

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION **Organizational DUNS:**

Legal Name: **NIH/NSF Only: List "University of Illinois at Urbana-Champaign"**

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): **NIH: 1376000511A6**

7. TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION: Check one as applicable If Revision, mark appropriate box(es).

<input type="checkbox"/> New	<input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award	<input type="checkbox"/> B. Decrease Award	<input type="checkbox"/> C. Increase Duration	<input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>		

Is this application being submitted to other agencies? Yes No What other Agencies?

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:	13. CONGRESSIONAL DISTRICT OF APPLICANT
Start Date: <input type="text"/>	<input type="text" value="IL-013"/>
Ending Date: <input type="text"/>	

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix:	First Name:	Middle Name:	
Last Name:		Suffix:	
Position/Title:	List the PI contact information, not SPA's information		
Organization Name:	Board of Trustees of the University of Illinois		
Department:	Division:		
Street1:			
Street2:			
City:	County / Parish:		
State:	Province:		
Country:	ZIP / Postal Code:		
Phone Number:	Fax Number:		
Email:			
15. ESTIMATED PROJECT FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Completed per the proposal			
a. Total Federal Funds Requested		a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Select "NO", but see the program guidelines for whether the program is covered or not
b. Total Non-Federal Funds		DATE:	
c. Total Federal & Non-Federal Funds		b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income			<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p>17. 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)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> <p style="text-align: center;"><small>*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.</small></p>			
18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation			
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>			
19. Authorized Representative			
Prefix:	First Name:	Middle Name:	
Last Name:		Suffix:	
Position/Title:	Vice Chancellor for Research and Innovation		
Organization:	Board of Trustees of the University of Illinois		
Department:	Division:		
Street1:	OVCRI		
Street2:	1901 S. First Street, Suite A		
City:	County / Parish:		
State:	Province:		
Country:	ZIP / Postal Code:		61820-7406
Phone Number:	Fax Number:		
Email:	spa@illinois.edu		
Signature of Authorized Representative SPA will sign		Date Signed	
<input type="text"/>		<input type="text"/>	
20. Pre-application	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. Cover Letter Attachment	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>