The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/Pls and co-PDs/Pls. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/Pl and co-PDs/Pls with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

		Project Director/Principal	Investigator			
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
Date of Bir	th:	Social Security Number:	Gender:			
Race (check all that apply):		Ethnicity:	Disability Status (check all t	Disability Status (check all that apply):		
America	n Indian or Alaska Native		Hearing			
Asian			☐ Visual			
Black or	African American		Mobility/Orthopedic Impairm	ent		
Native Hawaiian or Other Pacific Islander			Other			
White			None			
☐ Do Not Wish to Provide			Do Not Wish to Provide	☐ Do Not Wish to Provide		
Citizenship:						
Reset	Entries			Next Person		

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Co-Project Director/co-Principal Investigator 1					
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	
Date of B	Sirth:	Social Security Number:	Gender:		
Race (che	eck all that apply):	Ethnicity:	Disability Status (check all tha	t apply):	
Americ	can Indian or Alaska Native		☐ Hearing		
Asian			☐ Visual		
Black or African American			Mobility/Orthopedic Impairment		
Native Hawaiian or Other Pacific Islander		Other			
☐ White			None		
☐ Do Not Wish to Provide			☐ Do Not Wish to Provide		
Citizensh	nip:				
Rese	et Entries		Previous Person	Next Person	

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Co-Project Director/co-Principal Investigator 2					
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	
Date of B	irth:	Social Security Number:	Gender:		
Race (che	eck all that apply):	Ethnicity:	Disability Status (check all tha	t apply):	
Americ	an Indian or Alaska Native		Hearing		
Asian			☐ Visual		
Black or African American			Mobility/Orthopedic Impairment		
Native Hawaiian or Other Pacific Islander		Other			
☐ White			None		
Do Not Wish to Provide			☐ Do Not Wish to Provide		
Citizensh	ip:				
Rese	et Entries		Previous Person	Next Person	

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Co-Project Director/co-Principal Investigator 3						
Prefix:	* First Name:	Middle Name:	* Last Name:	Suf	Suffix:	
Date of Bir	th:	Social Security Number:		Gender:		
Race (chec	ck all that apply):	Ethnicity:	Disability Statu	us (check all that apply):		
America	n Indian or Alaska Native		Hearing			
Asian			☐ Visual			
Black or African American			Mobility/Orthopedic Impairment			
Native Hawaiian or Other Pacific Islander			Other	Other		
White			None			
☐ Do Not Wish to Provide			☐ Do Not Wish	☐ Do Not Wish to Provide		
Citizenship) :					
Reset	Entries		Previou	us Person Next Perso	on	

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Co-Project Director/co-Principal Investigator 4				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Date of Birt	h:	Social Security Number:	Gender:	
Race (chec	k all that apply):	Ethnicity:	Disability Status (check all that app	ly):
American Indian or Alaska Native			Hearing	
Asian			☐ Visual	
Black or	African American		Mobility/Orthopedic Impairment	
Native Ha	awaiian or Other Pacific Islan	der	Other	
White			None	
Do Not W	ish to Provide		☐ Do Not Wish to Provide	
Citizenship:				
Reset E	Entries		Previous Person	