

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
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: 962848586

\* Legal Name: Boston VA Research Institute, Inc.

Department: \_\_\_\_\_ Division: \_\_\_\_\_

\* Street1: 150 S. Huntington Ave. (151B) Street2: \_\_\_\_\_

\* City: Boston County: \_\_\_\_\_ \* State: MA: Masse

Province: \_\_\_\_\_ \* Country: UNITED ST \* ZIP / Postal Code: 02130

Person to be contacted on matters involving this application

Prefix: \* First Name: Nancy Middle Name: \_\_\_\_\_ \* Last Name: Watterson-Diorio Suffix: \_\_\_\_\_

\* Phone Number: 617-738-1313 Fax Number: 617-738-8480 Email: nwd@bvari.org

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

043081524

7. \* TYPE OF APPLICANT:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify): \_\_\_\_\_

Women Owned  Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:  New

Resubmission  Renewal  Continuation  Revision

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:

Dept. of the Army -- USAMRAA

\* 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 MA-008 b. \* Project MA-008

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: \_\_\_\_\_ \* Organization Name: Boston VA Research Institute, Inc.

Department: \_\_\_\_\_ Division: \_\_\_\_\_

\* Street1: \_\_\_\_\_ Street2: \_\_\_\_\_

\* City: Boston County: \_\_\_\_\_ \* State: MA: Masse

Province: \_\_\_\_\_ \* Country: UNITED ST \* ZIP / Postal Code: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ \* Email: \_\_\_\_\_

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <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:

\* 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.**