FORMS VERSION D SERIES

UPDATED MARCH 24, 2017

TRAINING INSTRUCTIONS FOR NIH AND OTHER PHS AGENCIES

SF424 (R&R) APPLICATION PACKAGES

Guidance developed and maintained by NIH for preparing and submitting applications via Grants.gov to NIH and other PHS agencies using the SF424 (R&R)

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T.100 - How to Use the Application Instructions

Use these application instructions to fill out the forms that are posted in your funding opportunity announcement.

Take a tour of the Application Guide

Quick Links

- Step 1. Become familiar with the application process
- Step 2. Use these instructions, together with the forms and information in the FOA, to complete your application
- Step 3. Choose an application instruction format
- Step 4. Complete the appropriate forms
- Step 5. Stay informed of policy changes and updates

Helpful Links

The information on the following pages may be useful in the application process

- OER Glossary
- Supplemental Grant Application Instructions
- Grants Policy Statement
- Guide to Grants and Contracts
- Frequently Asked Questions

Step 1. Become familiar with the application process.

Understanding the application process is critical to successfully submitting your application.

Use the T.110 - Application Process section of these instructions to learn the importance of completing required registrations before submission, how to submit and track your application, where to find page limits and formatting requirements, and more information about the application process.

Step 2. Use these instructions, together with the forms and information found in the funding opportunity announcement, to complete your application.

The funding opportunity announcement (FOA) will include specific instructions and the forms needed for your application submission.

> Remember that the FOA instructions always supersede these application instructions.

Step 3. Choose an application instruction format.

Do you know your activity code, but don't know which application instructions to use? Refer to NIH's table on Selecting the Correct Application Instructions to determine which set of application instructions applies to your grant program.

Comprehensive Instructions	Program-Specific Instructions
Use the General (G) instructions, available in both HTML and PDF format, to complete the application forms for any type of grant program.	Take advantage of the filtered PDFs to view specific application instructions for: • Research (R) • Career Development (K) • Training (T) • Fellowship (F) • Multi-project (M) • SBIR/STTR (B)

Step 4. Complete the appropriate forms.

Unless otherwise specified in the FOA, follow the **standard instruction**, as well as any additional **program-specific** instructions for each form in your application.

Program-specific instructions are presented in gray call-out boxes that are color coded throughout the application instructions. Consult the T.130 - Program Overview section for context for program specific instructions.

Step 5. Stay informed of policy changes and updates.

- Refer to the T.120 - Significant Changes section for the most recent changes to these application instructions.
- Review Notices of NIH Policy Changes since the posting of the Application Guide.

T.110 - Application Process

Understanding the application process is critical to successfully submitting your application. Use this section of this guide to learn the importance of completing required registrations before submission; how to submit and track your application; where to find information about page limits, formatting requirements, due dates, and submission policies; and more information about the application process. This application process information is also available on our How to Apply – Application Guide page.

Quick Links

- Prepare to Apply
- Write Application
- Submit
- Related Resources

Prepare to Apply and Register

Systems and Roles

Learn about the main systems involved in application submission and the role you and your colleagues play in the submission process. The main systems are Grants.gov, eRA Commons, and ASSIST.

Register

Determine your registration status. Organizations, organizational representatives, investigators, and others need to register in multiple federal systems in order to for you to submit a grant application. Registration can take six weeks or more to complete. Start today! See NIH's Registration website.

Understand Funding Opportunities

Identify the right funding opportunity announcement (FOA) for your research and learn about key information you will find in the FOA.

Types of Applications

Are you submitting a new, renewal, revision, or resubmission application? Learn about the different types of applications and special submission requirements.

Submission Options

Determine which system is most convenient for your application submission: NIH's ASSIST web-based application submission system, Grants.gov downloadable forms, Grants.gov Workspace, or, if applicable, your organization's own submission system.

Obtain Software

Applicants must have the free Adobe Reader software, a PDF generator, and a web browser to submit an application. Learn which versions are compatible with our systems.

Write Application

Write Your Application

Read tips for developing a strong application that helps reviewers evaluate its science and merit.

Develop Your Budget

Learn about the kinds of costs you may include in your budget submission, the difference between modular and detailed budgets, and more about how to develop your budget.

Format Attachments

Follow these requirements for preparing the documents you attach to your application. Requirements include criteria for the PDF files, fonts, margins, headers and footers, paper size, citations, formatting pages, etc.

Page Limits

Follow the page limits specified in this table for your specific grant program, unless otherwise specified in the FOA.

Data Tables

Find instructions, blank data tables, and samples to use with institutional research training applications.

Reference Letters

Some types of programs, such as fellowships and some career development awards, require the submission of reference letters by the referee. Learn about selecting a referee and find instructions for submission.

Biosketches

Biosketches are required in both competing applications and progress reports. Find instructions, blank format pages, and sample biosketches.

Submit

Submit, Track and View

Learn how to submit your application, and about your responsibility for tracking your application and viewing the application image in the eRA Commons before the application deadline. If you can't view your application in eRA Commons, we can't review it.

How We Check for Completeness

Your application will be checked at Grants.gov, by eRA systems, and by federal staff before it is referred for review.

Changed/Corrected Applications

You will need to submit a changed/corrected application to correct issues that either you or our systems find with your application. Learn how and when you may submit a change/corrected application.

Related Resources

Due Dates and Policies

Due Dates

View standard due dates for competing applications. The FOA will identify whether to follow standard due dates or whether to follow an alternative due date.

Submission Policies

Learn the nuances of application submission policies, including when late applications might be allowed, what to do if due dates fall on a weekend or holiday, whether we allow post-submission materials, how to document system issues, the rules around resubmission applications, etc.

Dealing with System Issues

Are you experiencing system issues with ASSIST, Grants.gov, System for Award Management (SAM), or the eRA Commons that you believe threaten your ability to submit on time? NIH will not penalize applicants who experience confirmed issues with federal systems that are beyond their control. You must report the problem before the submission deadline.

After Submission

Receipt and Referral

Understand how and when applications are given an application identification number and assigned to a review group and an NIH Institute or Center (IC) for possible funding.

Peer Review

Learn about our two phase peer review process, including initial peer review, Council review, review criteria, scoring, and summary statements.

Pre-award Process

Learn what happens between peer review and award for applications that have been deemed highly meritorious in the scientific peer review process. Be ready: if you received a great score in peer review, you'll have to submit Just-in-Time information.

Post award Monitoring and Reporting

If you receive a grant from the NIH, you will need a lot of information to be a successful steward of federal funds. This page provides a brief overview of grantee monitoring and reporting requirements.

Resources

News - Items of Interest

The NIH eSubmission Items of Interest page provides comprehensive information, in an informal format, on the changes impacting application development and submission.

Annotated Form Sets

These handy documents are a great visual resource for understanding many of the validation checks we will run against your submitted application.

Contacting NIH Staff

NIH staff is here to help. We strongly encourage NIH applicants and grantees to communicate with us throughout the grant life cycle. Understanding the roles of NIH staff can help you contact the right person at each phase of the application and award process.

Contacting Staff at Other PHS Agencies

Applicants are strongly encouraged to communicate with agency staff throughout the entire application review and awards process.

Systems

ASSIST

eRA Commons

Grants.gov

Information Collection

Authorization

The PHS Act establishes the authority with which NIH and other PHS agencies award grants and collect information related to grant awards.

Paperwork Burden

The paperwork burden provides the estimated time for completing a grant application.

Collection of Personal Demographic Data

NIH collects personal data through the eRA Commons Personal Profile. The data is confidential and is maintained under the Privacy Act record system.

T.120 - Significant Changes

The Application Instructions are updated and released 2-3 times per year as needed. Additionally, minor revisions may be made outside of these releases.

This section details all significant changes and revisions made to the instructions since the last major release.

Within the instructions, new instructions will be marked with this symbol.

In the web version, use your mouse to hover over the icon to read an explanation of the change.

In a PDF version, this symbol will be visible but will not display hover text. For more information, see the explanation in the Significant Changes section below.

Release Notes - March 24, 2017

How to Apply - Application Guide and Format Page Changes

- Implemented minor layout and design changes to the How to Apply page in order provide a more streamlined look and feel.
- Minor clarifications made to the predoctoral fellowship biosketch sample.
- Minor clarifications to the instructions for the institutional training grant data tables, including:
  - Table 1 – Added guidance for resubmission applications following a gap in funding.
  - Table 3 – Added instructions for applicants to describe any relevant restrictions on existing support for research training.
  - Table 4 – Added clarification for how to report research support for faculty serving as Project or Core Leads on multi-project grants or cooperative agreements.

Form Instruction Changes

R&R Senior/Key Person Profile (Expanded) Form

- Includes addition of interim research products as allowable citations. See the NIH Guide Notice on Interim Research Products for more information.

PHS 398 Research Training Program Plan

- Removed old appendix instructions. See the NIH Guide Notice on Allowable Appendix Materials for more information.

PHS Assignment Request Form

- Clarified how to report potential conflicts of interest among reviewers in T.600 - PHS Assignment Request Form.

Release Notes - November 22, 2016

How to Apply - Application Guide and Format Page Changes

- Included direct hyperlinks to the Data Tables, Reference Letters, and Biosketch Format Pages under the Format and Write box.
- Updated the blank Biosketch Format Pages to include the required headings for Sections A-D

Plain Language Edits to Application Instructions

- Implemented a new format and structure for application instructions. Overall policies did not change; the purpose was to enhance clarity of existing instructions.
  - Examples of plain language edits include:
    - Rewritten instructions for enhanced clarity and ease of understanding.
    - Consistent use of headings make information easy to find (e.g., "Who must complete this section/attachment," "Format," "Content," "For more information").
    - Clear delineations between instructions and supporting information.
    - Clarified what is required and optional throughout the instructions.

Form Instruction Changes

R&R Senior/Key Person Profile (Expanded) Form

- Clarified biosketch instructions for research, institutional research training, institutional career development, research education, fellowship, and dissertation awards, as well as diversity supplements.
- Clarified that figures, tables, or graphics are not allowed in the Biosketch. Previous instructions noted this only under "Section A. Personal Statement." This is not a policy change, but a clarification of instructions.

R&R Budget

- Instructions added for "K. Total Costs and Fee" field included in preparation for future form use.
- The letter label (“K or L.”) for the “Budget Justification” section will vary depending on the version of the form included in the application package.

PHS 398 Cover Page Supplement

- Instructions have changed so that program income and stem cell information are no longer collected at the Overall Component in multi-project applications.
  - A system-generated summary of all program income and stem cell information that is provided in Other Components will be included in the summaries section of the assembled application image.

PHS 398 Research Training Program Plan

- Includes the new appendix policy that goes into effect for applications due on or after January 25, 2017. This policy redefines the allowable appendix materials. See the NIH Guide Notice on Allowable Appendix Materials for more information.

Revision Notes - June 10, 2016

- Formatting changes to T.100 - How to use the Application Instructions.
- Corrected typos throughout instructions for greater clarity.
- Removed language regarding the 1 page limit for career development applications in the Project Summary/Abstract field in T.220 - R&R Other Project Information Form. The standard instruction of no more than 30 lines of text applies.
- Clarifications made to multi-project application instructions in T.210 - PHS 398 Cover Page Supplement Form.

Release Notes - March 25, 2016

Application Guide Restructure

- **Forms reordered.** Form instructions have been reordered to match the order of appearance in the application package.
- **Consolidated instructions.** SBIR/STTR instructions have been incorporated into the general instructions.
- **Separated form instructions from application process information.** Created an application guide landing page that provides at-a-glance access to all form instructions and application process information. Links to all grants process information appear in the form instructions as well.
- **Combined and streamlined instructions.** For Research and Related (R&R) forms, we have combined Federal-wide and agency-specific instructions to reduce confusion, contradictions, and/or redundant language. Users will no longer see the HHS logo displayed, as all instructions are now applicable to NIH and PHS agencies.

- **Better integrated mechanism-specific instructions.** Variances in instructions for each type of grant program (research, career development, etc.), are now called out and integrated in the general instructions to make them easy to follow.
- **New mechanism-specific views of application guide.** Use the General (G) instructions to see instructions for all mechanisms in one place. Take advantage of the filtered views to see just the instructions you need for research (R), career development (K), training (T), fellowship (F), multi-project (M) or SBIR/STTR (B) applications.
- **New section numbering system.** Form instructions will follow the same numbering system for each set of instructions. For example, the SF 424 (R&R) Cover Form will always be ".100," and the letter preceding it will reflect the specific instructions you are using. For the General (G) instructions, this form will be located in G.100; for the Research (R) instructions, this will be R.100; and so on.
- **New page numbering system.** Page numbers will denote which set of instructions you are looking at (e.g., G - 56 for page 56 of the General instructions; R - 56 for page 56 of the Research (R) instructions; etc.). This distinction will be important when you reference a particular instruction.
- **Form screenshots.** Provided at the end of each set of instructions for your reference.

SF424 Research and Related (R&R) Form Changes

R&R Other Project Information Form

- A list of referees is no longer required as an Other Attachment on the R&R Other Project Information Form. This information is only required in the cover letter attachment. Reference letters will continue to be submitted through eRA Commons.

R&R Senior/Key Person Profile (Expanded) Form

- Mentors must provide a Commons username for Career applications (See NIH Guide Notice on Change in the Application Process for Individual Mentored K Awards)
- Consolidated biosketch instructions for research, institutional research training, institutional career development, research education, fellowship, and dissertation awards, as well as diversity supplements. Clarified policy requirements. See NIH Guide Notice on Clarifications and Consolidated Biosketch Instructions and Format Pages.

Forms-D Changes

PHS 398 Cover Page Supplement

- New Vertebrate Animals section added:
  - Are animals euthanized? Yes/No
  - If Yes, is method consistent with AVMA guidelines? Yes/No
  - If No to AVMA guidelines, describe method/provide scientific justification
- "Disclosure Permission Statement" question removed

- Ability to add Program Income information for 10 budget periods (previously 5)
- Field order and label changes
- Added/updated burden statement and form expiration date
- Updated form instructions

PHS 398 Research Training Program Plan

- Removed "Background' and "Recruitment Plan to Enhance Diversity" attachments (information previously included in these attachments moved to existing "Program Plan" attachment)
- New "Plan for the Instruction in Methods for Enhancing Reproducibility" attachment
- New Data Safety Monitoring Plan attachment
- Format and label changes, including categorizing attachments into sections
- Added/updated burden statement and form expiration date
- Updated form instructions

PHS 398 Training Budget

- Minor label changes
- Added/updated burden statement and form expiration date
- Updated form instructions

PHS 398 Training Subaward Budget Attachment(s) Form

- Streamlined instruction text
- Added/updated burden statement and form expiration date
- Updated form instructions

PHS Assignment Request Form

- New, optional form
- Provides structured information to NIH referral staff regarding: funding component assignment preference, study section preference, individuals who should not review your application due to conflicts, and scientific areas of expertise needed to review your application
- Complements existing "Cover Letter Attachment" on SF424 (R&R) form
- Added/updated burden statement and form expiration date
- Updated form instructions

T.130 - Program Overview

Quick Links

- Institutional Research Training and Career Development Program Applications ("T" Series)

Institutional Research Training and Career Development Program Applications ("T" Series)

The purpose of research training awards is to provide support for institutional research training programs and opportunities for trainees at the undergraduate, graduate, and postdoctoral levels.

Training-specific instructions apply both to NIH-supported Ruth L. Kirschstein National Research Service Award (NRSA) institutional research training programs (e.g., T32, T34, T35, T36, T90) and to non-NRSA training and career development programs (e.g. T15, T37, D43, D71, K12, U2R).

Additional Instructions for Training:

Additional training instructions will be denoted by a gray call-out box with blue color coding and with the heading "Additional Instructions for Training" throughout these application instructions.

NRSA Programs: These programs help ensure that a diverse pool of highly trained scientists is available in adequate numbers and in appropriate research areas to carry out the nation's biomedical and behavioral research agenda. Certain specialized training grants, such as undergraduate training grants (T34), are provided under this authority.

Non-NRSA Programs: Non-NRSA training and career development programs operate under different regulatory authorities than NRSA programs. While much of the information may be the same, individuals interested in those programs should carefully read the applicable Funding Opportunity Announcement (FOA) for specific program information and special application instructions. Non-NRSA training programs may have eligibility requirements, due dates, award provisions, and review criteria that differ from those of NRSA programs.

Payback Service Requirement: For NRSA programs that include postdoctoral trainees, the program director must explain the terms of the payback service requirement to all prospective postdoctoral training candidates. A complete description of the service payback obligation is available in the NIH Grants Policy Statement, Section 14.2 on Payback Requirements.

Before Applying:

1. **Become familiar with Activity Code:** Applicants should become familiar with the activity code and the purpose of the specific program for which support is being requested. A listing of "T" series activity codes, with their descriptions, is available on the Institutional Training Grants page.

2. **Refer to your specific FOA:** Refer to your FOA for specific information associated with the award mechanism and the names of individuals who may be contacted for additional or clarifying information prior to application submission.
    - FOAs and other guidelines are available on the NIH T Kiosk.
    - Announcements for various training programs are issued periodically in the NIH Guide for Grants and Contracts, a weekly electronic publication, that is available on NIH's Funding page.
3. **Contact Awarding Component:** Applicants are encouraged to consult with the NIH Scientific/Research contact of the appropriate awarding component prior to submitting an application, as eligibility criteria, support levels, and availability of awards may vary among NIH Institutes or Centers and other PHS agencies.

