

**SIL  
(Submission Image  
Library)  
Grant Image Document  
for Single-project  
Applications**

**Version 2.10**

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Prepared For:  
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# Document History

2.9	February 17, 2016	eRA Analyst (SV)	Forms D - Baseline
2.10	March 29, 2016	eRA Analyst (SV)	Removed “Research” from Bibliography and References cited – Section 2 (Grant Image Requirements)

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# eSubmission Grant Image Document

## 1. Introduction

This **Grant Image Document** contains specifications for generating grant images for electronic applications being submitted through the eRA Exchange, through grants.gov (424 R&R plus agency-specific). It is referenced from the eSubmission Supplementary Specification.

## 2. Grant Image Requirements

Once the incoming 424 R&R/PHS-specific application datastream has been parsed and validated, a grant image shall be rendered for the grant folder, in PDF format. This grant image shall approximate the appearance of the corresponding Adobe forms, as much as practical. An exact replica of the forms' *appearance* is not strictly required, although it is highly desired that the system shall produce an image that is reasonably similar, in its presentation of the information.

The grant image generation should be dependent on the version of the schema being processed; the grant image as displayed should be a replica of the Adobe form version that was submitted.

The relative order and position of information presented in the grant image must match the order in which it appears on the Adobe forms, except as indicated below. The order of pages in the grant image is as follows for all Grant image other than Training Grant:

- SF 424 R&R Face Page (Page 1 and Page 2)
- SFLLL or Other Explanatory Documentation Attachment
- Pre-application Attachment
- Table of Contents
- Research & Related Project/Performance Site Locations(s)
- Additional Locations
- Research & Related Other Project Information
- Project Summary/Abstract
- Public Health Relevance Statement (Narrative attachment)
- Bibliography & References Cited (for Fellowship, Career Development and Training applications)
- Facilities & Other Resources
- Equipment
- Research & Related Senior/Key Person
- Biographical Sketches for each listed Senior/Key Person
- Current and Pending Support for each listed Senior/Key Person
- Additional Senior/Key Person Profiles
- Additional Biographical Sketches
- Additional Current and Pending Support
  
- Research & Related 5 Year Budget
- Additional Senior Key Persons Attachment (attachment should be included specific to each year that is being submitted)
- Additional Equipment Attachment
- Budget Justification Attachment
- Research & Related 5 Year Budget – Cumulative Budget
- Research & Related 5 Year Consortium Budgets
- Total direct costs less consortium F&A
  
- Research & Related 10 Year Budget
- Additional Senior Key Persons Attachment (attachment should be included specific to each year that is being submitted)

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Additional Equipment Attachment  
Budget Justification Attachment  
Research & Related 10 Year Budget – Cumulative Budget  
Research & Related 10 Year Consortium Budgets  
Total direct costs less consortium F&A

Construction Budget SBIR/STTR Information  
Research & Development Outside the U.S.  
Commercialization Plan  
Prior SBIR Phase II Awards  
PHS 398 Specific Cover Page Supplement  
PHS 398 Specific Modular Budget  
Personnel Justification  
Consortium Justification  
Additional Narrative Justification

PHS 398 Specific Research Plan  
Introduction to Application  
Specific Aims  
Research Strategy  
Progress Report Publication List  
Protection of Human Subjects  
Data Safety Monitoring Plan  
Inclusion of Women and Minorities  
PHS Inclusion Enrollment Report  
Inclusion of Children  
Vertebrate Animals  
Select Agent Research  
Multiple PD/PI Leadership Plan  
Bibliography & References Cited  
Consortium/Contractual Arrangements  
Letters of Support  
Resource Sharing Plan  
Authentication of Key Biological and/or Chemical Resources

PHS 398 Career Development Award Supplemental Form  
Introduction  
Candidate Information and Goals for Career Development  
Specific Aims  
Research Strategy  
Progress Report Publication List  
Training in the Responsible Conduct of Research  
Mentoring Plan (If PHS 398 Career Development Award Form V1\_2 is present)  
Candidate's Plan to Provide Mentoring Plans and Statements of Mentor and Co-mentor(s)  
Letters of Support (If PHS 398 Career Development Award Form V2\_0 is present)  
Letters of Support from Collaborators, Contributors, and Consultants (If PHS 398 Career Development Award Form V3\_0 is present)  
Description of Institutional Environment  
Institutional Commitment to Candidate's Research Career Development  
Protection of Human Subjects  
Data Safety Monitoring Plan  
Inclusion of Women & Minorities

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PHS Inclusion Enrollment Report  
Inclusion of Children  
Vertebrate Animals  
Select Agent Research  
Consortium/Contractual Arrangements  
Resource Sharing Plan  
Authentication of Key Biological and/or Chemical Resources  
Citizenship

PHS Fellowship Supplemental Form  
Introduction  
Applicant's Background and Goals for Fellowship Training  
Specific Aims  
Research Strategy  
Respective Contributions  
Progress Report Publication List  
Training in the Responsible Conduct of Research  
Sponsor and Co-Sponsor Statements  
Letters of Support from Collaborators, Contributors, and Consultants  
Description of Institutional Environment and Commitment to Training  
Protection of Human Subjects  
Data Safety Monitoring Plan  
Inclusion of Women and Minorities  
PHS Inclusion Enrollment Report  
Inclusion of Children  
Vertebrate Animals  
Select Agent Research  
Resource Sharing Plan  
Authentication of Key Biological and/or Chemical Resources  
Application for Concurrent Support

The relative order and position of information presented in the grant image must match the order in which it appears on the Adobe forms, except as indicated below.

The Training Table of Content is located at:

[http://grants.nih.gov/grants/funding/424/SF424RR\\_Assembly\\_Line\\_Adobe\\_VerB\\_withTraining.doc](http://grants.nih.gov/grants/funding/424/SF424RR_Assembly_Line_Adobe_VerB_withTraining.doc)

The order of pages in the grant image is as follows for all Training Grant image only (Training Program [Ts, K12, D43 and D71] and U2R):

SF 424 R&R Face Page (Page 1 and Page 2)  
SFLLL or Other Explanatory Documentation Attachment  
Pre-application Attachment  
Table of Contents  
Research & Related Project/Performance Site Locations(s)  
Additional Locations  
Research & Related Other Project Information  
Project Summary/Abstract  
Public Health Relevance Statement (Narrative attachment)  
Bibliography & References Cited  
Facilities & Other Resources  
Equipment  
Research & Related Senior/Key Person  
Biographical Sketches for each listed Senior/Key Person

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Current and Pending Support for each listed Senior/Key Person  
Additional Senior/Key Person Profiles  
Additional Biographical Sketches  
Additional Current and Pending Support  
PHS398 Training Budget (**when part of the application**)  
PHS398 Training Budget Justification attachment  
PHS398 Training Budget – Cumulative Budget  
PHS398 Training Consortium Budgets  
Total direct costs less consortium F&A

Research & Related Budget (**when part of the application**)  
Additional Senior Key Persons Attachment (attachment should be included specific to each year that is being submitted)  
Additional Equipment Attachment  
Research & Related Budget Justification attachment  
Research & Related Budget – Cumulative Budget  
Research & Related Consortium Budgets  
PHS 398 Specific Cover Page Supplement

PHS398 Training Program Plan  
Introduction to Application  
Program Plan  
Plan for Instruction in the Responsible Conduct of Research  
Plan for Instruction in Methods for Enhancing Reproducibility  
Multiple PD/PI Leadership Plan  
Progress Report  
Participating Faculty Biosketches  
Letters of Support  
Data Tables (also see Training Grant special considerations)  
Human Subjects  
Data Safety Monitoring Plan  
Vertebrate Animals  
Select Agent Research  
Consortium/Contractual Arrangements

Form pages that include an ‘Add Attachment’ button should display the file identifier for any corresponding attachment that was attached. Pages should only be included if the corresponding form has been submitted.

## 2.1 Headers and Footers

A header should be generated at the top of each page except the first page of the SF 424 R&R Face Page, consisting of the PI name (Principal Investigator/Program Director (last, First, Middle)).

In addition to footer images included as part of the grants.gov transmission, a consistent set of ascending page numbers must appear on the generated grant image as part of the footer. On pages that are generated from attachments, the name of the attachment (e.g., ‘Research Design and Methods’) should be included as part of the footer.

For applications in response to VA opportunities, prefix ‘VA’ to the front of the form and attachment names in the footer.

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## **2.2 Special Considerations for the Table of Contents**

A table of contents page must be generated and included in the grant image immediately after the SF 424 (R&R) face pages (and after any attachments that have been submitted that are associated with the face page), to allow a user viewing a printed copy to locate the pages where each of the submitted forms appears in the grant image.

Populate the Table of Contents with page numbers that accurately reflect the pages in the grant image.

If any Appendix attachments have been included, display the number of attachments for the Appendix in the appropriate location on the Table of Contents. If they have not been included, don't display 'Appendix' on the Table of Contents.

## **2.3 Special Considerations for the 424 R&R Cover Pages**

If a pre-Application attachment and/or SFLLL or Other Explanatory Documentation attachment have been included in the submission, generate them in the grant image after the 424 RR Cover.

The cover letter attachment and the Assignment Request form should not be generated as part of the grant image. Instead, it should be stored as a separate image in the grant folder, accessible only to DRR users.

