



For more information contact the  
Office of Sponsored Programs  
816.584.6527

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## Grants.gov Overview Activity – Version 01 (Short Form)

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](http://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.**

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- LAST NAME: **Mitchell**
  - SUFFIX: **III**
  - TITLE: **Associate Professor**
  - EMAIL: **james.mitchell@park.edu**
  - TELEPHONE NUMBER: **816-584-6666**
  - FAX NUMBER: **816-741-7777**
  - STREET 1: **8700 NW River Park Drive**
  - STREET 2: **PMB # 66**
  - CITY: **Parkville**
  - COUNTY: **Platte**
  - STATE: **MO**
  - PROVINCE: **N/A**
  - COUNTRY: **USA**
  - ZIP/POSTAL CODE: **64152-3795**

**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)

# Grants.gov Overview Activity – Version 02 (Long Form)

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**

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- ORGANIZATIONAL AFFILIATION: **Office of Sponsored Programs**
  - TELEPHONE NUMBER: **816-584-6588**
  - FAX NUMBER: **816-741-5578**
  - EMAIL: **edmund.brackett@park.edu**

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**

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## 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)