

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 006046700

* Legal Name: Trustees of Indiana University

Department: Division:

* Street1: P.O. Box 1847

Street2:

* City: Bloomington

County: Monroe

* State: IN: Indiana

Province:

* Country: UNITED ST * ZIP / Postal Code: 47402-1847

Person to be contacted on matters involving this application

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

 Steven A Martin

* Phone Number: 812-855-0516

Fax Number: 812-855-9943

Email: rugs@indiana.edu

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

1356001673

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision

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:

Name of federal agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Put Title Here

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

N/A

13. PROPOSED PROJECT:

* Start Date

* Ending Date

04/01/2008

03/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

IN-009

IN-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

 Name Name PhD

Position/Title: Assistant Professor

* Organization Name: Indiana University

Department: Department

Division:

* Street1: Department Address

Street2:

* City: Bloomington

County: Monroe

* State: IN: Indiana

Province:

* Country: UNITED ST * ZIP / Postal Code: 47405-3700

* Phone Number: 812-855-0000

Fax Number: 812-855-0000

* Email: pi@indiana.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	0.00
b. * Total Federal & Non-Federal Funds	0.00
c. * Estimated Program Income	0.00

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

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

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:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov0

20. Pre-application

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