

 <p>National CMV Foundation Grant Application <i>Do not exceed character length restrictions indicated.</i></p>		LEAVE BLANK—FOR NCMVF USE ONLY.		
		Type	Activity	Number
		Review Group		Formerly
		Council/Board (Month, Year)		Date Received
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>				
2. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR				
2a. NAME (Last, first, middle)		2b. DEGREE(S)		
2c. POSITION TITLE		2d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>		
2e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
2f. MAJOR SUBDIVISION				
2g. TELEPHONE <i>(Area code, number and extension)</i>				
TEL:		E-MAIL ADDRESS:		
3. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		3a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes		
3b. Federal-Wide Assurance No.		3c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		
4. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Animal Welfare Assurance No.		
5. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		6. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		7. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
From		Through		
		7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)
				8b. Total Costs (\$)
8. APPLICANT ORGANIZATION		9. TYPE OF ORGANIZATION		
Name		Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
Address		Private: → <input type="checkbox"/> Private Nonprofit		
		For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business		
		<input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
		10. ENTITY IDENTIFICATION NUMBER		
		DUNS NO.		Cong. District
11. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE		12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name		Name		
Title		Title		
Address		Address		
Tel:		FAX:		
E-Mail:		Tel:		FAX:
		E-Mail:		
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 National CMV Foundation 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. <i>(In ink. "Per" signature not acceptable.)</i>		DATE