

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier 106-1666
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: 1539267120000

* Legal Name: University of Massachusetts Amherst

Department: c/o Grant & Contract Admin. Division:

* Street1: Research Admin. Bldg. Street2: 70 Butterfield Terrace

* City: Amherst County: Hampshire * State: MA * ZIP Code: 01003-9242

* Country: USA

Person to be contacted on matters involving this application

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

Ms. Carol Sprague

* Phone Number: 413-545-0698 Fax Number: 413-545-1202 Email: ogca@research.umass.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
04-3167352B5

7. * TYPE OF APPLICANT:
F: State-Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

Other (Specify):
 Women Owned Socially and Economically Disadvantaged

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:
National Institutes of Health ?

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
93.113
TITLE: Biological Response to Environmental Health Hazards

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Title of your proposal

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
global, name of country, county, city

13. PROPOSED PROJECT:
* Start Date: 04/20/2007 * Ending Date: 04/19/2009

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: MA-001 b. * Project: MA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Dr. PI First name PI MI PI Last Name

Position/Title: Professor * Organization Name: University of Massachusetts Amherst

Department: Academic department Division: College Name

* Street1: Building Street2: Street if applicable

* City: Amherst County: Hampshire * State: MA * ZIP Code: 01003-9242

* Country: USA

* Phone Number: PI Phone Fax Number: PI Fax * Email: PI Email

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	150,000.00
b. * Total Federal & Non-Federal Funds	150,000.00
c. * Estimated Program Income	0.00

17. * 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

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:
Ms.	Carol		Sprague	
* Position/Title:	* Organization:			
Director	University of Massachusetts Amherst			
Department:	Division:			
Grant and Contract Admin.				
* Street1:	Street2:			
Research Administration Bldg.	70 Butterfield Terrace			
* City:	County:	* State:	* ZIP Code:	
Amherst	Hampshire	MA	01003-9242	
* Country:				
USA				
* Phone Number:	Fax Number:	* Email:		
413-545-0698	413-545-1202	sprague@research.umass.edu		

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

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