

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

Coeus Number

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal

5. APPLICANT INFORMATION

* Organizational DUNS: 072051394

* Legal Name: Purdue University

Department: Sponsored Program Service

Division:

* Street1: 155 South Grant

Street2: Young Hall

* City: West Lafayette

County: Tippecanoe

* State: IN

* ZIP Code: 47907

* Country: USA

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Helen

Moschinger

* Phone Number: 765-494-6204

Fax Number: 765-494-1360

Email: proposal@purdue.edu

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

356002041

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Ed.

Other (Specify):

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

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:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

* Is this application being submitted to other agencies? Yes ☐ No ☐

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

ADD Title of Project here

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

N/A

13. PROPOSED PROJECT:

* Start Date

* Ending Date

07/01/2009

06/30/2014

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

IN-004

IN-004

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Prof Joseph

K

Lane

PhD

Position/Title: Professor

* Organization Name: Purdue University

Department: Mechanical Engineering

Division:

* Street1: 585 Purdue Mall

Street2:

* City: West Lafayette

County: Tippecanoe

* State: IN

* ZIP Code: 47907

* Country: USA

* Phone Number: 765-494-0000

Fax Number: 765-494-0001

* Email: professor@purdue.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

* Date Signed

20. Pre-application

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

OMB Number: 4040-0001

Expiration Date: 04/30/2008