

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 041027822

* Legal Name: Trustees of Dartmouth College

Department: Office of Sponsored Projects Division:

* Street1: 11 Rope Ferry Road, #6210 Street2:

* City: Hanover County: Grafton * State: NH: New H

Province: * Country: UNITED ST * ZIP / Postal Code: 03755

Person to be contacted on matters involving this application

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

Jill Mortali

* Phone Number: 603-646-3007 Fax Number: 603-646-3670 Email: egrants.gov@dartmouth.edu

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

1-020222111-A3

7. * TYPE OF APPLICANT:

O: Private Institution of Higher Education

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

Women Owned Socially and Economically Disadvantaged

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

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

NIH limits character length to 81 characters

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

13. PROPOSED PROJECT:

* Start Date * Ending Date

mm/dd/yyyy mm/dd/yyyy

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

NH-002

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

PI First Name PI Last Name

Position/Title: * Organization Name: Trustees of Dartmouth College

Department: PI department Division: Enter specific school division

* Street1: PI address Street2:

* City: County: Grafton * State: NH: New H

Province: * Country: UNITED ST * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input type="text"/></p> <p>c. * Estimated Program Income <input type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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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:

Authorized Rep for Campus/DHMC

* Position/Title: Rep Title * Organization: Trustees of Dartmouth College

Department: Office of Sponsored Projects Division:

* Street1: 11 Rope Ferry Road, #6210 Street2:

* City: Hanover County: Grafton * State: NH: New H

Province: * Country: UNITED ST * ZIP / Postal Code: 03755

* Phone Number: 603-646-3007 Fax Number: 603-646-3670 * Email: egrants.gov@dartmouth.edu

*** Signature of Authorized Representative** *** Date Signed**

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

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