## **2.4 Special Considerations for the R&R Project/Performance Site Locations Page**

If any additional location attachments are included, they should be placed in the grant image after the page(s) with the structured performance site information.

## **2.5 Special Considerations for the R&R Other Project Information Page**

If any associated attachments are included (Project Summary/Abstract, Project Narrative (Public Health Relevance Statement), Bibliography & References Cited (except if the PHS398 Research Plan is included then see special considerations for PHS Research Plan section), Facilities & Other Resources, Equipment, Other Attachments), they should be included in the grant image immediately after the Other Project Information page. If multiple 'Other Attachments' attachments are included, they should all be displayed in the grant image.

Except as indicated for specific mechanisms in 'Special Considerations for Specific Submission Types', bookmark each Other Attachment attachment based on the name of the file submitted.

## **2.6 Special Considerations for the R&R Senior/Key Person Pages**

Generate the page for all Senior/Key Persons submitted as part of the structured data first. After that, include attachments for each biosketch, with each biosketch followed by the corresponding attachments. Lastly, include the attachment for Additional Senior/Key Person Profiles, followed by the Additional Biographical Sketches attachment, followed by the Additional Current and Pending Support attachment.

## **2.7 Special Considerations for the R&R 5 and 10 Year Budget Pages**

If attachments have been included for the additional Senior Key Persons or Additional Equipment, generate them in the grant image after the budget for the year in which they are submitted. The Budget Justification attachment should be generated after the last year of the budget, since there is only one Budget Justification for all years of the budget.

Any budgets that are received with a type of 'subaward/consortium' should be placed in the grant image after the 'project' budget and cumulative budget pages, with a Table of Contents and bookmark entry for 'Research and Related Consortium Budget'. Each subaward/consortium budget should be listed in the order in which it's received, followed by the corresponding Senior Key Persons, Additional Equipment,

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and Budget Justification attachments before the next subaward/consortium budget is displayed.

Each Subaward should follow same display as Project RR Budget.

## **2.8 Special Considerations for the Personal Data Page**

The Personal Data Page should not be generated as part of the grant image.

## **2.9 Special Considerations for Specific Submission Types**

### **2.9.1 SBIR/STTR submissions**

When the SBIR/STTR Information Page has been included, several changes need to be made in the grant image, as follows:

- Include an entry for SBIR/STTR Information before the PHS-398 Cover Page, in both the Table of Contents and the bookmarks.
- Some submissions will include a 'Research and Development Outside the U.S.' page. This should be listed after the SBIR/STTR Information Page in both the Table of Contents and the bookmarks.
- Phase II and Fast Track submissions will include a Commercialization Plan attachment. This should be listed after the 'Research and Development Outside the U.S.' page (or the SBIR/STTR Information Page if no 'Research and Development Outside the U.S. page' has been included) in both the Table of Contents and the bookmarks.
- If a Prior SBIR Phase II Awards attachment is included, it should be listed after the Commercialization Plan (or the SBIR/STTR Information Page or 'Research and Development Outside the U.S.' page if no Commercialization Plan has been included) in both the Table of Contents and the bookmarks.

### **2.9.2 Conference Grant (R13) Submissions**

When an application is submitted in response to a funding opportunity where the activity code is 'R13' or 'U13', the section ordinarily titled Research Strategy should be titled 'Conference Plan' instead, both in the Table of Contents and in the bookmarks.

### **2.9.3 R25 Submissions**

When an R25 submission is received, the section ordinarily titled Research Strategy should be titled 'Research Education Program Plan' instead, both in the Table of Contents and in the bookmarks.

### **2.9.4 Construction Grant (C06, UC6, or G20) Submissions**

When an application is submitted in response to a funding opportunity where the activity code is 'C06', 'UC6', or 'G20', several changes need to be made in the grant image, as follows:

- The Construction Budget (424C) will be submitted with these instead of the 424 RR Detailed Budget or the Modular Budget. The Construction Budget should be listed as one entry in the bookmarks and the Table of Contents, in the place where the 424 RR budget would normally be positioned.
- The section ordinarily titled 'Project Narrative' (on the Other Project Information component) should be

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titled 'Program Narrative' instead, both in the Table of Contents and in the bookmarks.

- The section ordinarily titled 'Project Summary/Abstract (coming on the Other Project Information component) should be titled 'Program Overview' instead, both in the Table of Contents and in the bookmarks.
- The section ordinarily titled 'Equipment' (coming on the Equipment attachment on the Other Project Information component) should be titled 'Table of Fixed Equipment' instead, both in the Table of Contents and in the bookmarks.

The following sections will be submitted as 'Other Attachment' attachments on the Other Project Info page. Bookmark and create Table of Contents entries directly from the file name that is used for each attachment (after removing the file name extension). Position these in the grant image in alphabetical order by file name, following the Table of Fixed Equipment. Some of these will come in on fillable forms and will need to be flattened.

### **2.9.5 Submissions in Response to VA Opportunities**

- For submissions in response to VA opportunities, the 'Other Attachments' attachments will be submitted in a specified format.
- Place bookmarks in the order of the numbers that are at the front of the file name provided. If any attachments are submitted without numbers at the front of the file name, place them in random order after the correctly labeled attachments.
- The bookmark name and Table of Contents entry for each attachment is listed in parentheses below:
  - 01\_VA\_Intro.pdf (Introduction to Revised Application)
  - 02\_VA\_Specific\_Aims.pdf (Specific Aims)
  - 02a\_VA\_Research\_Plan.pdf (Research Plan)
  - 02b\_VA\_Career\_Plan.pdf (Career Plan)
  - 02c\_VA\_Mentoring\_Plan.pdf (Mentoring Plan)
  - 03\_VA\_Prog\_Report\_Pubs.pdf (Progress Report Publication List)
  - 04\_VA\_Human\_Subjects.pdf (Human Subjects)
  - 05\_VA\_Animals.pdf (Vertebrate Animals)
  - 06\_VA\_Multiple\_PI.pdf (Multiple PI Leadership Plan)
  - 07\_VA\_Agreements.pdf (Agreements)
  - 08\_VA\_Director\_Letter.pdf (VA Medical Center Director Letter)
  - 08a\_VA\_R\_D\_Committee\_Letter.pdf (VA R&D Committee Letter)
  - 08b\_VA\_Letters\_of\_Support.pdf (Letters of Support)
  - 09\_VA\_Checklist.pdf (Checklist)
  - 10\_VA\_Appendix\_1.pdf (Appendix 1)
  - 11\_VA\_Appendix\_2.pdf (Appendix 2)
  - 12\_VA\_Appendix\_3.pdf (Appendix 3)
- For VA applications, the title on the Table of Contents should read '424 R&R'.

### **2.9.7 Training Grant Submissions**

For submissions in response to Training Grant opportunities, the 'Data Tables' attachments on the PHS 398

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Training Program Plan will be submitted in a specified format.

The system should recognize user generated bookmarks provided in the attachment and insert those bookmarks in the Grant image, such as”

- Data Tables
  - Table 1
  - Table 2
  - Table 3
  - .....

**2.10 Special Considerations for the PHS-Specific Cover Page Supplement**

None.

**2.11 Special Considerations for the PHS-Specific Modular Budget Pages**

If attachments have been included for the Personnel Justification, Consortium Justification, or Additional Narrative Justification, generate them in the grant image after the Cumulative Budget Information section.

**2.12 Special Considerations for the PHS-Specific Research Plan Page**

If attachments have been included for the Research Plan, include a page in the grant image for the Research Plan page, with attachments listed on the page.

The following attachments should be included in the grant image (when they are included in the submission), in the order listed below.

- Introduction to Application
- Specific Aims
- Research Strategy
- Progress Report Publication List
- Protection of Human Subjects
- Data Safety Monitoring Plan
- Inclusion of Women and Minorities
- PHS Inclusion Enrollment Report
- Inclusion of Children
- Vertebrate Animals
- Select Agent Research
- Multiple PD/PI Leadership Plan
- Bibliography and References Cited (comes from Other Project Information component)
- Consortium/Contractual Arrangements
- Letters of Support
- Resource Sharing Plan
- Authentication of Key Biological and/or Chemical Resources

The appendix attachments should be generated as separate images in the grant folder, not as part of the grant image.

The format of the grant folder link should be the user provided filename pre-pended with ‘Appendix #:’

Example:

Appendix: appendix attachment filename

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Appendix 2: appendix attachment filename

....

Appendix 10: appendix attachment filename

### **2.13 Special Considerations for the PHS 398 Career Development Award Supplemental Form**

If attachments have been included for the Career Development Award Supplemental Form, include a page in the grant image for the page, with attachments listed on the page.

The following attachments should be included in the grant image (when they are included in the submission), in the order listed below.

- Introduction to Application
- Candidate's Information and Goals for Career Development
- Specific Aims
- Research Strategy
- Progress Report Publications List
- Training in the Responsible Conduct of Research
- Candidate's Plan to Provide Mentoring
- Plans and Statements of Mentor and Co-mentor(s)
- Letters of Support from Collaborators, Contributors, and Consultants
- Description of Institutional Environment
- Institutional Commitment to Candidate's Research Career Development
- Protection of Human Subjects
- Data Safety Monitoring Plan
- Inclusion of Women and Minorities
- PHS Inclusion Enrollment Report
- Inclusion of Children
- Vertebrate Animals
- Select Agent Research
- Bibliography and References Cited (comes from Other Project Information component)
- Consortium/Contractual Arrangements
- Resource Sharing
- Authentication of Key Biological and/or Chemical Resources
- Citizenship

The appendix attachments should be generated as separate images in the grant folder, not as part of the grant image.

The format of the grant folder link should be the user provided filename pre-pended with 'Appendix #:'

Example:

Appendix: appendix attachment filename

Appendix 2: appendix attachment filename

....

Appendix 10: appendix attachment filename

### **2.14 Special Considerations for the PHS Fellowship Supplemental Form**

If attachments have been included for the Fellowship Supplemental Form, include a page in the grant image

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for the page, with attachments listed on the page.

The following attachments should be included in the grant image (when they are included in the submission), in the order listed below.

- Introduction
- Applicant's Background and Goals for Fellowship Training
- Specific Aims
- Research Strategy
- Respective Contributions
- Selection of Sponsor and Institution
- Progress Report Publication List
- Training in the Responsible Conduct of Research
- Sponsor and Co-Sponsor Statements
- Letters of Support from Collaborators, Contributors, and Consultants
- Description of Institutional Environment and Commitment to Training
- Protection of Human Subjects
- Data Safety Monitoring Plan
- Inclusion of Women and Minorities
- PHS Inclusion Enrollment Report
- Inclusion of Children
- Vertebrate Animals
- Select Agent Research
- Bibliography and References Cited (comes from Other Project Information component)
- Resource Sharing Plan
- Authentication of Key Biological and/or Chemical Resources
- Applications for Concurrent Support
- Citizenship

\* For grant image, bookmark should be set based on whether this is a new (should show Preliminary Studies) or a resubmission or renewal (should show Progress Report).

## **2.15 Special Considerations for the PHS398-Training Program Plan**

If attachments have been included for the PHS398 Training Program Plan Form, include a page in the grant image for the page, with attachments listed on the page.

The following attachments should be included in the grant image (when they are included in the submission), in the order listed below.

- PHS398 Training Program Plan
- Introduction to Application
- Program Plan
- Plan for Instruction in the Responsible Conduct of Research
- Plan for Instruction in Methods for Enhancing Reproducibility
- Multiple PD/PI Leadership Plan
- Progress Report
- Participating Faculty Biosketches
- Letters of Support
- Data Tables (also see Training Grant special considerations)
- Human Subjects
- Data Safety Monitoring Plan
- Vertebrate Animals

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Select Agent Research  
Bibliography and References Cited (comes from Other Project Information component)  
Consortium/Contractual Arrangements

The appendix attachments should be generated as separate images in the grant folder, not as part of the grant image.

The format of the grant folder link should be the user provided filename pre-pended with 'Appendix #:'

Example:

Appendix: appendix attachment filename  
Appendix 2: appendix attachment filename  
....  
Appendix 10: appendix attachment filename

## **2.16 Special Considerations for the PHS398 Training Budget Pages**

The Budget Justification attachment should be generated after the last year of the budget, since there is only one Budget Justification for all years of the budget.

Any budgets that are received with a type of 'subaward/consortium' should be placed in the grant image after the 'project' budget and cumulative budget pages, with a Table of Contents and bookmark entry for 'PHS398 Training Consortium Budget'. Each subaward/consortium budget should be listed in the order in which it's received (which may differ from the order in which it was submitted on the Adobe form), followed by the corresponding Budget Justification attachment before the next subaward/consortium budget is displayed.

Each Subaward should follow same display as Project Training Budget.

## **2.17 Special Considerations for the PHS Inclusion Enrollment Report form**

If PHS Inclusion Enrollment Report form is included, it should be placed in the grant image as part of the Research Plan section. Refer to PHS-Specific Research Plan Page, PHS 398 Career Development Award Supplemental and PHS Fellowship Supplemental form special considerations sections to view the exact placement of the form.

## **2.18 Style and Layout**

For samples style and layout considerations, please consult the following sample pages, as extracted from the grants.gov 424 RR application kit and followed by the PHS-specific application kit (sample pages for attachments are not included). Taken together with the other discussion found in this section, these samples illustrate the approximate format and composition of each section of the grant image being rendered. Please note these samples are only accurate for a particular version of the schema.

**APPLICATION FOR FEDERAL ASSISTANCE  
 SF 424 (R&R)**

		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<input type="text"/>	<input type="text"/>
<b>1. * TYPE OF SUBMISSION</b>		<b>4. a. Federal Identifier</b>	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input type="text"/>	
<b>2. DATE SUBMITTED</b>		<b>b. Agency Routing Number</b>	
<input type="text"/>	<b>Applicant Identifier</b>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		
<b>5. APPLICANT INFORMATION</b>			
			<b>* Organizational DUNS:</b>
<input type="text"/>			
<b>* Legal Name:</b> <input type="text"/>			
<b>Department:</b> <input type="text"/>		<b>Division:</b> <input type="text"/>	
<b>* Street 1:</b> <input type="text"/>			
<b>Street 2:</b> <input type="text"/>			
<b>* City:</b> <input type="text"/>		<b>County / Parish:</b> <input type="text"/>	
<b>* State:</b> <input type="text"/>		<b>Province:</b> <input type="text"/>	
<b>* Country:</b> <input type="text"/>		<b>* ZIP / Postal Code:</b> <input type="text"/>	
		USA: UNITED STATES	
Person to be contacted on matters involving this application			
<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> <input type="text"/>	<b>Middle Name:</b> <input type="text"/>	
<b>* Last Name:</b> <input type="text"/>		<b>Suffix:</b> <input type="text"/>	
<b>* Phone Number:</b> <input type="text"/>		<b>Fax Number:</b> <input type="text"/>	
<b>Email:</b> <input type="text"/>			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <input type="text"/>			
<b>7. * TYPE OF APPLICANT:</b> <input type="text"/> Please select one of the following			
Other (Specify): <input type="text"/>			
<b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. * TYPE OF APPLICATION:</b>			
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): <input type="text"/>	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies? <input type="text"/>			
<b>9. * NAME OF FEDERAL AGENCY:</b>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>	
<input type="text"/>		<input type="text"/>	
		<b>TITLE:</b> <input type="text"/>	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>			
<input type="text"/>			
<b>12. PROPOSED PROJECT:</b>		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT</b>	
<b>* Start Date</b>	<b>* Ending Date</b>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> <input type="text"/>	<b>Middle Name:</b> <input type="text"/>	
<b>* Last Name:</b> <input type="text"/>		<b>Suffix:</b> <input type="text"/>	
<b>Position/Title:</b> <input type="text"/>			
<b>* Organization Name:</b> <input type="text"/>			
<b>Department:</b> <input type="text"/>		<b>Division:</b> <input type="text"/>	
<b>* Street 1:</b> <input type="text"/>			
<b>Street 2:</b> <input type="text"/>			
<b>* City:</b> <input type="text"/>		<b>County / Parish:</b> <input type="text"/>	
<b>* State:</b> <input type="text"/>		<b>Province:</b> <input type="text"/>	
<b>* Country:</b> <input type="text"/>		<b>* ZIP / Postal Code:</b> <input type="text"/>	
		USA: UNITED STATES	
<b>* Phone Number:</b> <input type="text"/>		<b>Fax Number:</b> <input type="text"/>	
<b>* Email:</b> <input type="text"/>			

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input style="width: 100%;" type="text"/></p> <p>b. Total Non-Federal Funds <input style="width: 100%;" type="text"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input style="width: 100%;" type="text"/></p> <p>d. Estimated Program Income <input style="width: 100%;" type="text"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:                  DATE: <input style="width: 100%;" type="text"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
<p><b>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)</b></p> <p><input type="checkbox"/> * I agree</p> <p><small>* 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.</small></p>	
<p><b>18. SFLLL or other Explanatory Documentation</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div>	
<p><b>19. Authorized Representative</b></p> <p>Prefix: <input style="width: 100%;" type="text"/> * First Name: <input style="width: 100%;" type="text"/> Middle Name: <input style="width: 100%;" type="text"/></p> <p>* Last Name: <input style="width: 100%;" type="text"/> Suffix: <input style="width: 100%;" type="text"/></p> <p>* Position/Title: <input style="width: 100%;" type="text"/></p> <p>* Organization: <input style="width: 100%;" type="text"/></p> <p>Department: <input style="width: 100%;" type="text"/> Division: <input style="width: 100%;" type="text"/></p> <p>* Street1: <input style="width: 100%;" type="text"/></p> <p>Street2: <input style="width: 100%;" type="text"/></p> <p>* City: <input style="width: 100%;" type="text"/> County / Parish: <input style="width: 100%;" type="text"/></p> <p>* State: <input style="width: 100%;" type="text"/> Province: <input style="width: 100%;" type="text"/></p> <p>* Country: <input style="width: 100%; text-align: center; font-size: small;"/>USA: UNITED STATES * ZIP / Postal Code: <input style="width: 100%;" type="text"/></p> <p>* Phone Number: <input style="width: 100%;" type="text"/> Fax Number: <input style="width: 100%;" type="text"/></p> <p>* Email: <input style="width: 100%;" type="text"/></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><b>* Signature of Authorized Representative</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small; text-align: center;">Completed on submission to Grants.gov</p> </div> <div style="width: 45%;"> <p><b>* Date Signed</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small; text-align: center;">Completed on submission to Grants.gov</p> </div> </div>	
<p><b>20. Pre-application</b> <input style="width: 100%;" type="text"/></p> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div>	



<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>	
Prefix: <input type="text"/>	First Name: <input type="text"/>
Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Suffix: <input type="text"/>	Position/Title: <input type="text"/>
Organization Name: <input type="text"/>	
Department: <input type="text"/>	Division: <input type="text"/>
Street1: <input type="text"/>	
Street2: <input type="text"/>	
City: <input type="text"/>	County / Parish: <input type="text"/>
State: <input type="text"/>	Province: <input type="text"/>
Country: <input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code: <input type="text"/>
Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
Email: <input type="text"/>	
<b>15. ESTIMATED PROJECT FUNDING</b> a. Total Federal Funds Requested <input type="text"/> b. Total Non-Federal Funds <input type="text"/> c. Total Federal & Non-Federal Funds <input type="text"/> d. Estimated Program Income <input type="text"/>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> <input checked="" type="checkbox"/> <b>a. YES</b> <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/> <input checked="" type="checkbox"/> <b>b. NO</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p>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)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> <p style="font-size: small; text-align: center;">*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.</p>	
<b>18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation</b> <input type="text"/> <span style="float: right;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </span>	
<b>19. Authorized Representative</b>	
Prefix: <input type="text"/>	First Name: <input type="text"/>
Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Suffix: <input type="text"/>	Position/Title: <input type="text"/>
Organization: <input type="text"/>	
Department: <input type="text"/>	Division: <input type="text"/>
Street1: <input type="text"/>	
Street2: <input type="text"/>	
City: <input type="text"/>	County / Parish: <input type="text"/>
State: <input type="text"/>	Province: <input type="text"/>
Country: <input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code: <input type="text"/>
Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
Email: <input type="text"/>	
<b>Signature of Authorized Representative</b> <input type="text" value="Completed on submission to Grants.gov"/>	<b>Date Signed</b> <input type="text" value="Completed on submission to Grants.gov"/>
<b>20. Pre-application</b>	<input type="text"/> <span style="float: right;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </span>
<b>21. Cover Letter Attachment</b>	<input type="text"/> <span style="float: right;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </span>

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Protection of Human Subjects.....	
Data and Safety Monitoring Plan .....	
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Targeted/Planned Enrollment Table.....	
Inclusion of Children .....	
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Bibliography & References Cited.....	
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Number of Attachments in Appendix .....	

**RESEARCH & RELATED Project/Performance Site Location(s)**

**Project/Performance Site Primary Location**

Organization Name:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:  Country:

**Project/Performance Site Location 1**

Organization Name:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:  Country:

**Additional Location(s)**

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: [Redacted]  
DUNS Number: [Redacted]  
\* Street1: [Redacted]  
Street2: [Redacted]  
\* City: [Redacted] County: [Redacted]  
\* State: [Redacted]  
Province: [Redacted]  
\* Country: USA: UNITED STATES  
\* ZIP / Postal Code: [Redacted] \* Project/ Performance Site Congressional District: [Redacted]

**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: [Redacted]  
DUNS Number: [Redacted]  
\* Street1: [Redacted]  
Street2: [Redacted]  
\* City: [Redacted] County: [Redacted]  
\* State: [Redacted]  
Province: [Redacted]  
\* Country: USA: UNITED STATES  
\* ZIP / Postal Code: [Redacted] \* Project/ Performance Site Congressional District: [Redacted]

### RESEARCH & RELATED Other Project Information

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:   
Human Subject Assurance Number:

2. Are Vertebrate Animals Used?  Yes  No

2.a. If YES to Vertebrate Animals  
Is the IACUC review Pending?  Yes  No  
IACUC Approval Date:   
Animal Welfare Assurance Number:

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:

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

4.d. If yes, please explain:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

## RESEARCH and RELATED Senior/Key Person

PROFILE - Project Director/Principal Investigator				
Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title:		Department:		
<input type="text"/>		<input type="text"/>		
Organization Name:		Division:		
<input type="text"/>		<input type="text"/>		
* Street1:		Street2:		
<input type="text"/>		<input type="text"/>		
* City:	County:	* State:	* Zip Code:	* Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Phone Number		Fax Number		* E-Mail
<input type="text"/>		<input type="text"/>		<input type="text"/>
Credential, e.g., agency login: <input type="text"/>				
* Project Role:		Other Project Role Category:		
<input type="text"/>		<input type="text"/>		
*Attach Biographical Sketch		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
			<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1				
Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title:		Department:		
<input type="text"/>		<input type="text"/>		
Organization Name:		Division:		
<input type="text"/>		<input type="text"/>		
* Street1:		Street2:		
<input type="text"/>		<input type="text"/>		
* City:	County:	* State:	* Zip Code:	* Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="USA"/>
* Phone Number		Fax Number		* E-Mail
<input type="text"/>		<input type="text"/>		<input type="text"/>
Credential, e.g., agency login: <input type="text"/>				
* Project Role:		Other Project Role Category:		
<input type="text"/>		<input type="text"/>		
*Attach Biographical Sketch		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
			<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>
<input type="button" value="Reset Entry"/>		<input type="button" value="Next Person"/>		

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
*Additional Biographical Sketch(es) (Senior/Key Person)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Current and Pending Support(es)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

## RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>	Department:	<input type="text"/>
Organization Name:	<input type="text"/>	Division:	<input type="text"/>
* Street 1:	<input type="text"/>		
Street 2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	<input type="text"/>	* Zip / Postal Code:	<input type="text"/>
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
* Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>	Department:	<input type="text"/>
Organization Name:	<input type="text"/>	Division:	<input type="text"/>
* Street 1:	<input type="text"/>		
Street 2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text"/>
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
* Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>



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

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the*

**C. Equipment Description**

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

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment:

**D. Travel**

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

**E. Participant/Trainee Support Costs**

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	
Total Participant/Trainee Support Costs	<input type="text"/>

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

OMB Number: 4040-0001  
Expiration Date: 03/31/2005

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

Next Period

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the*

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
<b>Total Other Direct Costs</b>	<input type="text"/>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<input type="text" value="6.00"/>

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
Indirect Cost Type			
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Indirect Costs</b>			<input type="text" value="0.00"/>

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

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<input type="text" value="6.00"/>

J. Fee	Funds Requested (\$)
	<input type="text"/>

K. \* Budget Justification      
 (Only attach one file.)

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

OMB Number: 4040-0001  
 Expiration Date: 03/31/2005

**RESEARCH & RELATED BUDGET - Cumulative Budget**

	Totals (\$)
<b>Section A, Senior/Key Person</b>	<input type="text" value="6.00"/>
<b>Section B, Other Personnel</b>	<input type="text"/>
Total Number Other Personnel	<input type="text"/>
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>	<input type="text" value="6.00"/>
<b>Section C, Equipment</b>	<input type="text"/>
<b>Section D, Travel</b>	<input type="text"/>
1. Domestic	<input type="text"/>
2. Foreign	<input type="text"/>
<b>Section E, Participant/Trainee Support Costs</b>	<input type="text"/>
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
6. Number of Participants/Trainees	<input type="text"/>
<b>Section F, Other Direct Costs</b>	<input type="text"/>
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. Other 1	<input type="text"/>
9. Other 2	<input type="text"/>
10. Other 3	<input type="text"/>
<b>Section G, Direct Costs (A thru F)</b>	<input type="text" value="6.00"/>
<b>Section H, Indirect Costs</b>	<input type="text"/>
<b>Section I, Total Direct and Indirect Costs (G + H)</b>	<input type="text" value="6.00"/>
<b>Section J, Fee</b>	<input type="text"/>

OMB Number: 4040-0001  
Expiration Date: 03/31/2005

SBIR/STTR Information		OMB Number: 0925-0001 Expiration Date: 09/30/2007
<p><b>* Program Type (select only one)</b></p> <input type="checkbox"/> SBIR <input type="checkbox"/> STTR <input type="checkbox"/> Both: <i>(See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)</i>		
<p><b>* SBIR/STTR Type (select only one)</b></p> <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Fast Track: <i>(See agency-specific instructions to determine whether a particular agency participates in Fast-Track)</i>		
<b>Questions 1-7 must be completed by all SBIR and STTR Applicants:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>*1. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>*2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?            * If yes, insert the names of the Federal laboratories/agencies:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>*3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>*4. Will all research and development on the project be performed in its entirety in the United States?            If no, provide an explanation in an attached file.            * Explanation: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>*5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work?            * If yes, insert the names of the other Federal agencies:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>*6. Disclosure Permission Statement. If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?</p>	
<p>*7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.            * Attach File: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>		

## SBIR/STTR Information

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

\* Program Type (select only one)

<input type="checkbox"/> SBIR	<input type="checkbox"/> STTR
<input type="checkbox"/> Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)	

\* SBIR/STTR Type (select only one)

<input type="checkbox"/> Phase I	<input type="checkbox"/> Phase II
<input type="checkbox"/> Fast-Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)	

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award. <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: <input style="width: 150px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies: <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: <input style="width: 150px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

