Form Approved Through 09/30/2007 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. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

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)*
3500 Camp Bowie Boulevard
Fort Worth, TX 76107-2699

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

4b. Human Subjects Assurance No. FWA00005755

4c. Clinical Trial ☐ No ☐ Yes

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

4a. Research Exempt ☐ No ☐ Yes

If "Yes," Exemption No.

5. VERTEBRATE ANIMALS ☐ No ☐ Yes

5a. If "Yes," IACUC approval Date

5b. Animal welfare assurance no. A3711-01

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 University of North Texas Health Science Center
Address 3500 Camp Bowie Boulevard
Fort Worth, TX 76107-2699

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
1-756064033-A1
DUNS NO. 11-009-1808 Cong. District 12th

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name LeAnn S. Forsberg
Title Director, Office of Grant and Contract Management
Address 3500 Camp Bowie Boulevard
Fort Worth, TX 76107-2699
Tel: (817) 735-5073 FAX: (817) 735-0375
E-Mail: lforsber@hsc.unt.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name LeAnn S. Forsberg
Title Dir, Office of Grant and Contract Management
Address 3500 Camp Bowie Boulevard
Fort Worth, TX 76107-2699
Tel: (817) 735-5073 FAX: (817) 735-0375
E-Mail: lforsber@hsc.unt.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