

Extended Pilot and Feasibility Grant Application

1. Title of Project:

2. Principal Investigator

2a. Last Name, First Name, Middle Initial:

Extended Pilot and Feasibility Location:

University of Kentucky

2b. Degree(s):

2c. eRA Commons Username:

2d. Position Title:

2e. Mailing Address (*street, city, state, zip code*):

2f. Department, Division, and/or equivalent: 2g. Email Address:

2h. Contact Phone number:

2i. ORCID:

3. [Does this project propose human subjects' research:](#) ☐ Yes ☐ No

3a. Research Exempt? ☐ Yes ☐ No If yes, exemption no:

3b. Federal-wide assurance no: 3c. Clinical Trial? ☐ Yes ☐ No

3d. NIH-defined Phase III Clinical Trial? ☐ Yes ☐ No

4. Does this project propose vertebrate animal studies? ☐ Yes ☐ No

4a. Animal Welfare assurance number:

5. Dates of Proposed Period of Support (MM/YYYY)

From:

Through:

6. Total Costs Requested:

6. Administrative Official Name/Email (*note: please select the person who helped you prepare this application/your department/division's research administrator*)

7. What kind of research is this project? Select all that apply and/or add labels, as appropriate.

- | | | | | |
|---|--|---|---|--|
| ☐ Basic Research | ☐ Clinical Research | ☐ Applied Research | ☐ Translational Research | ☐ Diabetes |
| ☐ Obesity | ☐ Interdisciplinary | ☐ Inflammation | ☐ Brain Health | ☐ Maternal Health |
| ☐ Cancer | ☐ Complications | ☐ Other: | | |

8. Are you considered a New and/or Early-Stage Investigator? Select all that apply.

- | | | |
|---|---|----------------------------------|
| ☐ New Investigator | ☐ Early-Stage Investigator | ☐ Neither |
|---|---|----------------------------------|

9. Under which category of applicant do you belong?

- | |
|--|
| ☐ New faculty members involved in diabetes-related research who have not yet obtained independent funding |
| ☐ Established investigators not involved in diabetes-related research who propose feasibility studies related to diabetes |

APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: *I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.*

PROJECT SUMMARY (30 lines of text, maximum)

The project summary is a succinct and accurate description of the proposed work and should be able to stand on its own (separate from the application). This section should be informative to other persons working in the same or related fields and understandable to a scientifically literate reader. Avoid both descriptions of past accomplishments and the use of the first person. Please be concise.

PROJECT NARRATIVE (3 sentences, maximum)

Describe the relevance of this research to public health in, at most, three sentences. For example, NIH applicants can describe how, in the short or long term, the research would contribute to fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

SENIOR/KEY PERSONNEL

Name	eraCommons Username	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells ☐ No ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line: