|  |
| --- |
| 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)*      |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT      |
| 3f. MAJOR SUBDIVISION      |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | E-MAIL ADDRESS:  |
| TEL: |       | FAX: |       |       |
| 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 |
| FWA00005756 | [ ]  No [ ]  Yes |  [ ]  No [ ]  Yes |
| 5. VERTEBRATE ANIMALS [ ]  No [ ]  Yes | 5a. Animal Welfare Assurance No.  | A3227-01 |
| 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 | Vanderbilt University Medical Center | Public: **→** [ ]  Federal [ ]  State [ ]  Local |
| Address | 3319 West End Avenue, Ste. 970Nashville, TN, 37203-1059 | Private: **→** [ ]  Private Nonprofit |
| For-profit: **→** [ ]  General [ ]  Small Business [ ]  Woman-owned [ ]  Socially and Economically Disadvantaged |
| 11. ENTITY IDENTIFICATION NUMBER1-352528741-A1 |
| DUNS NO. | 079917897 | Cong. District | TN-005 |
| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | 13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION |
| Name | D. Clinton Brown, MBA, CRA | Name | D. Clinton Brown, MBA, CRA |
| Title | Director, Office of Sponsored Programs | Title  | Director, Office of Sponsored Programs |
| Address | 3319 West End Avenue, Ste. 970Nashville, TN, 37203-1059 | Address | 3319 West End Avenue, Ste. 970Nashville, TN, 37203 |
| Tel: | (615) 875-6070 | FAX: | (615) 343-2447 | Tel: | (615) 875-6070 | FAX: | (615) 343-2447 |
| E-Mail: | sponsoredprograms@vanderbilt.edu | E-Mail: | sponsoredprograms@vanderbilt.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      |

PHS 398 (Rev. 08/12) Face Page Form Page 1