

APPLICATION FOR FEDERAL ASSISTANCE **SF 424 (R&R)** Obtained via FOIA by Judicial Watch, Inc.

3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier: GRANT11418218

b. Agency Routing Identifier:

2. DATE SUBMITTED: 06/05/2013

Applicant Identifier:

5. APPLICANT INFORMATION

* Organizational DUNS: 0770900660000

* Legal Name: EcoHealth Alliance, Inc.

Department: Division:

* Street1: 460 West 34th Street

Street2: 17th Floor

* City: New York County / Parish:

* State: NY: New York Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 10001-2317

Person to be contacted on matters involving this application

Prefix: Dr. * First Name: Peter Middle Name:

* Last Name: Daszak Suffix:

* Phone Number: (b) (6) Fax Number: +1.212.380.4465

Email: (b) (6)

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 311726494

7. * TYPE OF APPLICANT: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * 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):

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

9. * NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Understanding the Risk of Bat Coronavirus Emergence

12. PROPOSED PROJECT: * Start Date: 10/01/2013 * Ending Date: 09/30/2018

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: NY-010

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Peter Middle Name:

* Last Name: Daszak Suffix:

Position/Title: President

* Organization Name: EcoHealth Alliance, Inc.

Department: Division:

* Street1: 460 West 34th Street

Street2: 17th Floor

* City: New York County / Parish:

* State: NY: New York Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 10001-2317

* Phone Number: (b) (6) Fax Number: +1.212.380.4465

* Email: (b) (6)