

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 8007721620000

* Legal Name: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANTONIO

Department: PI's Department

Division: Grad--Dental--Med--Nursing Sch

* Street1: 7703 Floyd Curl Drive

Street2:

* City: San Antonio

County: Bexar

* State: TX: Texas

Province:

* Country: JNITED ST * ZIP / Postal Code: 78229

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

 Jane

Youngers

* Phone Number: 210-567-2340

Fax Number: 210-567-2344

Email: grants@uthscsa.edu

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

1741586031A3

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: * Is this application being submitted to other agencies? Yes No

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Title of Research -- not to exceed 81 characters

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

N/A

13. PROPOSED PROJECT:

* Start Date

* Ending Date

01/01/2007

12/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

TX-020

TX-020

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

 Contact PI First Name

Contact PI Last Name

Position/Title: PI's Title--should match title in Commons

* Organization Name: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANTONIO

Department: PI's Department

Division: Grad--Dental--Med--Nursing Sch

* Street1: 7703 Floyd Curl Drive

Street2:

* City: San Antonio

County: Bexar

* State: TX: Texas

Province:

* Country: JNITED ST * ZIP / Postal Code: 78229

* Phone Number: 210-555-5555

Fax Number: 210-000-0000

* Email: piname@uthscsa.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:

b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Jane Youngers

* Position/Title: Asst. Vice Pres. for Research * Organization: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANTONIO

Department: Office of Sponsored Programs Division:

* Street1: 7703 Floyd Curl Drive Street2:

* City: San Antonio County: Bexar * State: TX: Texas

Province: * Country: JNITED ST * ZIP / Postal Code: 78229

* Phone Number: 210-567-2340 Fax Number: 210-567-2344 * Email: grants@uthscsa.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.