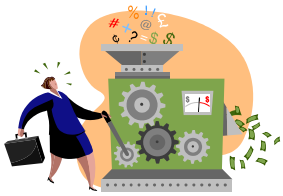

NIH Electronic Applications: Annotated SF424 (R&R) Form Set

* FORMS-C Series *

A program of the National Institutes of Health

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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.
- Don't forget to periodically check the Related Notices section of the FOA for any updates to instructions or policies since the opportunity was posted. At a minimum, check this section when you download the application and again a week or two before the due date.
- 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 red outlined boxes are fields required by Grants.gov for all federal agencies. The Application Guide and this resource describe NIH form field requirements above what is marked on the federal-wide forms.
- The blue boxes throughout this resource represent processing notes and eRA system business rule checks (i.e., 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.
- All application attachments must be in PDF format. PDF Guidelines can be found at: http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm.

Sample Grants.gov Grant Application Package Management Screen.

Grant Application Package

Opportunity Title:	Sample Research Project
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-xx-xxx
Competition ID:	FORMS-C
Opportunity Open Date:	09/08/2013
Opportunity Close Date:	09/07/2014
Agency Contact:	eRA Commons Help Desk Monday to Friday 7 am to 8 pm ET E-mail: helpdesk@od.nih.gov Phone: 1-866-504-9552

Header information is pre-populated with Funding Opportunity Announcement information provided to Grants.gov by the funding agency and is not editable.

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.

Select Forms to Complete

Mandatory

Mandatory forms are automatically included in your application and must be completed in order to submit to Grants.gov.

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

Optional

- ☒ R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT
- ☒ Planned Enrollment Report
- ☒ PHS 398 Cumulative Inclusion Enrollment Report
- ☒ PHS 398 Modular Budget
- ☒ Research & Related Budget

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

Click the check box to include the appropriate Optional forms in your application.

Instructions

Show Instructions >>

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.

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

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

Use Application for first submission attempt for due date.

1. TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing 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).

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:

Legal Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

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.

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:

If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant.

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:

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 penalties. (U.S. Code, Title 18

☐ **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 Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

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 individuals with signature authority are called Signing Officials (SOs).

Signature of Authorized Representative	Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment Add Attachment | Delete Attachment | View 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.

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 prior to using Additional Location(s) attachment.

Additional Location(s) Add Attachment Delete Attachment View Attachment

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.

1. Are Human Subjects Involved? ☐ Yes ☐ No

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

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

IRB Approval Date:

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. Date cannot be in the future.

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:

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. Date cannot be in the future.

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 - 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.

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.

9. Bibliography & References Cited View Attachment

Required unless otherwise noted in opportunity. Not system enforced.

10. Facilities & Other Resources View Attachment

Required unless otherwise noted in opportunity. Not system enforced.

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 funding opportunity announcement text.

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: Division:

Organization Name required by NIH. 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:

Credential, e.g., agency login:

VALID ERA COMMONS USERNAME MUST BE SUPPLIED. 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:** PD/PI **Other Project Role Category:**

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

Degree Type:

Degree Year:

***Attach Biographical Sketch**

Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

New biosketch format required for due dates on/after 5/25/2015 and encouraged for prior due dates (NOT-OD-15-032) is limited to 5 pages. Old format is limited to 4 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:

Credential, e.g., agency login:

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.

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

Degree Type:

Degree Year:

Attach Biographical Sketch

Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

New biosketch format required for due dates on/after 5/25/2015 and encouraged for prior due dates (NOT-OD-15-032) is limited to 5 pages. Old format is limited to 4 pages. Format and samples: http://grants.nih.gov/grants/funding/424/index.htm.

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.

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

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

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

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

Only the primary applicant organization should use Budget Type of Project.

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

A. Senior/Key Person

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

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

Project Role:

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

Role must be PD/PI for the PD/PI (enter carefully eRA will look for exact string match to PD/PI).

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 8 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 9 more rows to this section for a total of 10 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.)

Budget justification is required and must cover all budget periods.

tachment | Delete Attachment | View Attachment

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.

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				
6) Please attach Attachment 6				
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8				
9) Please attach Attachment 9				
10) Please attach Attachment 10				
11) Please attach Attachment 11				
12) Please attach Attachment 12				
13) Please attach Attachment 13				
14) Please attach Attachment 14				
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
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		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

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 project budget.

Common ways to handle Subaward budget form:
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 their application using the Add Attachment button.

OR

1. Applicant requests budget information from subaward organization, extracts R&R Budget form, completes it with provided information and attaches it to their application using the Add Attachment button.

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.

