

# UNTHSC-Specific Information for SF424 Cover Component

**1. Type of Submission**

– Check *Application*

**2-4 Leave Blank for New Submission**

**5. Applicant Information**

This information is for the Applicant Organization, not a specific individual.

Field Name	Instructions
Organizational DUNS	Enter UNTHSC's DUNS number 110091808
Legal Name	UNT Health Science Center at Fort Worth
Department	Ex: Biostatistics, Cell Biology & Genetics, Internal Medicine
Division	Ex: Grad School of Biomedical Sci, TCOM, School of Public Health
Street1	3500 Camp Bowie Blvd
City	Fort Worth
County	Tarrant
State	TX
ZIP Code	76107-2699
Country	USA

**Person to be contacted on matters involving this application:**

This information is for the Administrative or Business Official, not the PD/PI. This person is the individual to be notified if additional information is needed and/or if an award is made.

Field Name	Instructions
First Name	LeAnn
Last Name	Forsberg
Phone Number	817-735-5073
Fax Number	817-735-0375
Email	lforsber@hsc.unt.edu

## 6. Employer Identification

Enter **1756064033A1**

## 7. Type of Applicant

This information is for the Applicant Organization, not a specific individual.

Field Name	Instructions
Type of Applicant	Select "H. Public/State Controlled Institution of Higher Education" from the drop-down list.

## 8. Type of Application

Field Name	Instructions
Type of Application	<p>Select the type from the following list. Check only one:</p> <ul style="list-style-type: none"><li>• New: An application that is being submitted to an agency for the first time.</li><li>• Resubmission: An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration.</li><li>• Renewal: An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.</li><li>• Continuation: A non-competing application for an additional funding/budget period within a previously approved project period.</li><li>• Revision: An application that proposes a change in<ol style="list-style-type: none"><li>1) the Federal Government's financial obligations or contingent liability from an existing obligation, or</li><li>2) any other change in the terms and conditions of the existing award.</li></ol></li></ul> <p>Existing definitions for NIH and other PHS agencies Type of Application are somewhat different:</p> <ul style="list-style-type: none"><li>• New is the same. Check this option when submitting an application for the first time.</li><li>• Resubmission is equivalent to NIH and other PHS agencies Revision. Check this option when submitting a revised or amended application.</li><li>• Renewal is equivalent to NIH and other PHS agencies Competing Continuation.</li><li>• Continuation is equivalent to NIH and other PHS agencies Progress Report. For the purposes of NIH and other PHS agencies, the box for Continuation will <b>not</b> be used and should <b>not</b> be checked.</li><li>• Revision is somewhat equivalent to NIH and other PHS</li></ul>

Field Name	Instructions
	agencies Supplement, but would also include other changes as noted in the definition above. In general, changes to the “terms and conditions of the existing award” (as noted in example 2 above) would not require the submission of another application through Grants.gov. Applicants should contact the awarding agency for advice on submitting any revision/supplement application.
If Revision, Enter Appropriate Letter(s) in Box(es)	If application is a revision, check the appropriate box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other
Other (Specify)	If <i>E. Other</i> was selected as the Revision, enter text to explain.
Is this application being submitted to other agencies?	Check the box, if applicable.
What Other Agencies?	Enter Agency name(s).

### 9. Name of Federal Agency

This field is pre-filled.

### 10. Catalog of Federal Domestic Assistance (CFDA) Number and Title (CFDA)

These fields are pre-filled.

This field may be blank if you are applying to an opportunity that references multiple CFDA numbers. When this field is blank, leave it blank; the field will not allow any data entry. The appropriate CFDA number will be automatically assigned by the agency once the application is assigned to the appropriate awarding component.

### 11. Descriptive Title of Applicant’s Project

Enter a brief descriptive title of the project.

A “new” application must have a different title from any other PHS project with the same PD/PI.

A “resubmission” or “renewal” application should normally have the same title as the previous grant or application. If the specific aims of the project have significantly changed, choose a new title.

A “revision” application must have the same title as the currently funded grant.

NIH and other PHS agencies limit title character length to 81 characters, including the spaces between words and punctuation. Titles in excess of 81 characters will be truncated.

An SBIR/STTR Phase II application should have the same title as the previously awarded Phase I grant.

### 12. Areas Affected by Project (Cities, Counties, States, Etc.)

For NIH applications, enter “N/A” for not applicable.

### 13. Start Date and Ending Date

Enter the proposed start date of the project in the Start Date field. Enter the proposed end date in the Ending Date field. Use the following format: MM/DD/YYYY.

### 14. Congressional District Applicant and Congressional District Project

Enter TX-012

### 15. Project Director/Principal Investigator (PD/PI) Contact Information

Name the one person responsible to the applicant small business concern for the scientific and technical direction of the project. PHS staff conduct official business only with the named PDs/PIs and organizational/institutional officials. A revision/supplemental application must have the same PD/PI as the currently funded grant.

Field Name	Instructions
First Name	Enter the first (given) name of the PD/PI.
Last Name	Enter the last (family) name of the PD/PI.
Suffix	Select from the list the suffix, if any, of the PD/PI. <b>Do not use this field to record degrees. Degrees for the PD/PI are requested separately in the PHS398 Cover Page Supplement.</b>
Position/Title	Enter the title of the PD/PI.
Organization Name	UNT Health Science Center at Fort Worth
Department	Ex: Biostatistics, Cell Biology & Genetics, Internal Medicine
Division	Ex: Grad School of Biomedical Sci, TCOM, School of Public Health
Street1	3500 Camp Bowie Blvd
City	Fort Worth
County	Tarrant
State	TX
ZIP Code	76107-2699
Country	USA
Phone Number	Enter the daytime telephone number for the PD/PI. This field is required.
Fax Number	Enter the fax number for the PD/PI.
Email	Enter the email address for the PD/PI. This field is required.

## 16. Estimated Project Funding

Field Name	Instructions
Total Estimated Project Funding	Enter the total Federal funds requested for the entire project period.
Total Federal & Non-Federal Funds	Enter the total estimated funds for the entire project period, including both Federal and non-Federal funds.  <b>For NIH and other PHS agencies</b> applicants, this field will be the same as item 16a unless the specific announcement indicates that cost sharing is a requirement.
Estimated Program Income	Identify any Program Income estimated for this project period, if applicable.

## 17. Is Application Subject to Review by State Executive Order 12372 Process?

**For NIH and other PHS agencies** submissions using the SF424 (R&R), applicants should check “No, Program is not covered by E.O. 12372.”

If yes, check the “Yes” box. If the announcement indicates that the program is covered under Executive Order 12372, you should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372.

Ms. Denise S. Francis, State Single Point of Contact  
Governor's Office of Budget, Planning and Policy  
State Grants Team  
email: [df Francis@governor.state.tx.us](mailto:df Francis@governor.state.tx.us)  
phone: 512-305-9415  
fax: 512-936-2681

If no, check the appropriate box. This field is required.

## 18. Complete Certification

Check the “I agree” box to provide the required certifications and assurances. This field is required.

## 19. Authorized Representative

This is equivalent to the individual with the organizational authority to sign for an application; otherwise known as the Authorized Organizational Representative or the Signing Official.

Field Name	Instructions
Prefix	Ms.
First Name	LeAnn
Middle Name	S.
Last Name	Forsberg
Position/Title	Director
Organization	UNT Health Science Center at Fort Worth

Field Name	Instructions
Department	Grant and Contract Mgmt
Division	Research and Biotechnology
Street1	3500 Camp Bowie Blvd
Street2	(Leave Blank)
City	Fort Worth
County	Tarrant
State	TX
Province	(Leave Blank)
Country	(Should default to USA)
ZIP Code	76107-2699
Phone Number	817-735-5073
Fax Number	817-735-0375
Email	lforsber@hsc.unt.edu
Signature of Authorized Representative	Completed on submission to Grants.gov
Date Signed	Completed on submission to Grants.gov