

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 0054368030000

* Legal Name: Northwestern University

Department: Office for Sponsored Research Division: Chicago Campus

* Street1: 750 North Lake Shore Drive

Street2: Rubloff Building, 7th Floor

* City: Chicago County: Cook

* State: IL: Illinois Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 60611

Person to be contacted on matters involving this application

Prefix: * First Name: Your Grant and Contract Officer Middle Name:

* Last Name: Suffix:

* Phone Number: 312-503-xxxx Fax Number: 312-503-2234

Email: xxx@northwestern.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1362167817A1

7. * TYPE OF APPLICANT: O: Private 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:
Project Title (is limited to 81 characters, including spaces)

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) N/A	13. PROPOSED PROJECT: * Start Date: 07/01/2009 * Ending Date: 06/30/2013	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: IL-007 b. * Project: IL-007
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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Jane Middle Name:

* Last Name: Doe Suffix: M.D.

Position/Title: Professor

* Organization Name: Northwestern University

Department: Medicine Division: Feinberg School of Medicine

* Street1: 710 N. Fairbanks Court

Street2: 8th Floor

* City: Chicago County: Cook

* State: IL: Illinois Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 60611

* Phone Number: 312-503-xxxx Fax Number: 312-503-xxxx

* Email: xxx@northwestern.edu

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text" value="2,420,411.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="2,420,411.00"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</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 style="width:100px;" 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: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

*** Signature of Authorized Representative** *** Date Signed**

20. Pre-application

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