

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED []	Applicant Identifier PI last name-agency init-NUgrant # []
3. DATE RECEIVED BY STATE []	State Application Identifier []
4. Federal Identifier []	

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 555456995

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

Department: [] Division: []

* Street1: 312 N 14th Street Street2: Alexander West

* City: Lincoln County: Lancaster * State: NE: Nebras

Province: [] * Country: UNITED ST * ZIP / Postal Code: 68588-0430

Person to be contacted on matters involving this application

Prefix: [] * First Name: OSP Grant Coordinator Middle Name: [] * Last Name: OSP Grant Coordinator Suffix: []

* Phone Number: 402-472-3171 or direct Fax Number: 402-472-9323 Email: []

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

47-0049123

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION:

- New
 Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

- Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

- A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

pre-filled

* Is this application being submitted to other agencies? Yes No

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[]
 TITLE: []

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

[]

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

[]

13. PROPOSED PROJECT:

* Start Date [] * Ending Date []

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant [NE-001] b. * Project []

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [] * First Name: PI Name Middle Name: [] * Last Name: PI Name Suffix: []

Position/Title: PI title * Organization Name: PI college or Leave pre-filled information from box 5

Department: PI Department Division: PI division, if appl

* Street1: PI address Street2: []

* City: Lincoln County: Lancaster * State: NE: Nebras

Province: [] * Country: UNITED ST * ZIP / Postal Code: 68588-XXXX

* Phone Number: PI phone Fax Number: [] * Email: []

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * 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 E.O. 12372; OR
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.