

## RESEARCH & RELATED PERSONAL DATA

### Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/Pis and co-PDs/Pis. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/Pis with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

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#### Project Director/Principal Investigator

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<b>Prefix:</b>	<b>* First Name:</b>	<b>Middle Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>* Last Name:</b>		<b>Suffix:</b>
<input type="text"/>		<input type="text"/>
<b>Gender:</b> <input type="text"/>		

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<b>Race (check all that apply):</b>	<b>Ethnicity:</b>	<b>Disability Status (check all that apply):</b>
<input type="checkbox"/> American Indian or Alaska Native	<input type="text"/>	<input type="checkbox"/> Hearing
<input type="checkbox"/> Asian		<input type="checkbox"/> Visual
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Mobility/Orthopedic Impairment
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Other
<input type="checkbox"/> White		<input type="checkbox"/> None
<input type="checkbox"/> Do Not Wish to Provide		<input type="checkbox"/> Do Not Wish to Provide
<b>Citizenship:</b>		
<input type="text"/>		

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0001. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer