NIH Electronic Multi-project Applications: Annotated SF424 (R&R) Form Set Forms-C Series

A program of the National Institutes of Health

Multi-project applications are comprised of Overall application information, one or more sets of Component information and system-generated summary information. Although data will be collected through ASSIST or other system-to-system solution instead of downloadable forms, the items collected are the same items found on the SF424 R&R Adobe forms currently used for NIH single-project applications.

The data items collected at the Overall application level are the same for all multi-project applications. The data items collected for components will depend on component type and may vary from one component to another.

Forms Currently Supported for Multi-project Applications

Data Collection	Overall	Other Named Components	Page #
SF424 R&R cover	✓	✓ Subset of data items	2
PHS 398 Cover Page Supplement	✓	✓	4
R&R Other Project Information	✓	✓	6
Project/Performance Sites	✓	✓	7
R&R Sr/Key Person Profile (Expanded)	✓	✓	8
R&R Budget		✓ (All components except NRSA-Training.)	9
R&R Subaward Budget Attachment		✓ (All components except NRSA-Training.)	13
PHS 398 Research Plan	✓	✓ (All components except Indiv Career Dev, Inst Career Dev, and NRSA-Training.)	14
Planned Enrollment Report		✓ (Optional for all components except NRSA-Training components.)	15
Cumulative Inclusion Enrollment Report		✓ (Optional for all components except NRSA-Training components.)	16
PHS 398 Career Development Award Supplemental Form		Indiv Career Dev component only.	17
PHS 398 Training Budget		NRSA-Training component only.	19
Training Subaward Budget Attachment Form		NRSA-Training component only.	21
PHS 398 Research Training Program Plan		Inst Career Dev and NRSA-Training components only.	23

Important Note

The Application Guide and Supplemental Instructions 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.

All SF424 R&R fields are collected in Overall Component. Only fields 5,7 (optional), 11 and 12 collected in other components.

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

Use Application for first submission attempt for due date.

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

If New (box 8), leave blank unless otherwise instructed in FOA. If Resubmission, Renewal or Revision (box 8), use institute and serial # of previous NIH grant/application # (e.g., use CA987654 from 1R01CA987654-01).

b. Agency Routing Identifier

2. DATE SUBMITTED

Applicant Identifier

Do not use Pre-application unless specifically noted in FOA.

Use Changed/Corrected when correcting eRA identified errors/warnings.

c. Previous Grants.gov Tracking ID

If Changed/Corrected (box 1), provide previous Grants.gov tracking #. (e.g., GRANT12345678).

5. APPLICANT INFORMATION

Organizational DUNS:

Must match DUNS used for System for Award Management (SAM), Grants.gov and eRA Commons registrations. Must be 9 or 13 digits; no letters or special characters.

Legal Name:

Department: Division:

ASSIST - For Overall component, the Applicant information address fields are populated from the Commons institution Profile and are not editable.

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Must provide zip+4 for all zip codes.

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

NIH will assign CFDA post-submission.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Up to 200 characters.

12. PROPOSED PROJECT:

Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

Format: 2 character state abbreviation - 3 character District number (e.g., CA-005. Use 00-000 if outside the US. See Application Guide for additional details.

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

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

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.

Organization Name:

Department: Division:

Street1:

Street2:

ASSIST - For Overall component, the PD/PI information is pulled from the PD/PI section of the R&R Sr/Key Person Profile form and must be changed on that form.

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

☐ **I agree**

See Supplemental Grant Application Instructions for full list of NIH policies and certifications. http://grants.nih.gov/grants/funding/424/index.htm

**The list of certifications and assurances, or an i*

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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).

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment

Cover Letter will be posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. See Application Guide for suggested cover letter format.

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

1. Project Director / Principal Investigator (PD/PI)

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

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

If Human Subjects = Yes on Other Project Information form, then an answer to Clinical Trial question is required.

2. Human Subjects

If Clinical Trial = No on all components, then Clinical Trial must be No on the Overall component for New and Renewal applications.

Clinical Trial? ☐ No ☐ Yes

If Clinical Trial = Yes on any components, then Clinical Trial must be Yes on the Overall component.

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

If Phase III Clinical Trial = Yes on any component, then Phase III Clinical Trial must be Yes on the Overall component.

3. *Disclosure Permission Statement

If Phase III Clinical Trial = No on all components, then Phase III Clinical Trial must be No on the Overall component for New and Renewal applications.

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

4. *Program Income

NIH can accept Program Information at the Overall level, the component level or both. If the FOA does not explicitly indicate how to provide this data, then applicants can choose how best to reflect the information for their circumstances.

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

☐ Yes ☐ No

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)

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

PHS 398 Cover Page Supplement

If Yes, then approved cell line entries must be entered or the "cannot be referenced" box must be checked.
If Yes on any component, then must be Yes on Overall component.

5. Human Embryonic Stem Cells

*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:

Only check 'cell line cannot be referenced' if no cell lines are referenced on any component. Note: Future enhancement planned to allow entry of cell lines and ability to check this box for the Overall component.

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 (e.g., 0024, 0139) are not listed at http://stemcells.nih.gov/research/registry/ at time of submission.

Overall component must include any stem cell lines listed in other components.

6. 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 ☐

7. Change of Investigator / Change of Institution Questions

☐ Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

☐ Change of Grantee Institution

*Name of former institution:

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001

If Human Subjects = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form. If Yes on any component, then must be Yes on Overall component.

1. Are Human Subjects Involved? ☐ Yes ☐ No

1.a. If YES to Human Subjects

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

If Overall exemption number is 4, then no other exemption number can be set for any other component.

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

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

Overall: Future date not allowed. Date is not required at time of submission, but may be requested later as Just-In-Time data. Other components: not collected.

IRB Approval Date:

Human Subject Assurance Number:

Overall: If Human Subjects = Yes, then Human Subject Assurance Number or the text 'None' must be provided. Other components: not collected.

2. Are Vertebrate Animals Used? ☐ Yes ☐ No

If Vertebrate Animals = Yes, additional attachments are required in the PHS 398 Research Plan form. If Yes on any component, then must be Yes on Overall component.

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

Overall: Future date not allowed. Date is not required at time of submission, but may be requested later as Just-In-Time data. Other components: not collected.

IACUC Approval Date:

Animal Welfare Assurance Number:

Overall: If Vertebrate Animals = Yes, then Animal Welfare Assurance Number or the text 'None' must be provided. Other components: not collected.

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

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? ☐ Yes ☐ No

4.b. If yes, please explain:

If 4a is Yes, then 4b is required.

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:

If 4c is Yes, then 4d is required.

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

5.a. If yes, please explain:

If 5 is Yes, then 5a is required.

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

6.a. If yes, identify countries:

If 6 is Yes, then 6a is required.

If Yes on any component, then must be Yes on Overall component.

6.b. Optional Explanation:

7. Project Summary/Abstract

Succinct project summary of proposed work. Typically 30 lines or less; system error if over 1 page. If awarded this information becomes public. Do not include proprietary or confidential information.

8. Project Narrative

Typically 2-3 sentence statement of public health relevance; system will give error if over 1 page. Overall: Required. Other components: optional - see FOA for instructions.

9. Bibliography & References Cited

User-defined bookmarks provided with this attachment will be included with the bookmarks for the assembled application image in eRA Commons.

10. Facilities & Other Resources

User-defined bookmarks provided with this attachment will be included with the bookmarks for the assembled application image in eRA Commons.

11. Equipment

12. Other Attachments Add Attachments Delete Attachments View Attachments

Only provide Other Attachments when requested in the FOA.

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.

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

Organization Name:

DUNS Number:

DUNS required and enforced by NIH. Must be 9 or 13 digits; no letters or special characters.

* 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 300 locations (including primary site) prior to using Additional Location(s) attachment.

Additional Location(s) Add Attachment Delete Attachment View Attachment

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: ...vision:

Organization Name required by NIH.

ASSIST - PD/PI Organization Name is pre-populated from SF 424 (R&R) cover.

* Street1:

Street2:

* City: County/ Parish:

* State: Province:

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

* Phone Number: Fax Number:

* E-Mail:

Valid eRA Commons username required by NIH. Overall: Contact PD/PI must be affiliated in Commons with applicant organization.

Credential, e.g., agency login:

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

ASSIST - For other components. Project Role defaults to Other with an Other Project Role Category of Project Lead.

Overall: Project Role must be PD/PI. Other components: Project Role can't be PD/PI.

Degree Type:

Degree Year:

***Attach Biographical Sketch**

Attach Current & Pending Support

Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. New format (NOT-OD-15-032) limited to 5 pages. Format and samples: http://grants.nih.gov/grants/funding/424/index.htm.

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:

Overall: 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. When multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the Research Plan form is required.

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

Degree Type:

Degree Year:

Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. New format (NOT-OD-15-032) limited to 5 pages. Format and samples: http://grants.nih.gov/grants/funding/424/index.htm.

Attach Biographical Sketch

Attach Current & Pending Support

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

Delete Entry

Can collect data for 100 Sr/Key personnel (including PD/PI). Option to provide attachment for additional Sr./Key info is available after the 100 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.

R&R Budget form will NOT be used in the Overall component. Instead, NIH will summarize budget information from other components and include the summaries in the assembled application in eRA Commons post submission.

Budget summary information available in ASSIST pre-submission using the Preview Application action.

Provide DUNS for the organization whose budget is reflected on this form.

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

For New and Resubmission applications, the first budget period start date must match the start date listed on the SF 424 (R&R) cover. Start/end dates must be within or equal to the project period dates on the SF 424 (R&R) cover.

ORGANIZATIONAL DUNS: **Enter name of Organization:**

Budget Type: ☐ Project ☐ Subaward/Consortium **Budget Period: 1** **Start Date:** **End Date:**

Use Project when providing data for the budget associated with the component's lead organization. DUNS is used to differentiate applicant and subaward budgets.

A. Senior/Key Person

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

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

Prefix	First	Middle	Last	Suffix	Base Salary ($)	Months Cal.	Months Acad.	Months Sum.	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)

Project Role:

Role should reflect the Sr/Key persons role on the specific component.

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

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

If more than 100 Sr./Key, use attachment and enter total funds requested for additional Sr/Key persons.

Total Senior/Key Person

B. Other Personnel

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

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

You can name up to 5 additional Project Role categories. Once data for the first user-defined Project Role is entered, you will have the option to add another.

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item	Funds Requested ($)

Once equipment data is entered, you will be able to add up to 99 more rows to this section for a total of 100 equipment items.

Additional Equipment: Add Attachment | Delete Attachment | View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

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**	

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	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.		
9.		
10.		
	Total Other Direct Costs	

Subaward/Consortium/Contractural Costs is not pre-populated. Include both Direct and Indirect costs.

G. Direct Costs

	Funds Requested ($)
Total Direct Costs (A thru F)	

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)

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

(Only attach one file.) Add Attachment Delete Attachment View Attachment

Budget justification is required and must cover all budget periods.

RESEARCH & RELATED BUDGET - Cumulative Budget

Cumulative Budget is system generated based on budget period data provided.

		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		

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.

If submitting an application with >30 subaward budgets in a single component, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the main component budget in Section K of the R&R Budget form.

When subaward budgets are added to a component, the sum all subawards must be included in Line F.5 Subawards/Consortium/Contractual Costs of the budget marked Project within the component.

ASSIST provides the ability to add up to 30 subaward budgets per component using the Add Optional Form action available from the Summary tab for the component.

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 Atta				Attachment
7) Please attach Atta				Attachment
8) Please attach Atta				Attachment
9) Please attach Atta				Attachment
10) Please attach Att				Attachment
11) Please attach Att				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 At				Attachment
15) Please attach At				Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18		Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19		Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20		Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21		Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22		Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23		Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24		Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25		Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26		Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27		Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28		Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29		Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30		Add Attachment	Delete Attachment	View Attachment

PHS 398 Research Plan

Please attach applicable sections of the research plan, below.

OMB Number: 0925-0001

1. Introduction to Application (for RESUBMISSION or REVISION only)	Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	Required attachment. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy	See Section IV of the FOA for Overall and component page limits. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.	Add Attachment	Delete Attachment	View Attachment
4. 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.

5. Protection of Human Subjects	Required if Human Subjects is Yes.	Add Attachment	Delete Attachment	View Attachment
6. Inclusion of Women and Minorities	Required if Human Subjects is Yes and exemption number is not 4.	Add Attachment	Delete Attachment	View Attachment
7. Inclusion of Children	Required if Human Subjects is Yes and exemption number is not 4.	Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

8. Vertebrate Animals	Required if Vertebrate Animals is Yes on the Other Project Information form.	Add Attachment	Delete Attachment	View Attachment
9. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
10. Multiple PD/PI Leadership Plan	Overall: Required if more than one PD/PI is specified on R&R Sr./Key Person Profile form.	Add Attachment	Delete Attachment	View Attachment
11. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment
12. Letters of Support		Add Attachment	Delete Attachment	View Attachment
13. Resource Sharing Plan(s)		Add Attachment	Delete Attachment	View Attachment

Appendix (if applicable)

14. 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 Commons (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.

Use this form to provide information about individuals expected to be prospectively enrolled in a proposed study.

Planned Enrollment Report

OMB Number: 0925-0002

This report format should NOT be used for collecting data from study participants.

Study Title:

Domestic/Foreign:

Comments:

Form Totals automatically calculated.

Racial Categories	Ethnic Categories				Total
	Not Hispanic or Latino		Hispanic or Latino		
	Female	Male	Female	Male	
American Indian/ Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Black or African American	0	0	0	0	0
White	0	0	0	0	0
More than One Race	0	0	0	0	0
Total	0	0	0	0	0

More than One Race recently added to this Planned Enrollment Report.

Form Totals automatically calculated.

Study 1 of 1

Once the required fields are completed, you have the option of adding an additional study (up to 150 total).

To ensure proper performance, please save frequently.

Cumulative Inclusion Enrollment Report

OMB Number: 0925-0002

Use this form to 1) report on recruitment progress in a previous funding period (part of the Renewal progress report) and/or 2) to provide enrollment information for new studies proposing to use an existing dataset or resource where no ongoing or future contact with participants is anticipated.

Study Title:

Comments:

Form Totals automatically calculated.

Racial Categories	Ethnic Categories									
	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			Total
	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	
American Indian/ Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

Form Totals automatically calculated.

Study 1 of 1

Once the required fields are completed, you have the option of adding an additional study (up to 150 total).

To ensure proper performance, please save frequently.

PHS 398 Career Development Award Supplemental Form

Please attach applicable sections, below

OMB Number: 0925-0001

Introduction (if applicable)

1. Introduction to Application (for RESUBMISSION applications only) — Required for Resubmission and Revision applications. Limited to 1 page. — View Attachment

Candidate Information

2. Candidate's Background — Required. — View Attachment
3. Career Goals and Objectives — Required. — View Attachment
4. Candidate's Plan for Career Development/ Training Activities During Award Period — Required. — View Attachment

The total number of pages for Items 2-4 (Candidate's Background, Career Goals and Objectives, and Candidate's Plan for Career Development/Training Activities During Award Period) and Item 12 (Research Strategy) combined may not exceed 12 pages.

5. Training in the Responsible Conduct of Research — Required. Limited to 1 page. — Add Attachment | Delete Attachment | View Attachment
6. Candidate's Plan to Provide Mentoring (as applicable) — When provided, limited to 6 pages. — Add Attachment | Delete Attachment | View Attachment

Statements and Letters of Support

7. Plans and Statements of Mentor and Co-Mentor(s) — Required. Limited to 6 page. — Add Attachment | Delete Attachment | View Attachment
8. Letters of Support from Collaborators, Contributors, and Consultants — When provided, limited to 6 pages. — Add Attachment | Delete Attachment | View Attachment

Environment and Institutional Commitment to Candidate

9. Description of Institutional Environment — Required. Check announcement for potential page limitation. — View Attachment
10. Institutional Commitment to Candidate's Research Career Development — Required. Check announcement for potential page limitation. — View Attachment

Research Plan

11. Specific Aims — Required attachment. Limited to 1 page. — Add Attachment | Delete Attachment | View Attachment
12. * Research Strategy
13. Progress Report Publication List (for RENEWAL applications only)

The total number of pages for Items 2-4 (Candidate's Background, Career Goals and Objectives, and Candidate's Plan for Career Development/Training Activities During Award Period) and Item 12 (Research Strategy) combined may not exceed 12 pages. Error if total number of pages is greater than 15 and warning if total number of pages is greater than 12 and less than or equal to 15 (providing some allowance for page breaks).

Human Subject Sections

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

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 number is not 4. — View Attachment
16. Inclusion of Children — Required if Human Subjects is Yes and exemption number is not 4. — View Attachment

PHS 398 Career Development Award Supplemental Form

Other Research Plan Sections

17. Vertebrate Animals	Required if Vertebrate Animals is Yes on the Other Project Information form.			View Attachment
18. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
19. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment
20. Resource Sharing Plan(s)		Add Attachment	Delete Attachment	View Attachment

Appendix (if applicable)

21. Appendix — Add Attachments

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

Appendices are stored separately in the eRA Commons (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.

