

Face Page

| TITLE OF PROPOSED RESEARCH: | |
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| 1. CATALOG OF FEDERAL DOMESTIC ASSISTANCE # 81.049 | ORGANIZATION TYPE: Local Govt. Non-Profit Hospital |
| 2. CONGRESSIONAL DISTRICT: Applicant Organization's District: Project Site's District: | Indian Tribal Govt. Individual Other Inst. of Higher Educ. For-Profit |
| 3A. I.R.S. ENTITY IDENTIFICATION OR SSN: | Small Business Women-Owned Disadvan. Business 8(a) |
| 3B. DUNS Number: | 9. CURRENT DOE AWARD # (IF APPLICABLE): |
| 4. AREA OF RESEARCH OR ANNOUNCEMENT TITLE/#: | 10.WILL THIS RESEARCH INVOLVE: 10A.Human Subjects No If yes Exemption No |
| 5. HAS THIS RESEARCH PROPOSAL BEEN SUBMITTED TO ANY OTHER FEDERAL AGENCY? YES NO | IRB Approval Date Assurance of Compliance No: 10B.Vertebrate Animals No If yes IACUC Approval Dateo Animal Welfare Assurance No: |
| PLEASE LIST | 11. AMOUNT REQUESTED FROM DOE FOR ENTIRE PROJECT PERIOD \$ |
| 6. DOE/OER PROGRAM STAFF CONTACT (if known): | 12. DURATION OF ENTIRE PROJECT PERIOD: |
| 7. TYPE OF APPLICATION: New Renewal Continuation Revision Supplement | 13. REQUESTED AWARD START DATE MM/DD/YY 14. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes (attach an explanation) No |
| 15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR NAME TITLE ADDRESS | 16.ORGANIZATION'S NAME ADDRESS |
| PHONE NUMBER | CERTIFYING REPRESENTATIVE'S NAME TITLE PHONE NUMBER |
| SIGNATURE OF PRINCIPAL INVESTIGATOR/ PROGRAM DIRECTOR (please type in full name if electronically submitted) Date | SIGNATURE OF ORGANIZATION'S CERTIFYING REPRESENTATIVE (please type in full name if electronically submitted) Date |
| PI/PD ASSURANCE: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this submission. Willful provision of false information is a criminal offense. (U.S. Code, Title 18, Section 1001). | CERTIFICATION and ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with DOE terms and conditions if an award is made as the result of this submission. A willfully false certification is a criminal offense. (LLS CODE Title 18 Section 1001) |

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