BUDGET INFORMATION - Construction Programs

OMB Approval No. 4040-0008
Expiration Date 07/30/2010

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

Previous Edition Usable

Authorized for Local Reporoduction

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

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:

2. Human Subjects

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

Clinical Trial? ☐ No ☐ Yes

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

3. *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

4. *Program Income

*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

5. Human Embryonic Stem Cells

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

*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. Use NIH Registration Number (e.g., 0004, 0005).

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:

Form sometimes used in place of R&R Budget when detailed categorical information is not required. See Application Guide and/or funding opportunity announcement to determine which budget form is appropriate for your application.

PHS 398 Modular Budget

OMB Number: 0925-0001

Budget Period: 1

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	0.00
Consortium F&A	
Total Direct Costs	0.00

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 ($) 0.00

Form allows for up to 5 Budget Periods.

Cumulative Budget Information

1. Total Costs, Entire Project Period

Section A, Total Direct Cost less Consortium F&A for Entire Project Period	$ 0.00
Section A, Total Consortium F&A for Entire Project Period	$
Section A, Total Direct Costs for Entire Project Period	$ 0.00
Section B, Total Indirect Costs for Entire Project Period	$
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	$ 0.00

2. Budget Justifications

Personnel Justification		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

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 (except R25 Resubmission can be 3 pages).			View Attachment
2. Specific Aims	Required attachment (except DP1, DP2 and X02). Limited to 1 page.			Attachment
3. *Research Strategy	Adhere to page limits specified in Application Guide and/or FOA. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.			achment
4. Progress Report Publication List		Add Attachment	Delete Attachment	View Attachment

Human Subjects Sections

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

5. Protection of Human Subjects	Required for all apps. (except S10), if Human Subjects is Yes.			chment
6. Inclusion of Women and Minorities	Required for all apps. (except S10), if Human Subjects is Yes and exemption number is not 4.		Delete Attachment	View Attachment
7. Inclusion of Children	Required for all apps. (except S10), if Human Subjects is Yes and exemption number is not 4.		Delete Attachment	View Attachment

Other Research Plan Sections

8. Vertebrate Animals	Required for all apps. (except S10), if Vertebrate Animals is Yes on the Other Project Information form.			ew Attachment
9. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
10. Multiple PD/PI Leadership Plan	Required if more than one PD/PI is specified on R&R Sr./Key Person Profile			
11. Consortium/Contractual Arrangements	Required for S11 applications.	d Attachment	Delete Attachment	View Attachment
12. Letters of Support	Required for S11 and R36 applications.	ment	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				
	Not Hispanic or Latino		Hispanic or Latino		Total
	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 Form Totals automatically calculated.	0	0	0	0	0

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 (except K12 and KM1). Must not be included for New or Renewal applications. Limited to 1 page. [ew Attachment]

Candidate Information

2. Candidate's Background — Required for all Ks except K12 and KM1. [A]
3. Career Goals and Objectives — Required for all Ks except K12 and KM1. [A]
4. Candidate's Plan for Career Development/ Training Activities During Award Period — Required for all Ks except K12 and KM1. [A]

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 for all Ks except K12 and KM1. Limited to 1 page. [lete Attachment] [View Attachment]
6. Candidate's Plan to Provide Mentoring (as applicable) — Required for K05 and K24. Do not include for mentored Ks. Limited to 6 pages. [ttachment]

Statements and Letters of Support

7. Plans and Statements of Mentor and Co-Mentor(s) — Required for all mentored Ks. Limited to 6 pages. [chment] [Delete Attachment] [View Attachment]
8. Letters of Support from Collaborators, Contributors, and Consultants — Limited to 6 pages. [Add Attachment] [Delete Attachment] [View Attachment]

Environment and Institutional Commitment to Candidate

9. Description of Institutional Environment — Required for all Ks except K12 and KM1. Limited to 1 page. [elete Attachment] [View Attachment]
10. Institutional Commitment to Candidate's Research Career Development — Required for all Ks except K12 and KM1. Limited to 1 page. [elete Attachment] [View Attachment]

Research Plan

11. Specific Aims — Required for all Ks except K12 and KM1. Limited to 1 page. [ete 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

14. Protection of Human Subjects — Required for all Ks except K12 and KM1 if Human Subjects is Yes. [chment] [View Attachment]
15. Inclusion of Women and Minorities — Required for all Ks except K12 and KM1 if Human Subjects is Yes and exemption number is not 4. [chment] [View Attachment]
16. Inclusion of Children — Required for all Ks except K12 and KM1 if Human Subjects is Yes and exemption number is not 4. [chment] [View Attachment]

PHS 398 Career Development Award Supplemental Form

Other Research Plan Sections

17. Vertebrate Animals — Required for all Ks except K12 and KM1 if Vertebrate Animals Used is Yes. 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)

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.

Appendix (if applicable)

21. Appendix — Add Attachments

* 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

'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.

