

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- Pre-application  Application  
 Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0575888570000

\* Legal Name: University of Louisville Research Foundation, Inc.

Department: Office of Grants Management

Division:

\* Street1: Jouett Hall, 2nd Floor

Street2:

\* City: Louisville

County: Jefferson

\* State: KY: Kentuc

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 40292

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

\*\*ENTER APPROPRIATE

GRANTS MANAGEMENT

SPECIALIST\*\*

\* Phone Number: 502-852-XXXX

Fax Number: 502-852-XXXX

Email: grntmgmt@louisville.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

1611029626A1

## 7. \* TYPE OF APPLICANT:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify):

## Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged8. \* TYPE OF APPLICATION:  New Resubmission  Renewal  Continuation  Revision

If Revision, mark appropriate box(es).

 A. Increase Award  B. Decrease Award  C. Increase Duration D. Decrease Duration  E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

National Institutes of Health

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

\*\*ENTER PROJECT TITLE\*\*

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Louisville, Jefferson, KY

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

12/01/2008

11/30/2010

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

KY-003

KY-003

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Stacey

Johnson

Position/Title: Professor

\* Organization Name: University of Louisville

Department: Medicine

Division: Hepatology

\* Street1: 511 S. Floyd Street

Street2: MDR 526

\* City: Louisville

County: Jefferson

\* State: KY: Kentuc

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 40292

\* Phone Number: 502-852-2233

Fax Number: 502-852-2234

\* Email: stacey.johnson@louisville.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text" value="407,000.00"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text" value="407,000.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE:</p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

\* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative** **\* Date Signed**

Completed on submission to Grants.gov Completed on submission to Grants.gov

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**