NIH Electronic Applications: Annotated SF424 (R&R) Form Set

FORMS CURRENTLY SUPPORTED BY ERA:

Federal-wide Forms

Agency-specific (PHS) Forms

IMPORTANT NOTES:

- The Application Guides found at http://grants.nih.gov/grants/funding/424/index.htm and the announcement text for the target Funding Opportunity Announcement (FOA) remain the official documents for defining application requirements. This resource is meant to compliment, not replace, those documents.
- NIH electronic application packages include a subset of the forms included in this resource. The forms included for a specific FOA are dependent on the activity code used for that FOA.
- The yellow boxes with red outlines are required fields as recognized by Grants.gov. The Application Guide and this resource describe NIH form field requirements above what is marked on the federal-wide forms.
- The light blue boxes throughout the document represent processing notes and eRA system validations.
- The eRA system checks submitted applications against many of the business rules defined in the Application Guide. Not all system validations are contained in this resource. For a complete list of eRA eSubmission Validations see: http://grants.nih.gov/grants/ElectronicReceipt/files/SF424RR_Validation.pdf.
- **General attachment tips:**
  - Use simple PDF formatted files for all attachments
    - Do not use Portfolio or similar feature to bundle multiple files into a single PDF
    - Disable security features like password protection
  - Keep filenames to 50 characters or less and use only letters, numbers and underscore (_)
  - Follow guidelines for fonts, margins and avoid 2-column and "landscape" formats

GRANTS.GOV™

Grant Application Package

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-11-260
Competition ID:	ADOBE-FORMS-B2
Opportunity Open Date:	08/12/2011
Opportunity Close Date:	09/07/2014
Agency Contact:	Grants Info Grants Information E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

Header information is pre-populated with Funding Opportunity Announcement information and is not editable.

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

For applicant use and tracking in Grants.gov only. Agency has no visibility to this Filing Name.

Mandatory Documents

```
SF424 (R & R)
Project/Performance Site Location(s)
Research And Related Other Project Information
Research And Related Senior/Key Person Profile
PHS 398 Cover Page Supplement
PHS 398 Research Plan
PHS 398 Checklist
```

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

All mandatory documents must be moved to this section and completed.

Optional Documents

```
R & R Subaward Budget Attachment(s) Form 5 YR 3
PHS 398 Modular Budget
Research & Related Budget
PHS Cover Letter
```

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Consult Application Guide to determine which of the 'Optional' documents should be included with your application.

Instructions

1 **Enter a name for the application in the Application Filing Name field.**

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 **Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 **Click the "Save & Submit" button to submit your application to Grants.gov.**

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Fill out SF 424 (R&R) form first. It populates fields in other forms.

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

Use Changed/Corrected when correcting eRA errors/warnings.

3. DATE RECEIVED BY STATE

State Application Identifier

If Application (box 1) + New (box 8), then leave blank. If Changed/Corrected (box 1) + New (box 8), use previous Grants.gov tracking #. Otherwise, use institute and serial # of previous NIH grant/app. # (e.g., use CA987654 from 1R01CA987654-01).

1. * TYPE OF SUBMISSION

☐ Pre-application   ☐ Application   ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED   Applicant Identifier

Use Application for first submission attempt.

Field must be completed for DP1 and DP2 applications.

5. APPLICANT INFORMATION   * Organizational DUNS:

Must match DUNS used for Grants.gov and eRA Commons registrations. Must be 9 or 13 digits; no letters or special characters.

* Legal Name:

Do not use Pre-application unless specifically noted in FOA (e.g., X02).

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

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

Must provide zip+4 for all zip codes in all B-series forms.

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Phone Number: Fax Number:

Email: Contact e-mail is required by NIH. If not included, or improperly formatted, the AOR e-mail provided in item 19 will be used.

6. * EMPLOYER IDENTIFICATION *(EIN)* or *(TIN)*:

7. * TYPE OF APPLICANT: Please select one of the following

Other (Specify):

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

8. * TYPE OF APPLICATION:

See Application Guide for definitions.

☐ 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: National Institutes of Health Stage

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

NIH will assign CFDA post-submission.

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

NIH only saves first 81 characters of project title. If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant.

12. PROPOSED PROJECT: **13. CONGRESSIONAL DISTRICT OF APPLICANT**

* Start Date   * Ending Date

Start date is an estimate; typically at least nine months after submission. Ending date should not exceed what is allowed in announcement.

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

PD/PI first/last name should match name on file for Commons ID provided in the Credential field of the R&R Senior/Key Person Profile (Expanded) form.

Position/Title:

* Organization Name:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

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

* Phone Number: Fax Number:

* Email:

15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts.

a. Total Federal Funds Requested

b. Total Non-Federal Funds

c. Total Federal & Non-Federal Funds

d. Estimated Program Income

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 penalities. (U.S. Code, Title 18, Section 1001)

☐ *** I agree**   ← See Application Guide for full list of NIH policies and certifications.

* 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

[Add Attachment] [Delete Attachment] [View Attachment]

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Authorized Organization Representative (AOR) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission.

In eRA Commons this individual is called a Signing Official (SO).

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

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

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative   *** Date Signed**

Completed on submission to Grants.gov   Completed on submission to Grants.gov

20. Pre-application   ← Do not use unless specifically noted in the opportunity.   [...ment] [Delete Attachment] [View Attachment]

Project/Performance Site Location(s)

Project/Performance Site Primary Location

[ ] I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

> DO NOT check box. NIH only accepts applications from organizations.

DUNS Number:

> DUNS Number is not required by Grants.gov but continues to be required/enforced by NIH.

* Street1:

Street2:

* City:　　　　County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:　　　　* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

[ ] I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:　　　　County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:　　　　* Project/ Performance Site Congressional District:

> Can collect data for the primary location and 29 additional location prior to using Additional Location(s) attachment.

Additional Location(s)　　[Add Attachment]　[Delete Attachment]　[View Attachment]

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? ☐ Yes ☐ No

If Human Subjects = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.

  1.a   If YES to Human Subjects

      Is the Project Exempt from Federal regulations?   ☐ Yes   ☐ No

      If yes, check appropriate exemption number.   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

IRB Approval Date is not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data. If provided, date cannot be in the future.

      If no, is the IRB review Pending?   ☐ Yes   ☐ No

      IRB Approval Date: [_____]

      Human Subject Assurance Number: [_____]

If Human Subjects = Yes, the Human Subject Assurance Number or the text 'None' must be provided.

2. * Are Vertebrate Animals Used?   ☐ Yes   ☐ No

If Vertebrate Animals = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.

  2.a.   If YES to Vertebrate Animals

      Is the IACUC review Pending?   ☐ Yes   ☐ No

IACUC Approval Date is not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data. If provided, date cannot be in the future.

      IACUC Approval Date: [_____]

      Animal Welfare Assurance Number [_____]

If Vertebrate Animals = Yes, the Animal Welfare Assurance Number or the text 'None' must be provided.

3. * Is proprietary/privileged information included in the application?   ☐ Yes   ☐ No

4.a. * Does this project have an actual or potential impact on the environment?   ☐ Yes   ☐ No

4.b. If yes, please explain: [_____]

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?   ☐ Yes   ☐ No

4.d. If yes, please explain: [_____]

5. * Is the research performance site designated, or eligible to be designated, as a historic place?   ☐ Yes   ☐ No

5.a. If yes, please explain: [_____]

6. * Does this project involve activities outside of the United States or partnerships with international collaborators?   ☐ Yes   ☐ No

6.a. If yes, identify countries: [_____]

6.b. Optional Explanation: [_____]

7. * Project Summary/Abstract   *Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page.*   [Attachment] [View Attachment]

8. * Project Narrative   *Typically 2-3 sentence statement of public health relevance; system will give error if over 1 page.*

9. Bibliography & References Cited [_____] [Add Attachment] [Delete Attachment] [View Attachment]

10. Facilities & Other Resources [_____] [Add Attachment] [Delete Attachment] [View Attachment]

11. Equipment [_____] [Add Attachment] [Delete Attachment] [View Attachment]

12. Other Attachments [Add Attachments] [Delete Attachments] [View Attachments] ☐

Only provide Other Attachments when requested in the FOA.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: _____ * First Name: _____ Middle Name: _____

* Last Name: _____ Suffix: _____

Position/Title: _____ Department: _____

Organization Name: _____ *(Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF 424 (R&R) cover.)* Division: _____

* Street1: _____

Street2: _____

* City: _____ County/ Parish: _____

* State: _____ Province: _____

* Country: USA: UNITED STATES * Zip / Postal Code: _____

* Phone Number: _____ Fax Number: _____

* E-Mail: _____

Credential, e.g., agency login: _____ *(Valid eRA Commons username required by NIH. Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and SO roles (if PD/PI also serves as SO, use a separate account for SO functions).)*

(Project Role will default to PD/PI and must remain PD/PI (do not edit).)

* Project Role: PD/PI Other Project Role Category: _____

Degree Type: _____

Degree Year: _____

(Attach Biographical Sketch for each person. Limited to 4 pages. Format and samples: http://grants.nih.gov/grants/funding/424/index.htm.)

*Attach Biographical Sketch _____ Add Attachment Delete Attachment View Attachment

Attach Current & Pending Support _____ Add Attachment Delete Attachment View Attachment

(Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.)

PROFILE - Senior/Key Person 1

Prefix: _____ * First Name: _____ Middle Name: _____

* Last Name: _____ Suffix: _____

Position/Title: _____ Department: _____

Organization Name: _____ *(Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.)*

* Street1: _____

Street2: _____

* City: _____ County/ Parish: _____

* State: _____ Province: _____

* Country: USA: UNITED STATES * Zip / Postal Code: _____

* Phone Number: _____ Fax Number: _____

* E-Mail: _____ *(For multiple PD/PI applications, you must use the PD/PI role and provide the eRA Commons username in the Credential field for all PD/PIs. If multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the PHS 398 Research Plan form is required.)*

Credential, e.g., agency login: _____

* Project Role: _____ Other Project Role Category: _____

Degree Type: _____ *(See the Application Guide for Biographical Sketch format instructions. Limited to 4 pages (except limited to 2 pages for DP1 and DP2).)*

Degree Year: _____

*Attach Biographical Sketch _____ Add Attachment Delete Attachment View Attachment

Attach Current & Pending Support _____ Add Attachment Delete Attachment View Attachment

Delete Entry *(Up to 39 formatted Sr/Key entries can be included in addition to PD/PI. Option to provide attachment with additional Sr./Key info is available after 39 entries are made.)* Next Person

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

If Project budget, use applicant organization DUNS. If Subaward/Consortium, use that organization's DUNS and not DUNS of the applicant organization.

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project   ☐ Subaward/Consortium

Only the primary applicant organization should specify Project.

Enter name of Organization:

* Start Date: *** End Date:**   Budget Period 1

Every Sr./Key listed must have measurable effort in either Calendar Months or a combination of Academic and Summer Months.

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													

PD/PI must be listed as a Sr/Key with measurable effort in every budget period.

Base Salary can be left blank for submission, but is required prior to award.

9. Total Funds requested for all Senior Key Persons in the attached file

If more than 8 Sr./Key, use attachment and enter total funds requested for additional Sr/Key persons.

Total Senior/Key Person

Additional Senior Key Persons: [Add Attachment] [Delete Attachment] [View Attachment]

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						

Aggregate information should be provided in section B. More detailed information should be provided in Budget Justification.

Total Number Other Personnel   Total Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project   ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

List items and dollar amount for each item exceeding $5,000

	Equipment item	*** Funds Requested ($)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Itemize up to 10 pieces of equipment.
If more, include total dollars in line 11 and provide details in the Additional Equipment attachment.

11. **Total funds requested for all equipment listed in the attached file**

Total Equipment

Additional Equipment: _____   Add Attachment   Delete Attachment   View Attachment

D. Travel   **Funds Requested ($)**

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs   Only complete this section if requested to do so in the FOA.   **Funds Requested ($)**

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

_____ **Number of Participants/Trainees**   **Total Participant/Trainee Support Costs**

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project   ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

F. Other Direct Costs   **Funds Requested ($)**

1. Materials and Supplies

2. Publication Costs

3. Consultant Services

4. ADP/Computer Services

5. Subawards/Consortium/Contractual Costs   ← Subaward/Consortium/ Contractural Costs not pre-populated. Include both Direct and Indirect costs.

6. Equipment or Facility Rental/User Fees

7. Alterations and Renovations

8.

9.

10.

Total Other Direct Costs

G. Direct Costs   **Funds Requested ($)**

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.			
2.			
3.			
4.			

Total Indirect Costs

Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs   **Funds Requested ($)**

Total Direct and Indirect Institutional Costs (G + H)

J. Fee   **Funds Requested ($)**

K. * Budget Justification   [Add Attachment] [Delete Attachment] [View Attachment]

(Only attach one file.)

RESEARCH & RELATED Budget {F-K} (Funds Requested)

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals ($)

Section A, Senior/Key Person

Section B, Other Personnel

Total Number Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)

Section C, Equipment

Section D, Travel

1. Domestic

2. Foreign

Section E, Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

6. Number of Participants/Trainees

Section F, Other Direct Costs

1. Materials and Supplies

2. Publication Costs

3. Consultant Services

4. ADP/Computer Services

5. Subawards/Consortium/Contractual Costs

6. Equipment or Facility Rental/User Fees

7. Alterations and Renovations

8. Other 1

9. Other 2

10. Other 3

Section G, Direct Costs (A thru F)

Section H, Indirect Costs

Section I, Total Direct and Indirect Costs (G + H)

Section J, Fee

     ADOBE-FORMS-B Series (Footer not part of forms)   Updated March 2012

Used with application packages that have a Competition ID of ADOBE-FORMS-B1.

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a PDF document.

[Click here to extract the R&R Subaward Budget Attachment]

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment

If submitting an application with >10 subaward budgets, budgets 11 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section K of the R&R Budget form. This form should only be used in conjunction with the R&R Budget form.

The sum of all subaward budgets (e.g., those attached separately on this form and those provided as part of the budget justification), must be included in Line F.5 Subawards/Consortium/ Contractual Costs of the parent budget.

When submitting subaward budgets that are not active for all periods of the project, fill out the subaward R&R Budget form and include only the number of periods for which the subaward is active. The budget period start/end dates reflected in each period of the subaward should match the project budget period start/end dates that correspond to the active periods.

Do not include the Subaward Budget Attachment form with applications that use the PHS 398 Modular Budget form.

Common use scenarios:
1. Applicant extracts and sends the R&R Budget form to the subaward organization for completion.
2. Subaward organization completes form and returns it to the applicant organization.
3. Applicant attaches the completed form within project application package.

OR

1. Applicant requests budget information from subaward organization, extracts R&R Budget form, completes it with provided information and attaches it to the project application package.

OMB Number: 4040-0001
Expiration Date: 06/30/2011

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a PDF document.

[Click here to extract the R&R Subaward Budget Attachment]

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

16) Please attach Attachment 16
17) Please attach Attachment 17
18) Please attach Attachment 18
19) Please attach Attachment 19
20) Please attach Attachment 20
21) Please attach Attachment 21
22) Please attach Attachment 22
23) Please attach Attachment 23
24) Please attach Attachment 24
25) Please attach Attachment 25
26) Please attach Attachment 26
27) Please attach Attachment 27
28) Please attach Attachment 28
29) Please attach Attachment 29
30) Please attach Attachment 30

If submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section K of the R&R Budget form. This form should only be used in conjunction with the R&R Budget form.

The sum of all subaward budgets (e.g., those attached separately on this form and those provided as part of the budget justification), must be included in Line F.5 Subawards/Consortium/ Contractual Costs of the parent budget.

When submitting subaward budgets that are not active for all periods of the project, fill out the subaward R&R Budget form and include only the number of periods for which the subaward is active. The budget period start/end dates reflected in each period of the subaward should match the project budget period start/end dates that correspond to the active periods.

Do not include the Subaward Budget Attachment form with applications that use the PHS 398 Modular Budget form.

Common use scenarios:
1. Applicant extracts and sends the R&R Budget form to the subaward organization for completion.
2. Subaward organization completes form and returns it to the applicant organization.
3. Applicant attaches the completed form within project application package.

OR

1. Applicant requests budget information from subaward organization, extracts R&R Budget form, completes it with provided information and attaches it to the project application package.

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	$	$	$ 0.00
2. Land, structures, rights-of-way, appraisals, etc.	$	$	$ 0.00
3. Relocation expenses and payments	$	$	$ 0.00
4. Architectual and engineering fees	$	$	$ 0.00
5. Other architectural and engineering fees	$	$	$ 0.00
6. Project inspection fees	$	$	$ 0.00
7. Site work	$	$	$ 0.00
8. Demolition and removal	$	$	$ 0.00
9. Construction	$	$	$ 0.00
10. Equipment	$	$	$ 0.00
11. Miscellaneous	$	$	$ 0.00
12. SUBTOTAL *(sum of lines 1-11)*	$ 0.00	$ 0.00	$ 0.00
13. Contingencies	$	$	$ 0.00
14. SUBTOTAL	$ 0.00	$ 0.00	$ 0.00
15. Project (program) income	$	$	$ 0.00
16. TOTAL PROJECT COSTS *(subtract #15 from #14)*	$ 0.00	$ 0.00	$ 0.00

FEDERAL FUNDING

17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share. Enter eligible costs from line 16c Multiply X [____] % Be sure to include the multiplier or the Total will calculate to zero.	$ 0.00

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Standard Form 424C (Rev. 7-97)
Prescribed by OMB Circular A-102

SBIR/STTR Information

* Program Type (select only one)

☐ SBIR ☐ STTR ← Must select SBIR or STTR (not Both). Program Type must match announcement.

☐ Both *(See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)*

* SBIR/STTR Type (select only one)

☐ Phase I ☐ Phase II

☐ Fast-Track *(See agency-specific instructions to determine whether a particular agency participates in Fast-Track)*

Questions 1-7 must be completed by all SBIR and STTR Applicants:

☐ Yes ☐ No	*** 1a.** Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? ← Must meet SBIR/STTR eligibility requirements at time of award (not submission).
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.

☐ Yes
☐ No
	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?
	    * If yes, insert the names of the Federal laboratories/agencies:
	    Required if Yes. Cannot include if No.

☐ Yes ☐ No	*** 3.** Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov

☐ Yes
☐ No
	* 4. Will all research and development on the project be performed in its entirety in the United States?
	    If no, provide an explanation in an attached file.
	    * Explanation: Required if No. Cannot include if Yes. [Add Attachment] [Delete Attachment] [View Attachment]

☐ Yes
☐ No
	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work?
	    * If yes, insert the names of the other Federal agencies:
	    Required if Yes. Cannot include if No.

☐ Yes ☐ No	*** 6.** Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. *** Attach File:** [ ] [Add Attachment] [Delete Attachment] [View Attachment]

Required for Phase II and Fast Track submissions.
Limited to 12 pages.

SBIR/STTR Information

SBIR-Specific Questions:

Questions 8 and 9 apply only to SBIR applications. If you are submitting <u>ONLY</u> an STTR application, leave questions 8 and 9 blank and proceed to question 10.

☐ Yes ☐ No	* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment. * Attach File: [_____] [Add Attachment] [Delete Attachment] [View Attachment]
☐ Yes ☐ No	* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

STTR-Specific Questions:

Questions 10 and 11 apply only to STTR applications. If you are submitting <u>ONLY</u> an SBIR application, leave questions 10 and 11 blank.

☐ Yes ☐ No	* 10. Please indicate whether the answer to BOTH of the following questions is TRUE: (1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND (2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?
☐ Yes ☐ No	* 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?

PHS Cover Letter

*Mandatory Cover Letter Filename:

[Add Cover Letter File]   [Delete Cover Letter File]   [View Cover Letter File]

Cover letter is only for internal Agency use and will not be shared with peer reviewers.

Used to convey information to Receipt & Referral staff (e.g., request of assignment to a particular awarding component or Scientific Review Group, individuals/competitors that should not review application, or reason for late submission.)

Required for all F applications.

Required for any submission made after the submission deadline.

If revising the cover letter to submit it with a Changed/Corrected application, include all information submitted in the previous cover letter. The system only retains the last cover letter submitted.

See Application Guide for suggested cover letter format.

PHS 398 Cover Page Supplement

1. Project Director / Principal Investigator (PD/PI)   Section is pre-populated from SF 424 (R&R) cover.

Prefix: [ ]

* First Name: [ ]

Middle Name: [ ]

* Last Name: [ ]

Suffix: [ ]

2. Human Subjects

Clinical Trial?   ☐ No   ☐ Yes

* Agency-Defined Phase III Clinical Trial?   ☐ No   ☐ Yes

3. Applicant Organization Contact

The Cover Page Supplement form requests additional Business Official contact information not included on the Standard Form 424 Research and Related Cover Component form.

Person to be contacted on matters involving this application

Prefix: [ ]

* First Name: [ ]

Middle Name: [ ]

* Last Name: [ ]

Suffix: [ ]

* Phone Number: [ ]   Fax Number: [ ]

Email: [ ]

Form requests additional Business Official contact information not included on SF 424 (R&R) cover.

* Title: [ ]

* Street1: [ ]

Street2: [ ]

* City: [ ]

County/Parish: [ ]

* State: [ ]

Province: [ ]

* Country: USA: UNITED STATES   * Zip / Postal Code: [ ]

PHS 398 Cover Page Supplement

4. Human Embryonic Stem Cells

If Yes, then "cannot be referenced" box must be checked or approved cell line entries must be included.

* Does the proposed project involve 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: http://stemcells.nih.gov/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Cell Line(s):   ☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission.

PHS 398 Modular Budget, Periods 1 and 2

Form sometimes used in place of R&R Budget when detailed categorical information is not required. See Application Guide and/or announcement to determine appropriate use.

OMB Number: 0925-0001

Budget Period: 1

[Reset Entries]   Start Date: _____   End Date: _____

A. Direct Costs

Direct costs requested must be $250K or less per year to use Modular Budget form. Request in "modules" of $25K.

Some grant programs have limits on Total Direct Costs. Check announcement.

* Funds Requested ($)

* Direct Cost less Consortium F&A _____

Consortium F&A _____

* Total Direct Costs _____

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.			
2.			
3.			
4.			

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date _____

Total Indirect Costs _____

C. Total Direct and Indirect Costs (A + B)   Funds Requested ($) _____

Budget Period: 2

[Reset Entries]   Start Date: _____   End Date: _____

A. Direct Costs

* Funds Requested ($)

* Direct Cost less Consortium F&A _____

Consortium F&A _____

* Total Direct Costs _____

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.			
2.			
3.			
4.			

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date _____

Total Indirect Costs _____

C. Total Direct and Indirect Costs (A + B)   Funds Requested ($) _____

PHS 398 Modular Budget, Periods 3 and 4

Budget Period: 3

[Reset Entries]   Start Date: [ ]   End Date: [ ]

A. Direct Costs

	* Funds Requested ($)
* Direct Cost less Consortium F&A	[ ]
Consortium F&A	[ ]
* Total Direct Costs	[ ]

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.	[ ]	[ ]	[ ]
2.	[ ]	[ ]	[ ]
3.	[ ]	[ ]	[ ]
4.	[ ]	[ ]	[ ]

Cognizant Agency (Agency Name, POC Name and Phone Number) [ ]

Indirect Cost Rate Agreement Date [ ]   Total Indirect Costs [ ]

C. Total Direct and Indirect Costs (A + B)

Funds Requested ($) [ ]

Budget Period: 4

[Reset Entries]   Start Date: [ ]   End Date: [ ]

A. Direct Costs

	* Funds Requested ($)
* Direct Cost less Consortium F&A	[ ]
Consortium F&A	[ ]
* Total Direct Costs	[ ]

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.	[ ]	[ ]	[ ]
2.	[ ]	[ ]	[ ]
3.	[ ]	[ ]	[ ]
4.	[ ]	[ ]	[ ]

Cognizant Agency (Agency Name, POC Name and Phone Number) [ ]

Indirect Cost Rate Agreement Date [ ]   Total Indirect Costs [ ]

C. Total Direct and Indirect Costs (A + B)

Funds Requested ($) [ ]

PHS 398 Modular Budget, Periods 5 and Cumulative

Budget Period: 5

Reset Entries   Start Date: [ ]   End Date: [ ]

A. Direct Costs

* Funds Requested ($)

* Direct Cost less Consortium F&A [ ]

Consortium F&A [ ]

* Total Direct Costs [ ]

B. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.			
2.			
3.			
4.			

Cognizant Agency (Agency Name, POC Name and Phone Number) [ ]

Indirect Cost Rate Agreement Date [ ]   Total Indirect Costs [ ]

C. Total Direct and Indirect Costs (A + B)

Funds Requested ($) [ ]

Cumulative Budget Information   Cumulative Budget is system generated.

1. Total Costs, Entire Project Period

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period $ [ ]

Section A, Total Consortium F&A for Entire Project Period $ [ ]

*Section A, Total Direct Costs for Entire Project Period $ [ ]

*Section B, Total Indirect Costs for Entire Project Period $ [ ]

*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period $ [ ]

2. Budget Justifications

Personnel Justification   Warning if not attached.   Add Attachment   Delete Attachment   View Attachment

Consortium Justification   [ ]   Add Attachment   Delete Attachment   View Attachment

Additional Narrative Justification   [ ]   Add Attachment   Delete Attachment   View Attachment

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

*Type of Application: | Section is pre-populated from SF 424 (R&R) cover.

☐ New   ☐ Resubmission   ☐ Renewal   ☐ Continuation   ☐ Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application

(for RESUBMISSION or REVISION only)

← Limited to 1 page (except R25 Resubmissions can be 3 pages).   [View Attachment]

2. Specific Aims   ← Required attachment (except DP1, DP2 and X02). Limited to 1 page.   [Add Attachment] [Delete Attachment] [View Attachment]

3. *Research Strategy   Adhere to page limits specified in announcement. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.   [Attachment]

4. Inclusion Enrollment Report   [Add Attachment] [Delete Attachment] [View Attachment]

5. Progress Report Publication List   [Add Attachment] [Delete Attachment] [View Attachment]

Human Subjects Sections | Attachments typically required if Human Subjects= Yes on the Other Project Information form.

6. Protection of Human Subjects   Required for all apps. (except S10), if Human Subjects is Yes.   [Add Attachment] [Delete Attachment] [View Attachment]

7. Inclusion of Women and Minorities   Required for all apps. (except S10), if Human Subjects is Yes and Exception is not E4.

8. Targeted/Planned Enrollment Table   Required for all apps. (except S10), if Human Subjects is Yes and Exception is not E4.

9. Inclusion of Children   Required for all apps. (except S10), if Human Subjects is Yes and Exception is not E4.

Other Research Plan Sections

10. Vertebrate Animals   Required for all apps. (except S10), if Vertebrate Animals is Yes.

11. Select Agent Research   [Add Attachment] [Delete Attachment] [View Attachment]

12. Multiple PD/PI Leadership Plan   Required if more than one PD/PI is specified on R&R Sr./Key Person Profile form.

13. Consortium/Contractual Arrangements   Required for S11 applications.   [Add Attachment] [Delete Attachment] [View Attachment]

14. Letters of Support   Required for S11 and R36 applications.   [Delete Attachment] [View Attachment]

15. Resource Sharing Plan(s)   [Add Attachment] [Delete Attachment] [View Attachment]

16. Appendix   [Add Attachments] [Remove Attachments] [View Attachments]

Allows for up to 10 appendices. See Application Guide and announcement for restrictions.

Appendices are stored separately in the eRA Grant Folder (not as part of the application image) and are accessible to appropriate Agency staff and peer reviewers.

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.

PHS 398 Checklist

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application: Section is pre-populated from SF 424 (R&R) cover.

☐ New   ☐ Resubmission   ☐ Renewal   ☐ Continuation   ☐ Revision

Federal Identifier: [   ]

2. Change of Investigator / Change of Institution Questions

☐ Change of principal investigator / program director

Used to specify change of PD/PI or change of institution.
Change of investigator not allowed for Revision applications.
Change of investigator not allowed for Career Development (Ks, except K12) applications.

Name of former principal investigator / program director:

Prefix: [   ]
* First Name: [   ]
Middle Name: [   ]
* Last Name: [   ]
Suffix: [   ]

☐ Change of Grantee Institution

* Name of former institution:
[   ]

3. Inventions and Patents   (For renewal applications only)

* Inventions and Patents: Yes ☐   No ☐

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes ☐   No ☐

4. * Program Income

Is program income anticipated during the periods for which the grant support is requested?

☐ Yes   ☐ No

The number of program income budget periods must be less than or equal to the number of periods included in the budget form.

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount ($)	*Source(s)

5. * Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

☐ Yes   ☐ No

PHS 398 Career Development Award Supplemental Form

1. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.

☐ New   ☐ Resubmission   ☐ Renewal   ☐ Continuation   ☐ Revision   Section is pre-populated from SF 424 (R&R) cover.

2. Career Development Award Attachments:

Please attach applicable sections, below.

Introduction (if applicable)

1. Introduction to Application
   (for RESUBMISSION applications only)

   Required for Resubmissions.   [Add Attachment] [Delete Attachment] [View Attachment]

Candidate Information

2. Candidate's Background — Required for all Ks except K12 and KM1.   [Add Attachment] [Delete Attachment] [View Attachment]

3. Career Goals and Objectives — Required for all Ks except K12 and KM1.   [Add Attachment] [Delete Attachment] [View Attachment]

4. Career Development/Training Activities During Award Period — Required for all Ks except K12 and KM1.   [Add Attachment] [Delete Attachment] [View Attachment]

5. Training in the Responsible Conduct of Research — Required for all Ks except K12 and KM1. Limited to 1 page.   [Delete Attachment] [View Attachment]

6. Mentoring Plan *(when applicable)* — Required for K05 and K24. Do not include for mentored Ks. Limited to 6 pages.   [Delete Attachment] [View Attachment]

Statements of Support

7. Statements by Mentor, Co-Mentors, Consultants, Contributors *(as appropriate)* — Required for all mentored Ks. Limited to 6 pages.   [Add Attachment] [Delete Attachment] [View Attachment]

Environment and Institutional Commitment to Candidate

8. Description of Institutional Environment — Required for all Ks except K12 and KM1. Limited to 1 page.   [Add Attachment] [Delete Attachment] [View Attachment]

9. Insitutional Commitment to Candidate's Research Career Development — Required for all Ks except K12 and KM1. Limited to 1 page.   [Add Attachment] [Delete Attachment] [View Attachment]

Research Plan

10. Specific Aims — Required attachment. Limited to 1 page.   [Delete Attachment] [View Attachment]

11. * Research Strategy — The total number of pages for Items 2-4 (Candidate's Background, Career Goals and Objectives, and Career Development/Training Activities During Award Period) and Item 11 (Research Strategy) combined may not exceed 12 pages. Error if attachments 2-4 together are greater 15 pages. Warning if attachments 2-4 together are greater than 12 pages and less than or equal to 15 pages (need to account for page breaks).

12. Inclusion Enrollment Report *(for RENEWAL applications only)*

13. Progress Report Publication List *(for RENEWAL applications only)*

Human Subject Sections

14. Protection of Human Subjects — Required if Human Subjects is Yes.   [Add Attachment] [Delete Attachment] [View Attachment]

15. Inclusion of Women and Minorities — Required if Human Subjects is Yes and Exemption is not E4.   [Delete Attachment] [View Attachment]

16. Targeted/Planned Enrollment — Required if Human Subjects is Yes and Exemption is not E4.   [Delete Attachment] [View Attachment]

17. Inclusion of Children — Required if Human Subjects is Yes and Exemption is not E4.   [Delete Attachment] [View Attachment]

PHS 398 Career Development Award Supplemental Form

2. Career Development Award Attachments (continued):

Other Research Plan Sections

18. Vertebrate Animals   Required if Vertebrate Animals Used is Yes.   [Add Attachment] [Delete Attachment] [View Attachment]

19. Select Agent Research   [   ]   [Add Attachment] [Delete Attachment] [View Attachment]

20. Consortium/Contractual Arrangements   [   ]   [Add Attachment] [Delete Attachment] [View Attachment]

21. Resource Sharing Plan(s)   [   ]   [Add Attachment] [Delete Attachment] [View Attachment]

Appendix (if applicable)

22. Appendix   [Add Attachments] [Delete Attachments] [View Attachme...]

> Allows for up to 10 appendices. See Application Guide and announcement for restrictions.
>
> Appendices are stored separately in the eRA Grant Folder (not as part of the application image) and are accessible to appropriate Agency staff and peer reviewers.
>
> DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.

3. * Citizenship:

☐ U.S. Citizen or noncitizen national   ☐ Permanent Resident of U.S. Pending

☐ Permanent Resident of U.S.
(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)   ☐ Non-U.S. Citizen with temporary U.S. visa

PHS Fellowship Supplemental Form

OMB Number: 0925-0002

A. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Section is pre-populated from SF 424 (R&R) cover.

B. Research Training Plan

1. Introduction to Application
   (for RESUBMISSION applications only)
   Required for Resubmissions. Limited to 1 page.
   [Add Attachment] [Delete Attachment] [View Attachment]

2. * Specific Aims
   ← Limited to 1 page.
   [Add Attachment] [Delete Attachment] [View Attachment]

3. * Research Strategy
   ← Limited to 6 pages.
   [Add Attachment] [Delete Attachment] [View Attachment]

4. Inclusion Enrollment Report
   (for RENEWAL applications only)
   [Add Attachment] [Delete Attachment] [View Attachment]

5. Progress Report Publication List
   (for RENEWAL applications only)
   [Add Attachment] [Delete Attachment] [View Attachment]

Human Subjects

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Human Subjects Involved? ☐ Yes ☐ No

Pre-populated from R&R Other Project Information form.

6. Human Subjects Involvement Indefinite? ☐ Yes ☐ No   Required if Human Subjects is Yes.

7. Clinical Trial? ☐ Yes ☐ No   Required if Human Subjects is Yes.

8. Agency-Defined Phase III Clinical Trial? ☐ Yes ☐ No   Required if Human Subjects is Yes.

9. Protection of Human Subjects
   Required if Human Subjects is Yes.
   [Add Attachment] [Delete Attachment] [View Attachment]

10. Inclusion of Women and Minorities
    Required if Human Subjects is Yes and Exemption is not E4.
    [Delete Attachment] [View Attachment]

11. Targeted/Planned Enrollment
    Required if Human Subjects is Yes and Exemption is not E4.
    [Delete Attachment] [View Attachment]

12. Inclusion of Children
    Required if Human Subjects is Yes and Exemption is not E4.
    [Delete Attachment] [View Attachment]

Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Vertebrate Animals Used? ☐ Yes ☐ No

Pre-populated from R&R Other Project Information form.

13. Vertebrate Animals Use Indefinite? ☐ Yes ☐ No Required if Human Subjects is Yes.

14. Vertebrate Animals
    Required if Vertebrate Animals Used is Yes.
    [Add Attachment] [Delete Attachment] [View Attachment]

15. Select Agent Research
    [Add Attachment] [Delete Attachment] [View Attachment]

16. Resource Sharing Plan
    [Add Attachment] [Delete Attachment] [View Attachment]

17. * Respective Contributions
    Limited to 1 page.
    [Add Attachment] [Delete Attachment] [View Attachment]

18. * Selection of Sponsor and Institution
    Limited to 1 page.
    [Add Attachment] [Delete Attachment] [View Attachment]

19. * Responsible Conduct of Research
    Limited to 1 page.
    [Add Attachment] [Delete Attachment] [View Attachment]

PHS Fellowship Supplemental Form

C. Additional Information

Human Embryonic Stem Cells

1. * Does the proposed project involve human embryonic stem cells? ☐ Yes ☐ No

> If Yes, then "cannot be referenced" box must be checked or approved cell line entries must be included.

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s):

> Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission.

Fellowship Applicant

2. Alternate Phone Number: _____

3. Degree Sought During Proposed Award:

Degree: _____   If "other", please indicate degree type: _____   Expected Completion Date (month/year): _____   [Reset Entry]

4. * Field of Training for Current Proposal: _____

5. * Current Or Prior Kirschstein-NRSA Support? ☐ Yes ☐ No

If yes, please identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date *(if known)*	End Date *(if known)*	Grant Number *(if known)*	
					Reset Entry
					Reset Entry
					Reset Entry
					Reset Entry

6. * Applications for Concurrent Support? ☐ Yes ☐ No

If yes, please describe in an attached file: _____ [Add Attachment] [Delete Attachment] [View Attachment]

7. * Goals for Fellowship Training and Career   Limited to 1 page.   [Add Attachment] [Delete Attachment] [View Attachment]

8. * Activities Planned Under This Award   Limited to 1 page.   [Add Attachment] [Delete Attachment] [View Attachment]

9. Doctoral Dissertation and Other Research Experience   Limited to 2 pages.   [Add Attachment] [Delete Attachment] [View Attachment]

10. * Citizenship:

☐ U.S. Citizen or noncitizen national

☐ Permanent Resident of U.S.
(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)

☐ Permanent Resident of U.S. Pending

☐ Non-U.S. Citizen with temporary U.S. visa

> Applicants must meet citizenship requirements at time of award (not time of application submission.)

> Non-U.S. Citizen with temporary U.S. visa only valid for F05.

C. Additional Information   (continued)

Institution

11. ☐ Change of Sponsoring Institution   Name of Former Institution:

D. Sponsor(s) and Co-Sponsor(s)

* Sponsor(s) and Co-Sponsor(s) Information   [Limited to 6 pages.]   [Add Attachment] [Delete Attachment] [View Attachment]

E. Budget

All Fellowship Applicants:

1. * Tuition and Fees:

   ☐ None Requested   ☐ Funds Requested:

Year 1	
Year 2	
Year 3	
Year 4	
Year 5	
Year 6 *(when applicable)*	
Total Funds Requested:	

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount	Academic Period	Number of Months

   [Reset Entry]

3. Stipends/Salary During First Year of Proposed Fellowship:

   a. Federal Stipend Requested:

Amount	Number of Months

   b. Supplementation from other sources:

Amount	Number of Months

   Type (sabbatical leave, salary, etc.)

   Source

F. Appendix   [Add Attachments] [Delete Attachments] [View Attachments]

Allows for up to 10 appendices. See Application Guide and announcement for restrictions.

Appendices are stored separately in the eRA Grant Folder (not as part of the application image) and are accessible to appropriate Agency staff and peer reviewers.

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.

PHS 398 TRAINING BUDGET, Period 1

If Project budget, use applicant organization DUNS. If Subaward/Consortium, use Subaward organization's DUNS.

Only the applicant organization should specify Project.

Organizational DUNS: _____

Budget Type: ☒ Project ☐ Subaward/Consortium

Organization Name: _____

Start Date: _____ **End Date:** _____

The end date for each budget period must be later than the budget start date and less than or equal to the proposed project end date listed on the SF 424 (R&R) cover.

For New and Resubmission applications, the start date for the first budget period must be the same as the start date listed on the SF424 (R&R) cover. The start date in subsequent periods must be greater than or equal to the start date on the SF424 (R&R) cover.

A. Stipends, Tuition/Fees

Number of Trainees

Error if information for Undergraduate Trainees is NOT provided for T34 applications and if it IS provided for T15, T32 or T35 applications.

Error if any Predoctoral or Postdoctoral info is provided for T34.

Full Time	Short Term		Stipends Requested ($)	Tuition/Fees Requested ($)
		Undergraduate:		
		Number Per Stipend Level:		
		First-Year/Soph. [ ] Junior/Senior [ ]		
		Predoctoral: Single Degree		
		Dual Degree		
		Total Predoctoral		

Postdoctoral: *Number Per Stipend Level:*

Full Time	Short Term		0	1	2	3	4	5	6	7	Stipends Requested ($)	Tuition/Fees Requested ($)
		Non-degree Seeking										
		Degree Seeking										
		Total Postdoctoral										
		Other:										

If Number of Trainees info is provided then corresponding Stipends Requested info must also be provided and vice versa.

Totals: _____ _____

Total Stipends + Tuition/Fees Requested _____

B. Other Direct Costs

Funds Requested ($)

Trainee Travel	
Training Related Expenses	
Total Direct Costs from R&R Budget Form (if applicable)	
Consortium Training Costs (if applicable)	

Warning if not provided.

