

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	W81XWH-18-PCRP-HDRA
Opportunity Title:	DoD Prostate Cancer, Health Disparity Research Award
Opportunity Package ID:	PKG00243239
CFDA Number:	12.420
CFDA Description:	Military Medical Research and Development
Competition ID:	
Competition Title:	
Opening Date:	06/19/2018
Closing Date:	10/11/2018
Agency:	Dept. of the Army -- USAMRAA
Contact Information:	CDMRP Help Desk Phone: 301-682-5507 Email: help@eBRAP.org

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00168220
Application Filing Name:	Example Application
DUNS:	0750507650000
Organization:	LOUISIANA STATE UNIVERSITY
Form Name:	SF424 (R & R)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Aug 01, 2018 09:17:51 AM EDT
Form State:	No Errors

FORM ACTIONS:

CHECK FOR ERRORS

SAVE

PRINT

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS:

0750507650000

Legal Name: Louisiana State University and A&M College

Department:

Division:

Street1: 202 Himes Hall

Street2:

City: Baton Rouge

County / Parish:

State: LA: Louisiana

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 70803-0001

Person to be contacted on matters involving this application

Prefix: Mrs. First Name: Darya

Middle Name:

Last Name: Courville

Suffix:

Position/Title:

Street1: 202 Himes Hall

Street2:

City: Baton Rouge

County / Parish:

State: LA: Louisiana

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 70803-0001

Phone Number: 225-578-2760

Fax Number: 225-578-2751

Email: osp@lsu.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 726000848

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:

Dept. of the Army -- USAMRAA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 12.420

TITLE: Military Medical Research and Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

This is the official title of the proposal (check your RFP or the federal agency's general guidelines to see if there are character limits)

12. PROPOSED PROJECT:

Start Date

Ending Date

10/01/2018

09/30/2019

13. CONGRESSIONAL DISTRICT OF APPLICANT

LA-006

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization Name:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

See FOA requirements. For EPA, if applicable answer "yes". For non-EPA, if applicable, answer "No-Program has not been selected..." If not applicable, answer "No-Program is No Covered..."

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	0.00
d. Estimated Program Income	0.00

16. 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

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 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization:
 Department: Division:
 Street1:
 Street2:
 City: County/Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment