OMB Number: 4040-0001 Expiration Date: 6/30/2016

SF 424 (R&R)	3. DATE RECEIVED BY STATE State Application Identifier						
1. TYPE OF SUBMISSION	4. a. Federal Identifier						
Pre-application X Application Changed/Corrected Application	b. Agency Routing Identifier						
2. DATE SUBMITTED Applicant Identifier							
06/01/2014	c. Previous Grants.gov Tracking ID						
5. APPLICANT INFORMATION	Organizational DUNS: 0575888570000						
Legal Name: University of Louisville Research Foundation	, Inc.						
Department: Office of Sponsored Programs Division: Gran	nts Administration						
Street1: 300 E Market Street, Suite 300							
Street2:							
City: County / Paris	h:						
State: KY: Kentucky	Province:						
Country: USA: UNITED STATES	ZIP / Postal Code: 40202-1959						
Person to be contacted on matters involving this application							
Prefix: Name: Name of Your Assigned	GMS Middle Name:						
Last Name: Name of Your Assigned GMS	Suffix:						
Position/Title: Grants Management Specialist							
Street1: 300 E Market Street, Suite 300							
Street2:							
City: County / Paris	sh:						
State: KY: Kentucky	Province:						
Country: USA: UNITED STATES	ZIP / Postal Code: 40202-1959						
Phone Number: 502-852-3788 Fax Number: 502-8	352-2594						
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	lly and Economically Disadvantaged						
8. TYPE OF APPLICATION: If Revision, mark a	ppropriate box(es).						
X New Resubmission A. Increase Av	ward B. Decrease Award C. Increase Duration D. Decrease Duration						
Renewal Continuation Revision E. Other (spec	cify):						
Is this application being submitted to other agencies? Yes No X	hat other Agencies?						
	OG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:						
National Institutes of Health TITLE:							
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:							
Insert The Title of Your Proposal Here							
12. PROPOSED PROJECT: 13. CONGRESSIONAL DISTRICT Start Date Ending Date	OF APPLICANT						

01/01/2015

12/31/2020

KY-003

14. PROJECT DIRECTOR/PR	INCIPAL INVESTIG	ATOR CONTACT	INFORMATION					
Prefix:	First Name: PI's	first name			Middle Na	ame:		
Last Name: PI's last na	ame				Suffix:			
Position/Title: PI's title	ı.							
Organization Name: Unive	rsity of Louisv	ille						
Department: PI's departme	ent	Division	: PI's division	n				
Street1: PI's address								
Street2:								
City: Louisville		County	/ Parish:					
State:	KY: Ke	ntucky		Pro	vince:			
Country:	USA: UNIT	ED STATES		ZIP	/ Postal Co	de: 00	0000-0000	
Phone Number: 502-852-0	000	Fax Number:						
Email: piemailaddress@	louisville.edu							
15. ESTIMATED PROJECT F	UNDING		16. IS APPLICA 12372 PROCES		UBJECT T	O REV	IEW BY STATE	EXECUTIVE ORDER
a. Total Federal Funds Reques	sted 1,000,00	0.00	a. LO				PPLICATION WA	
b. Total Non-Federal Funds	0.00		- I		FOR REV			RDER 12372
c. Total Federal & Non-Federa		0 00	DATI	E:				
d. Estimated Program Income	1,000,00	0.00	b. NO 🔀 PI	ROGRAI	M IS NOT C	OVER	RED BY E.O. 123	72; OR
d. Estimated Frogram mosme	0.00		PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					/ STATE FOR
 X 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. 18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation 								
		11.	Add	Attachme	ent	elete A	Attachment	View Attachment
19. Authorized Representati	ve							
Prefix: Mr.	First Name: Jose	ph			Middle	Name:	G	
Last Name: Higdon					Suffix:			
Position/Title: Assistant I	Director							
Organization: University	of Louisville							
Department: Office of S	Sponsored Progra	Division:	Grants Admini	istrati	on			
	et Street, Suite							
Street2:								
City: Louisville		County / Pa	arish:					
State:	KY: Kent	 tucky		Provin	ice:			
Country:	USA: UNITE	ED STATES		ZIP/	Postal Cod	e: 40	202-1959	
Phone Number: 502-852-3	3788	Fax Number:	502-852-2594					
Email: joe.higdon@louis	sville.edu							
Signature o	f Authorized Repre	sentative					Date Signed	
	on submission				Complet	ed on	submission	to Grants.gov
20. Pre-application				ЬA	d Attachme	nt	Delete Attachme	nt View Attachment
21. Cover Letter Attachment								
ZI. Gover Letter Attachment	· [Ad	d Attachme	ill	Delete Attachme	Niew Attachment