<table>
<thead>
<tr>
<th>HOME AGENCY</th>
<th>National Institutes of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>HI-001</td>
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<tr>
<td>State</td>
<td>HI-001</td>
</tr>
<tr>
<td>Province</td>
<td>HI-001</td>
</tr>
</tbody>
</table>

**Name of Federal Agency:**
National Institutes of Health

**Name of Applicant:**
University of Hawaii

**Catalog of Federal Domestic Assistance Number:**

**Is this application being submitted to other agencies?**
Yes

**Title:**

**Descriptive Title of Applicant’s Project:**

**Areas Affected by Project:**

**Proposed Project:**

**Congresional Districts of:**

**Project Director/Principal Investigator Contact Information:**

**Department:**

**Division:**

**Street1:**

**City:**

**State:**

**Country:**

**Postal Code:**

**Phone Number:**

**Fax Number:**

**Email:**

**OMB Number:** 4040-0001
**Expiration Date:** 04/30/2008

The following names can be used:

- Georgette Sakamoto, gsakumot@hawaii.edu, x64056, fax 9569081
- Kathy Yoshinaga, kyoshina@hawaii.edu, x64057, fax 9569081
- Lauren Kwak, lkwak@hawaii.edu, 692-1807, fax 6921994
- Paul Kakugawa, pkakugawa@hawaii.edu, x64054, fax 9569081
16. ESTIMATED PROJECT FUNDING

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)

19. Authorized Representative

Prefix: * First Name: Lauren

Middle Name: 

* Last Name: Kwak

Suffix: 

* Position/Title: Grant and Contract Officer

* Organization: University of Hawaii

Department: Office of Research Services

Division: 

* Street1: 2530 Dole Street, Sakamaki D-200

Street2: 

* City: Honolulu

County: 

* State: HI Hawaii

Province: 

* Country: UNITED ST 

* ZIP / Postal Code: 96822

* Phone Number: 808-692-1807

Fax Number: 808-692-1994

* Email: Lkwak@hawaii.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

DATE: 

21. Attach an additional list of Project Congressional Districts if needed.