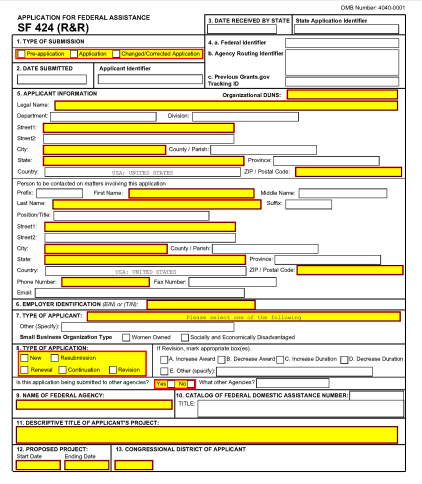
The following chart provides a summary of the existing training programs. Since this information is subject to change, prospective applicants are encouraged to review the T Kiosk for the most current program information.

Summary of Institutional Training Programs

Activity Code	Program Description	NRSA?
D43	International Research Training Grants	No
D71	International Research Training Planning Grant	No
K12	Clinical Scientist Institutional Career Development Program Award	No
T32	Institutional National Research Service Award (NRSA)	Yes
T34	Undergraduate National Research Service Award (NRSA) Institutional Research Training Grant	Yes
T35	National Research Service Award (NRSA) Short-Term Institutional Research Training Grant	Yes
T36	National Research Service Award (NRSA) Short-Term Institutional Research Training Grant	Yes
T90	Interdisciplinary Research Training Award	Yes
U2R	International Research Training Cooperative Agreement	No

T.200 - SF 424 (R&R) Form

The SF 424 (R&R) Form is used in all grant applications. This form collects information including type of submission, applicant information, type of applicant, and proposed project dates.



View larger image

Quick Links

1. Type of Submission
2. Date Submitted and Applicant Identifier
3. Date Received by State and State Application Identifier

4a. Federal Identifier

4b. Agency Routing Identifier

4c. Previous Grants.gov Tracking ID

5. Applicant Information
6. Employer Identification
7. Type of Applicant
8. Type of Application
9. Name of Federal Agency
10. Catalog of Federal Domestic Assistance Number and Title
11. Descriptive Title of Applicant's Project
12. Proposed Project
13. Congressional District of Applicant
14. Project Director/Principal Investigator Contact Information
15. Estimated Project Funding
16. Is Application Subject to Review by State Executive Order 12372 Process?
17. Certification
18. SFLLL (Disclosure of Lobbying Activities) or Other Explanatory Documentation
19. Authorized Representative
20. Pre-application
21. Cover Letter Attachment

1. Type of Submission

This field is required. Check one of the "Type of Submission" boxes:

Pre-application:

The pre-application option is not used by NIH or other PHS agencies unless specifically noted in a funding opportunity announcement (FOA).

Application:

An "Application" is a request for financial support of a project or activity submitted on specified forms and in accordance with NIH instructions. (See NIH Types of Applications for an explanation of the types of applications).

Changed/Corrected Application:

Check this box if you are correcting either system validation errors or application assembly problems that occurred during the submission process. Changed/corrected applications must be submitted before the application due date.

When you submit a changed/corrected application, follow these guidelines:

- After submission of an application, there is a two-day application viewing window. Prior to the due date, you may submit a changed/corrected application. Submitting a changed/corrected application will replace the previous submission and remove the previous submission from consideration.
- If you check the "Changed/Corrected Application" box, then "Field 4.c Previous Grants.gov Tracking ID" is required.
- Do not use the "Changed/Corrected Application" box to denote a resubmission application. Resubmission applications will be indicated in "Field 8. Type of Application." See NIH Glossary for the definition of Resubmission.

2. Date Submitted and Applicant Identifier

The "Date Submitted" field will auto-populate upon application submission.

Fill in the "Applicant Identifier" field, if applicable. The Applicant Identifier is reserved for applicant use, not the federal agency to which the application is being submitted.

3. Date Received by State and State Application Identifier

Skip the "Date Received by State" and "State Application Identifier" fields.

4.a. Federal Identifier

New Applications without Pre-application: Leave this field blank.

New Applications following Pre-application: Enter the agency-assigned pre-application number.

Resubmission, Renewal, and Revision Applications: The Federal Identifier is required. Include only the IC and serial number of the previously assigned application/award number (e.g., use CA987654 from 1R01CA987654-01A1).

4.b. Agency Routing Identifier

Skip the "Agency Routing Identifier" field unless otherwise specified in the FOA.

4.c. Previous Grants.gov Tracking ID

The "Previous Grants.gov Tracking ID" field is required if you checked the "Changed/Corrected Application" box in "Field 1. Type of Submission." A Tracking ID number is of the form, for example, GRANT12345678.

5. Applicant Information

The "Applicant Information" fields reflect information for the applicant organization, not a specific individual.

Organizational DUNS:

This field is required.

Enter the DUNS or DUNS+4 number of the applicant organization.

This DUNS or DUNS+4 number must match the number entered in the eRA Commons Institutional Profile (IPF) for the applicant organization. The applicant's Authorized Organization Representative (AOR) is encouraged to confirm that a DUNS has been entered into the eRA Commons IPF prior to application submission. The same DUNS should be used in the eRA Commons IPF, Grants.gov, System for Award Management (SAM) registration, and in the DUNS field in the application.

If your organization does not already have a DUNS number, you will need to go to the Dun & Bradstreet website to obtain the number.

Legal Name:

Enter the legal name of the organization.

Department:

Enter the name of the primary organizational department, service, laboratory, or equivalent level within the organization.

Division:

Enter the name of the primary organizational division, office, major subdivision, or equivalent level within the organization.

Street1:

This field is required. Enter the first line of the street address for the applicant organization.

Street2:

Enter the second line of the street address for the applicant organization.

City:

This field is required. Enter the city for the address of the applicant organization.

County/Parish:

Enter the county/parish for the address of the applicant organization.

State:

This field is required if the applicant organization is located in the United States or its territories. Enter the state or territory where the applicant organization is located.

