

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

	2. DATE SUBMITTED <input style="width:100%;" type="text"/>	Applicant Identifier <input style="width:100%;" type="text"/>
	3. DATE RECEIVED BY STATE <input style="width:100%;" type="text"/>	State Application Identifier <input style="width:100%;" type="text"/>
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	4. Federal Identifier <input style="width:100%;" type="text"/>	
5. APPLICANT INFORMATION		
		* Organizational DUNS: <input style="width:100%;" type="text"/>
* Legal Name: <input style="width:100%;" type="text"/>		
Department: <input style="width:100%;" type="text"/>	Division: <input style="width:100%;" type="text"/>	
* Street1: <input style="width:100%;" type="text"/>	Street2: <input style="width:100%;" type="text"/>	
* City: <input style="width:100%;" type="text"/>	County: <input style="width:100%;" type="text"/>	* State: <input style="width:100%;" type="text"/>
* Country: <input style="width:100%;" type="text"/> USA		* ZIP Code: <input style="width:100%;" type="text"/>
Person to be contacted on matters involving this application		
Prefix: <input style="width:100%;" type="text"/>	* First Name: <input style="width:100%;" type="text"/>	Middle Name: <input style="width:100%;" type="text"/>
		* Last Name: <input style="width:100%;" type="text"/>
		Suffix: <input style="width:100%;" type="text"/>
* Phone Number: <input style="width:100%;" type="text"/>	Fax Number: <input style="width:100%;" type="text"/>	Email: <input style="width:100%;" type="text"/>
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): <input style="width:100%;" type="text"/>	7. * TYPE OF APPLICANT: <input style="width:100%;" type="text"/> Please select one of the following	
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input checked="" type="checkbox"/> B. Decrease Award <input checked="" type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input checked="" type="checkbox"/> E. Other (specify):	9. * NAME OF FEDERAL AGENCY: <input style="width:100%;" type="text"/> NIH	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies?	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input style="width:100%;" type="text"/> 93.867 TITLE: <input style="width:100%;" type="text"/> Vision Research	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <input style="width:100%;" type="text"/>		
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) <input style="width:100%;" type="text"/>		
13. PROPOSED PROJECT: * Start Date * Ending Date <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/>	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/>	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION		
Prefix: <input style="width:100%;" type="text"/>	* First Name: <input style="width:100%;" type="text"/>	Middle Name: <input style="width:100%;" type="text"/>
		* Last Name: <input style="width:100%;" type="text"/>
		Suffix: <input style="width:100%;" type="text"/>
Position/Title: <input style="width:100%;" type="text"/>	* Organization Name: <input style="width:100%;" type="text"/>	
Department: <input style="width:100%;" type="text"/>	Division: <input style="width:100%;" type="text"/>	
* Street1: <input style="width:100%;" type="text"/>	Street2: <input style="width:100%;" type="text"/>	
* City: <input style="width:100%;" type="text"/>	County: <input style="width:100%;" type="text"/>	* State: <input style="width:100%;" type="text"/>
* Country: <input style="width:100%;" type="text"/> USA		* ZIP Code: <input style="width:100%;" type="text"/>
* Phone Number: <input style="width:100%;" type="text"/>	Fax Number: <input style="width:100%;" type="text"/>	* Email: <input style="width:100%;" type="text"/>

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width: 150px;" type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width: 150px;" type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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18. 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.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative**
Completed on submission to Grants.gov
*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a If YES to Human Subjects

Is the IRB review Pending? Yes No

IRB Approval Date:

Exemption Number: 1 2 3 4 5 6

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? Yes No

4.a. * Does this project have an actual or potential impact on the environment? Yes No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract

7. * Project Narrative

8. Bibliography & References Cited

9. Facilities & Other Resources

10. Equipment

11. Other Attachments

OMB Number: 4040-0001
Expiration Date: 04/30/2008