

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/29/2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: University of Washington		Organizational Unit: School of Medicine	
Address (give city, county, state, and zip code): Seattle King Washington 98105		Name and telephone number of the person to be contacted on matters involving this application (give area code): Samuel I. Miller 206 616-5110	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 1 - 6 0 0 1 5 3 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> I	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 - 3 8 9 TITLE: NIH Construction		9. NAME OF FEDERAL AGENCY: National Institutes of Health	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alaska, Idaho, Montana, Oregon, Washington and Wyoming		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RFA-AI-04-032 Regional Bio-Containment Laboratory	
13. PROPOSED PROJECT: Start Date Ending Date 09/01/2005 3/31/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 7 b. Project District 7	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 25,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 8,340,000.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
d. Local	\$.00		
e. Other	\$ 31,654,848.00		
f. Program Income	\$.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 64,994,848.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Carol A. Zuiches		b. Title Asst. Vice Provost for Research	c. Telephone number (206) 543-4043
d. Signature of Authorized Representative 		e. Date Signed 11/23/04	
		JOEL SEARLES ASSOCIATE DIRECTOR Acting for Carol Zuiches	