

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational** Version 01

**\* 1. NAME OF FEDERAL AGENCY:**  
 pre-filled

**2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 pre-filled

**CFDA TITLE:**  
 pre-filled

**\* 3. DATE RECEIVED:** Completed Upon Submission to Grants.gov **SYSTEM USE ONLY**

**\* 4. FUNDING OPPORTUNITY NUMBER:**  
 pre-filled

**\* TITLE:**  
 pre-filled

**5. APPLICANT INFORMATION**

**\* a. Legal Name:**  
 Board of Regents, Univ of Nebraska, Univ of Nebraska-Lincoln

**b. Address:**

<b>* Street1:</b> 312 N 14th Street	<b>Street2:</b> Alexander West
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<b>* City:</b> Lincoln	<b>County:</b>
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<b>* State:</b> NE: Nebraska	<b>Province:</b>
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<b>* Country:</b> USA: UNITED STATES	<b>* Zip/Postal Code:</b> 68588-0430
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**c. Web Address:**  
 http:// http://www.unl.edu

<b>* d. Type of Applicant: Select Applicant Type Code(s):</b> H: Public/State Controlled Institution of Higher Education	<b>* e. Employer/Taxpayer Identification Number (EIN/TIN):</b> 47-0049123
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Type of Applicant:	<b>* f. Organizational DUNS:</b> 555456995
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Type of Applicant:	<b>* g. Congressional District of Applicant:</b> 1
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**\* Other (specify):**

**6. PROJECT INFORMATION**

**\* a. Project Title:**

**\* b. Project Description:**

<b>c. Proposed Project:</b>	<b>* Start Date:</b>	<b>* End Date:</b>	
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**7. PROJECT DIRECTOR**

Social Security Number (SSN) - Optional:

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix: <input type="text"/>	* First Name: PI Name <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: PI Last Name <input type="text"/>	Suffix: <input type="text"/>	
* Title: PI Title <input type="text"/>	* Email: PI email@xxx.xxx <input type="text"/>	
* Telephone Number: PI phone <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: PI address <input type="text"/>	Street2: <input type="text"/>	
* City: Lincoln <input type="text"/>	County: Lancaster <input type="text"/>	
* State: NE: Nebraska <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES <input type="text"/>	* Zip/Postal Code: 68588-XXXX <input type="text"/>	

**8. PRIMARY CONTACT/GRANTS ADMINISTRATOR**

<input type="checkbox"/> Same as Project Director (skip to item 9):	Social Security Number (SSN) - Optional: <input type="text"/>	
	Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.	
Prefix: <input type="text"/>	* First Name: OSP Grant Coordinator <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: OSP Grant Coordinator <input type="text"/>	Suffix: <input type="text"/>	
* Title: Grant Coordinator <input type="text"/>	* Email: <input type="text"/>	
* Telephone Number: 402-472-3171 <input type="text"/>	Fax Number: 402-472-9323 <input type="text"/>	
* Street1: 312 N 14th Street, Alexander West <input type="text"/>	Street2: <input type="text"/>	
* City: Lincoln <input type="text"/>	County: <input type="text"/>	
* State: NE: Nebraska <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES <input type="text"/>	* Zip/Postal Code: 68588-0430 <input type="text"/>	

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9. \* 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: <input type="text"/>	* First Name: <input type="text" value="Jeanne"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Wicks"/>	Suffix: <input type="text"/>	
* Title: <input type="text" value="Director, Sponsored Programs"/>	* Email: <input type="text" value="unlosp@unlnotes.unl.edu"/>	
* Telephone Number: <input type="text" value="402-472-3171"/>	Fax Number: <input type="text" value="402-472-9323"/>	
* Signature of Authorized Representative: <input type="text" value="Completed Upon Submission to Grants.gov"/>	* Date Signed: <input type="text" value="Completed Upon Submission to Grants.gov"/>	

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Standard Form 424 Organization Short (04-2005)

Prescribed by OMB Circular A-102