OMB Number: 4040-0010 Expiration Date: 12/31/2022

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R) 1. TYPE OF SUBMISSION*					3. DATE F	RECEIV	/ED BY STATE	State /	Application Id	lentifier
					4.a. Federal Identifier					
O Pre-application	Application		O Changed/Corr Application	ected	b. Agency	y Routi	ng Number			
2. DATE SUBMITTED)	Applicatio	n Identifier		c. Previou	ıs Grai	nts.gov Tracking	Number	r	
5. APPLICANT INFO	RMATION	•			•		Orga	- anizatior	nal DUNS*: 06	553915260000
Legal Name*:	The Rector	and Visitors	of the Universit	y of Virgii	nia		_			
Department:	Office of Spo	onsored Pro	grams							
Division:	School of M	edicine								
Street1*:	PO Box 400	195								
Street2:										
City*:	Charlottesvi	lle								
County:										
State*:	VA: Virginia									
Province:	via viigiina									
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Country*:	USA: UNITE 22904-4195									
ZIP / Postal Code*:	22904-4193	-						_		
Person to be contacte		-	s application							
Prefix: Firs	t Name*: Lau	ren	Middle N	lame:			Last Name*: Arm	strong	Suff	ix:
Position/Title:	Authorized (Organization	al Representati	ve						
Street1*:	PO Box 400	195								
Street2:										
City*:	Charlottesvi	lle								
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Phone Number*: 434-				134-924-0			Email: uva_	som_ogo	c@virginia.edu	1
6. EMPLOYER IDEN	TIFICATION	NUMBER (E	EIN) or (TIN)*		546001	796				
7. TYPE OF APPLIC	ANT*				H: Publi	ic/State	Controlled Institu	tion of H	igher Education	on
Other (Specify):										
Small Busi	iness Organiz	zation Type	OW	Vomen O	wned	0	Socially and Econ	omically	Disadvantage	ed .
8. TYPE OF APPLIC	ATION*	-		If Revisi	ion, mark ap	opropria	ate box(es).			
● New O F	Resubmission			O A. In	crease Awa	ard	O B. Decrease A	ward	O C. Increas	e Duration
O Renewal O 0	Continuation	0	Revision	O D. D	ecrease Du	ıration	O E. Other (spec	ify) :		
Is this application be	eing submitte	d to other a	agencies?*	OYes			er Agencies?	_		
9. NAME OF FEDER			-				F FEDERAL DON	MESTIC	ASSISTANCE	NUMBER
National Institutes of Health					TITLE:					
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT*										
12. PROPOSED PRO					13. CONG	RESSI	ONAL DISTRICT	S OF AF	PLICANT	
Start Date*	End	ding Date*			VA-005					

F 424 (R&R) application for federal assistance

Page 2

			ACT INFORM		
	First Name*:	Middle Na	me:	Last Name*:	Suffix:
Position/Title:					
Organization Name	9 * :				
Department:					
Division:					
Street1*:					
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City*:					
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Phone Number*:		Fax Number:		Email*:	
15. ESTIMATED P	ROJECT FUNDING			CATION SUBJECT TO REVIEW BY	STATE
				VE ORDER 12372 PROCESS?*	
a. Total Federal Fu	inds Requested*	\$0.00	a. YES 🔾	THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECU	
b. Total Non-Feder	al Funds*	\$0.00		PROCESS FOR REVIEW ON:	TIVE ONDER 12012
c. Total Federal & I	Non-Federal Funds*	\$0.00	DATE:		
d. Estimated Progra	am Income*	\$0.00	b. NO	PROGRAM IS NOT COVERED BY E	: O 12372: OP
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)	PROGRAM HAS NOT BEEN SELEC REVIEW	TED BY STATE FOR
17. By signing thi	is application, I certify (1)	to the statements	contained in	the list of certifications* and (2) the	at the statements herein
any resulting t criminal, civil,		. I am aware that a	any false, fict	ovide the required assurances * and itious, or fraudulent statements or on 1001)	
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