

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—FOR PHS USE ONLY.				
		Type	Activity	Number		
		Review Group		Formerly		
		Council/Board (Month, Year)		Date Received		
1. TITLE OF PROJECT (<i>Do not exceed 81 characters, including spaces and punctuation.</i>)						
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If "Yes," state number and title</i>) Number: _____ Title: _____						
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes			
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name		
3c. POSITION TITLE		3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>) E-MAIL ADDRESS:				
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT						
3f. MAJOR SUBDIVISION						
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: _____ FAX: _____						
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		If "Yes," Exemption No. _____		
4b. Federal-Wide Assurance No. _____		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No. _____			
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>) From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT		
		7a. Direct Costs (\$)		7b. Total Costs (\$)		
		8a. Direct Costs (\$)		8b. Total Costs (\$)		
9. APPLICANT ORGANIZATION Name Thomas Jefferson University Address 201 S. 11th Street Martin Building, Room 303 Philadelphia, PA 19107-5595			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged			
			11. ENTITY IDENTIFICATION NUMBER 1-231352651 DUNS NO. 053284659 Cong. District 01			
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Jeanmarie Johnston Title Assistant to the Director Address Thomas Jefferson University 201 S. 11th Street, Martin Building, Room 303 Philadelphia, PA 19107-5595 Tel: 215-503-6976 FAX: 215-503-2365 E-Mail: resadmin@jefferson.edu			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Susan K. Stearsman Title Director Address Thomas Jefferson University 201 S. 11th Street, Martin Building, Room 303 Philadelphia, PA 19107-5595 Tel: 215-503-6976 FAX: 215-503-2365 E-Mail: resadmin@jefferson.edu			
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. (<i>In ink. "Per" signature not acceptable.</i>)		DATE	