Province:

If "Country" is Canada, enter the province of the applicant organization; otherwise, skip the "Province" field.

Country:

This field is required. Select the country for the address of the applicant organization.

ZIP/Postal Code:

The ZIP+4 is required if the applicant organization is located in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the applicant organization.

Person to be contacted on matters involving this application

This information is for the administrative contact (e.g., AOR or business official), not the PD/PI. This person is the individual to be notified if additional information is needed and/or if an award is made.

Prefix:

Enter or select the prefix, if applicable, for the name of the person to contact on matters related to this application.

First Name:

This field is required. Enter the first (given) name of the person to contact on matters related to this application.

Middle Name:

Enter the middle name of the person to contact on matters related to this application.

Last Name:

This field is required. Enter the last (family) name of the person to contact on matters related to this application.

Suffix:

Enter or select the suffix, if applicable, for the name of the person to contact on matters related to this application.

Position/Title:

Enter the position/title for the person to contact on matters related to this application.

Street1:

This field is required. Enter the first line of the street address for the person to contact on matters related to this application.

Street2:

Enter the second line of the street address for the person to contact on matters related to this application.

City:

This field is required. Enter the city for the address of the person to contact on matters related to this application.

County/Parish:

Enter the county/parish for the address of the person to contact on matters related to this application.

State:

This field is required if the person to contact on matters related to this application is located in the United States or its Territories. Enter the state or territory where the person to contact on matters related to this application is located.

Province:

If "Country" is Canada, enter the province for the person to contact on matters related to this application; otherwise, skip the "Province" field.

Country:

Select the country for the address of the person to contact on matters related to this application.

ZIP/Postal Code:

The ZIP+4 is required if the person to contact on matters related to this application is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the person to contact on matters related to this application.

Phone Number:

This field is required. Enter the daytime phone number for the person to contact on matters related to this application.

Fax Number:

Enter the fax number for the person to contact on matters related to this application.

E-mail:

Enter the e-mail address for the person to contact on matters related to this application. Only one e-mail address is allowed, but it may be a distribution list.

6. Employer Identification

This field is required.

Enter either the organization's Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) as assigned by the Internal Revenue Service. If your organization is not in the United States, enter 44-4444444. Your EIN may be 12 digits, and if this is the case, enter all 12 digits.

7. Type of Applicant

This field is required.

In the first field under "7. Type of Applicant," enter the appropriate applicant type. If your applicant type is not specified (e.g., for eligible Agencies of the Federal Government), select "X: Other (specify)," and indicate the name (e.g., the appropriate federal agency) in the space below.

Other (Specify):

Complete only if "X. Other (specify)" is selected as the "Type of Applicant."

Women Owned:

Check this box only if both "Small Business" is selected as the "Type of Applicant" and it is applicable. Woman-owned small businesses are small businesses that are at least 51% owned by a woman or women, who also control and operate it.

Socially and Economically Disadvantaged:

Check this box only if both "Small Business" is selected as the "Type of Applicant" and it is applicable. Socially and economically disadvantaged status is determined by the U.S. Small Business Administration pursuant to Section 8(a) of the Small Business Act U.S.C. 637(a).

8. Type of Application

This field is required.

Select the type of application. Check only one application type. Use the following list of existing definitions to determine what application type you have. For more information, see NIH Types of Applications.

- **New.** Check this option when submitting an application for the first time or in accordance with other submission policies. See the NIH Guide Notice on the Updated Policy for Application Submission.
- **Resubmission.** Check this option when submitting a revised (altered or corrected) or amended application. See also the NIH Application Submission Policies. If your application is both a "New/Revision/Renewal" and a "Resubmission," check only the "Resubmission" box.
- **Renewal.** Check this option if you are requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as if the applicant were applying for the first time.
- **Continuation.** The box for "Continuation" is used only for specific FOAs.
- **Revision.** Check this option for competing revisions and non-competing administrative supplements. For more information on competing revisions, see NIH Competing Revisions. For more information on administrative supplements, see NIH Administrative Supplements.

If Revision, mark appropriate box(es).

You may select more than one.

A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
E. Other (specify)

If "E. Other (specify)" is selected, specify in the space provided.

The boxes for options B, C, D, and E will generally not be used and should not be selected unless specifically addressed in a particular FOA.

Is this application being submitted to other agencies? What Other Agencies?

In the field "Is this application being submitted to other agencies?" check "Yes" if one or more of the specific aims submitted in your application is also contained in a similar, identical, or essentially identical application submitted to another federal agency.

Otherwise, check "No."

If you checked "Yes," indicate the agency or agencies to which the application has been submitted.

For additional information, see the NIH Guide Notice on the Updated Application Submission Policy.

9. Name of Federal Agency

The "Name of Federal Agency" field is pre-populated from the opportunity package and reflects the agency from which assistance is being requested with this application.

10. Catalog of Federal Domestic Assistance Number and Title

This field is pre-populated from the opportunity package and reflects the Catalog of Federal Domestic Assistance (CFDA) number of the program under which assistance is requested.

This field may be blank if you are applying to an opportunity that references multiple CFDA numbers. When this field is blank, leave it blank. The appropriate CFDA number will be automatically assigned by the agency once the application is assigned to the appropriate awarding component.

11. Descriptive Title of Applicant's Project

This field is required.

Enter a brief descriptive title of the project.

The descriptive title is limited to 200 characters, including spaces and punctuation.

New Applications: You must have a title different than any other NIH or other PHS Agency project submitted for the same application due date with the same Project Director/Principal Investigator (PD/PI).

Resubmission or Renewal Applications: You should normally have the same title as the previous grant or application; however, if the specific aims of the project have significantly changed, choose a new title.

Revision Applications: You must have the same title as the currently funded grant.

12. Proposed Project

Start Date:

This field is required. Enter the proposed start date of the project. The start date is an estimate, and is typically at least nine months after application submission. The project period should not exceed what is allowed in the FOA.

