

# RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>		
Department:	<input type="text"/>		
Organization Name:	<input type="text"/>		
Division:	<input type="text"/>		
* Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	<input type="text"/>
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
*Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment
		View Attachment	View Attachment

PROFILE - Senior/Key Person 1			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>		
Department:	<input type="text"/>		
Organization Name:	<input type="text"/>		
Division:	<input type="text"/>		
* Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	<input type="text"/>
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment
		View Attachment	View Attachment

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.