Department of Health and Human Services
Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

LEAVE BLANK—FOR PHS USE ONLY.

Type	Activity	Number
Review Group		Formerly
Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION ☐ NO ☐ YES
(If "Yes," state number and title)
Number: Title:

3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR — **New Investigator** ☐ **No** ☐ **Yes**

3a. NAME (Last, first, middle)

3b. DEGREE(S)

3h. eRA Commons User Name

3c. POSITION TITLE

3d. MAILING ADDRESS *(Street, city, state, zip code)*

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX *(Area code, number and extension)*
TEL: FAX:

E-MAIL ADDRESS:

4. HUMAN SUBJECTS RESEARCH ☐ No ☐ Yes

4a. Research Exempt ☐ No ☐ Yes If "Yes," Exemption No.

4b. Federal-Wide Assurance No. FWA00001970

4c. Clinical Trial ☐ No ☐ Yes

4d. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes

5. VERTEBRATE ANIMALS ☒ No ☐ Yes

5a. Animal Welfare Assurance No A-3621-01

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs ($)	7b. Total Costs ($)	8a. Direct Costs ($)	8b. Total Costs ($)

9. APPLICANT ORGANIZATION

Name The Research Foundation of SUNY

Address
Office for Sponsored Programs
University at Albany, MSC312
1400 Washington Avenue
Albany, NY 12222

10. TYPE OF ORGANIZATION

Public: → ☐ Federal ☐ State ☐ Local

Private: → ☒ Private Nonprofit

For-profit: → ☐ General ☐ Small Business

☐ Woman-owned ☐ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER
1-1460-13200-F-3

DUNS NO 152652822 Cong. District 21

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name Robert O. Webster

Title Director

Address Office for Sponsored Programs
University at Albany, MSC312
1400 Washington Avenue
Albany, NY 12222

Tel: (518) 437-4550 FAX: (518) 437-4560

E-Mail: resadmin@uamail.albany.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

Name Pick One

Title Research Administrator

Address Office for Sponsored Programs
University at Albany, MSC312
1400 Washington Avenue
Albany, NY 12222

Tel: (518) 437-4550 FAX: (518) 437-4560

E-Mail: Pick One

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13. *(In ink. "Per" signature not acceptable.)*

DATE

Print all forms actual size to meet formatting specifications. Make sure "Shrink oversized pages to paper size" is NOT checked on Print window. (This reminder will not appear on the printed form.)