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Q2 NHF/Novo Nordisk Career Development Award Continuation Application

For any questions please contact NHF's Research Department at research@hemophilia.org

Q3 Continuation application for: Year 2 or Year 3

Q4 Title of project

Q5 Applicant's name (Last, First, Middle, Degree)

Q6 Applicant's work mailing address (include institution's name)

Q7 Applicant's work phone

Q8 Applicant's work email

Q9 Applicant's home mailing address

Q10 Applicant's personal mobile number

Q11 Applicant's personal email

Q12 Has there been any changes to your immigration status since your initial application?

Q13 If yes, do you have permanent residence status?

Q14 If no, please explain immigration status below

Q15 If associated with a Hemophilia Treatment Center, please identify center

Q16 Was there a change in sponsor or mentor since the last application?

Q17 If yes, **Sponsor** or **Mentor's** name (Last, First, Middle, Degree)

Q18 **Sponsor** or **Mentor's** work address (include institution's name)

Q19 **Sponsor** or **Mentor's** work phone number

Q20 **Sponsor** or **Mentor's** work email

Q21 Upload or drag new **sponsor/mentor's** NIH Biographical Sketch

Q22 Sponsor or Mentor's **assistant's** name (Last, First, Middle, Degree) (if applicable)

Q23 Sponsor or Mentor's **assistant's** work phone number (if applicable)

Q24 Sponsor or Mentor's **assistant's** work email (if applicable)

Q25 Was there a change in HTC's Medical Director or Department's Chair since the last application?

Q26 If yes, **HTC's Medical Director** or **Department's Chair** name (Last, First, Middle, Degree)

Q27 **HTC's Medical Director** or **Department's Chair** title

Q28 **HTC's Medical Director** or **Department's Chair's** work address (include institution's name)

Q29 **HTC's Medical Director** or **Department's Chair's** work phone number

Q30 **HTC's Medical Director** or **Department's Chair's** work email

Q31 Was there a change in **Financial Officer** since the last application?

Q32 If yes, **Financial Officer's** name (Last, First, Middle)

Q33 **Financial Officer's** work address (include institution's name)

Q34 **Financial Officer's** work phone

Q35 **Financial Officer's** work email

Q36 **Financial Officer's** assistant's name (Last, First, Middle) (if applicable)

Q37 **Financial Officer's** assistant's work phone (if applicable)

Q38 **Financial Officer's** assistant's work email (if applicable)

Q39 List applicant's **currently-funded or pending research** projects below (if applicable). Also, explain if applicant will be applying to a new funding source for this or any other project. You can copy and paste this section from another document.

Q40 Are human subjects, tissues or vertebrate animals being used?

Q41 If yes, the **Assurances and Certification for Research Involving Human Subjects and/or Vertebrate Animals form must be sent to NHF accompanied by the IRB/IACUC approval letter, as applicable.**

Q42 **Changes to original proposal** Provide an overview of any changes to the original proposal -including aims and methods. If project aims have changed, please explain approach with new aims. Changes of mentor should also be explained in the space below. If there have been no changes to the proposed project, please state that. You can copy and paste this section from another document. This description is limited to 18,000 characters (about 2500 words).

Q43 **Research Project Progress Report** Upload or drag a document containing the entire progress report (narrative, pictures, graphs, figures, and references as needed). The document should not be longer than 6 pages written using the basic font Arial of no less than 12 points, single space with 1-inch page margins.

Q44 **Project Accomplishments** If applicable, describe in detail any publication that has resulted from project -include any abstract (oral or poster) and provide information of the meeting where it was presented and if it received any awards. If none, please state that.

Q45 **Project Accomplishments** If applicable, upload or drag any publication

Q46 Estimated time to complete project (cannot exceed a total of 3 years)

Q47 **Budget:** Upload or drag completed **Continuation Application Budget Template** found in the [NHF-CDA webpage](#). Please refer to the Award Guidelines for authorized vs non-authorized expenses (ex: indirect costs are not authorized expenses)

Q48 Upload or drag completed **Continuation Application Signature Page** found in the [award's webpage](#) of NHF's website

Q49 **STOP! This is the last page of the application.** If you are ready to submit please select option below. **If you are not ready, please go back and review your application.** You will have the opportunity to print out or download your application once it is submitted.