



1. AWARD TYPE		New Translational Science Tools and Methodologies		Community Academic Partnership		Interdisciplinary Solution Development	
2. TITLE OF PROJECT							
3. CONTACT PRINCIPAL INVESTIGATOR				12. CO PRINCIPAL INVESTIGATOR			
3a. NAME (Last, first, middle)				12a. CoPI NAME (Last, first, middle)			
3b. POSITION TITLE				12b. CoPI POSITION TITLE			
3c. DEPARMENT, SERVICE, LABORATORY OR EQUIVALENT				12c. CoPI DEPARMENT, SERVICE, LABORATORY OR EQUIVALENT			
3d. MAJOR SUBDIVISION				12d. CoPI MAJOR SUBDIVISION			
3e. INSTITUTION/ORGANIZATION				12e. CoPI INSTITUTION/ORGANIZATION			
3f. TELEPHONE				12f. CoPI TELEPHONE			
3g. E-MAIL				12g. CoPI E-MAIL			
4. HUMAN SUBJECTS RESEARCH		No	Yes	5. VERTEBRATE ANIMAL RESEARCH		No	Yes
6. IRB EXEMPT		No	Yes				
7a. IRB APPROVAL		No	Yes	7b. If yes, PROTOCOL NUMBER			
APPLICABLE IF AT THE UNIVERSITY OF WASHINGTON				APPLICABLE IF NOT AT THE UNIVERSITY OF WASHINGTON			
8. CHAIR/DEPARTMENT HEAD				10. OFFICIAL SIGNING FOR APPLICATION ORGANIZATION			
Name:				Name:			
Title:				Title:			
Telephone:				Telephone:			
E-Mail:				E-Mail:			
9. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE				11. ADMINISTRATIVE OFFICAL TO BE NOTIFIED IF AWARD IS MADE			
Name:				Name:			
Title:				Title:			
Telephone:				Telephone:			
E-Mail:				E-Mail:			
13. 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 Public Health Services 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 8.			DATE	SIGNATURE OF OFFICIAL NAMED IN 10.			DATE
SIGNATURE OF OFFICIAL NAMED IN 9.			DATE	SIGNATURE OF OFFICAL NAMED IN 11.			DATE