For more information contact the Office of Sponsored Programs
816.584.6527
1. NAME OF FEDERAL AGENCY: default (National Science Foundation)
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: default
3. DATE RECEIVED: default
4. FUNDING OPPORTUNITY NUMBER: default
5. APPLICANT INFORMATION:
   a. LEGAL NAME: Park University
   b. ADDRESS:
      • STREET 1: 8700 NW River Park Drive
      • STREET 2: PMB # 51
      • CITY: Parkville
      • COUNTY: Platte
      • STATE: MO
      • PROVINCE: N/A
      • COUNTRY: USA: UNITED STATES
      • ZIP/POSTAL CODE: 64152-3795
   c. WEB ADDRESS: www.park.edu
   d. TYPE OF APPLICANT: Select Applicant Type Code(s): O. Private Institution of Higher Education
   e. EMPLOYER/TAXPAYER IDENTIFICATION NUMBER: 44-0562048
   f. ORGANIZATIONAL DUNS: 073027021
   g. CONGRESSIONAL DISTRICT OF APPLICANT: 6
6. PROJECT INFORMATION
   a. PROJECT TITLE: Rocks in the Underground
   b. PROJECT DESCRIPTION: A Study of the Reinforcement Systems underground in the creations of the Park University Underground
   c. PROPOSED PROJECT:
      • START DATE: 10/01/07
      • END DATE: 09/30/07
7. PROJECT DIRECTOR
   • SOCIAL SECURITY NUMBER (OPTIONAL): 515-51-5151
   • PREFIX: Dr.
   • FIRST NAME: James
   • MIDDLE NAME: A.
8. **PRIMARY CONTACT/GRANTS ADMINISTRATOR**
   - SAME AS PROJECT DIRECTOR (SKIP TO ITEM 9):

9. **APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE – SHORT ORGANIZATIONAL**
   - I Agree
   - **AUTHORIZED REPRESENTATIVE**
     - PREFIX: DR.
     - FIRST NAME: Edmund
     - MIDDLE NAME: Charles
     - LAST NAME: Brackett
     - SUFFIX: N/A
     - TITLE: Director of Sponsored Programs
     - EMAIL: edmund.brackett@park.edu
     - TELEPHONE NUMBER: 816-584-6588
     - FAX NUMBER: 816-741-5578
     - SIGNATURE OF AUTHORIZED REPRESENTATIVE: (COMPLETED UPON SUBMISSION TO GRANTS.GOV)
     - DATE SIGNED: (COMPLETED UPON SUBMISSION TO GRANTS.GOV)
1. **TYPE OF SUBMISSION**: choose Application
2. **TYPE OF APPLICATION**: choose New
3. **DATE RECEIVED**: (completed by Grants.gov upon submission)
4. **APPLICANT Identifier**: default
5. a. **Federal Entity Identifier**: default
   b. **FEDERAL AWARD IDENTIFIER**: default
6. **DATE RECEIVED BY STATE**: N/A
   **STATE APPLICATION IDENTIFIER**: default
7. **APPLICANT INFORMATION**:
   a. **LEGAL NAME**: Park University
   b. **EMPLOYER/TAXPAYER IDENTIFICATION NUMBER**: 44-0562048
   c. **ORGANIZATIONAL DUNS**: 073027021
   d. **ADDRESS**
      • STREET 1: 8700 NW River Park Drive
      • STREET 2: PMB# 51
      • CITY: Parkville
      • COUNTY: Platte
      • STATE: MO
      • PROVINCE: N/A
      • COUNTRY: USA: UNITED STATES
      • ZIP/POSTAL CODE: 64152-3795
   e. **ORGANIZATIONAL UNIT**:
      • **DEPARTMENT NAME**: Office of Sponsored Programs
      • **DIVISION NAME**: Park University
   f. **NAME AND CONTACT INFORMATION OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION**:
      • **PREFIX**: Dr.
      • **FIRST NAME**: Edmund
      • **MIDDLE NAME**: Charles
      • **LAST NAME**: Brackett
      • **SUFFIX**: N/A
      • **TITLE**: Director of Sponsored Programs
8. TYPE OF APPLICANT:
   - TYPE OF APPLICANT 1 SELECT APPLICANT TYPE: Select X: Other
   - TYPE OF APPLICANT 2 SELECT APPLICANT TYPE: Leave blank
   - TYPE OF APPLICANT 3 SELECT APPLICANT TYPE: Leave blank
   - OTHER (SPECIFY): N/A

9. NAME OF FEDERAL AGENCY: National Science Foundation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: default
   - CFDA TITLE: default

11. FUNDING OPPORTUNITY NUMBER AND TITLE: default

12. COMPETITION IDENTIFICATION NUMBER: default

13. AREAS AFFECTED BY PROJECT (CITIES, COUNTIES, STATES, ETC): Parkville, Platte County, MO

14. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT: A Study of the Reinforcement Systems underground in the creations of the Park University Underground

15. CONGRESSIONAL DISTRICT OF:
   a. APPLICANT: 6
   b. PROGRAM/PROJECT: 6, 5

16. PROPOSED PROJECT:
   a. START DATE: 10/01/07
   b. END DATE: 09/30/08

17. ESTIMATED FUNDING
   a. FEDERAL: 500,000
   b. APPLICANT: 250,000
   c. STATE: 50,000
   d. LOCAL: 25,000
   e. OTHER: 0
   f. PROGRAM INCOME: 0
   g. TOTAL: 500,000

18. IS APPLICATION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?
   • Check c. Program is not covered by EO 12372

19. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   a. Check No
20. STATEMENT OF FACT CERTIFICATION

- **I AGREE**
- **AUTHORIZED REPRESENTATIVE**
- **PREFIX:** Dr.
- **FIRST NAME:** Edmund
- **MIDDLE NAME:** Charles
- **LAST NAME:** Brackett
- **SUFFIX:** N/A
- **TITLE:** Director of Sponsored Programs
- **TELEPHONE NUMBER:** 816-584-6588
- **FAX NUMBER:** 816-741-5578
- **EMAIL:** edmund.brackett@park.edu
- **SIGNATURE OF AUTHORIZED REPRESENTATIVE:** (COMPLETED UPON SUBMISSION TO GRANTS.GOV)

**DATE SIGNED:** (COMPLETED UPON SUBMISSION TO GRANTS.GOV)