SBIR/STTR Information

OMB Number: 0925-0001  
Expiration Date: 09/30/2007

**SBIR-Specific Questions:**

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

<input type="checkbox"/> Yes	* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency specific instructions using this Attachment. * Attach File: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	* 9. Will the Project Director/Principal Investigator have higher primary employment with the small business at the time of award?
<input type="checkbox"/> No	

**STTR-Specific Questions:**

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

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

**1. Human Subjects Section**

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

**2. Vertebrate Animals Section**

Are vertebrate animals euthanized?  Yes  No  
If "Yes" to euthanasia  
Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  Yes  No

If "No" to AVMA guidelines, describe method and provide a scientific justification

**3. \*Program Income Section**

\*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)

**4. Human Embryonic Stem Cells Section**

\*Does the proposed project involve human embryonic stem cells?  Yes  No

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) (Example: 0004):

**5. Inventions and Patents Section (RENEWAL)**

\*Inventions and Patents:  Yes  No

If "Yes" answer the following:

\*Previously Reported:  Yes  No

**6. Change of Investigator / Change of Institution Section**

Change of Project Director / Principal Investigator

Name of former Project Director / Principal Investigator:

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

Change of Grantee Institution

\* Name of former institution:

## PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Expiration Date: 9/30/2007

<b>Budget Period: 1</b>				
<input type="button" value="Reset Entries"/>		Start Date: <input style="width: 100px;" type="text"/>	End Date: <input style="width: 100px;" type="text"/>	
<b>A. Direct Costs</b>			* Funds Requested (\$)	
			* Direct Cost less Consortium F&A <input style="width: 100px;" type="text"/>	
			Consortium F&A <input style="width: 100px;" type="text"/>	
			* Total Direct Costs <input style="width: 100px;" type="text"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 350px;" type="text"/>		
Indirect Cost Rate Agreement Date <input style="width: 100px;" type="text"/>		Total Indirect Costs <input style="width: 100px;" type="text"/>		
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$) <input style="width: 100px;" type="text"/>	
<b>Budget Period: 2</b>				
<input type="button" value="Reset Entries"/>		Start Date: <input style="width: 100px;" type="text"/>	End Date: <input style="width: 100px;" type="text"/>	
<b>A. Direct Costs</b>			* Funds Requested (\$)	
			* Direct Cost less Consortium F&A <input style="width: 100px;" type="text"/>	
			Consortium F&A <input style="width: 100px;" type="text"/>	
			* Total Direct Costs <input style="width: 100px;" type="text"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 350px;" type="text"/>		
Indirect Cost Rate Agreement Date <input style="width: 100px;" type="text"/>		Total Indirect Costs <input style="width: 100px;" type="text"/>		
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$) <input style="width: 100px;" type="text"/>	

## PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001

Expiration Date: 9/30/2007

<b>Budget Period: 3</b>				
<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 100px;" type="text"/>	End Date: <input style="width: 100px;" type="text"/>		
<b>A. Direct Costs</b>			* Funds Requested (\$)	
* Direct Cost less Consortium F&A			<input style="width: 100px;" type="text"/>	
Consortium F&A			<input style="width: 100px;" type="text"/>	
* Total Direct Costs			<input style="width: 100px;" type="text"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 350px; height: 40px;" type="text"/>		
Indirect Cost Rate Agreement Date		<input style="width: 70px;" type="text"/>	Total Indirect Costs	
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)	
<input style="width: 100%; height: 20px;" type="text"/>				
<b>Budget Period: 4</b>				
<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 100px;" type="text"/>	End Date: <input style="width: 100px;" type="text"/>		
<b>A. Direct Costs</b>			* Funds Requested (\$)	
* Direct Cost less Consortium F&A			<input style="width: 100px;" type="text"/>	
Consortium F&A			<input style="width: 100px;" type="text"/>	
* Total Direct Costs			<input style="width: 100px;" type="text"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 350px; height: 40px;" type="text"/>		
Indirect Cost Rate Agreement Date		<input style="width: 70px;" type="text"/>	Total Indirect Costs	
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)	
<input style="width: 100%; height: 20px;" type="text"/>				

## PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001  
Expiration Date: 9/30/2007

<b>Budget Period: 5</b>
<input type="button" value="Reset Entries"/> Start Date: <input style="width: 100px;" type="text"/> End Date: <input style="width: 100px;" type="text"/>

<b>A. Direct Costs</b>	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input style="width: 100px;" type="text"/>
Consortium F&A	<input style="width: 100px;" type="text"/>
* Total Direct Costs	<input style="width: 100px;" type="text"/>

<b>B. Indirect Costs</b>			
	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input style="width: 95%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number) <input style="width: 95%;" type="text"/>			
Indirect Cost Rate Agreement Date <input style="width: 100px;" type="text"/>	Total Indirect Costs <input style="width: 100px;" type="text"/>		

<b>C. Total Direct and Indirect Costs (A + B)</b>	Funds Requested (\$) <input style="width: 100px;" type="text"/>
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<b>Cumulative Budget Information</b>	
<b>1. Total Costs, Entire Project Period</b>	
* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input style="width: 100px;" type="text"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input style="width: 100px;" type="text"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input style="width: 100px;" type="text"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input style="width: 100px;" type="text"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input style="width: 100px;" type="text"/>

<b>2. Budget Justifications</b>			
Personnel Justification	<input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Consortium Justification	<input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Additional Narrative Justification	<input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

# PHS 398 Research Plan

OMB Number: 0925-0001  
Expiration Date: 9/30/2007

## 1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

\*Type of Application:

New    Resubmission    Renewal    Continuation    Revision

## 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application (for RESUBMISSION or REVISION only)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2. Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3. Background and Significance	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4. Preliminary Studies / Progress Report	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5. Research Design and Methods	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

## Human Subjects Sections

Attachments 6-10 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 6-9 may be required, and you are encouraged to consult the PHS 398 instructions to determine which sections must be submitted with this application. Attachment 10 is only required if there is human subject involvement and you have answered "yes" to the "clinical trial" question on the PHS398 Cover Page Supplement form.

6. Protection of Human Subjects	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7. Inclusion of Women and Minorities	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8. Targeted/Planned Enrollment Table	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9. Inclusion of Children	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10. Data and Safety Monitoring Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13. Letters of Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14. Resource Sharing Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

15. Appendix	<input type="button" value="Add Attachments"/>	<input type="button" value="Remove Attachments"/>	<input type="button" value="View Attachments"/>
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PHS 398 Research Plan

[View Burden Statement](#)

OMB Number: 0925-0001  
Expiration Date:

<b>Introduction</b>			
1. Introduction to Application (Resubmission and Revision)	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
<b>Research Plan Section</b>			
2. Specific Aims	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
3. *Research Strategy	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
4. Progress Report Publication List	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
<b>Human Subjects Section</b>			
5. Protection of Human Subjects	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
6. Data Safety Monitoring Plan	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
7. Inclusion of Women and Minorities	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
8. Inclusion of Children	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
<b>Other Research Plan Section</b>			
9. Vertebrate Animals	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
10. Select Agent Research	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
11. Multiple PD/PI Leadership Plan	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
12. Consortium/Contractual Arrangements	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
13. Letters of Support	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
14. Resource Sharing Plan(s)	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
15. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
<b>Appendix</b>			
16. Appendix		<a href="#">Add Attachments</a>	<a href="#">Delete Attachments</a> <a href="#">View Attachments</a>

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**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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. \* Disclosure Permission Statement**

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

Yes  No

**PHS 398 Career Development Award Supplemental Form**

Next Page

OMB Number: 0925-0001

**1. Application Type:**

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

- New    Resubmission    Renewal    Continuation    Revision

**2. Career Development Award Attachments:**

Please attach applicable sections, below.

Introduction (if applicable)

- |   |                      |   |  |  |
|---|----------------------|---|--|--|
| 1. Introduction to Application<br><small>(for RESUBMISSION applications only)</small> | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
|---|----------------------|---|--|--|

Candidate Information

- |   |                      |   |  |  |
|---|----------------------|---|--|--|
| 2. Candidate's Background                                     | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 3. Career Goals and Objectives                                | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 4. Career Development/Training Activities During Award Period | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 5. Training in the Responsible Conduct of Research            | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 6. Mentoring Plan<br><small>(when applicable)</small>         | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

Statements of Support

- |   |                      |   |  |  |
|---|----------------------|---|--|--|
| 7. Statements by Mentor, Co-Mentors, Consultants, Contributors<br><small>(as appropriate)</small> | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
|---|----------------------|---|--|--|

Environment and Institutional Commitment to Candidate

- |  |                      |   |  |  |
|--|----------------------|---|--|--|
| 8. Description of Institutional Environment                            | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 9. Institutional Commitment to Candidate's Research Career Development | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

Research Plan

- |  |                      |   |  |  |
|--|----------------------|---|--|--|
| 10. Specific Aims  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 11. Background and Significance  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 12. Preliminary Studies/Progress Report  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 13. Research Design and Methods  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 14. Inclusion Enrollment Report<br><small>(for RENEWAL applications only)</small>      | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 15. Progress Report Publication List<br><small>(for RENEWAL applications only)</small> | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

Human Subject Sections

- |                                       |                      |   |  |  |
|---------------------------------------|----------------------|---|--|--|
| 16. Protection of Human Subjects      | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 17. Inclusion of Women and Minorities | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 18. Targeted/Planned Enrollment       | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 19. Inclusion of Children             | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

