

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;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

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 614209054

\* Legal Name: University of Connecticut

Department: Office for Sponsored Programs

Division: 

\* Street1: 438 Whitney Road Ext., Unit 1133

Street2: 

\* City: Storrs

County: Tolland

\* State: CT

\* ZIP Code: 06269-1133

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

 Antje

Harnisch

Ph.D.

\* Phone Number: 860-486-3622

Fax Number: 860-486-3726

Email: preaward@uconn.edu

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

06-0772160

## 7. \* TYPE OF APPLICANT:

F. State Controlled Institution of Higher Education

Other (Specify):

## Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged8. \* 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) 

## 9. \* NAME OF FEDERAL AGENCY:

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

\* Is this application being submitted to other agencies? Yes  No What other Agencies? TITLE: 

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CT-002

CT-002

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Position/Title:

\* Organization Name:

University of Connecticut

Department:

Division:

\* Street1:

Street2:

\* City: Storrs

County: Tolland

\* State: CT

\* ZIP Code: 06269

\* Country: USA

\* Phone Number: Fax Number: \* Email: 

OMB Number: 4040-0001

Expiration Date: 04/30/2008

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text"/></p> <p>c. * Estimated Program Income <input type="text"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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**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:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative \* Date Signed

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**20. Pre-application**

