

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

2. DATE SUBMITTED 12/10/2024	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: 06-276-1671

\* Legal Name: Michael Wurth

Department: Computer Science Division:

\* Street1: 20 East Washington Street

Street2:

\* City: Iowa City County: Johnson

\* State: Iowa Province:

\* Country: USA: UNITED STATES \* ZIP / Postal Code: 52240

Person to be contacted on matters involving this application

Prefix: \* First Name: Michael Middle Name:

\* Last Name: Wurth Suffix:

\* Phone Number: 319-471-1096 Fax Number:

Email: mike-wurth@uiowa.edu

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): N/A

7. \* TYPE OF APPLICANT: R: Small Business

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. \* 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):

\* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. \* NAME OF FEDERAL AGENCY: Health and Human Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CapRx: Generative AI Captions for Data Visualizations in Patient Portals

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Iowa	13. PROPOSED PROJECT: * Start Date 12/10/2024 * Ending Date 12/10/2026	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant IA-02 b. * Project IA-02
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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. \* First Name: James Middle Name:

\* Last Name: Blum Suffix:

Position/Title: Chief Health Information Officer

\* Organization Name: University of Iowa Hospitals & Clinics

Department: Anesthesia Division:

\* Street1: 200 Hawkins Drive

Street2:

\* City: Iowa City County: Johnson

\* State: Iowa Province:

\* Country: USA: UNITED STATES \* ZIP / Postal Code: 52240

\* Phone Number: 1-800-777-8442 Fax Number:

\* Email: James-Blum@uiowa.edu

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <span style="border: 1px solid black; padding: 2px;">\$10,000,000</span> b. * Total Federal & Non-Federal Funds <span style="border: 1px solid black; padding: 2px;">\$8,000,000</span> c. * Estimated Program Income <span style="border: 1px solid black; padding: 2px;">\$800,000</span>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><b>a. YES</b></div><div><input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span></div></div> <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><b>b. NO</b></div><div><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</div></div>
<b>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)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><input checked="" type="checkbox"/> * I agree</div> <small>* 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.</small>	
<b>19. Authorized Representative</b> <div style="display: flex; justify-content: space-between;"><div>Prefix: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em;"></span></div><div>* First Name: <span style="border: 1px solid black; padding: 2px;">Michael</span></div><div>Middle Name: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div></div> <div style="display: flex; justify-content: space-between;"><div>* Last Name: <span style="border: 1px solid black; padding: 2px;">Wurth</span></div><div>Suffix: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em;"></span></div></div> <div>* Position/Title: <span style="border: 1px solid black; padding: 2px;">Graduate Student</span></div> <div>* Organization: <span style="border: 1px solid black; padding: 2px;">University of Iowa</span></div> <div style="display: flex; justify-content: space-between;"><div>Department: <span style="border: 1px solid black; padding: 2px;">Informatics</span></div><div>Division: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div></div> <div>* Street1: <span style="border: 1px solid black; padding: 2px;">2 W Washington Street</span></div> <div>Street2: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div> <div style="display: flex; justify-content: space-between;"><div>* City: <span style="border: 1px solid black; padding: 2px;">Iowa City</span></div><div>County: <span style="border: 1px solid black; padding: 2px;">Johnson</span></div></div> <div style="display: flex; justify-content: space-between;"><div>* State: <span style="border: 1px solid black; padding: 2px;">Iowa</span></div><div>Province: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span></div></div> <div style="display: flex; justify-content: space-between;"><div>* Country: <span style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</span></div><div>* ZIP / Postal Code: <span style="border: 1px solid black; padding: 2px;">52240</span></div></div> <div style="display: flex; justify-content: space-between;"><div>* Phone Number: <span style="border: 1px solid black; padding: 2px;">319-XXX-XXXX</span></div><div>Fax Number: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span></div></div> <div>* Email: <span style="border: 1px solid black; padding: 2px;">mike-wurth@uiowa.edu</span></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>* Signature of Authorized Representative</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Completed on submission to Grants.gov</div></div><div style="width: 45%;"><b>* Date Signed</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Completed on submission to Grants.gov</div></div></div>	
<b>20. Pre-application</b> <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em;"></span> <div style="float: right; text-align: right;"><span style="border: 1px solid black; padding: 2px 10px; margin: 0 5px;">Add Attachment</span><span style="border: 1px solid black; padding: 2px 10px; margin: 0 5px;">Delete Attachment</span><span style="border: 1px solid black; padding: 2px 10px;">View Attachment</span></div>	
<b>21. Attach an additional list of Project Congressional Districts if needed.</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></div><div style="border: 1px solid black; padding: 2px 10px; margin: 0 5px;">Add Attachment</div><div style="border: 1px solid black; padding: 2px 10px; margin: 0 5px;">Delete Attachment</div><div style="border: 1px solid black; padding: 2px 10px;">View Attachment</div></div>	