>		Private: → <input checked="" type="checkbox"/> <b>Private Nonprofit</b>		
		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 <b>1430653611A1</b>		
		DUNS NO. <b>068552207</b>	Cong. District <b>MO-001</b>	
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name <b>Megan White</b>		Name <b>Teri Medley</b>		
Title <b>Sr. Contract Mgr, Spons. Research Services</b>		Title <b>Director of Grants, Spon. Research Services</b>		
Address <b>Washington University Campus Box 1054, One Brookings Drive St. Louis MO 63130-4899</b>		Address <b>Washington University Campus Box 1054, One Brookings Drive St. Louis, MO 63130-4862</b>		
Tel: <b>314-747-5292</b> FAX: <b>314-362-8712</b>		Tel: <b>314-747-4134</b> FAX: <b>314-362-8712</b>		
E-Mail: <b>researchcontracts@wusm.wustl.edu</b>		E-Mail: <b>researchgrants@wusm.wustl.edu</b>		
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