

Department of Health and Human Services Public Health Service 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> Time Travel Traditional II					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i> Number: Title:					
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR			New Investigator <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3a. NAME (Last, first, middle) Brown, Emmett		3b. DEGREE(S) BS, PhD		3h. eRA Commons User Name ebrown	
3c. POSITION TITLE Chief Scientist		3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> 123 Main Street Hill Valley, CA 90210 E-MAIL ADDRESS: doc@fluxcapacitor.com			
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT Research					
3f. MAJOR SUBDIVISION Main					
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i> TEL: 123 456 7890 FAX:					
4. HUMAN SUBJECTS RESEARCH No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		4b. Human Subjects Assurance No. 111111		5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
		4c. Clinical Trial <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	4d. NIH-defined Phase III Clinical Trial <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	5a. If "Yes," IACUC approval Date Pending	5b. Animal welfare assurance no. 22222
4a. Research Exempt No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		If "Yes," Exemption No.			
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From 01/31/05	Through 07/31/09	7a. Direct Costs (\$) 993,002	7b. Total Costs (\$) 1,241,253	8a. Direct Costs (\$) 5,147,542	8b. Total Costs (\$) 6,434,429
9. APPLICANT ORGANIZATION Name BrownCo Address 123 Main Street Hill Valley, CA 90210			10. TYPE OF ORGANIZATION Public: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: <input checked="" type="checkbox"/> Private Nonprofit For profit: <input checked="" type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER DUNS NO. 123456 Cong. District 99		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Martin J McFly Title Sidekick Address 123 Main Street Hill Valley, CA 90210 Tel 901-448-2740 FAX E-Mail mcfly@brownco.com			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name George McFly Title Supporting Cast Address 123 Main Street Hill Valley, CA 90210 Tel 123 456 7890 FAX E-Mail gmcfly@flux.com		
14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: 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. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.			SIGNATURE OF PI/PD NAMED IN 3a. <i>(In ink. "Per" signature not acceptable.)</i>		DATE
15. 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