|  |
| --- |
| **INVESTIGATOR DEMOGRAPHIC DATA**The National Institute of Allergy and Infectious Diseases (NIAID), which funds the CFAR, requires that we collect demographic data on our Developmental grant applicants. This information will not affect consideration of your grant application. Reporting the requested information is voluntary. |
| **Gender (please check one)**\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Decline to state**Racial category (please check one)**\_\_\_\_ American Indian/Alaska Native \_\_\_\_ Asian \_\_\_\_ Native Hawaiian or Other Pacific Islander\_\_\_\_ Black or African American \_\_\_\_ White \_\_\_\_ More than one race\_\_\_\_ Decline to state | **Ethnic category (please check one)**\_\_\_\_ Hispanic or Latino/Latina\_\_\_\_ Not Hispanic or Latino/Latina\_\_\_\_ Decline to state |
| Electronic Signature |  **Date** |
|  |