Department of Health and Human Services
Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

LEAVE BLANK—FOR PHS USE ONLY.

Type	Activity	Number
Review Group		Formerly
Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION ☐ NO ☐ 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 *(Street, city, state, zip code)*	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX *(Area code, number and extension)* TEL: FAX:	E-MAIL ADDRESS:	

4. HUMAN SUBJECTS RESEARCH ☐ No ☐ Yes	4a. Research Exempt ☐ No ☐ Yes	If "Yes," Exemption No.
4b. Federal-Wide Assurance No.	4c. Clinical Trial ☐ No ☐ Yes	4d. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes
5. VERTEBRATE ANIMALS ☐ No ☐ Yes	5a. Animal Welfare Assurance No.	

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		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 Address	Public: → ☐ Federal ☐ State ☐ Local Private: → ☐ Private Nonprofit For-profit: → ☐ General ☐ Small Business ☐ Woman-owned ☐ Socially and Economically Disadvantaged
	11. ENTITY IDENTIFICATION NUMBER DUNS NO. Cong. District

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE	13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name Title Address Tel: FAX: E-Mail:	Name Title Address Tel: FAX: E-Mail:

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. *(In ink. "Per" signature not acceptable.)*	DATE