

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

Box 1. Do not use Pre-application unless specifically noted in FOA

Applicant Identifier

4. a. Federal Identifier  
b. Agency Routing Identifier  
c. Previous Grants.gov Tracking ID

Box 4.a. Federal Identifier:  
If New, leave blank.  
If Revision/Resubmission/Renewal, use prior NIH application number (E.g. CA987654 from 1R01CA987654-01)

5. APPLICANT INFORMATION

Organizational DUNS: 0060467000000

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

Person to be contacted on matters involving this application

Prefix: Mr. First Name: Steven Middle Name: Allen  
Last Name: Martin Suffix:  
Position/Title: Associate V.P. for Research Administration  
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

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 1-356001673-A1

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:

If Revision, mark appropriate box(es).

New  Resubmission  A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  
 Renewal  Continuation  Revision  E. Other (specify):

Box 8. See application guide for definitions.

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

9. NAME OF FEDERAL AGENCY:  
Agency name is added by system automatically

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
TITLE: 10. Agency will assign CFDA number post-submission.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Add your descriptive title here

12. PROPOSED PROJECT:

Start Date Ending Date  
10/01/2020 09/30/2023

13. CONGRESSIONAL DISTRICT OF APPLICANT

IN-009

Box 12. See Key Dates section of announcement. Start date is an estimate; typically at least nine months after submission. Project period should not exceed what is allowed in announcement.

**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 / Parish:

State:  Province:

Country:  ZIP / Postal Code:

Phone Number:  Fax Number:

Email:

**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"

**15. ESTIMATED PROJECT FUNDING**

**Box 15. Manually enter estimated funding amounts**

a. Total Federal Funds Requested	<input type="text" value="0.00"/>
b. Total Non-Federal Funds	<input type="text" value="0.00"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="0.00"/>
d. Estimated Program Income	<input type="text" value="0.00"/>

**16. IS APPLICATION SUBJECT TO E.O. 12372 PROCESS?**

a. YES  THIS PREAPPLICATION IS AVAILABLE TO THE PROCESS FOR REVIEW

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

**Box 17. See the NIH Grants Policy Statement for more information**  
<https://grants.nih.gov/policy/nihgps/index.htm>

\*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**

**19. Authorized Representative**

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Position/Title:

Organization:

Department:  Division:

Street1:  Street2:

City:  County / Parish:

State:  Province:

Country:  ZIP / Postal Code:

Phone Number:  Fax Number:

Email:

**Signature of Authorized Representative** **Date Signed**

**20. Pre-application**

**21. Cover Letter Attachment**

**Box 21. Cover letter is posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. Do not include assignment or review request information in your cover letter (use PHS Assignment Request Form for assignment and review information instead).**