

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 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)

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

Applicant Identifier

5. APPLICANT INFORMATION

UEI: YH86RTW2YVJ4

Legal Name: Trustees of Indiana University

Department: Office for 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

10/01/2024

09/30/2029

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
 b. Total Non-Federal Funds
 c. Total Federal & Non-Federal Funds
 d. Estimated Program Income

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

a. YES THIS PREAPPLICATION IS AVAILABLE TO THE REVIEW 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).