

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION * Organizational DUNS: 807418939
* Legal Name: University of Toledo Health Science Campus
Department: Research & Sponsored Programs Division:
* Street1: Mail Stop 1020
Street2: 3000 Arlington Avenue
* City: Toledo County: Lucas
* State: OH: Ohio Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 43614-2598

Person to be contacted on matters involving this application
Prefix: Dr. * First Name: Richard Middle Name: A
* Last Name: Francis Suffix: PhD
* Phone Number: 419-383-4252 Fax Number: 419-383-4262
Email: ResearchAdmin.HSC@utoledo.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1340967014A1

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision
If Revision, mark appropriate box(es):
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify):

* Is this application being submitted to other agencies? Yes No What other Agencies?:

9. * NAME OF FEDERAL AGENCY:
National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
[Enter Project Title, but must not exceed 81 characters!]

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
Use Ohio, or specific counties, or Toledo

13. PROPOSED PROJECT:
* Start Date: 12/01/2009 * Ending Date: 11/30/2014

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: OH-009 b. * Project: OH-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. * First Name: Jane Middle Name: Q
* Last Name: Doe Suffix: Ph.D.
Position/Title: Associate Professor
* Organization Name: University of Toledo Health Science Campus
Department: [Enter PI's department] Division: [Enter PI's college]
* Street1: Mail Stop ###
Street2: 3000 Arlington Avenue
* City: Toledo County: Lucas
* State: OH: Ohio Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 43614-2598
* Phone Number: 419-383-#### Fax Number: 419-383-####
* Email: Jane.Doe@utoledo.edu

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input type="text" value="2,700,802.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input type="text" value="2,700,802.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></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: <input type="text"/></p> <p>b. NO <input checked="" 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: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

*** Signature of Authorized Representative** *** Date Signed**

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.