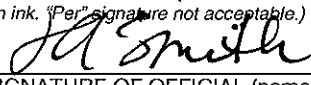
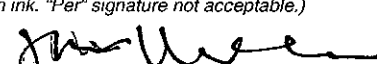


**Face Page**

Please check one: <input checked="" type="checkbox"/> ACR or <input type="checkbox"/> ARHP Member ID: <u>12345</u>	
1. TITLE OF PROJECT: Exercise to reduce chronic inflammation associated with fibromyalgia	
2. APPLICANT/PI (NAME): J.A. Smith	2A. DEGREE(S) MD, MPH
2B. POSITION TITLE: Assistant Professor	2D. MAILING ADDRESS (STREET, CITY, STATE, ZIP) 2200 Lake Boulevard NE Atlanta GA 30319
2C. DEPARTMENT: Rheumatology	
2E. PHONE AND FAX TEL: 404-633-3777 FAX: 404-633-1870	2F. EMAIL ADDRESS: jasmith@rheumatology.org
3. PRIMARY MENTOR Joseph M. Williams, MD, PhD, MPH	3A. PRIMARY MENTOR TITLE Director, Division of Rheumatology
4. HUMAN SUBJECTS RESEARCH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Copies of Approved <u>Human Subject Assurances</u> will be required once application has been approved for funding and before any grant payments will be made.	5. VERTEBRATE ANIMALS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Copies of Approved <u>Vertebrate Subject Assurances</u> will be required once application has been approved for funding and before any grant payments will be made.
6. PROPOSED PERIOD OF SUPPORT (MM/DD/YY): From: 07/01/2011 To: 06/30/2013	7. COST REQUESTED FOR PROPOSED PERIOD: DIRECT TOTAL COSTS (\$): 150,000 COSTS (\$): 150,000
8. APPLICANT ORGANIZATION: NAME: University of Rheumatology EIN OR TIN NUMBER: 59123456789	9. ORGANIZATION ADDRESS: 2200 Lake Boulevard NE Atlanta GA 30319
10. OFFICIAL TO BE NOTIFIED IF AWARD IS MADE: NAME: Jane Doe, PhD TITLE: VP, Research Administration ADDRESS: 2200 Lake Boulevard NE, Atlanta GA 30319 PHONE: 404-633-3777 FAX: 404-633-1870 EMAIL: <a href="mailto:jdoe@rheumatology.org">jdoe@rheumatology.org</a>	11. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION: NAME: Jane Doe, PhD TITLE: VP, Research Administration ADDRESS: 2200 Lake Boulevard NE, Atlanta GA 30319 PHONE: 404-633-3777 FAX: 404-633-1870 EMAIL: <a href="mailto:jdoe@rheumatology.org">jdoe@rheumatology.org</a>
12. APPLICANT ASSURANCE	SIGNATURE OF PI (named in item 2) (In ink. "Per" signature not acceptable.)  DATE: 6/1/2010
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE	SIGNATURE OF OFFICIAL (named in item 10) (In ink. "Per" signature not acceptable.)  DATE: 06-01-10

By signing in boxes above (12-14), signee certifies that the statements herein are true, complete and accurate to the best of my knowledge. Signee agrees that they are aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. Signee agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.