Error if R&R Budget form included and its Total Direct Costs not provided here.

Total Other Direct Costs Requested _____

C. Total Direct Costs Requested (A + B)

Warning if over $500K. _____

D. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1.				
2.				

Indirect Cost Rate must be 8 for all Ts.

Total Indirect Costs Requested _____

E. Total Direct and Indirect Costs Requested (C + D) _____

F. Budget Justification

_____ [Add Attachment] [Delete Attachment] [View Attachment]

PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated by form.

A. Stipends, Tuition/Fees

		Stipends Requested ($)	Tuition/Fees Requested ($)
Undergraduate:			
Predoctoral:	Single Degree		
	Dual Degree		
	Total Predoctoral		
Postdoctoral:	Non-Degree Seeking		
	Degree Seeking		
	Total Postdoctoral		
Other:			
	Totals:		

Total Stipends + Tuition/Fees Requested

B. Other Direct Costs

Funds Requested ($)

Trainee Travel

Training Related Expenses

Total Direct Costs from R&R Budget Form (if applicable)

Consortium Training Costs (if applicable)

Total Other Direct Costs Requested

C. Total Direct Costs Requested (A + B)

D. Total Indirect Costs Requested

E. Total Direct and Indirect Costs Requested (C + D)

ADOBE-FORMS-B Series (Footer not part of forms)   Updated March 2012

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

On this form, you will attach the PHS 398 Training Budget forms for all subawards in your grant application.

The means to obtain a training subaward budget attachment is provided here on this form, using the button below. In order to extract, fill, and attach each additional training subaward budget form, simply follow these steps:

• Select the button labeled "Select to Extract a Training Subaward Budget Attachment", which appears below.

• Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Training_Subaward_Budget_MyOrganization.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using your Adobe Acrobat Reader software.

• Using the Open icon in Adobe Acrobat Reader, open the new form that you have just saved.

• Enter the subawardee's training budget information, in this supplemental form. It is essentially the same as the PHS 398 Training Budget form that you see in the main body of your application.

• When you have completed entering information in the supplemental form, save it and close it.

• Return to this "PHS 398 Training Subaward Budget Attachment(s)" form.

• Attach the saved supplemental form, that you just filled in, to one of the "Attach Training Subaward" blocks provided below.

Select to Extract a Training Subaward Budget Attachment

Important: Please attach Training Subaward Budget forms, using the blocks below. Please remember that the files you attach must be PHS 398 Training Budget PDF forms, which were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

Attach Training Subaward Budget 1   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 2   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 3   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 4   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 5   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 6   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 7   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 8   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 9   [ ]   Add Attachment   Delete Attachment   View Attachment

Attach Training Subaward Budget 10   [ ]   Add Attachment   Delete Attachment   View Attachment

If submitting an application with >10 subaward budgets, budgets 11 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section F of the PHS 398 Training Budget form.
The sum of all subaward budgets; e.g., those attached separately on this form and those provided as part of the budget justification, must be included in the Consortium Training Costs field in Other Direct Costs (Section B) of the parent PHS 398 Training Budget form.

Common use scenarios:
1. Applicant extracts and sends the Training Subaward Budget Attachment(s) form to the subaward organization for completion.
2. Subaward organization completes form and returns it to the applicant organization.
3. Applicant attaches the completed form within project application package.
OR
1. Applicant requests budget information from subaward organization, extracts Training Subaward Budget Attachment(s) form, completes it with provided information and attaches it to the project application package.

PHS 398 Research Training Program Plan

OMB Number: 0925-0001

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1. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the appropriate sections of the research training program plan.

☐ New   ☐ Resubmission   ☐ Renewal   ☐ Continuation   ☐ Revision | Section is pre-populated from SF 424 (R&R) cover. |

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2. Research Training Program Plan Attachments:

Please attach applicable sections of the research training program plan, below.

1. Introduction to Application
   (for REVISION or RESUBMISSION applications only)
   ← Required for Resubmission applications; error if greater than 3 pages. Required for Revision applications; error if greater than 1 page.

2. Background — Required.

3. Program Plan — Required.

4. Recruitment and Retention Plan to Enhance Diversity — Required - except D43, D71, U2R, T34 and T36.

   The total number of pages for Items 2-4 (Background, Program Plan, Recruitment and Retention Plan to Enhance Diversity) combined may not exceed 25 pages. Error if attachments 2-4 together are greater than 27 pages. Warning if attachments 2-4 together are greater than 25 pages and less than or equal to 27 pages (need to account for page breaks).

5. Plan for Instruction in the Responsible Conduct of Research — Required except T36. Limited to 3 pages.

6. Progress Report
   (for RENEWAL applications only)
   [Add Attachment] [Delete Attachment] [View Attachment]

7. Human Subjects — Required if Human Subjects is Yes.
   [Add Attachment] [Delete Attachment] [View Attachment]

8. Vertebrate Animals — Required if Vertebrate Animals Used is Yes.
   [Add Attachment] [Delete Attachment] [View Attachment]

9. Select Agent Research
   [Add Attachment] [Delete Attachment] [View Attachment]

10. Multiple PD/PI Leadership Plan
    (if applicable) — Required when multiple Sr./Key entries with the role PD/PI are included.
    [View Attachment]

11. Consortium/Contractual Arrangements
    [Add Attachment] [Delete Attachment] [View Attachment]

12. Participating Faculty Biosketches — Error if not included for K12 and KM1; warning if not included for all other programs.

13. Data Tables — Warning if not included. User defined bookmarks will be pulled into NIH application image Table of Contents.
    [Delete Attachment] [View Attachment]

14. Letters of Support
    [Add Attachment] [Delete Attachment] [View Attachment]

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15. Appendix
    [Add Attachments] [Delete Attachments] [View Attachments]

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