

## COVER PAGE INSTRUCTIONS

The Larry L. Hillblom Foundation (LLHF) recognizes that many applicants and their contract/grant offices will have familiarity with the NIH grant application forms and procedures, and the LLHF application forms are closely modeled on the NIH PHS 398 forms.

### Item 1. Title of Project

**Do not exceed 81 characters, including the spaces between words and punctuation.**

Choose a descriptive title that is specifically appropriate. A *new* application must have a different title from any other application to LLHF with the same principal investigator/program director.

### Item 3. Principal Investigator/Program Director

**New Investigator.** Check “Yes” in the “New Investigator” box *only* if the principal investigator has not previously received a LLHF grant. **If the principal investigator/program director is not a new investigator, check “No.”**

#### **Item 3a. Name of Principal Investigator/ Program Director**

**Name of Principal Investigator/ Program Director.** Name the one person responsible to the applicant organization for the scientific and technical direction of the project.

#### **Item 3b. Degree(s)**

Indicate up to three academic and professional degrees or other credentials, such as licenses (e.g., R.N.).

#### **Item 3c. Position Title**

Provide the academic or professional title of the principal investigator/program director. If more than one title, indicate the one most relevant to the proposed project (e.g., Professor of Biochemistry, Chief of Surgical Service, or Group Leader).

#### **Item 3d. Mailing Address**

Provide complete information (including room number, building, and street address) necessary for postal delivery. All written communications with the principal investigator will use this address. For electronic mail, enter the appropriate e-mail address (not a website URL).

#### **Item 3e. Department, Service, Laboratory, or Equivalent**

Indicate your organizational affiliation, such as Department of Medicine, Materials Research Laboratory, or Social Sciences Institute.

#### **Item 3f. Major Subdivision**

Indicate your school, college, or other major subdivision, such as medical, dental, engineering, graduate, nursing, or public health. If there is no such subdivision, enter “None.”

#### **Item 3g. Telephone and Fax Numbers**

Provide a daytime telephone number and, if available, a fax number.

### Item 4. Human Subjects Research

#### **No Human Subjects Involved**

Check “No” if activities involving human subjects are not planned at any time during the proposed project period. The remaining parts of Item 4 are then not applicable.

**Human Subjects Involved**

Check “Yes” if activities involving human subjects are planned at any time during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution. “Yes” should be checked even if the research is exempt from regulations for the protection of human subjects. If the application plans to involve human subjects, but does not have definite plans at the time of application, the principal investigator will need to provide evidence to LLHF of IRB approval for the research plan, before the research can occur.

**Item 4a. Research Exempt**

Check “Yes” if the activities proposed are exempt from Human Subjects approval per your IRB policy. If the proposed research is exempt, the remaining parts of Item 4 are not applicable.

Check “No” if the planned activities involving human subjects are not exempt, and complete the remaining parts of Item 4.

**Item 4b. Human Subjects Assurance Number**

If the applicant organization has a current approved Federal Wide Assurance (FWA) or Multiple Project Assurance (MPA) that covers the specific activity, insert the number in the space provided.

Insert “None” in Item 4b if the applicant organization does not have an Federal Wide Assurance (FWA) or Multiple Project Assurance (MPA) number. **Do not insert the human subjects assurance number of any collaborating institution in the space provided.**

**Item 4c. IRB Project Expiration Date**

Insert the expiration date of your project’s current IRB approval. If your project does not have current IRB approval insert ‘pending’.

**Item 4d. Clinical Trial**

Check “Yes” or “No” to indicate whether the project is a clinical trial.

**Item 5. Vertebrate Animals**

Check “No” if activities involving vertebrate animals are not planned at any time during the proposed project period. The remaining parts of Item 5 are then not applicable.

Check “Yes” if activities involving vertebrate animals are planned at any time during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution. **Note that generation of custom antibodies constitutes an activity involving vertebrate animals.**

**Item 5a. IACUC Verification**

This field is not necessary for application submission. However, the data must be submitted to LLHF prior to award.

**Item 5b. Animal Welfare Assurance**

If the applicant organization has a full Animal Welfare Assurance of Compliance on file with the Office of Laboratory Animal Welfare (OLAW), enter the Assurance number of the applicant organization in Item 5b.

Enter "None" in Item 5b if the applicant organization does not have an approved Animal Welfare Assurance on file with OLAW. **Do not enter the Animal Welfare Assurance number of any collaborating institution in the space provided.**

**Item 6. Dates of Proposed Period of Support**

Request no more than the number of years of support specified in the specific instructions for the funding mechanism.

**BUDGET REQUEST**

All amounts requested in Items 7 and 8 and on the budget pages must be in U.S. dollars.

**Item 7. Costs Requested for Initial Budget Period**

**Item 7a. Direct Costs Requested for Initial Budget Period**

From LLHF Budget Form Page 1, enter the "Direct Costs for Initial Budget Period".

**Item 7b. Total Costs (Direct + Indirect) Requested for Initial Budget Period**

From LLHF Budget Form Page 1, enter the "Total Costs for Initial Budget Period."

**Item 8. Costs Requested for Proposed Period of Support**

**Item 8a. Direct Costs Requested for Proposed Period of Support**

From LLHF Budget Form Page 2, enter the sum of the "Direct Costs Total" for all budget periods.

**Item 8b. Total Costs (Direct + Indirect) Requested for Proposed Period of Support**

From LLHF Budget Form Page 2, enter the "Total Costs For Entire Proposed Project Period."

**Item 9. Applicant Organization**

Name the one organization that will be legally and financially responsible for the conduct of activities supported by the award.

**Item 11. Tax Identification Number**

**Tax Identification Number.** Enter the 9-digit EIN assigned by the IRS. If the institution has not yet been assigned a number, enter either (1) the organization's Internal Revenue Service employer identification number (nine digits) or (2) the words *Applied for* to indicate that the organization does not have an EIN but has applied to the local office of the IRS for one. **DO NOT ENTER THE PRINCIPAL INVESTIGATOR'S SOCIAL SECURITY NUMBER**, as it is not appropriate for this item.

**Item 12. Administrative Official to be Notified If Award Is Made**

Name the applicant organization administrative official to be notified if an award is made. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the administrative official.

**Item 13. Official Signing for Applicant Organization**

Name an individual authorized to act for the applicant organization and to assume the obligations imposed by the laws, requirements, and conditions for a grant or grant application, including the applicable regulations. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the signing official.

If this grant is funded, a cover page with original signatures must be mailed to LLHF before funds will be made available

**Item 14. Principal Investigator/Program Director Assurance**

An original signature, in ink, is required. "For" or "Per" signatures are not acceptable. Date of signature must be included.

**Item 15. Applicant Organization Certification and Acceptance**

An original signature, in ink, is required. "For" signatures are acceptable; i.e., if the official designated to sign for the applicant organization is not available to sign, only another institutional official with formal delegated authority to act in his/her behalf may sign as "acting for" such official. However, "Per" signatures (signing as the designated official or without the formal delegation) are not acceptable. The date of signature must be included.