

**JHFE RESEARCH ENHANCEMENT GRANT  
PROGRAM APPLICATION UNIVERSITY  
OF LOUISVILLE  
SCHOOL OF MEDICINE**

**A. Cover page:**

1. Title of Project:

2. Principal Investigator (list the name of the one person responsible for the scientific and ethical conduct of the project):

2(a) Academic Rank and Position Title:

2(b). Department of Primary Appointment:

2(c) Telephone number:

2(d) Email address:

3. Collaborator(s):

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

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

6. Budget (indicate the total amount requested):

7. 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.

8. Grant Program: JHFEREG

9. Career Status: Not Applicable for JHFE proposals

10. Proposal Type: New proposal  1<sup>st</sup> Resubmission  2<sup>nd</sup> Resubmit and Final

11. Previous JHFE 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: List area: \_\_\_\_\_

**SIGNATURES:**

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

The Principal Investigator certifies that this is a new project which is not being considered for other intramural funding. The undersigned agrees to accept responsibility for the scientific and ethical conduct of the project. The undersigned further accepts responsibility for submission of an appropriate final report within 60 days of the end of the grant period if an award is made as a result of this application.

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

## H. Checklist

Cover Page as part of electronic application and signed copy sent to the HSC Research Office

Previous research funding

### Applications under consideration

Copies of the recently unfunded federal/national grant proposal(s) this intramural grant is intended to bridge

Summary statements of the last review(s) of these proposals

Cover page and abstracts of all currently submitted grant applications

Itemized budget

2 page narrative requirement