Additional Instructions for Training:

The usual start date for an institutional training grant is July 1, but there are other possible start dates. Refer to the Table of IC-Specific Information, Requirements and Staff Contacts in your FOA or contact the awarding component staff for further information.

Ending Date:

This field is required. Enter the proposed ending date of the project.

13. Congressional District of Applicant

Enter the Congressional District as follows: a 2-character state abbreviation, a hyphen, and a 3-character district number. Examples: CA-005 for California's 5th district, VA-008 for Virginia's 8th district.

If outside the United States, enter 00-000.

For States and U.S. Territories with only a single congressional district, enter "001" for the district number.

For jurisdictions with no representative, enter "099."

For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098 or PR-098.

If you do not know your Congressional District: Go to The United States House of Representatives website and search for your Congressional District by entering your ZIP+4. If you do not know your ZIP+4, look it up on the USPS Look Up Zip Code website.

14. Project Director/Principal Investigator Contact Information

This information is for the PD/PI. The PD/PI is the individual responsible for the overall scientific and technical direction of the project.

In the eRA Commons profile, the person listed here in "14. Project Director/Principal Investigator Contact Information" must be affiliated with the applicant organization entered in "5. Applicant Information." If you are proposing research at an institute other than the one you are currently at, do not create a separate Commons account with the proposed applicant organization. For

additional information on creating affiliations for users in the eRA Commons, see eRA Account Management System's Online Help.

If submitting an application reflecting multiple PD/PIs, the individual listed here as the Contact PD/PI in "14. Project Director/Principal Investigator Contact Information" will be the first PD/PI listed in T.240 - R&R Senior/Key Person Profile (Expanded) Form.

See T.240 - R&R Senior/Key Person Profile (Expanded) Form for additional instructions for multiple PD/PIs. To avoid potential errors and delays in processing, ensure that the information provided in this section is identical to the PD/PI profile information contained in the eRA Commons.

Prefix:

Enter or select the prefix, if applicable, for the name of the PD/PI.

First Name:

This field is required. Enter the first (given) name of the PD/PI.

Middle Name:

Enter the middle name of the PD/PI.

Last Name:

This field is required. Enter the last (family) name of the PD/PI.

Suffix:

Enter or select the suffix, if applicable, for the PD/PI. Do not use this field to record degrees (e.g., Ph.D. or M.D.). Degrees for the PD/PI are requested separately in the R&R Senior/Key Person Profile (Expanded) Form.

Position/Title:

Enter the position/title of the PD/PI.

Organization Name:

This field is required. This field may be pre-populated from the applicant information section in this form.

Department:

Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.

Division:

Enter the name of primary organizational division, office, major subdivision, or equivalent level within the organization of the PD/PI.

Street1:

This field is required. Enter first line of the street address for the PD/PI.

Street2:

Enter the second line of the street address for the PD/PI.

City:

This field is required. Enter the city for the address of the PD/PI.

County/Parish:

Enter the county/parish for the address of the PD/PI.

State:

This field is required if the PD/PI is located in the United States or its Territories. Enter the state or territory where the PD/PI is located.

Province:

If "Country" is Canada, enter the province for the PD/PI; otherwise, skip the "Province" field.

Country:

Select the country for the PD/PI.

ZIP/Postal Code:

The ZIP+4 is required if the PD/PI address is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the PD/PI.

Phone Number:

This field is required. Enter the daytime phone number for the PD/PI.

Fax Number:

Enter the fax number for the PD/PI.

E-mail:

This field is required. Enter the e-mail address for the PD/PI.

15. Estimated Project Funding

All four fields in "15. Estimated Project Funding" are required.

a. Total Federal Funds Requested

Enter the total federal funds, including Direct Costs and F&A Costs (Indirect Costs), requested for the entire project period.

b. Total Non-Federal Funds

For applications to NIH and other PHS agencies, enter "0" in this field unless cost sharing is a requirement for the specific FOA.

c. Total Federal & Non-Federal Funds

Enter the total federal and non-federal Funds requested. The amount in this field will be the same as the amount in the "Total Federal Funds Requested" field unless the specific FOA indicates that cost sharing is a requirement.

d. Estimated Program Income

Indicate any program income estimated for this project, if applicable.

Additional Instructions for Training:

Enter "0," as the "Estimated Program Income" does not apply to training applications.

16. Is Application Subject to Review by State Executive Order 12372 Process?

Applicants should check "No, Program is not covered by E.O. 12372."

17. Certification

This field is required.

The list of NIH and other PHS agencies Certifications, Assurances, and other Policies is found in the Supplemental Instructions, Part III, Section 2: Assurances and Certifications.

The applicant organization is responsible for verifying its eligibility and the accuracy, validity, and conformity with the most current institutional guidelines of all the administrative, fiscal, and scientific information in the application, including the Facilities and Administrative rate. Deliberate withholding, falsification, or misrepresentation of information could result in administrative actions, such as withdrawal of an application, suspension and/or termination of an award, debarment of individuals, as well as possible criminal and/or civil penalties. The signer further certifies that the applicant organization will be accountable both for the appropriate use of any funds awarded and for the performance of the grant-supported project or activities resulting from this application. The grantee institution may be liable for the reimbursement of funds associated with any inappropriate or fraudulent conduct of the project activity.

Check "I agree" to provide the required certifications and assurances.

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

If applicable, attach the SFLLL or other explanatory document as per FOA instructions.

If unable to certify compliance with the Certification in the "17. Certification" section above, attach an explanation. Additionally, as applicable, attach the SFLLL (Standard Form LLL, Disclosure of Lobbying Activities) or other documents in this item.

For more information:

See Supplemental Instructions, Part III, Section 2 Assurances and Certifications, and the NIH Lobbying Guidance for Grantee Activities page.

19. Authorized Representative

The authorized representative is equivalent to the individual with the organizational authority to sign for an application. This individual is otherwise known as the authorized organization representative (AOR) in Grants.gov or the signing official (SO) in eRA Commons.

