

Department of Health and Human Services Public Health Services <h2 style="text-align: center;">Grant Application</h2> <p style="text-align: center;"><i>Do not exceed character length restrictions indicated.</i></p>		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. 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>)		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. 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>)		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 Washington University		Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local			
Address Campus Box 1054 One Brookings Drive St. Louis, MO 63130-4862		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		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION			
Name Teri Medley		Name Teri Medley			
Title Director, Sponsored Research Services		Title Director, Sponsored Research Services			
Address Washington University Campus Box 1054, One Brookings Drive St. Louis, MO 63130-4862		Address Washington University Campus Box 1054, One Brookings Drive St. Louis, MO 63130-4862			
Tel: 314-747-4134 FAX: 314-362-8712		Tel: 314-747-4134 FAX: 314-362-8712			
E-Mail: researchgrants@wusm.wustl.edu		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	