OMB Approval No. 0348-004

APPLICATION FOR FEDERAL ASSISTANCE

	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION	**3. DATE RECEIVED BY STATE**	State Application Identifier
Application: ☐ Construction ☑ Non-Construction; Preapplication: ☐ Construction ☐ Non-Construction	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: University of Oklahoma	Organizational Unit:
Address *(give city, county, state and zip code):* Office of Research Administration, 1000 Asp Avenue, Room 314, Norman, Cleveland County, OK 73019	Name and telephone number of the person to be contacted on matters involving this application *(give area code):* Technical Administrative

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 73 6017987

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* I

A. State; B. County; C. Municipal; D. Township; E. Interstate; F. Intermunicipal; G. Special District; H. Independent School District; I. State Controlled Institution of Higher Learning; J. Private University; K. Indian Tribe; L. Individual; M. Profit Organization; N. Other (Specify) _____

8. TYPE OF APPLICATION

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐ - ☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

13. PROPOSED PROJECT:

Start Date	Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Fourth

b. Project: Fourth

15. ESTIMATED FUNDING:

a. Federal	$0.00
b. Applicant	$0.00
c. State	$0.00
d. Local	$0.00
e. Other	$0.00
f. Program Income	$0.00
g. TOTAL	$ $0.00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXEUTIVE 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

State Legislature abolished SPOC Review Process Effective 7/1/92.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ **Yes, If "Yes" attach an explanation** ☒ **No**

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed