

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		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 81 characters, including spaces and punctuation.</i>)						
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If "Yes," state number and title</i>) Number: _____ Title: _____						
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes			
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name		
3c. POSITION TITLE		3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)				
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT						
3f. MAJOR SUBDIVISION						
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: _____ FAX: _____		E-MAIL ADDRESS:				
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		If "Yes," Exemption No. _____		
4b. Federal-Wide Assurance No.		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No. _____			
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>) From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT		
		7a. Direct Costs (\$)		7b. Total Costs (\$)		
		8a. Direct Costs (\$)		8b. Total Costs (\$)		
9. APPLICANT ORGANIZATION Name The Trustees of Indiana University Address Office of Research Administration 620 Union Drive, Room 518 Indianapolis, IN 46202-5167			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged			
			11. ENTITY IDENTIFICATION NUMBER 1-35-6001673-A1 DUNS NO. 60-300-7902 Cong. District 7			
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Jean Mercer Title Interim Director Address Office of Research Administration 620 Union Drive, Room 518 Indianapolis, IN 46202-5167 Tel: (317) 278-3473 FAX: (317) 274-5932 E-Mail: spon2@iupui.edu			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name John W. Talbott Title Interim Assistant V.P. for Research Admin. Address Indiana University 620 Union Drive, Room 518 Indianapolis, IN 46202-5167 Tel: (317) 278-3473 FAX: (317) 274-5932 E-Mail: spon2@iupui.edu			
14. 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 Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. (<i>In ink. "Per" signature not acceptable.</i>)		DATE	