OMB Number: 4040-0010
Expiration Date: 12/31/2022

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE | **State Application Identifier**

1. TYPE OF SUBMISSION*

❍ Pre-application ● Application ❍ Changed/Corrected Application

4.a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED | **Application Identifier**

c. Previous Grants.gov Tracking Number

5. APPLICANT INFORMATION **Organizational DUNS*:** 0653915260000

Legal Name*: The Rector and Visitors of the University of Virginia
Department: Office of Sponsored Programs
Division: School of Medicine
Street1*: PO Box 400195
Street2:
City*: Charlottesville
County:
State*: VA: Virginia
Province:
Country*: USA: UNITED STATES
ZIP / Postal Code*: 22904-4195

Person to be contacted on matters involving this application
Prefix: First Name*: Lauren Middle Name: Last Name*: Armstrong Suffix:
Position/Title: Authorized Organizational Representative
Street1*: PO Box 400195
Street2:
City*: Charlottesville
County:
State*: VA: Virginia
Province:
Country*: USA: UNITED STATES 22904-4195
ZIP / Postal Code*:
Phone Number*: 434-982-1852 Fax Number: 434-924-8725 Email: uva_som_ogc@virginia.edu

6. EMPLOYER IDENTIFICATION NUMBER *(EIN) or (TIN)** 546001796

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*

12. PROPOSED PROJECT
Start Date* Ending Date*

13. CONGRESSIONAL DISTRICTS OF APPLICANT
VA-005

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name*: Middle Name: Last Name*: Suffix:
Position/Title:
Organization Name*:
Department:
Division:
Street1*:
Street2:
City*:
County:
State*:
Province:
Country*:
ZIP / Postal Code*:
Phone Number*: Fax Number: Email*:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested*	$0.00
b. Total Non-Federal Funds*	$0.00
c. Total Federal & Non-Federal Funds*	$0.00
d. Estimated Program Income*	$0.00

16.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

17. 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.*

18. SFLLL or OTHER EXPLANATORY DOCUMENTATION File Name:

19. AUTHORIZED REPRESENTATIVE

Prefix: First Name*: Lauren Middle Name: Last Name*: Armstrong Suffix:
Position/Title*: Authorized Organizational Representative
Organization Name*: The Rector and Visitors of the University of Virginia
Department: Office of Sponsored Programs
Division: School of Medicine
Street1*: PO Box 400195
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Country*: USA: UNITED STATES
ZIP / Postal Code*: 22904-4195
Phone Number*: 434-982-1852 Fax Number: 434-924-8725 Email*: uva_som_ogc@virginia.edu

Signature of Authorized Representative*	**Date Signed***
Completed on submission to Grants.gov	02/21/2020

20. PRE-APPLICATION File Name:

21. COVER LETTER ATTACHMENT File Name: