

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: 160079455

* Legal Name: Northwestern University

Department: Office for Sponsored Research Division: Evanston Campus

* Street1: 633 Clark St. Street2: Crown Center, Room # 2-502

* City: Evanston County: Cook * State: IL: Illinois

Province: * Country: UNITED ST * ZIP / Postal Code: 60208

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Susan G. Ross

* Phone Number: 847-491-3003 Fax Number: 847-491-4800 Email: OSR-Evanston@northwestern.edu

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

1362167817A1

7. * TYPE OF APPLICANT:

O: Private Institution of Higher Education

Other (Specify):

Women Owned Socially and Economically Disadvantaged

Small Business Organization Type

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:

93.279

TITLE: Drug Abuse and Addiction Research Programs

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Project Title

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

N/A

13. PROPOSED PROJECT:

* Start Date * Ending Date

07/01/2007 06/30/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

IL-009 IL-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. Jane A. Doe MD

Position/Title: Assistant Professor * Organization Name: Northwestern University

Department: Chemistry Division: Evanston Campus

* Street1: 2145 Sheridan Road Street2: # 200

* City: Evanston County: Cook * State: IL: Illinois

Province: * Country: UNITED ST * ZIP / Postal Code: 60208

* Phone Number: 847-XXX-XXXX Fax Number: 847-XXX-XXXX * Email: j-doe@northwestern.edu

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text" value="377,500.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="377,500.00"/></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:</p> <p>DATE: _____</p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><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: <input type="text" value="Ms."/>	* First Name: <input style="width:200px;" type="text" value="Susan"/>	Middle Name: <input style="width:200px;" type="text" value="G."/>	* Last Name: <input style="width:200px;" type="text" value="Ross"/>	Suffix: <input type="text"/>
* Position/Title: <input style="width:200px;" type="text" value="Director"/>	* Organization: <input style="width:400px;" type="text" value="Northwestern University"/>			
Department: <input style="width:200px;" type="text" value="Office for Sponsored Research"/>	Division: <input style="width:200px;" type="text" value="Evanston Campus"/>			
* Street1: <input style="width:200px;" type="text" value="633 Clark St."/>	Street2: <input style="width:200px;" type="text" value="Crown Center, Room # 2-502"/>			
* City: <input style="width:150px;" type="text" value="Evanston"/>	County: <input style="width:150px;" type="text" value="Cook"/>	* State: <input style="width:100px;" type="text" value="IL: Illinois"/>		
Province: <input type="text"/>	* Country: <input style="width:100px;" type="text" value="UNITED ST"/>	* ZIP / Postal Code: <input style="width:100px;" type="text" value="60208"/>		
* Phone Number: <input style="width:150px;" type="text" value="847-491-3003"/>	Fax Number: <input style="width:150px;" type="text" value="847-491-4800"/>	* Email: <input style="width:200px;" type="text" value="OSR-Evanston@northwestern.edu"/>		

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

20. Pre-application

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