Form Approved Through 11/30/2010 OMB No. 0925-0001

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. FWA00004028

4c. Clinical Trial ☐ No ☐ Yes

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

5. VERTEBRATE ANIMALS ☐ No ☐ Yes

5a. Animal Welfare Assurance No A3079-01

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 Trustees of the University of Pennsylvania

Address
Office of Research Services
3451 Walnut Street, Room P-221
Philadelphia PA 19104-6205

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
1231352685A1

DUNS NO 04-225-0712 Cong. District PA 2nd

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name Pamela S. Caudill

Title Associate Vice Provost for Research Services

Address Office of Research Services
3451 Walnut Street, Room P-221
Philadelphia PA 19104-6205

Tel: 215-898-7293 FAX: 215-898-9708

E-Mail: PennAORs@lists.upenn.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

Name Deborah Fisher

Title Director, Preaward Administration

Address Office of Research Services
3451 Walnut Street, Room P-221
Philadelphia PA 19104-6205

Tel: 215-898-7293 FAX: 215-898-9708

E-Mail: PennAORs@lists.upenn.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

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