Only the applicant organization should use Project.

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

Organization Name:

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.

Start Date: End Date:

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

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

	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		

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

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:										
			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	
Total Direct Costs from R&R Budget Form (if applicable)	
Consortium Training Costs (if applicable)	
Total Other Direct Costs Requested	

Warning if not provided.

Must be manually entered.

Include sum of all attached Training Subaward Budget forms.

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.				
		Total Indirect Costs Requested		

Indirect Cost Rate must be 8 for all Ts.

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

F. Budget Justification

Budget justification is required and must cover all budget periods.

Attachment | Delete Attachment | View Attachment

PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated.

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 Su				View Attachment
Attach Training Su				View Attachment
Attach Training Subaward Budget 6		Add Attachment	Delete Attachment	View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Su				View Attachment
Attach Training Subaward Budget 16		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 17		Add Attachment	Delete Attachment	View Attachment

The sum of all training subaward budget forms (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 the Other Direct Costs (Section B) of the PHS 398 Training Budget form.

Common use scenarios:
1. Applicant extracts and sends the PHS 398 Training 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 their application using the Add Attachment button.

OR

1. Applicant requests budget information from subaward organization, extracts the PHS 398 Training Budget form, completes it with provided information and attaches it to their application package using the Add Attachment button.

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 F of the PHS 398 Training Budget form.

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 for Resubmission applications; limited to 3 pages. Required for Revision applications; limited to 1 page. [Delete Attachment] [View Attachment]
2. Background — Required.
3. Program Plan — Required.
4. Recruitment and Retention Plan to Enhance Diversity — Required (except T34 and T36).

The total number of pages for Items 2-4 (Background, Program Plan, and Recruitment and Retention Plan to Enhance Diversity) combined may not exceed 25 pages. Error if total number of pages is greater than 27 and warning if total number of pages is greater than 25 and less than or equal to 27 (providing some allowance for page breaks).

5. Plan for Instruction in the Responsible Conduct of Research — Required (except T36). Limited to 3 pages. [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 R&R Other Project Information form.
8. Vertebrate Animals — Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.
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 of PD/PI are included on the R&R Sr/Key Person form.
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 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.

PHS Fellowship Supplemental Form

OMB Number: 0925-0001

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

Pre-populated from SF 424 (R&R) cover.

B. Research Training Plan

1. Introduction to Application *(for RESUBMISSION applications only)*	Required for Resubmission and Revision applications. Limited to 1 page.			View Attachment
2. * Specific Aims	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
3. * Research Strategy	Required. Limited to 6 pages.	Add Attachment	Delete Attachment	View Attachment
4. 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.

5. Human Subjects Involvement Indefinite?	☐ Yes	☐ No	Required if Human Subjects is Yes on the R&R Other Project Information form.
6. Clinical Trial?	☐ Yes	☐ No	Required if Human Subjects is Yes on the R&R Other Project Information form.
7. Agency-Defined Phase III Clinical Trial?	☐ Yes	☐ No	Required if Human Subjects is Yes on the R&R Other Project Information form.

8. Protection of Human Subjects	Required if Human Subjects is Yes on the R&R Other Project Information form.			Attachment
9. Inclusion of Women and Minorities	Required if Human Subjects is Yes and exemption number is not 4.			View Attachment
10. Inclusion of Children	Required if Human Subjects is Yes and exemption number is not 4.			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.

11. Vertebrate Animals Use Indefinite?	☐ Yes	☐ No	Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

12. Vertebrate Animals	Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.			ent
13. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
14. Resource Sharing Plan		Add Attachment	Delete Attachment	View Attachment
15. * Respective Contributions	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
16. * Selection of Sponsor and Institution	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
17. * Responsible Conduct of Research	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment

C. Additional Information

Human Embryonic Stem Cells

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

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

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. Use NIH Registration Number (e.g., 0004, 0005).

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

Expected Completion Date required if degree sought is provided. Use MM/YYYY format.

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

At least one entry is required if 'Current Or Prior Kirschstein-NRSA Support' is Yes.

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

If yes, please describe in an attached file: Required if 'Applications for Concurrent Support' is Yes. | Delete Attachment | View Attachment

7. * Goals for Fellowship Training and Career — Required. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment

8. * Activities Planned Under This Award — Required. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment

9. Doctoral Dissertation and Other Research Experience — Typically required. Warning if not provided. Limited to 2 pages. | Add Attachment | View Attachment

10. * 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

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:

Required if 'Change of Sponsoring Institution' box is checked.

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:

Fields in this section are required for F33.

	Amount	Academic Period	Number of Months
2. Present Institutional Base Salary:			

Reset Entry

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

	Amount	Number of Months
a. Federal Stipend Requested:		
b. Supplementation from other sources:		

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 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.