

APPLICATION FOR FEDERAL ASSISTANCE  
**SF 424 (R&R)**

<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>
<b>1. TYPE OF SUBMISSION*</b>		<b>4.a. Federal Identifier</b>
<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>b. Agency Routing Number</b>
<b>2. DATE SUBMITTED</b>	<b>Application Identifier</b>	<b>c. Previous Grants.gov Tracking Number</b>
<b>5. APPLICANT INFORMATION</b>		<b>Organizational DUNS*: 0653915260000</b>
Legal Name*: <b>The Rector and Visitors of the University of Virginia</b> Department: <b>Office of Sponsored Programs</b> Division: <b>School of Medicine</b> Street1*: <b>PO Box 400195</b> Street2: City*: <b>Charlottesville</b> County: State*: <b>VA: Virginia</b> Province: Country*: <b>USA: UNITED STATES</b> ZIP / Postal Code*: <b>22904-4195</b>		
Person to be contacted on matters involving this application Prefix:      First Name*: <b>Lauren</b> Middle Name:      Last Name*: <b>Armstrong</b> Suffix: Position/Title: <b>Authorized Organizational Representative</b> Street1*: <b>PO Box 400195</b> Street2: City*: <b>Charlottesville</b> County: State*: <b>VA: Virginia</b> Province: Country*: <b>USA: UNITED STATES 22904-4195</b> ZIP / Postal Code*: Phone Number*: <b>434-982-1852</b> Fax Number: <b>434-924-8725</b> Email: <b>uva_som_ogc@virginia.edu</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN)*</b>		<b>546001796</b>
<b>7. TYPE OF APPLICANT*</b>		<b>H: Public/State Controlled Institution of Higher Education</b>
Other (Specify): <input checked="" type="radio"/> <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged		
<b>8. TYPE OF APPLICATION*</b>		If Revision, mark appropriate box(es).
<input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		<input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify) :
<b>Is this application being submitted to other agencies?*</b> <input type="radio"/> Yes <input checked="" type="radio"/> No      What other Agencies?		
<b>9. NAME OF FEDERAL AGENCY*</b>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER</b>
National Institutes of Health		TITLE:
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT*</b>		
<b>12. PROPOSED PROJECT</b>		<b>13. CONGRESSIONAL DISTRICTS OF APPLICANT</b>
Start Date*	Ending Date*	<b>VA-005</b>

**14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: First Name\*: Middle Name: Last Name\*: Suffix:  
 Position/Title:  
 Organization Name\*:  
 Department:  
 Division:  
 Street1\*:  
 Street2:  
 City\*:  
 County:  
 State\*:  
 Province:  
 Country\*:  
 ZIP / Postal Code\*:  
 Phone Number\*: Fax Number: Email\*:

**15. ESTIMATED PROJECT FUNDING**

a. Total Federal Funds Requested\* \$0.00  
 b. Total Non-Federal Funds\* \$0.00  
 c. Total Federal & Non-Federal Funds\* \$0.00  
 d. Estimated Program Income\* \$0.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?\***

a. YES  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE:  
 b. NO  PROGRAM IS NOT COVERED BY E.O. 12372; OR  
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

I agree\*

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**18. SFLL or OTHER EXPLANATORY DOCUMENTATION**

File Name:

**19. AUTHORIZED REPRESENTATIVE**

Prefix: First Name\*: **Lauren** Middle Name: Last Name\*: **Armstrong** Suffix:  
 Position/Title\*: **Authorized Organizational Representative**  
 Organization Name\*: **The Rector and Visitors of the University of Virginia**  
 Department: **Office of Sponsored Programs**  
 Division: **School of Medicine**  
 Street1\*: **PO Box 400195**  
 Street2:  
 City\*: **Charlottesville**  
 County:  
 State\*: **VA: Virginia**  
 Province:  
 Country\*: **USA: UNITED STATES**  
 ZIP / Postal Code\*: **22904-4195**  
 Phone Number\*: **434-982-1852** Fax Number: **434-924-8725** Email\*: **uva\_som\_ogc@virginia.edu**

**Signature of Authorized Representative\***

Completed on submission to Grants.gov

**Date Signed\***

02/21/2020

**20. PRE-APPLICATION** File Name:**21. COVER LETTER ATTACHMENT** File Name: