null
15. ESTIMATED PROJECT FUNDING

| a. Total Federal Funds Requested | 226,670.00 |
| b. Total Non-Federal Funds       | 0.00        |
| c. Total Federal & Non-Federal Funds | 226,670.00 |
| d. Estimated Program Income      | 0.00        |

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐
   
   This preapplication/application was made available to the state executive order 12372 process for review on:
   
   Date: ____________

b. NO ☑
   
   Program is not covered by E.O. 12372; or
   
   Program has not been selected by state for review

17. 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.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: ________  * First Name: Deborah  Middle Name: K

Last Name: Davis  Suffix: ________

Position/Title: Associate Director

Organization: University of Kentucky Research Foundation

Department: Division: __________

Street1: 500 South Limestone

Street2: 109 Kinkead Hall

City: Lexington  County / Parish: __________

State: KY: Kentucky  Province: __________

Country: USA: UNITED STATES  ZIP / Postal Code: 40526-0001

Phone Number: 859-257-9420  Fax Number: 859-323-1060

Email: ospa@email.uky.edu

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment  Delete Attachment  View Attachment