

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

(Check with State TRACS)

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0502990310000

* Legal Name: William Marsh Rice University

Department: Division:

* Street1: 6100 Main

Street2: MS-16

* City: Houston

County: Harris

* State: TX

* ZIP Code: 77005

* Country: USA

Person to be contacted on matters involving this application

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

Ms. Nancy L Nisbett

* Phone Number: 713-348-6200

Fax Number: 713-348-5425

Email: nnisbett@rice.edu

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

74-1109620

7. * TYPE OF APPLICANT:

L: Private Institution of Higher Education

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged8. * 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:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Nanotubes at Work

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

N/A

13. PROPOSED PROJECT:

* Start Date

* Ending Date

07/01/2006

06/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Dr. Joe M Smith Jr.

Position/Title: Professor * Organization Name: William Marsh Rice University

Department: Chemistry Division: Natural Sciences

* Street1: 6100 Main Street2: MS-41

* City: Houston

County: Harris

* State: TX

* ZIP Code: 77005

* Country: USA

* Phone Number: 713-348-0000

Fax Number: 713-348-0000

* Email: emailname@rice.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text" value="360,000.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="360,000.00"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input checked="" 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: * ZIP Code:

* Country:

* 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