

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&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 Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0022573500000

* Legal Name: Syracuse University

Department: Office of Sponsored Programs

Division:

* Street1: 113 Bowne Hall

Street2:

* City: Syracuse

County: Onondaga

* State: NY

* ZIP Code: 13244

* Country: USA

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number: Fax Number: Email:

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

15-0532081

7. * TYPE OF APPLICANT:

L: Private 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:

NIH

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93.867

TITLE: Vision Research

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

What other Agencies?

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

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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Position/Title:

* Organization Name: Syracuse University

Department: Division: * Street1: Street2:

* City: Syracuse

County: Onondaga

* State: NY

* ZIP Code: 13244

* Country: USA

* Phone Number: Fax Number: * Email:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

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:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

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

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov

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20. Pre-application

Add Attachment

Delete Attachment

View Attachment