[Previous Page](#)

## PHS 398 Career Development Award Supplemental Form

### 2. Career Development Award Attachments (continued):

#### Other Research Plan Sections

20. Vertebrate Animals	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
21. Select Agent Research	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
22. Consortium/Contractual Arrangements	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
23. Resource Sharing Plan(s)	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

#### Appendix (if applicable)

24. Appendix	<a href="#">Add Attachments</a>	<a href="#">Remove Attachments</a>	<a href="#">View Attachments</a>
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### \*3. Citizenship:

- U.S. Citizen or noncitizen national
- Non-U.S. Citizen with temporary U.S. visa
- Permanent Resident of U.S.  
*(if a permanent resident of the U.S., a notarized statement must be provided by the time of award)*

PHS 398 Career Development Award Supplemental Form

<b>2. Career Development Award Attachments (continued):</b>			
<u>Other Research Plan Sections</u>			
18. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
19. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
20. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. Resource Sharing Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<u>Appendix (if applicable)</u>			
22. Appendix	<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>
<b>*3. Citizenship:</b>			
<input type="checkbox"/> U.S. Citizen or noncitizen national	<input type="checkbox"/> Permanent Resident of U.S.	<i>(if a permanent resident of the U.S., a notarized statement must be provided by the time of award)</i>	
<input type="checkbox"/> Non-U.S. Citizen with temporary U.S. visa			

Form Version 1\_0

[View Burden Statement](#)

**PHS 398 Career Development Award Supplemental Form**

OMB Number: 0925-0001  
Expiration Date:

<b>Introduction</b>				
1. Introduction to Application (RESUBMISSION & REVISION)	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Candidate Section</b>				
2. Candidate Information and Goals for Career Development	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Research Plan Section</b>				
3. Specific Aims	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
4. Research Strategy	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
5. Progress Report Publications List	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
6. Training in the Responsible Conduct of Research	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Other Candidate Information Section</b>				
7. Candidate's Plan to Provide Mentoring	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Mentor, Co-Mentor, Consultant, Collaborators Section</b>				
8. Plans and Statements of Mentor and Co-Mentor(s)	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
9. Letters of Support from Collaborators, Contributors, and Consultants	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Environment and Institutional Commitment to Candidate Section</b>				
10. Description of Institutional Environment	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
11. Institutional Commitment to Candidate's Research Career Development	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Human Subjects Section</b>				
12. Protection of Human Subjects	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
13. Data Safety Monitoring Plan	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
14. Inclusion of Women and Minorities	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
15. Inclusion of Children	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Other Research Plan Sections</b>				
16. Vertebrate Animals	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
17. Select Agent Research	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
18. Consortium/Contractual Arrangements	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
19. Resource Sharing	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
20. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<b>Appendix</b>				
21. Appendix		<a href="#">Add Attachments</a>	<a href="#">Delete Attachments</a>	<a href="#">View Attachments</a>
<b>* Citizenship</b>				
U.S. Citizen or Non-Citizen National <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, Select most appropriate Non-U.S. Citizen option:				
<input type="checkbox"/> With a Permanent U.S. Resident Visa				
<input type="checkbox"/> With a Temporary U.S. Visa				
<input type="checkbox"/> Not Residing in the U.S.				
If with a temporary U.S. Visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest date of award check here <input type="checkbox"/>				

Form Version 3.0

## PHS Fellowship Supplemental Form

OMB Number: 0925-0002  
Expiration Date: 10/31/2008

### 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

### B. Research Training Plan

1. Introduction to Application <i>(for RESUBMISSION applications only)</i>	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2. * Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3. * Background and Significance	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4. * Preliminary Studies/Progress Report	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5. * Research Design and Methods	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6. Inclusion Enrollment Report <i>(for RENEWAL applications only)</i>	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7. Progress Report Publication List <i>(for RENEWAL applications only)</i>	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="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

8. \* Human Subjects Involvement Indefinite?    Yes    No

9. Clinical Trial?    Yes    No

10. Agency-Defined Phase III Clinical Trial?    Yes    No

11. Protection of Human Subjects	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12. Inclusion of Women and Minorities	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13. Targeted/Planned Enrollment	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14. Inclusion of Children	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="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

15. \* Vertebrate Animals Use Indefinite?    Yes    No

16. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
17. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
18. Resource Sharing Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
19. * Respective Contributions	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
20. * Selection of Sponsor and Institution	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
21. * Responsible Conduct of Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

## PHS Fellowship Supplemental Form

### C. Additional Information

#### Human Embryonic Stem Cells

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

*If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s), using the registry information provided within the agency instructions. 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):


#### Candidate

2. Alternate Phone Number:

3. Graduate Degree Earned (if applicable):

Degree:	If "other", please indicate degree type:	Date Earned (month/year):	
<input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input type="button" value="Reset Entry"/>

4. Degree Sought During Proposed Award:

Degree:	If "other", please indicate degree type:	Expected Completion Date (month/year):	
<input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input type="button" value="Reset Entry"/>

5. \* Field of Training for Current Proposal:

6. \* 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)	
<input style="width: 80px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input type="button" value="Reset Entry"/>			
<input style="width: 80px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input type="button" value="Reset Entry"/>			
<input style="width: 80px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input type="button" value="Reset Entry"/>			
<input style="width: 80px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input type="button" value="Reset Entry"/>			

7. \* Applications for Concurrent Support?  Yes  No

*If yes, please describe in an attached file:*

8. \* Goals for Fellowship Training and Career

9. \* Activities Planned Under This Award

10. Doctoral Dissertation and Other Research Experience

11. \* Citizenship:  U.S. Citizen or noncitizen national  Permanent Resident of U.S. Pending  
 Permanent Resident of U.S. (If a permanent resident of the U.S., a notarized statement must be provided by the time of award)  Non-U.S. Citizen with temporary U.S. visa

## PHS Fellowship Supplemental Form

### C. Additional Information (continued)

#### Institution

12.  Change of Sponsoring Institution

\* Name of Former Institution:

13. Assurances/Certification:

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>.

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation:

### D. Budget

#### Senior Fellowship Applicants Only:

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

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

a. Federal Stipend Requested: Amount  Number of Months

b. Supplementation from other sources: Amount  Number of Months

Type (sabbatical leave, salary, etc.)

Source

#### All Fellowship Applicants:

3. \* Tuition and Fees:

None Requested

Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

Total Funds Requested:

### E. Appendix

## PHS Fellowship Supplemental Form

OMB Number: 0925-0002

### A. Application Type:

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

- New     
  Resubmission     
  Renewal     
  Continuation     
  Revision

### B. Research Training Plan

- |   |  |                |                   |                 |
|---|--|----------------|-------------------|-----------------|
| 1. Introduction to Application<br><small>(for RESUBMISSION applications only)</small> |  | Add Attachment | Delete Attachment | View Attachment |
| 2. * Specific Aims  |  | Add Attachment | Delete Attachment | View Attachment |
| 3. * Research Strategy  |  | Add Attachment | Delete Attachment | View Attachment |
| 4. Inclusion Enrollment Report<br><small>(for RENEWAL applications only)</small>      |  | Add Attachment | Delete Attachment | View Attachment |
| 5. Progress Report Publication List<br><small>(for RENEWAL applications only)</small> |  | 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

6. Human Subjects Involvement Indefinite?       Yes       No
7. Clinical Trial?       Yes       No
8. Agency-Defined Phase III Clinical Trial?       Yes       No

- |                                       |  |                |                   |                 |
|---------------------------------------|--|----------------|-------------------|-----------------|
| 9. Protection of Human Subjects       |  | Add Attachment | Delete Attachment | View Attachment |
| 10. Inclusion of Women and Minorities |  | Add Attachment | Delete Attachment | View Attachment |
| 11. Targeted/Planned Enrollment       |  | Add Attachment | Delete Attachment | View Attachment |
| 12. Inclusion of Children             |  | Add Attachment | Delete Attachment | View Attachment |

#### Other Research Training Plan Sections

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

Are Vertebrate Animals Used?       Yes       No

13. Vertebrate Animals Use Indefinite?       Yes       No
- |  |  |                |                   |                 |
|--|--|----------------|-------------------|-----------------|
| 14. Vertebrate Animals                     |  | Add Attachment | Delete Attachment | View Attachment |
| 15. Select Agent Research                  |  | Add Attachment | Delete Attachment | View Attachment |
| 16. Resource Sharing Plan                  |  | Add Attachment | Delete Attachment | View Attachment |
| 17. * Respective Contributions             |  | Add Attachment | Delete Attachment | View Attachment |
| 18. * Selection of Sponsor and Institution |  | Add Attachment | Delete Attachment | View Attachment |
| 19. * Responsible Conduct of Research      |  | Add Attachment | Delete Attachment | View Attachment |

## PHS Fellowship Supplemental Form

### C. Additional Information

#### Human Embryonic Stem Cells

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

*If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s), using the registry information provided within the agency instructions. 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):


#### Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

Degree: <input style="width: 50px;" type="text"/>	If "other", please indicate degree type: <input style="width: 150px;" type="text"/>	Expected Completion Date (month/year): <input style="width: 80px;" type="text"/>	<input type="button" value="Reset Entry"/>
---	---	--	--

4. \* Field of Training for Current Proposal:

5. \* Current And/Or Prior Kirschstein-NRSA Support?  Yes  No  
*If yes, please identify current and/or prior Kirschstein-NRSA support below:*

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>

6. \* Applications for Concurrent Support?  Yes  No

*If yes, please describe in an attached file:*

7. \* Goals for Fellowship Training and Career

8. \* Activities Planned Under This Award

9. \* Research Experience

10. \* Citizenship:  U.S. Citizen or noncitizen national  Permanent Resident of U.S. Pending  
 Permanent Resident of U.S.  Non-U.S. Citizen with temporary U.S. visa  
*(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)*

## PHS Fellowship Supplemental Form

### C. Additional Information (continued)

Institution

11.  Change of sponsoring Institution

Name of Former Institution:

### D. Budget

All Fellowship Applicants:

1. \* Tuition and Fees:

None requested

Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

Total Funds Requested:

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount

Academic Period

Number of Months

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

a. Federal Stipend Requested:

Amount

Number of Months

b. Supplementation from other sources:

Amount

Number of Months

Type (sabbatical leave, salary, etc.)

