APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier [redacted]

*Not needed for new applications

5. APPLICANT INFORMATION *** Organizational DUNS:** 782627814

* Legal Name: Louisiana State University Health Sciences Center - N.O.

Department: Office of Research Services Division: Chancellor's Office

* Street1: 433 Bolivar Street Street2:

* City: New Orleans County: * State: LA: Louisia

Province: * Country: JNITED ST * ZIP / Postal Code: 70112

Person to be contacted on matters involving this application

Prefix: * First Name: Kenneth Middle Name: E. * Last Name: Kratz Suffix: PhD

* Phone Number: 504-568-4970 Fax Number: 504-568-8808 Email: kkratz@lsuhsc.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):*

1726087770A4

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☐ New

☐ Resubmission ☑ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other *(specify)*

* Is this application being submitted to other agencies? Yes ☐ No ☑

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: (max = 81 characters)

[redacted]

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*

World

13. PROPOSED PROJECT:

* Start Date [redacted] * Ending Date [redacted]

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant LA-002 b. * Project LA-002

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: [redacted] Middle Name: [redacted] * Last Name: [redacted] Suffix: [redacted]

Position/Title: Associate Professor * Organization Name: Louisiana State University Health Sciences Center - N.O.

Department: [redacted] Division: Medicine

* Street1: [redacted] Street2:

* City: New Orleans County: * State: LA: Louisia

Province: * Country: JNITED ST * ZIP / Postal Code: 70112

* Phone Number: 504-568-[redacted] Fax Number: 504-56[redacted] * Email: [redacted]

OMB Number: 4040-0001

Expiration Date: 04/30/2008

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16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: [illegible]

b. * Total Federal & Non-Federal Funds: [illegible]

c. * Estimated Program Income: 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☑ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☑ *** I agree**

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

19. Authorized Representative

Prefix: Dr. | * First Name: Joseph | Middle Name: M. | * Last Name: Moerschbaecher | Suffix: III

* Position/Title: Vice Chancellor, Acad. Affairs | * Organization: Louisiana State University Health Sciences Center - N.O.

Department: Chancellor's Office | Division: Academic Affairs

* Street1: 433 Bolivar Street, Rm 824 | Street2:

* City: New Orleans | County: | * State: LA: Louisia

Province: | * Country: JNITED ST | * ZIP / Postal Code: 70112

* Phone Number: 504-568-4804 | Fax Number: 504-568-5588 | * Email: ERA_SO_ACCT@lsuhsc.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application [Add Attachment] [Delete Attachment] [View Attachment]

21. Attach an additional list of Project Congressional Districts if needed.

[Add Attachment] [Delete Attachment] [View Attachment]

OMB Number: 4040-0001

Expiration Date: 04/30/2008