

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED []	Applicant Identifier Handout-2 []
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: 003137015

* Legal Name: Virginia Polytechnic and State University

Department: Office of Sponsored Programs Division: []

* Street1: 1880 Pratt Drive, Suite 2006 Street2: []

* City: Blacksburg County: [] * State: VA; Virginia

Province: [] * Country: UNITED STATES * ZIP / Postal Code: 24060

Person to be contacted on matters involving this application (NIH: use Pre-Award info ; USDA: Use PI info)

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

Ms Lisa [] Colling []

* Phone Number: 1-540-231-9373 Fax Number: [] Email: lcotting@vt.edu

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

546001805

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:

National Institutes of Health

* 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:

Circulating Cancer Cell Detection using Insulator-Based Dielectrophoresis

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

Blacksburg

13. PROPOSED PROJECT:

* Start Date * Ending Date

09/01/2007 08/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

VA-009 VA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Dr PI Information [] [] [] []

Position/Title: [] * Organization Name: Virginia Polytechnic and State University

Department: [] Division: []

* Street1: [] Street2: []

* City: [] County: [] * State: VA; Virginia

Province: [] * Country: UNITED STATES * ZIP / Postal Code: []

* Phone Number: [] Fax Number: [] Email: Plemail@vt.edu

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a * Total Estimated Project Funding <input style="width:100px;" type="text" value="473.470 00"/></p> <p>b * Total Federal & Non-Federal Funds <input style="width:100px;" type="text" value="473.470 00"/></p> <p>c * Estimated Program Income <input style="width:100px;" type="text" value="0 00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE:</p> <p>b NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372; OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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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:
	Linda		Bucy	

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative * Date Signed

Completed on submission to Grants gov Completed on submission to Grants gov

20. Pre-application

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