

**University of Kentucky
College of Medicine
Bridge Funding Request**

BACKGROUND	
Faculty Name:	
Department:	
Chair Name:	
Department Administrator Name:	
Amount Requested from COM: <i>Max Available is \$50K</i>	
Amount Committed from Department:	
Total Amount Requested:	
Requested Start Date:	

GRANT INFORMATION	
Overview of NIH project submission (100 words or less):	
Impact Score	
1st or 2nd Submission?	
Estimated Time to Resubmission	
Summary of critiques (100 words or less):	
Plan to respond to critiques for next submission (100 words or less):	

SUPPORTING DOCUMENTATION
<ol style="list-style-type: none"> 1. Letter of Support from Chair or Center Director 2. NIH Biosketch 3. NIH Critique Documents 4. List of all laboratory personnel and the funds to which they are sourced 5. Budget reviewed by lead department administrator. Approval can be indicated with initials on the budget document. <p>Submit a single PDF of all documents to the Vice Dean for Research at medicineresearch@uky.edu</p>