Source

### E. Appendix

**Institutional Training TOC  
Substitute Page**

Program Director/Principal Investigator  
(Last, first, middle):

Type the name of the program director/principal investigator at the top of each printed page and each continuation page. (For type specifications, see PHS 398 Instructions.)

**INSTITUTIONAL RESEARCH TRAINING  
INCLUDING RUTH L. KIRSCHSTEIN NATIONAL RESEARCH SERVICE AWARD  
TABLE OF CONTENTS (Substitute Page)**

	<i>Page Numbers</i>
Face Page ( <i>Form Page 1</i> ) .....	1
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells ( <i>Form Page 2, Form Page 2-continued, and additional continuation page, if necessary</i> ) .....	2
Table of Contents ( <i>this Institutional Training Substitute Form Page 3</i> ) .....	
Detailed Budget for Initial Budget Period ( <i>Institutional Training Substitute Form Page 4</i> ) .....	
Budget for Entire Proposed Period of Support ( <i>Institutional Training Substitute Form Page 5</i> ) ...	
Biographical Sketch— Program Director/Principal Investigator ( <i>Not to exceed four pages</i> ) .....	
Resources .....	
 <b>Research Training Program Plan</b>	
1. Introduction (Resubmission or Revision Application only).....	
2. Background .....	
3. Program Plan .....	
a. Program Administration .....	
b. Program Faculty .....	
c. Proposed Training .....	
d. Training Program Evaluation .....	
e. Trainee Candidates .....	
4. Recruitment and Retention Plan to Enhance Diversity .....	
5. Plan for Instruction in the Responsible Conduct of Research .....	
6. Progress Report (Renewal Applications Only) .....	
7. Human Subjects .....	
8. Vertebrate Animals .....	
9. Select Agent Research .....	
10. Literature Cited .....	
11. Multiple PD Leadership Plan (if applicable) .....	
12. Consortium/Contractual Arrangements.....	
13. Participating Faculty Biosketches (not to exceed four pages each) .....	
14. Data Tables .....	
15. Letters of Support .....	
 <b>Checklist</b> .....	

(Items 2-5: not to exceed 25 pages,  
excluding tables\*)

OMB Number:  
Expiration Date:

**PHS Fellowship Supplemental Form**

**Introduction**

1. Introduction (If necessary) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Fellowship Agreement Section**

2. Applicant Background and Status for Fellowship Training [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Research Training Plan Section**

3. Specific Aims [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

4. Research Strategy [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

5. Researcher's Contribution [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

6. Selection of Sponsor and Institution [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

7. Progress Report (Publication List (the FICM) ONLY, multi-visit & only) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

8. Training in the Researchable Content of Fellowship [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Sponsors, Collaborators, and Consultants Section**

9. Sponsor and Co-sponsor Statements [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

10. Letters of Support from Collaborators, Consultants, and Co-sponsors [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Institutional Environment and Commitment to Training Section**

11. Description of Institutional Environment and Commitment to Training [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Other Research Training Plan Section**

**Human Subjects**

The following items is taken from the Research & Related Other Project information form and repeated here for your reference. Any change to this form must be made on the Research & Related Other Project information form.

Are Human Subjects Involved?  Yes  No

12. Human Subjects Assessment Indicated?  Yes  No

13. Clinical Study?  Yes  No

14. Agency-Defined Phase III Clinical Trial?  Yes  No

15. Protection of Human Subjects [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

16. Data Safety Monitoring Plan [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

17. Inclusion of Women and Minorities [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

18. Inclusion of Children [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Vertebrate Animals**

The following items is taken from the Research & Related Other Project information form and repeated here for your reference. Any change to this form must be made on the Research & Related Other Project information form.

Are Vertebrate Animals Used?  Yes  No

19. Vertebrate Animals Use Indicated?  Yes  No

20. Are animals euthanized?  Yes  No

21. Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  Yes  No

22. If "No" to AVMA guidelines, describe method and provide scientific justification.

21. Vertebrate Animals [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Other Research, Training, Plan Information**

22. Select Agent Research [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

23. Resource Sharing Plan [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

24. Appropriation of Any Biological and/or Chemical Resources [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**Additional Information Section**

25. Human Embryonic Stem Cells

\* Does the proposed project involve human embryonic stem cells?  Yes  No

If the proposed project involves human embryonic stem cells, list below the appropriate number of the specific cell lines from the following list: [http://www.ncbi.nlm.nih.gov/blast/blast.cgi?db=EMBL](#) or, if a specific stem cell line is not listed in referenced list, please attach the cell numbering and name from the registry to the cover.

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

Cell Line(s) (Example: J004) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

26. Alternative Phase Number [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

27. Degree Sought During Proposed Award

Degree:  \*If "other", please indicate degree type. Proposed Completion Date:  [Reset Entry](#)

28. Title of Training for Current Proposal [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

29. "Covered" or Prior Institution FICM Support?  Yes  No

If yes, please identify current and prior institution FICM support below.

\* Level:  \* Type:  Start Date (if award):  End Date (if award):  Grant Number (if award):  [Reset Entry](#)

30. Applications for Consultant Support?  Yes  No

If yes, please describe in an attached file [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

31. \* Citizenship

M.D. Citizens or Non-Citizen National:  Yes  No

If not, select most appropriate Non-U.S. Citizen option:  With a Permanent U.S. Resident Visa  With a Temporary U.S. Visa

If with a temporary U.S. Visa who has applied for permanent resident status and subject to hold a permanent resident visa by the earliest date of need stated here:

32. Change of Sponsoring Institution:  Name of Former Institution:

**Budget Section**

**At Fellowship Applicant:**

1. \* Fellow and Fees:  None Requested  Funds Requested

Year 1:

Year 2:

Year 3:

Year 4:

Year 5:

Year 6 (if applicable):

Total Funds Requested:

**From Fellowship Applicant's Org:**

2. Present Institutional Base Salary: Amount:  Academic Period:  Number of Months:  [Reset Entry](#)

3. Supplemental Salary During First Year of Proposed Fellowship: Amount:  Number of Months:

a. Federal (Specify Requester): Amount:  Number of Months:

b. Supplementation from other sources: Type (contractual work, salary, etc.):  Source:

**Appendix** [Add Attachments](#) [Upload Attachments](#) [View Attachments](#)

# PHS 398 Research Training Program Plan

OMB Number: 0925-0001

## 1. Application Type:

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

New  Resubmission  Renewal  Continuation  Revision

## 2. Research Training Program Plan Attachments:

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

- |   |                      |   |  |  |
|---|----------------------|---|--|--|
| 1. Introduction to Application<br><i>(for REVISION or RESUBMISSION applications only)</i> | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 2. Background   | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 3. Program Plan   | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 4. Recruitment and Retention<br>Plan to Enhance Diversity                                 | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 5. Plan for Instruction in the<br>Responsible Conduct of Research                         | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 6. Progress Report<br><i>(for RENEWAL applications only)</i>                              | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 7. Human Subjects   | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 8. Vertebrate Animals   | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 9. Select Agent Research  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 10. Multiple PD/PI Leadership Plan<br><i>(if applicable)</i>                              | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 11. Consortium/Contractual<br>Arrangements  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 12. Participating Faculty Biosketches   | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 13. Data Tables   | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 14. Letters of Support  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

15. Appendix

**PHS 398 TRAINING BUDGET, Period 1**

Organizational DUNS:  Budget Type:  Project  Subaward/Consortium  
 Organization Name:   
 Start Date:  End Date:

**A. Stipends, Tuition/Fees**

Number of Trainees

Full Time	Short Term		Stipends Requested (\$)	Tuition/Fees Requested (\$)
<input type="checkbox"/>	<input type="checkbox"/>	<b>Undergraduate:</b>	<input type="text"/>	<input type="text"/>
		<i>Number Per Stipend Level:</i>		
		First-Year/Soph. <input type="checkbox"/> Junior/Senior <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Predoctoral:</b> Single Degree	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dual Degree	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Total Predoctoral</b>	<input type="text"/>	<input type="text"/>
		<u>Postdoctoral:</u> <i>Number Per Stipend Level:</i>		
		0 1 2 3 4 5 6 7		
<input type="checkbox"/>	<input type="checkbox"/>	Non-degree Seeking	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Degree Seeking	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Total Postdoctoral</b>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other:</b>	<input type="text"/>	<input type="text"/>
<b>Totals:</b>			<input type="text"/>	<input type="text"/>
<b>Total Stipends + Tuition/Fees Requested</b>			<input type="text"/>	<input type="text"/>

