

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

application  Application  
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

\* Legal Name: Georgia Tech Research Corporation

\* Organizational DUNS: 097394084

Department: Office of Sponsored Programs Division:

\* Street1: 505 Tenth Street NW Street2:

\* City: Atlanta County: Fulton \* State: GA: Georgi

Province: \* Country: JNITED ST \* ZIP / Postal Code: 30332-0420

Person to be contacted on matters involving this application

Prefix: \* First Name: Anita Middle Name: \* Last Name: McKinney Suffix:

\* Phone Number: 404-894-6925 Fax Number: 404-894-5945 Email: anita.mckinney@osp.gatech.edu

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

580603146

7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION:  New  
 Submission  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 GA-005 b. \* Project GA-005

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: \* Organization Name: Georgia Tech Research Corporation

Department: Division:

\* Street1: Street2:

\* City: Atlanta County: Fulton \* State: GA: Georgi

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

\* Phone Number: Fax Number: \* Email:

16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

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.gov

20. Pre-application

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

# PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 9/30/2007

## 1. Project Director / Principal Investigator (PD/PI)

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

\* New Investigator?  No  Yes

Degrees:

## 2. Human Subjects

Clinical Trial?  No  Yes

\* Agency-Defined Phase III Clinical Trial?  No  Yes

## 3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix:  \* First Name: Anita  
Middle Name:   
\* Last Name: McKinney  
Suffix:

\* Phone Number: 404-894-6925 Fax Number: 404-894-5945

Email: anita.mckinney@osp.gatech.edu

\* Title: Contracting Officer

\* Street1: 505 Tenth Street NW

Street2: Office of Sponsored Programs

\* City: Atlanta

County: Fulton

\* State: GA: Georgia

Province:

\* Country: UNITED ST \* Zip / Postal Code: 30332-0420