Prefix:

Enter or select the prefix, if applicable, for the name of the AOR/SO.

First Name:

This field is required. Enter the first (given) name of the AOR/SO

Middle Name:

Enter the middle name of the AOR/SO.

Last Name:

This field is required. Enter the last (family) name of the AOR/SO.

Suffix:

Enter or select the suffix, if applicable, for the AOR/SO.

Position/Title:

This field is required. Enter the position/title of the name of the AOR/SO.

Organization Name:

This field is required. Enter the name of the organization for the AOR/SO.

Department:

Enter the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the AOR/SO.

Division:

Enter the name of the primary organizational division, office, major subdivision, or equivalent level within the organization for the AOR/SO.

Street1:

This field is required. Enter the first line of the street address for the AOR/SO.

Street2:

Enter the second line of the street address for the AOR/SO.

City:

This field is required. Enter the city for the address of the AOR/SO.

County/Parish:

Enter the county/parish for the address of the AOR/SO.

State:

This field is required if the AOR/SO is located in the United States or its Territories. Enter the state or territory where the AOR/SO is located.

Province:

If "Country" is Canada, enter the province for the AOR/SO; otherwise, skip the "Province" field.

Country:

Select the country for the address of the AOR/SO.

ZIP/Postal Code:

The ZIP+4 is required if the AOR/SO is in the United States. Otherwise, the postal code is optional Enter the ZIP+4 (nine-digit postal code) or postal code of the AOR/SO.

Phone Number:

This field is required. Enter the daytime phone number for the AOR/SO.

Fax Number:

Enter the fax number for the AOR/SO.

Email:

This field is required. Enter the e-mail address for the AOR/SO.

Signature of Authorized Representative:

Grants.gov will record the electronic signature for the AOR/SO who submits the application.

It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov.

Date Signed:

Grants.gov will generate this date upon application submission.

20. Pre-application

Unless specifically noted in a FOA, NIH and other PHS agencies do not use pre-applications. The "Pre-application" attachment field should not be used for any other purpose.

If permitted by your FOA, attach this information as a PDF.

21. Cover Letter Attachment

The cover letter is for internal use only and will not be shared with peer reviewers.

Who must complete the "Cover Letter Attachment:"

Refer to the "content" list below for items that are permitted, as well as for specific situations in which a cover letter must be included.

A cover Letter must not be included with post-award submissions, such as administrative supplements, change of grantee institution, or successor-in-interest.

Format:

Attach the cover letter, addressed to the Division of Receipt and Referral, in accordance with the FOA and/or these instructions.

Attach the cover letter in the correct location, **specifically verifying that the cover letter has not been uploaded to the "20. Pre-application" field which is directly above the "21. Cover Letter Attachment" field**. This will ensure the cover letter attachment is kept separate from the assembled application in the eRA Commons and made available only to appropriate staff.

Content:

The letter should contain any of the following information, as applicable:

1. Application title.
2. Title of FOA (PA or RFA).
3. For late applications (see Late Application policy on NIH's Application Submission Policies) include specific information about the timing and nature of the delay.
4. For changed/corrected applications submitted after the due date, a cover letter is required, and it must explain the reason for late submission of the changed/corrected applications. If you already submitted a cover letter with a previous submission and are now submitting a late change/corrected application, you must include all previous cover letter text in the revised cover letter attachment. The system does not retain any

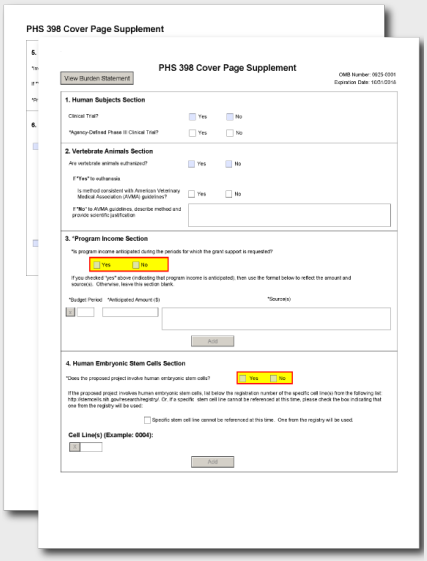
previously submitted cover letters; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information.

5. Explanation of any subaward budget components that are not active for all budget periods of the proposed grant (see T.310 – R&R Subaward Budget Attachment(s) Form).
6. Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications that request $500,000 or more, approval for Conference Grant or Cooperative Agreement (R13 or U13), etc. It is recommended that you include the official communication from an NIH official as part of your cover letter attachment.
7. When intending to submit a video as part of the application, the cover letter must include information about the intent to submit it; if this is not done, the video will not be accepted. See NIH Guide Notice on the Interim Guidance for Videos Submitted as NIH Application Materials for additional information.
8. Include a statement in the cover letter if the proposed studies will generate large-scale human or non-human genomic data as detailed in the NIH Genomic Data Sharing Policy (see the NIH Guide Notices on the Implementation of the NIH Genomic Data Sharing Policy and Reminder about the Implementation of the Genomic Data Sharing Policy).

T.210 - PHS 398 Cover Page Supplement Form

The PHS 398 Cover Page Supplement Form is used for all grant applications except fellowships. This form collects information on human subjects, vertebrate animals, program income, human embryonic stem cells, inventions and patents, and changes of investigator/change of institution.

View larger image



Quick Links

1. Human Subjects Section
2. Vertebrate Animals Section
3. Program Income Section
4. Human Embryonic Stem Cells Section
5. Inventions and Patents Section (RENEWAL)
6. Change of Investigator/Change of Institution Section

1. Human Subjects Section

Clinical Trial?

An answer to this question is required if you answered “Yes” to the question “Are human subjects involved?” on the T.220 – R&R Other Project Information Form.

Check "Yes" or "No" to indicate whether the project includes a clinical trial. See NIH Glossary for the definition of clinical trials.

Agency-Defined Phase III Clinical Trial?

