

Department of Health and Human Services Public Health Service <h2 style="text-align: center;">Grant Application</h2> <p style="text-align: center;"><i>Follow instructions carefully. Do not exceed character length restrictions indicated on sample.</i></p>		LEAVE BLANK-FOR PHS USE ONLY.		
		Type	Activity	Number
		Review Group	Formerly	
		Council/Board (Month, Year)		Date Received
1. TITLE OF PROJECT (<i>Do not exceed 56 characters, including spaces and punctuation.</i>)				
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2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If "Yes," state number and title</i>)				
Number: 10 Title: 50				
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR				
3a. NAME (<i>Last, first, middle</i>)		3b. DEGREE(S)		3c. SOCIAL SECURITY NO.
30		4, 4, 4		11
3d. POSITION TITLE		3e. MAILING ADDRESS (<i>Street, city, state, zip code</i>)		
30		32		
3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		32		
30		32		
3g. MAJOR SUBDIVISION		32		
30		32		
3h. TELEPHONE AND FAX (<i>Area code, number and extension</i>)		E-MAIL ADDRESS:		
TEL: 25		40		
FAX: 25				
4. HUMAN SUBJECTS		4b. Assurance of compliance no.		5. VETERINATE ANIMALS
4a. If "Yes," Exemption or IRB approval date: 4 <input type="checkbox"/> No IRB approval date <input type="checkbox"/> Full IRB or Expedited Review 8 <input type="checkbox"/> Yes		9		5a. If "Yes," IACUC approval date: 8 <input type="checkbox"/> No <input type="checkbox"/> Yes
5b. Animal welfare assurance no. 9				
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>Month, day, year MM/DD/YY</i>)		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
From 6 through		7a. Direct Costs (\$) 9		7b. Total Costs (\$) 9
		8a. Direct Costs (\$) 9		8b. Total Costs (\$) 9
9. APPLICANT ORGANIZATION		10. TYPE OF ORGANIZATION		
Name 32		Public: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
Address 32		Private: <input type="checkbox"/> Private Nonprofit		
32		Forprofit: <input type="checkbox"/> General <input type="checkbox"/> Small Business		
32		11. ORGANIZATIONAL COMPONENT CODE 2		
32		12. ENTITY IDENTIFICATION NUMBER 12		Congressional District 2
13. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARDS MADE		14. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name 30		Name 30		
Title 32		Title 32		
Address 32		Address 32		
32		32		
32		32		
32		32		
25		25		
25		25		
Telephone 30		Telephone 30		
FAX 40		FAX 40		
E-Mail 40		E-Mail 40		
Address 40		Address 40		
15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF PI / PD NAMED IN 3a. (<i>In ink. "Per" signature not acceptable.</i>)		DATE
16. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 14. (<i>In ink. "Per" signature not acceptable.</i>)		DATE

Sample with character length restrictions