

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"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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.