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| Form Approved Through 8/31/2015 OMB No. 0925-0001 |
| Department of Health and Human ServicesPublic Health ServicesGrant ApplicationDo not exceed character length restrictions indicated. | **LEAVE BLANK—FOR PHS USE ONLY**. |
| Type | Activity | Number |
| Review Group | Formerly |
| Council/Board (Month, Year) | Date Received |
| 1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*      |
| 2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION [ ]  NO [ ]  YES  *(If “Yes,” state number and title)* |
| Number: |       | Title: |       |
| **3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR** |
| 3a. NAME (Last, first, middle) | 3b. DEGREE(S) | 3h. eRA Commons User Name |
|       |       |       |       |       |
| 3c. POSITION TITLE      | 3d. MAILING ADDRESS *(Street, city, state, zip code)*(Enter PI's mailing information here) |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT      |
| 3f. MAJOR SUBDIVISION(Please enter PI's HOME department here) |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | E-MAIL ADDRESS:  |
| TEL: |       | FAX: |       |  @salud.unm.edu |
| 4. HUMAN SUBJECTS RESEARCH | 4a. Research Exempt  | If “Yes,” Exemption No. |
|  [ ]  No [ ]  Yes | [ ]  No [ ]  Yes |       |
| 4b. Federal-Wide Assurance No.  | 4c. Clinical Trial | 4d. NIH-defined Phase III Clinical Trial |
|  00003255 | [ ]  No [ ]  Yes |  [ ]  No [ ]  Yes |
| 5. VERTEBRATE ANIMALS [ ]  No [ ]  Yes | 5a. Animal Welfare Assurance No.  | A3350-01 |
| 6. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | 7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD | 8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT |
| From | Through | 7a. Direct Costs ($) | 7b. Total Costs ($) | 8a. Direct Costs ($) | 8b. Total Costs ($) |
|       |       |       |       |       |       |
| 9. APPLICANT ORGANIZATION | 10. TYPE OF ORGANIZATION |
| Name | University of New Mexico, Health Sciences Center | Public: **→** [ ]  Federal [x]  State [ ]  Local |
| Address | Financial ServicesMSC09 52201 University of New MexicoAlbuquerque, NM 87131-0001 | Private: **→** [ ]  Private Nonprofit |
| For-profit: **→** [ ]  General [ ]  Small Business [ ]  Woman-owned [ ]  Socially and Economically Disadvantaged |
| 11. ENTITY IDENTIFICATION NUMBER85-6000-642 |
| DUNS NO. | 829868723 | Cong. District | NM-001 |
| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | 13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION |
| Name | Rena Vinyard | Name | Rena Vinyard |
| Title | Director | Title  | Director |
| Address | Financial Services/Sponsored Projects OfficeMSC09 5220, 1 University of New MexicoAlbuquerque, NM 87131-0001 | Address | Financial Services/Sponsored Projects OfficeMSC09 5220, 1 University of New MexicoAlbuquerque, NM 87131-0001 |
| Tel: | (505) 272-6264 | FAX: | (505) 272-0159 | Tel: | (505) 272-6264 | FAX: | (505) 272-0159 |
| E-Mail: | HSC-Preaward@salud.unm.edu | E-Mail: | HSC-Preaward@salud.unm.edu |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | SIGNATURE OF OFFICIAL NAMED IN 13.*(In ink. “Per” signature not acceptable.)* | DATE      |

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