

## INSTAAR PI/Co-PI PROFILE FORM

Required to be on file before submitting any Grants.Gov proposals as PI or co-PI

Complete this form and give to the Chief Financial Officer.

\*Required fields are marked with an asterisk. Additional fields are optional and not a pre-condition of award. However, additional fields do allow the Federal Government to better "monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability ..."

<b>1*. Today's Date:</b>				
<b>2*. Personal Info:</b>				
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Position/Title:			Department:	
Organization Name:			Division:	
Street1:			Street2:	
City:	County:	State:	Province:	
Country:	Zip/Postal Code:			
Phone:	Fax:		Email:	
<b>3. Year of Birth:</b>				
<b>4. Last 4 digits of Social Security Number:</b>				
<b>5. Gender:</b>				
<b>6. Race</b> (check all that apply):		<b>8. Ethnicity:</b>	<b>9. Disability Status</b> (check all that apply):	
<input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Hearing	
<input type="checkbox"/> Asian			<input type="checkbox"/> Visual	
<input type="checkbox"/> Black or African American			<input type="checkbox"/> Mobility/Orthopedic Impairment	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> Other	
<input type="checkbox"/> White			<input type="checkbox"/> None	
<input type="checkbox"/> Do Not Wish to Provide			<input type="checkbox"/> Do Not Wish to Provide	
<b>7. Citizenship:</b>				
<b>10*. Degree Type:</b>				
<b>11*. Degree Year:</b>				

**12. Comments / Unusual Aspects / Instructions:**