

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

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| 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input type="text"/> | <input type="text"/> |
| 4. a. Federal Identifier | <input type="text"/> |
| b. Agency Routing Identifier | <input type="text"/> |
| c. Previous Grants.gov Tracking ID | <input type="text"/> |

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| 1. TYPE OF SUBMISSION | |
| <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | |
| 2. DATE SUBMITTED | Applicant Identifier |
| <input type="text"/> | <input type="text"/> |

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| 5. APPLICANT INFORMATION | | UEI: JBQ9M3PLFDP5 |
| Legal Name: <input type="text" value="Brd of Regents of UW System for U of Wisconsin-Milwaukee"/> | | |
| Department: <input type="text"/> | | |
| Division: <input type="text"/> | | |
| Street1: <input type="text" value="PO Box 340"/> | | |
| Street2: <input type="text"/> | | |
| City: <input type="text" value="Milwaukee"/> County / Parish: <input type="text"/> | | |
| 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"/> | | |

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| Person to be contacted on matters involving this application | | |
| Prefix: <input type="text"/> | First Name: <input type="text" value="Kate"/> | Middle Name: <input type="text"/> |
| Last Name: <input type="text" value="Mollen"/> | Suffix: <input type="text"/> | |
| Position/Title: <input type="text" value="Director, Office of Sponsored Programs"/> | | |
| Street1: <input type="text" value="PO Box 340"/> | | |
| Street2: <input type="text"/> | | |
| City: <input type="text" value="Milwaukee"/> County / Parish: <input type="text"/> | | |
| 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"/> | | |
| Phone Number: <input type="text" value="414-229-4852"/> | Fax Number: <input type="text" value="414-229-5000"/> | |
| Email: <input type="text" value="grant-notice@uwm.edu"/> | | |

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| 6. EMPLOYER IDENTIFICATION (EIN) or (TIN): | <input type="text" value="39-1805963"/> |
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For projects to the Public Health Service (including NIH), use: 1-391805963-B5.

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| 7. TYPE OF APPLICANT: | <input type="text" value="H: Public/State Controlled Institution of Higher Education"/> |
| Other (Specify): <input type="text"/> | |
| Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged | |

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| 8. TYPE OF APPLICATION: | If Revision, mark appropriate box(es). |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission | <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration |
| <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | <input type="checkbox"/> E. Other (specify): <input type="text"/> |

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| Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/> |
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| 9. NAME OF FEDERAL AGENCY: | 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: |
| <input type="text" value="Will autofill"/> | TITLE: <input type="text"/> |

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| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: |
| <input type="text" value="Enter project title"/> |

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| 12. PROPOSED PROJECT: | 13. CONGRESSIONAL DISTRICT OF APPLICANT |
| Start Date <input type="text" value="Enter date"/> Ending Date <input type="text" value="Enter date"/> | <input type="text" value="WI-004"/> |

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization Name:

Department:

Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

15. ESTIMATED PROJECT FUNDING

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|--------------------------------------|---|
| a. Total Federal Funds Requested | <input type="text" value="1,000,000.00"/> |
| b. Total Non-Federal Funds | <input type="text" value="0.00"/> |
| c. Total Federal & Non-Federal Funds | <input type="text" value="0.00"/> |
| d. Estimated Program Income | <input type="text" value="0.00"/> |

16. 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 Always select "NO." Review program guidelines to determine whether "not covered" or "not been selected."
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department:

Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment