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| Department of Health and Human Services Public Health Service Grant Application <i>Follow instructions carefully. Do not exceed 56-character length restrictions, including spaces.</i> | LEAVE BLANK—FOR PHS USE ONLY. |
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1. TITLE OF PROJECT

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION NO YES
(If "Yes," state number and title)
Number: _____ Title: _____

3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR New Investigator No Yes

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| 3a. NAME (Last, first, middle) | 3b. DEGREE(S) |
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| 3c. POSITION TITLE | 3d. MAILING ADDRESS (Street, city, state, zip code) |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | |
| 3f. MAJOR SUBDIVISION | |
| 3g. TELEPHONE AND FAX (Area code, number and extension) TEL: _____ FAX: _____ | |

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| 4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes | 5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes |
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| 4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____ | 4b. Human Subjects Assurance No. | 4c. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes | 5a. If "Yes," IACUC approval Date | 5b. Animal welfare assurance no |
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| 6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY) 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 (\$) |

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| 9. APPLICANT ORGANIZATION Name The University of Oklahoma Address Office of Research Services 731 Elm Avenue, Room 134 Norman, OK 73019 Institutional Profile File Number (if known) 1524002 | 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 73-6017987 DUNS NO. (if available) 848348348 Congressional District Fourth |
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| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title Sponsored Programs Coordinator Address University of Oklahoma 731 Elm Avenue, Room 134 Norman, Oklahoma 73019 Telephone (405) 325-4757 FAX (405) 325-6029 E-Mail gradoraawards@msmailhub.oulan.ou.edu | 13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name _____ Title Sponsored Programs Coordinator Address University of Oklahoma 731 Elm Avenue, Room 134 Norman, Oklahoma 73019 Telephone (405) 325-4757 FAX (405) 325-6029 E-Mail _____ |
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| 14. 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. (In ink. "Per" signature not acceptable.) | DATE |
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| 15. 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. (In ink. "Per" signature not acceptable.) | DATE |
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