|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |       |
|  |
| PROJECT SUMMARY (See instructions): |
|       |
| RELEVANCE (See instructions): |
|       |
| PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page) |
| **Project/Performance Site Primary Location** |
| Organizational Name: |       |
| DUNS: |       |
| Street 1: |       | Street 2: |       |
| City: |       | County: |       | State: |       |
| Province: |       | Country: |       | Zip/Postal Code: |       |
| Project/Performance Site Congressional Districts: |       |
|  |
| **Additional Project/Performance Site Location** |
| Organizational Name: |       |
| DUNS: |       |
| Street 1: |       | Street 2: |       |
| City: |       | County: |       | State: |       |
| Province: |       | Country: |       | Zip/Postal Code: |       |
| Project/Performance Site Congressional Districts: |       |

PHS 398 (Rev. 01/18 Approved Through 03/31/2020) OMB No. 0925-0001 Page 2 Form Page 2

|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |       |
|  |
| SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first. |
| Name | eRA Commons User Name | Organization | Role on Project |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| OTHER SIGNIFICANT CONTRIBUTORS |
| Name | Organization | Role on Project |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Human Embryonic Stem Cells** | **[ ]  No** | **[ ]  Yes** |
| **If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:** <https://grants.nih.gov/stem_cells/registry/current.htm>. *Use continuation pages as needed.*If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used. |
| **Cell Line** |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|  |

PHS 398 (Rev. 01/18 Approved Through 03/31/2020) OMB No. 0925-0001
 Page 3 Form Page 2-continued

 Number the following pages consecutively throughout
 the application. Do not use suffixes such as 4a, 4b.