

Application Information ?

Tips:

- Complete this form first. Some information is forward populated to other forms.
- Multi-project applications - For the Overall component, complete the entire form. For other components, you will only be able to complete a subset of fields (Applicant Information, Type of Applicant - optional, Descriptive Title of Applicant's Project and Proposed Project Start/End Dates). Expand All will expose fields available for data entry.

Summary	R&R Cover	Cover Page Supplement	Other Project Information	Sites	Sr/Key Person Profile	R&R Budget	R&R Subaward Budget	Modular Budget	Research Plan	Human Subjects and Clinical Trials	Assignment Request Form
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Application for Federal Assistance

SF 424 (R&R) v2.0 ?

OMB Number: 4040-0001
Expiration Date: 10/31/2019

Edit

Expand All * Required field(s)

1. * TYPE OF SUBMISSION

* Type of Submission Pre-Application Application Changed/Corrected Application

2. DATE SUBMITTED

Date Submitted

Applicant Identifier

3. DATE RECEIVED BY STATE

Date Received by State

State Application Identifier

4. A. FEDERAL IDENTIFIER / 4. B. AGENCY ROUTING IDENTIFIER / 4. C. PREVIOUS TRACKING IDENTIFIER

Federal Identifier

← **Required for Resubmission and Renewal**

Agency Routing Identifier

Previous Grants.gov Tracking ID

5. * APPLICANT INFORMATION

* Organizational DUNS	0750507650000
* Legal Name	Louisiana State University and A&M College
Department	Office of Sponsored Programs
Division	
* Street 1	202 Himes Hall
Street 2	
* City	Baton Rouge
County/Parish	
State	Louisiana
Province	
* Country	UNITED STATES
Zip/Postal Code	708030001

Person to be contacted on matters involving this application

Prefix Mrs.
* First Name Darya
Middle Name
* Last Name Courville
Suffix
Position/Title Executive Director, Sponsored Programs
* Street 1 202 Himes Hall
Street 2
* City Baton Rouge
County/Parish
State Louisiana
Province
* Country UNITED STATES
Zip/Postal Code 708030001
* Phone Number 225-578-2760
Fax Number 225-578-2751
Email osp@lsu.edu

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

* Employer Identification 1726000848A1 ← Unique to NIH

7. * TYPE OF APPLICANT

* 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).

Check Resubmissions or Renewal as appropriate

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

* Name of Federal Agency National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

Catalog of Federal Domestic
Assistance Number
Title

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

* Descriptive Title of Applicant's Project This is the official title of the proposal (Limited to 200 characters including spaces and punctuation)

12. * PROPOSED PROJECT

* Start Date 07/01/2018
* Ending Date 06/30/2020

Make sure dates match the budget pages.

13. * CONGRESSIONAL DISTRICT OF APPLICANT

* Congressional District of Applicant LA-006
(e.g. CA-012, outside the U.S.
enter 00-000)

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* Congressional District of Applicant LA-006
(e.g. CA-012, outside the U.S.
enter 00-000)

14. * PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

The PD/PI Contact Information on the SF 424 (R&R) Cover is populated from the PROFILE - Project Director/Principal Investigator on the Research and Related Senior/Key Person Profile (Expanded) form. If you wish to change these items, please do so on the Research and Related Senior/Key Person Profile (Expanded) form; you will not be able to edit the response here.

Prefix Dr.
* First Name PI First Name
Middle Name
* Last Name PI Last Name
Suffix
* Position/Title PI Title
* Organization Name LOUISIANA STATE UNIVERSITY A&M COLLEGE
Department
Division
* Street 1 PI Address
Street 2
* City BATON ROUGE
County/Parish
* State Louisiana
Province
* Country UNITED STATES
* Zip/Postal Code 708030001
* Phone Number PI Phone Number
Fax Number PI Fax Number
* Email PI_email@lsu.edu

15. * ESTIMATED PROJECT FUNDING

* a. Total Federal Funds Requested	400,000.00
* b. Total Non-Federal Funds	0.00
* c. Total Federal & Non-Federal Funds	400,000.00
* d. Estimated Program Income	0.00

See FOA requirements. If not applicable, answer "Program is Not Covered..." If applicable, answer "Program has not been selected..."

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

- a. * Yes This pre-application/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

17. 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 218, 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.

18. SFLLL (DISCLOSURE OF LOBBYING ACTIVITIES) OR OTHER EXPLANATORY DOCUMENTATION

SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

[View Attachment](#)

19. * AUTHORIZED REPRESENTATIVE

Prefix Mrs.

* First Name Darya

Middle Name

* Last Name Courville

Suffix

* Position/Title Executive Director, Sponsored Programs

* Organization Louisiana State University and A&M College

Department Office of Sponsored Programs

Division

* Street 1 202 Himes Hall

Street 2

* City Baton Rouge

County/Parish

* State Louisiana

Province

* Country UNITED STATES

* Zip/Postal Code 708030001

* Phone Number 225-578-2760

Fax Number 225-578-2751

* Email osp@lsu.edu

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

* Date Signed 01/29/2018

20. PRE-APPLICATION

Pre-application

[View Attachment](#)

21. COVER LETTER ATTACHMENT

Cover Letter Attachment

[View Attachment](#)

Required for some FOAs. Use new optional PHS Assignment Request Form to request assignment to a particular institute and/or Study Section, provide reviewer conflicts or interest, etc.