

## RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	* First Name:	Middle Name:	
* Last Name:			Suffix:
Position/Title:	Department:		
Organization Name:		Division:	
* Street1:			
Street2:			
* City:	County/ Parish:		
* State:	Province:		
* Country:	USA: UNITED STATES		* Zip / Postal Code:
* Phone Number:	Fax Number:		
* E-Mail:			
Credential, e.g., agency login:			
* Project Role:	PD/PI	Other Project Role Category:	
Degree Type:			
Degree Year:			
* Attach Biographical Sketch		Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment View Attachment

PROFILE - Senior/Key Person 1			
Prefix:	* First Name:	Middle Name:	
* Last Name:			Suffix:
Position/Title:	Department:		
Organization Name:		Division:	
* Street1:			
Street2:			
* City:	County/ Parish:		
* State:	Province:		
* Country:	USA: UNITED STATES		* Zip / Postal Code:
* Phone Number:	Fax Number:		
* E-Mail:			
Credential, e.g., agency login:			
* Project Role:		Other Project Role Category:	
Degree Type:			
Degree Year:			
Attach Biographical Sketch		Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment View Attachment

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

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