

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received:	4. Applicant Identifier:		
<input type="text" value="04/01/2017"/>	<input type="text"/>		
5a. Federal Entity Identifier:		5b. Federal Award Identifier:	
<input type="text"/>		<input type="text"/>	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
<input type="text"/>		<input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="Board of Regents of UW System for UW-Milwaukee"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:	
<input type="text" value="391805963"/> For projects to the Public Health Service (including NIH), please use the twelve character EIN identifier: 1-391805963-B5.		<input type="text" value="6279063990000"/>	
* d. Address:			
* Street1:	<input type="text" value="PO Box 340"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Milwaukee"/>		
County/Parish:	<input type="text" value="Milwaukee"/>		
* State:	<input type="text" value="WI: Wisconsin"/>		
Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text" value="53201-0340"/>		
* e. Organizational Unit:			
Department Name:		Division Name:	
<input type="text" value="PI Department"/>		<input type="text" value="PI Division"/>	
* f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text" value="Mr."/> <input type="text"/>	* First Name:	<input type="text" value="Thomas"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Marcussen"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Director"/>		
Organizational Affiliation:			
<input type="text" value="University of Wisconsin-Milwaukee"/>			
* Telephone Number:	<input type="text" value="414-229-4537"/>	Fax Number:	<input type="text" value="414-229-5000"/>
* Email:	<input type="text" value="grant-notice@uwm.edu"/>		

Items 3 through 5 may or may not be required. Please review the program guidelines for instructions.

For projects to the Public Health Service (including NIH), please use the twelve character EIN identifier: 1-391805963-B5.

Please use the 'grant-notice@uwm.edu' email for the Authorized Institutional Official. It will ensure the timely processing of award materials.

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*** 9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

WILL AUTOFILL OR REVIEW GUIDELINES

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

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*** 12. Funding Opportunity Number:**

WILL AUTOFILL OR REVIEW GUIDELINES

* Title:

WILL AUTOFILL OR REVIEW GUIDELINES

13. Competition Identification Number:

WILL AUTOFILL OR REVIEW GUIDELINES

Title:

WILL AUTOFILL OR REVIEW GUIDELINES

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Enter proposal title. Individual programs may also have specific requirements for project titles.

Please review the program guidelines for additional instructions regarding the project title. Typically, titles are limited in length and may not contain special characters.

Attach supporting documents as specified in agency instructions.

Items 10 through 13 will typically autofill from the granting agency. If these sections are blank, please review the sponsor guidelines for additional instructions.

Please review the specific program guidelines to determine whether these data are required.

Please review the program guidelines for additional instructions regarding the project title. Typically, titles are limited in length and may not contain special characters.

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If the program/project will occur outside the UWM campus, applicants must include all other areas impacted by the project. Congressional districts are denoted by the two letter state code and the three digit district number. A listing of all Congressional districts is available at <https://www.govtrack.us/congress/members>. To denote statewide activities, indicate "WI-ALL."

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="100,000.00"/>

Item a will align with the federal agency budget request.
Items b through e will align with any proposed contributions by the applicant(s) or other project partners/entities ("match funding").
Item f will only apply if your project will generate program income (which is unusual for most research projects).
Item g, the total project budget, should generate automatically, and sum lines a-f.

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

The response to this question will always be B or C. Please review the program guidelines for instructions.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *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 218, 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.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: