

# K23 GRANT SUPPLEMENT APPLICATION

## UNIVERSITY OF LOUISVILLE

### SCHOOL OF MEDICINE

#### A. Cover page:

1. Title of Project:

2. Principal Investigator:

2(a) Academic Rank and Position Title:

2(b). Department of Primary Appointment:

2(c) Telephone number:

2(d) Email address:

3. Mentor:

4. Dates of Entire Project (indicate beginning and ending dates for the project):

5. Dates of Requested Project Period:

6. Performance Sites (list site(s), building and rooms, where the work will be performed):

7. Budget: Please provide the detailed budget of the K23 award

8. Compliance and Training: Will project use:

	Yes	No	Internal Review/ Registration No.	Status (approved, submitted, pending)
a. Human subjects?			IRB	
b. Experimental animals?			IACUC	
c. Ionizing radiation devices/isotopes?				
d. Recombinant DNA?				
e. Pathogenic organisms?				
f. CDC/USDA Select Agents?				
g. Human blood, tissue, cell lines. OPIM?				
h. Highly toxic, carcinogenic, mutagenic agents?				

Note: The P.I. is responsible for complying with University safety rules, policies and procedures.

9. Career Status (see Career Status Categories on website):

I ☐      II ☐      III ☐

10. Year of grant: Yr 01 ☐ Yr 02 ☐ Yr 03 ☐ Yr 04 ☐ Yr 05 ☐

11. Previous RC Support within the last five years? Yes ☐ No ☐

If Yes, give the dates of the grant support periods, list the date(s) of submission of the Final Report(s) for this (these) prior support, and provide evidence of publications and/or extramural grant applications and/or funding resulting from this support.

12. Research area: Indicate the area of research by checking the appropriate choice.

☐ Cancer

☐ Cardiovascular disease

☐ Tuberculosis

☐ Multiple Sclerosis

☐ Other

SIGNATURES:

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date \_\_\_\_\_

Mentor: \_\_\_\_\_ Date \_\_\_\_\_

The Principal Investigator, Department Chair and Mentor certify that the applicant will dedicate at least 75% effort to research. The undersigned agrees to accept responsibility for the scientific and ethical conduct of the project. The undersigned further accepts responsibility for submission of a Progress Report 30 days prior to the anniversary date of the initial award as part of the renewal application (all subsequent awards are subject to annual SOM Research Committee approval). A final comprehensive progress report is required within 60 days of completion of the final year of support.

**B. Abstract:**

Provide the abstract of the funded K23 award.

**C. Biographical Sketch:**

Insert latest NIH form.

**D. Work Plan:**

Provide a complete workplan that describes Research, Clinical, Teaching and Service duties and % effort for each. This document should be signed by the Department Chair.

**E. Facilities available:** State where these studies will be performed. List major items of equipment available in the P.I.'s laboratory or through cooperative agreement.

**F. Other Support:**

1. List any other internal or external grant support.
2. Commitment of match from EVPRI:

Maximum amount of match:

Signature for commitment:

**G. Checklist**

- ☐ Cover Page as part of electronic application and signed copy sent to the HSC Research Office
- ☐ Abstract
- ☐ NIH Biographical Sketch
- ☐ Work Plan
- ☐ Facilities Available
- ☐ Other Support