

APPLICATION FOR FEDERAL ASSISTANCE  
**SF 424 (R&R)**

2. DATE SUBMITTED	Applicant Identifier PRF #, PI Last Name, Agency
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier If New Leave Blank/R01 GMxxxxx	

1. \* TYPE OF SUBMISSION

Pre-application  Application  
 Changed/Corrected Application

5. APPLICANT INFORMATION \* Organizational DUNS: 5559179960000

\* Legal Name: Regents of the University of Minnesota

Department: Sponsored Projects Admin Division:

\* Street1: 450 McNamara Alumni Center Street2: 200 Oak Street SE

\* City: Minneapolis County: Hennepin \* State: MN: Minne

Province: Country: UNITED ST \* ZIP / Postal Code: 55455-2070

Person to be contacted on matters involving this application

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

GA First Name GA Last Name

\* Phone Number: 612-624-5599 Fax Number: 612-624-4843 Email: awards@umn.edu

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):  
41-6007513

7. \* TYPE OF APPLICANT:  
H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION:  New  
 Resubmission  Renewal  Continuation  Revision

Other (Specify):  
Small Business Organization Type  
 Women Owned  Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).  
 A. Increase Award  B. Decrease Award  C. Increase Duration  
 D. Decrease Duration  E. Other (specify):

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
TITLE:

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Proposal Title

12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  
PI Needs to Complete

13. PROPOSED PROJECT:  
\* Start Date \* Ending Date  
01/01/2008 12/31/2010

14. CONGRESSIONAL DISTRICTS OF:  
a. \* Applicant b. \* Project  
MN-005 MN-xxx

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: \* Organization Name: Regents of the University of Minnesota

Department: PI Department Division:

\* Street1: PI Address Street2:

\* City: County: \* State: MN: Minne

Province: Country: UNITED ST \* ZIP / Postal Code:

\* Phone Number: PI Phone Fax Number: PI Fax \* Email: PI E-mail @umn.edu

16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE:

b. NO  PROGRAM IS NOT COVERED BY E.O. 12372; OR  
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

20. Pre-application

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