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

Citizenship selection required.

'Non-U.S. Citizen with temporary U.S. visa' is not typically a valid option, though it may be accepted for K99/R00 applications.

OMB Number: 0925-0001

PHS 398 TRAINING BUDGET, Period 1

Provide DUNS for the organization whose budget is reflected on this form.

Use Project when providing data for the budget associated with the component's lead organization.

Organizational DUNS: Budget Type: ☒ Project ☐ Subaward/Consortium

Organization Name: Required.

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 first budget period start date must match the start date listed on the SF 424 (R&R) cover. The start date in subsequent periods must be greater than or equal to the start date on the cover.

A. Stipends, Tuition/Fees

Number of Trainees

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:* 0 1 2 3 4 5 6 7		
		Non-degree Seeking		
		Degree Seeking		
		Total Postdoctoral		
		Other:		
		Totals:		

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

Total Stipends + Tuition/Fees Requested

B. Other Direct Costs

	Funds Requested ($)
Trainee Travel	
Training Related Expenses	Warning if not provided.
Total Direct Costs from R&R Budget Form (if applicable)	
Consortium Training Costs (if applicable)	
Total Other Direct Costs Requested	

Include sum of all attached Training Subaward Budget forms.

C. Total Direct Costs Requested (A + B)

D. Indirect Costs

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

Indirect Cost Rate is typically 8%.

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

F. Budget Justification

Add Attachment | Delete Attachment | View Attachment

Budget justification is required and must cover all budget periods.

PHS 398 TRAINING BUDGET, Cumulative Budget

Cumulative Budget is system generated based on budget period data provided.

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)

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 Suba				ew Attachment
Attach Training Suba				ew Attachment
Attach Training Suba				ew Attachment
Attach Training Suba				ew Attachment
Attach Training Suba				ew Attachment
Attach Training Suba				ew Attachment
Attach Training Subaward Budget 10		Add Attachment	Delete Attachment	View Attachment
Attach Training Suba				ew Attachment
Attach Training Suba				ew Attachment
Attach Training Subaward Budget 13		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 14		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 15		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 16		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 17		Add Attachment	Delete Attachment	View Attachment

If submitting an application with >30 subaward budgets in a single component, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the main component budget in Section K of 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 the Consortium Training Costs field in Other Direct Costs (Section B) of the parent PHS 398 Training Budget form.

ASSIST provides the ability to add up to 30 subaward budgets per component using the Add Optional Form action available from the Summary tab for the component.

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Attach Training Subaward Budget 18		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 19		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 20		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 21		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 22		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 23		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 24		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 25		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 26		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 27		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 28		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 29		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 30		Add Attachment	Delete Attachment	View Attachment

PHS 398 Research Training Program Plan

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

OMB Number: 0925-0001

1. Introduction to Application (for RESUBMISSION or REVISION only)	Required attachment for Resubmission applications; limited to 3 pages. Required attachment for Revision applications; limited to 1 page.			View Attachment
2. Background	Required.	Attachments 2-4 (Background, Program Plan, Recruitment and Retention Plan to Enhance Diversity and Plan for Instruction in the Responsible Conduct of Research) together can not exceed the page limitation indicated in the announcement.		View Attachment
3. Program Plan	Required.			View Attachment
4. Recruitment and Retention Plan to Enhance Diversity	Required.			View Attachment
5. Plan for Instruction in the Responsible Conduct of Research	Required.	Add Attachment	Delete Attachment	View Attachment
6. Progress Report (for RENEWAL applications only)		Add Attachment	Delete Attachment	View Attachment
7. Human Subjects	Required if Human Subjects is Yes on the Other Project Information form.			View Attachment
8. Vertebrate Animals	Required if Vertebrate Animals Used is Yes on the Other Project Information form.			
9. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
10. Multiple PD/PI Leadership Plan (if applicable)		Add Attachment	Delete Attachment	View Attachment
11. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment
12. Participating Faculty Biosketches	Generally required. Check announcement instructions.		Delete Attachment	View Attachment
13. Data Tables	Generally required. Check announcement. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.			
14. Letters of Support		Add Attachment	Delete Attachment	View Attachment

15. 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 Commons (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.