**B. Other Direct Costs**

	Funds Requested (\$)
Trainee Travel	<input type="text"/>
Training Related Expenses	<input type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)	<input type="text"/>
Consortium Training Costs (if applicable)	<input type="text"/>
<b>Total Other Direct Costs Requested</b>	<input type="text"/>

**C. Total Direct Costs Requested (A + B)**

**D. Indirect Costs**

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Indirect Costs Requested</b>			<input type="text"/>

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

**F. Budget Justification**

**PHS 398 TRAINING BUDGET, Cumulative Budget**

<b>A. Stipends, Tuition/Fees</b>		
	Stipends Requested (\$)	Tuition/Fees Requested (\$)
Undergraduate:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Predoctoral: Single Degree	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dual Degree	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total Predoctoral</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postdoctoral: Non-Degree Seeking	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Degree Seeking	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total Postdoctoral</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Totals:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total Stipends + Tuition/Fees Requested</b>		<input style="width: 100%;" type="text"/>
<b>B. Other Direct Costs</b>		
Trainee Travel		<input style="width: 100%;" type="text"/>
Training Related Expenses		<input style="width: 100%;" type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)		<input style="width: 100%;" type="text"/>
Consortium Training Costs (if applicable)		<input style="width: 100%;" type="text"/>
<b>Total Other Direct Costs Requested</b>		<input style="width: 100%;" type="text"/>
<b>C. Total Direct Costs Requested (A + B)</b>		<input style="width: 100%;" type="text"/>
<b>D. Total Indirect Costs Requested</b>		<input style="width: 100%;" type="text"/>
<b>E. Total Direct and Indirect Costs Requested (C + D)</b>		<input style="width: 100%;" type="text"/>

## 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	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

---

## 2.19 Typeface for text that is generated from structured data

## 2.20 Bookmarking

The rendered PDF should contain bookmarks for each of the following sections of the grant image, only if the corresponding section or attachment is included:

- Face Page
- SF LLL or other Explanatory Documentation
- Pre-application Attachment Table of Contents
- Performance Sites
- Additional Sites
- Other Information
- Project Description
- Public Health Relevance Statement
- References Cited (for applications not including the PHS398 Research Plan)
- Facilities
- Equipment
- Other Attachments
- R&R Senior/Key Persons
- Biosketches
- Current and Pending Support
- Other Support Additional Key Personnel
- Additional Biosketches
- Additional Other Support
- R&R Budget—Year 1 (for both RR 5 year and RR 10 Year Budgets)
- R&R Budget—Year 2 (for both RR 5 year and RR 10 Year Budgets)
- R&R Budget—Year 3 (for both RR 5 year and RR 10 Year Budgets)
- R&R Budget—Year 4 (for both RR 5 year and RR 10 Year Budgets)
- R&R Budget—Year 5 (for both RR 5 year and RR 10 Year Budgets)
- R&R Budget—Year 6 (only for and RR 10 Year Budget)
- R&R Budget—Year 7 (only for and RR 10 Year Budget)
- R&R Budget—Year 8 (only for and RR 10 Year Budget)
- R&R Budget—Year 9 (only for and RR 10 Year Budget)
- R&R Budget—Year 10 (only for and RR 10 Year Budget)
- Total Direct Costs Less Consortium F&A Additional Personnel Budgets (placed after the year to which it applies)
- Additional Equipment Budgets (placed after the year to which it applies)
- Budget Justification
- Cumulative Budget
- Subaward Budget
- Construction Budget
- SBIR/STTR Information
- R&D Outside the U.S.
- Commercialization Plan
- Prior Phase II Awards
- Clinical Trial & HESC
- Modular Budget
- Personnel Justification
- Consortium Justification
- Additional Justification
- List of Research Plan Attachments
- Introduction
- Specific Aims
- Research Strategy

---

Progress Report Publication List  
Protection of Human Subjects  
Data Safety Monitoring Plan  
Inclusion of Women & Minorities  
PHS Inclusion Enrollment Report  
Inclusion of Children  
Vertebrate Animals  
Select Agent Research  
Multiple PD/PI Leadership Plan  
Consortium/Contractual Arrangements  
References Cited (for applications including the PHS398 Research Plan)  
Letters of Support  
Resource Sharing Plan  
Authentication of Key Biological and/or Chemical Resources  
Checklist (Form V1\_3 if present)  
Certification Explanation (If Checklist Form V1\_3 present)

Footnotes:

<sup>1</sup> This section is only to be generated if the application represents a resubmission or a revision

For Career Award applications, the bookmarks should include the following additional bookmarks if the corresponding section or attachment is included:

PHS 398 Career Development Award Supplemental Form  
Introduction  
Candidate Information and Goals for Career Development  
Specific Aims  
Research Strategy  
Progress Report Publications List  
Training in the Responsible Conduct of Research  
Candidate's Plan to Provide Mentoring  
Plans and Statements of Mentor and Co-mentor(s)  
Letters of Support from Collaborators, Contributors and Consultants  
Description of Institutional Environment  
Institutional Commitment to Candidate's Research Career Development  
Protection of Human Subjects  
Data Safety Monitoring Plan  
Inclusion of Women and Minorities  
PHS Inclusion Enrollment Report  
Inclusion of Children  
Vertebrate Animals  
Select Agent Research  
Consortium / Contractual Arrangements  
Resource Sharing  
Authentication of Key Biological and/or Chemical Resources  
Citizenship  
Statements by Mentor, Co-Mentors, Consultants, and Contributors (form V1\_2)

For Fellowship applications, the bookmarks should include the following additional bookmarks if the corresponding section or attachment is included:

---

PHS Fellowship Supplemental Form  
Introduction  
Applicant's Background and Goals for Fellowship Training  
Specific Aims  
Research Strategy  
Respective Contributions  
Selection of Sponsor and Institution  
Progress Report Publication List  
Training in the Responsible Conduct of Research  
Sponsor and Co-Sponsor Statements  
Letters of Support from Collaborators, Contributors and Consultants  
Description of Institutional Environment and Commitment to Training  
Protection of Human Subjects  
Data Safety Monitoring Plan  
Inclusion of Women and Minorities  
PHS Inclusion Enrollment Report  
Inclusion of Children  
Vertebrate Animals  
Select Agent Research  
Resource Sharing Plan  
Authentication of Key Biological and/or Chemical Resources  
Applications for Concurrent Support  
Respective Contributions  
Selection of Sponsor and Institution  
Responsible Conduct of Research  
Application for Concurrent Support  
Goals for Fellowship Training and Career  
Activities Planned Under this Award  
Doctoral Dissertation and Other Research Experience

For Training applications, the bookmarks should include the following additional bookmarks if the corresponding section or attachment is included:

PHS398 Training Program Plan  
Introduction to Application  
Program Plan  
Plan for Instruction in the Responsible Conduct of Research  
Plan for Instruction in Methods for Enhancing Reproducibility  
Multiple PD/PI Leadership Plan  
  
Progress Report  
Participating Faculty Biosketches  
Letters of Support  
Data Tables  
Human Subjects  
Data Safety Monitoring Plan  
Vertebrate Animals  
Select Agent Research  
Consortium/Contractual Arrangements

Training Budget Year 1  
Training Budget Year 2 ...

---

Training Budget Year 5

Training Budget Justification  
Training Budget Cumulative  
Training Subaward 1  
Training Subaward 2 ....  
Training Subaward 10  
Total Direct Costs Less Consortium F&A

**2.21 Missing Attachments**

If an attachment type is not provided, then there shall be no allowance in the grant image, and no bookmark created, for that section. In other words, if an attachment such as “Protection of Human Subjects” is not submitted for the research plan, do not create an empty section and bookmark for it. Only include sections for which attachments were submitted, and only provide bookmarks for those.

**2.22 Total Direct Cost less consortium F&A**

The Total Direct Costs Less Consortium F&A’ will be added as a separate page after all Subawards in the grant image for:

- NIH applications ONLY,
- Submissions with the RR Budget (5Yr. or 10Yr.) and at least one RR Subaward budget,
- Excluding submissions to Training Programs (T15, T32, T34, T35, T36, T37, KM1, K12, D43, D71, U2R, T01, T02, T03, T14, T42, T90, T90/R90, TU2)
- Excluding submissions to Career Development (K01, K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99, K99/R00)

The calculation will be as follows:

**R&R Budget subtotal direct costs Calculation**

Subtotal Direct Costs = Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type ‘subaward/consortium’

Display the Total direct costs less consortium F&A for each budget period as shown below:

**Total direct costs less consortium F&A**

NIH policy ([NOT-OD-05-004](#)) allows applicants to exclude consortium/contractual F&A costs when determining if an application falls at or beneath any applicable direct cost limit. When a direct cost limit is specified in an FOA, the following table can be used to determine if your application falls within that limit.

Category	Budget Period1	Budget Period2	Budget Period 3	Budget Period 4	Budget Period 5	TOTALS
Total direct costs less consortium F&A	0	0	0	0	0	0