

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> * Leave Blank [ ]
<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> * Leave Blank [ ]
<b>4. Federal Identifier</b> * Fill If Renewal [ ]	

**1. \* TYPE OF SUBMISSION**

Pre-application    Application  
 Changed/Corrected Application

**5. APPLICANT INFORMATION**      \* Organizational DUNS: 0439904980003

\* Legal Name: The George Washington University

Department: OCRO      Division: VPAA

\* Street1: 2121 I Street, N.W.      Street2: Suite 601

\* City: Washington      County: [ ]      \* State: DC: Distric

Province: [ ]      \* Country: JNITED ST      \* ZIP / Postal Code: 20052

Person to be contacted on matters involving this application

Prefix: \* First Name: Harold      Middle Name: [ ]      \* Last Name: Gollos      Suffix: [ ]

\* Phone Number: (202) 994-6255      Fax Number: (202) 994-9137      Email: osr@gwu.edu

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

530196584

**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:**

[ ]

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

[ ]

**13. PROPOSED PROJECT:**

\* Start Date [ ]      \* Ending Date [ ]

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant 99      b. \* Project 99

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name: [ ]      Middle Name: [ ]      \* Last Name: [ ]      Suffix: [ ]

Position/Title: [ ]      \* Organization Name: The George Washington University

Department: OCRO      Division: VPAA

\* Street1: 2121 I Street, N.W.      Street2: Suite 601

\* City: Washington      County: [ ]      \* State: DC: Distric

Province: [ ]      \* Country: JNITED ST      \* ZIP / Postal Code: 20052

\* Phone Number: [ ]      Fax Number: [ ]      \* Email: [ ]

**THE AREAS OUTLINED ABOVE SHOULD BE FILLED AS SHOWN FOR BOTH UNIVERSITY AND MED CENTER APPLICATIONS.**

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text"/></p> <p>c. * Estimated Program Income <input type="text"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></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 type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><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:

Mr. Harold   Gollos

\* Position/Title: Mng Dir Res Supp & Analysis \* Organization: The George Washington University

Department: OCRO Division: VPAA

\* Street1: 2121 I Street, N.W. Street2: Suite 601

\* City: Washington County:  \* State: DC: Distric

Province:  \* Country: JNITED ST \* ZIP / Postal Code: 20052

\* Phone Number: (202) 994-6255 Fax Number: (202) 994-9137 \* Email: osr@gwu.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.

THE AREAS OUTLINED ABOVE SHOULD BE FILLED AS SHOWN FOR BOTH UNIVERSITY AND MED CENTER APPLICATIONS.

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