

View Burden Statement

OMB Number: 4040-0001  
Expiration Date: 08/30/2011

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

3. DATE RECEIVED BY STATE  
State Application Identifier

Leave blank if new – if submitting corrections to NIH ONLY include Grants.gov Tracking Number of previous submission, if resubmission, enter previous award number.

1. \* TYPE OF SUBMISSION  
 Pre-application  Application  Changed/Corrected Application

4. a. Federal Identifier  
b. Agency Routing Identifier

2. DATE SUBMITTED  
Applicant Identifier

5. APPLICANT INFORMATION \* Organizational DUNS: 009214214  
\* Legal Name: Board of Trustees of the Leland Stanford Junior University  
Department: RMS/OSR-Check Web for Address Division: School Affiliation (Med, Eng)  
\* Street1: Use address listed on SF424 instructions  
Street2: [http://ora.stanford.edu/grantsgov/complete\\_package.asp#424](http://ora.stanford.edu/grantsgov/complete_package.asp#424)  
\* City: Stanford/Menlo Park County / Parish:  
\* State: CA: California Province:  
\* Country: USA: UNITED STATES \* ZIP / Postal Code: zip + 4

Person to be contacted on matters involving this application  
Prefix: \* First Name: Inst. Rep. Name and Info Here Middle Name:  
\* Last Name: Suffix:  
\* Phone Number: Fax Number:  
Email:

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): 941156365 Except DHHS apps-Use 1941156365A1

7. \* TYPE OF APPLICANT: 0: Private Institution of Higher Education  
Other (Specify): Always choose "Private Inst...Higher Ed"  
Small Business Organization Type  Women Owned  Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION: If Revision, mark appropriate box(es).  
 New  Resubmission  A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  
 Renewal  Continuation  Revision  E. Other (specify):

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

9. \* NAME OF FEDERAL AGENCY: National Institutes of Health  
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Boxes 9 & 10 are pre-populated by FOA

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Enter the PI's title of the project. NIH and other PHS agencies limit title character length to 81 characters.

12. PROPOSED PROJECT: \* 13. CONGRESSIONAL DISTRICT OF APPLICANT  
\* Start Date \* Ending Date CA-014

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  
Prefix: \* First Name: PI Name Middle Name:  
\* Last Name: Some info pre-populated by Section 5 - change to PI Info Suffix:  
Position/Title:  
\* Organization Name: Change to "Stanford University"  
Department: PI Department/Division Division: School Affiliation (Med, Eng)  
\* Street1: Change to PI Address  
Street2:  
\* City: Stanford County / Parish:  
\* State: CA: California Province:  
\* Country: USA: UNITED STATES \* ZIP / Postal Code: zip + 4  
\* Phone Number: Fax Number:  
\* Email:

**NOTE: Any fields highlighted in YELLOW are required fields by Grants.gov. Your sponsor may have additional fields that will not be highlighted.**

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Total Federal Funds Requested	<div style="border: 1px solid black; padding: 5px;">                 Estimated project funding includes F&amp;A. The amount listed must match the amount calculated on the cumulative budget.             </div>	<b>a. YES</b>	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Total Non-Federal Funds		DATE: <input type="text"/>	<div style="border: 1px solid black; padding: 5px;">                 Generally, this is going to be "NO" but ALWAYS Check the FOA to be sure!             </div>	
c. Total Federal & Non-Federal Funds		<b>b. NO</b>		<input type="checkbox"/> PROGRAM IS NOT COVERED
d. Estimated Program Income				<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

Information on program income is on the ORA website: [http://ora.stanford.edu/ora/rappc/prog\\_income.asp](http://ora.stanford.edu/ora/rappc/prog_income.asp).

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)

\* 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.

18. SFLLL or other Explanatory Documentation

**Leave Blank unless otherwise instructed by sponsor**

19. Authorized Representative

Prefix:  \* First Name:  Middle Name:

\* Last Name:

\* Position/Title: [http://ora.stanford.edu/grantsgov/complete\\_package.asp#424](http://ora.stanford.edu/grantsgov/complete_package.asp#424)

Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative \* Date Signed

20. Pre-application