APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION
- Pre-application
- Application
- Changed/Corrected Application

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. a. Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Trustees of Indiana University
Division: Office for Research Admin.
Department:
Street1: 509 E 3RD ST
City: Bloomington
State: IN
Zip / Postal Code: 47401-3654
Country: USA
Province: Indiana
Street2:
County / Parish: Monroe

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

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
Box 8. See application guide for definitions.
- A. Increase Award
- B. Decrease Award
- C. Increase Duration
- D. Decrease Duration
- E. Other (specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:

12. PROPOSED PROJECT:
Start Date: 10/01/2024
Ending Date: 09/30/2029

13. CONGRESSIONAL DISTRICT OF APPLICANT
IN-009

Box 1. Do not use Pre-application unless specifically noted in FOA
Box 4.a. Federal Identifier: If New, leave blank. If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier (e.g. award number) -- even if submitting a changed/corrected application.
Box 8. See application guide for definitions.

Box 12. See Key Dates section of announcement. Start date is an estimate; typically at least nine months after submission. Check sponsor guidelines. Project period should not exceed what is allowed in announcement.
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: PI's First Name
Last Name: PI's Last Name
Position/Title: PI's Title (ex. Assistant Professor)
Organization Name: Trustees of Indiana University
Department: PI's Department
Street1: Department Address
Street2: 
City: Department City Location
County / Parish: Department County
State: IN: Indiana 
Province: 
Country: USA: UNITED STATES
ZIP / Postal Code: Dept. Zip Code+4 required
Phone Number: PI's Phone Number
Fax Number: 
Email: PIemail@iu.edu

15. ESTIMATED PROJECT FUNDING
Box 15. Manually enter estimated funding amounts
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?
Box 16. Do not select "YES"
Read Guidelines to see if E.O. 12372 applies
> If NO: Select "Program is not covered by E.O. 12372"
> If YES: Select "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 (Disclosure of Lobbying Activities) or other Explanatory Documentation
Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative
Prefix: Mr.
Last Name: Martin
Position/Title: Associate V.P. for Research Administration
Organization: Trustees of Indiana University
Department: Office for Research Admin.
Street1: 509 E. 3rd St.
Street2: 
City: Bloomington
County / Parish: Monroe
State: IN: Indiana
Province: 
Country: USA: UNITED STATES
ZIP / Postal Code: 47401-3654
Phone Number: (317)278-3473
Fax Number: Leave Blank
Email: iuaward@iu.edu
Signature of Authorized Representative
Completed upon submission
Date Signed 01/09/2024

20. Pre-application
Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment
Add Attachment | Delete Attachment | View Attachment