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

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R) 1. TYPE OF SUBMISSION*					3. DATE F	RECEI	VED BY STATE	State /	Application Identifier
					4.a. Federal Identifier				
O Pre-application	Application		O Changed/Corr Application	ected	b. Agency	y Rout	ting Number	,	
2. DATE SUBMITTED)	Applicatio	n Identifier		c. Previou	us Gra	ants.gov Tracking	Numbe	r
5. APPLICANT INFO	RMATION	•			•		Orga	nizatior	nal DUNS*: 0653915260000
Legal Name*:	The Rector	and Visitors	of the Universit	y of Virgii	nia		_		
Department:	Office of Spo	onsored Pro	grams						
Division:	School of M	edicine							
Street1*:	PO Box 400	195							
Street2:									
City*:	Charlottesvi	lle							
County:									
State*:	VA: Virginia								
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Country*:	USA: UNITE 22904-4195								
ZIP / Postal Code*:	22904-4193	-						_	
Person to be contacte		-	s application						
Prefix: Firs	t Name*: Lau	ren	Middle N	lame:			Last Name*: Arm	strong	Suffix:
Position/Title:	Authorized (Organization	al Representati	ve					
Street1*:	PO Box 400	195							
Street2:									
City*:	Charlottesvi	lle							
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	000 4050		Fax Number: 4	124 024 0	725		F 11		- Outratata a dis
Phone Number*: 434-				134-924-0			Email: uva_	som_ogo	c@virginia.edu
6. EMPLOYER IDEN	TIFICATION	NUMBER (E	EIN) or (TIN)*		546001	796			
7. TYPE OF APPLIC	ANT*				H: Publ	ic/Stat	e Controlled Institu	tion of H	ligher Education
Other (Specify):									
Small Busi	iness Organiz	zation Type	OW	Vomen O	wned	0	Socially and Econ	omically -	Disadvantaged
8. TYPE OF APPLIC	ATION*	-		If Revisi	ion, mark a _l	ppropr	iate box(es).		
● New ⊃ F	Resubmission			O A. In	crease Awa	ard	O B. Decrease Av	ward	O C. Increase Duration
O Renewal O C	Continuation	0	Revision	O D. D	ecrease Du	ıration	O E. Other (speci	ify) :	
Is this application be	eing submitte	d to other a	agencies?*	OYes			her Agencies?	_	
9. NAME OF FEDER			-					MESTIC	ASSISTANCE NUMBER
National Institutes of Health					TITLE:				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT*									
12. PROPOSED PRO						RESS	SIONAL DISTRICT	S OF AF	PLICANT
Start Date*	End	ding Date*			VA-005				

F 424 (R&R) application for federal assistance

Page 2

			ACT INFORM		
	First Name*:	Middle Na	me:	Last Name*:	Suffix:
Position/Title:					
Organization Name	9 * :				
Department:					
Division:					
Street1*:					
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Phone Number*:		Fax Number:		Email*:	
15. ESTIMATED P	ROJECT FUNDING			CATION SUBJECT TO REVIEW BY	STATE
				VE ORDER 12372 PROCESS?*	
a. Total Federal Fu	inds Requested*	\$0.00	a. YES 🔾	THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECU	
b. Total Non-Feder	al Funds*	\$0.00		PROCESS FOR REVIEW ON:	TIVE ONDER 12012
c. Total Federal & I	Non-Federal Funds*	\$0.00	DATE:		
d. Estimated Progra	am Income*	\$0.00	b. NO	PROGRAM IS NOT COVERED BY E	: O 12372: OP
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)	PROGRAM HAS NOT BEEN SELEC REVIEW	TED BY STATE FOR
17. By signing thi	is application, I certify (1)	to the statements	contained in	the list of certifications* and (2) the	at the statements herein
any resulting t criminal, civil,		. I am aware that a	any false, fict	ovide the required assurances * and itious, or fraudulent statements or on 1001)	
		ere you may obtain this list,	is contained in the ar	nnouncement or agency specific instructions.	
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