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)* E-MAIL
TEL: FAX:
ADDRESS:

4. HUMAN SUBJECTS RESEARCH ☐ No ☐ Yes
4a. Research Exempt ☐ No ☐ Yes If "Yes," Exemption No.
4b. Federal-Wide Assurance No.
4c. Clinical Trial ☐ No ☐ Yes
4d. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes

5. VERTEBRATE ANIMALS ☐ No ☐ Yes
5a. Animal Welfare Assurance No.

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*
From Through

7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD
7a. Direct Costs ($) 7b. Total Costs ($)

8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
8a. Direct Costs ($) 8b. Total Costs ($)

9. APPLICANT ORGANIZATION
Name Thomas Jefferson University
Address Sheridan Building, 2nd Floor
125 South 9th Street
Philadelphia, PA 19107-5595

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
1-231352651
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
Sheridan Building, 2nd Floor - 125 South 9th Street
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
Sheridan Building, 2nd Floor
125 South 9th Street
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. *(In ink. "Per" signature not acceptable.)*
DATE