An answer to this question is required if you answered “Yes” to the “Clinical Trial?” question above. Check “Yes” or “No” to indicate whether the project is or includes an NIH-defined Phase III clinical trial. See NIH Glossary for the definition of Phase III clinical trial.

Additional Instructions for Training:

If you checked “Yes” to "Are human subjects involved?" on the T.220 - R&R Other Project Information Form and “Yes” to "Clinical Trial?" on the T.210 - PHS 398. Cover Page Supplement Form, you must answer the “Agency-Defined Phase III Clinical Trials?” question.

Check either “Yes” or “No” to indicate whether plans include or potentially include trainee participation in projects that are NIH-Defined Phase III clinical trials.

2. Vertebrate Animals Section

Are vertebrate animals euthanized?

You must answer this question if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the T.220 – R&R Other Project Information Form.

Check "Yes" or "No" to indicate whether vertebrate animals in the project are euthanized.

If "Yes" to euthanasia: Is method consistent with American Veterinary Medical Association (AVMA) guidelines?

You must answer this question if you answered "Yes" to the "Are vertebrate animals euthanized?" question above. Check "Yes" or "No" to indicate whether the method of euthanasia is consistent with the AVMA Guidelines for the Euthanasia of Animals.

For more information: See AVMA Guidelines for the Euthanasia of Animals.

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

If you answered "No" to the "Is method consistent with AVMA guidelines?" question, you must describe (in 1000 characters or fewer) the method of euthanasia and provide a scientific justification for its use. This justification will be reviewed by Office of Laboratory Animal Welfare (OLAW).

If you answered "Yes" to the "Is method consistent with AVMA guidelines" question, skip this question.

3. Program Income Section

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

This field is required.

If program income is anticipated during the periods for which grant support is requested, check "Yes," and complete the rest of the "3. Program Income" section.

If no program income is anticipated, check "No" and skip the rest of the "3. Program Income" section.

Additional Instructions for Training:

Check "No" for the "Is program income anticipated during the periods for which the grant support is requested?" question.

Budget Period:

Enter the budget periods for which program income is anticipated. If the application is funded, the Notice of Grant Award will provide specific instructions regarding the use of such income.

Anticipated Amount ($):

Enter the amount of anticipated program income for each budget period listed.

Source(s):

Enter the source of anticipated program income for each budget period listed.

4. Human Embryonic Stem Cells Section

Use the following instructions to complete the fields in this section.

For additional guidance, see the NIH Guide Notice on the Change in Requirements for NIH Applications Involving Human Embryonic Stem Cells.

Does the proposed project involve human embryonic stem cells?

This field is required.

If the proposed project involves human embryonic stem cells (hESC), check "Yes" and complete the rest of the "4. Human Embryonic Stem Cells" section.

If the proposed project does not involve hESC, check "No" and skip the rest of the "4. Human Embryonic Stem Cells" section.

Additional Instructions for Training:

Check "Yes" if training plans include or potentially will include involvement of trainees in projects that include hESC. Note that trainees may only conduct research with hESC lines that are approved for use in NIH-funded research; these cell lines are listed on the NIH hESC Registry. Use of the cell lines must be in accordance with the NIH Guidelines for Human Stem Cell Research.

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

If you will use hESC but a specific line from the NIH hESC Registry cannot be chosen at the time of application submission, check this box.

If you cannot specify which cell lines will be used at the time of application submission, specific cell line information will be required as Just-in-Time information prior to award.

Additional Instructions for Training:

When individual project hESC line information is requested as Just-in-time (JIT), the NIH will require information regarding project title, mentor, and specific cell line(s) from the registry (NIH hESC Registry) for each trainee utilizing human embryonic stem cells. Trainees may not participate in hESC related research until this information has been provided.

Cell Line(s):

List the 4-digit registration number of the specific cell line(s) from the NIH hESC Registry (e.g. 0123). Up to 200 lines can be added.

5. Inventions and Patents Section (RENEWAL)

Who must complete the "Invention and Patents" section:

Complete the "Inventions and Patents" section only if you are submitting a renewal application or a resubmission of a renewal application.

Inventions and Patents:

If no inventions were conceived or reduced to practice during the course of work under this project, check "No" and skip the remainder of the "Inventions and Patents" section.

If any inventions were conceived or first actually reduced to practice during the previous period of support, check "Yes."

NIH recipient organizations must promptly report inventions to the Division of Extramural Inventions and Technology Resources (DEITR) Branch of the Office of Policy for Extramural Research Administration (OPERA), OER, NIH, 6705 Rockledge Drive, Bethesda, MD 20892-2750, (301) 435-1986. You must report inventions in compliance with regulations at 37 CFR 401.14, which are described at Interagency Edison (iEdison). The grantee is required to submit reports electronically using iEdison. See the NIH Guide Notice on the Requirement to Submit Invention Disclosures, Related Reports and Documents.

Additional Instructions for Training:

Skip the "5. Inventions and Patents" section, as it is not applicable.

Previously Reported:

If you answered "Yes" to the "Inventions and Patents" question, indicate whether this information has been reported previously to the NIH or PHS agency or to the applicant organization official responsible for patent matters.

6. Change of Investigator/Change of Institution Section

Change of Project Director/Principal Investigator:

Check this box if your application reflects a change in project director/principal investigator (PD/PI) from that indicated on your previous application or award. Note that this box not applicable to a new application, nor is a change in PD/PI permitted for revision applications.

For a multiple PD/PI application, check this box if this application represents a change in the contact PI.

If you check the box, fill in the rest of the "Change of PD/PI" section with the information for the former PD/PI according to the instructions below.

Prefix:

Enter or select the prefix, if applicable, for the former PD/PI.

First Name:

Enter the first (given) name of the former PD/PI.

Middle Name:

Enter the middle name of the former PD/PI.

Last Name:

Enter the last (family) name of the former PD/PI.

Suffix:

Enter or select the suffix, if applicable, for the former PD/PI.

Change of Grantee Institution:

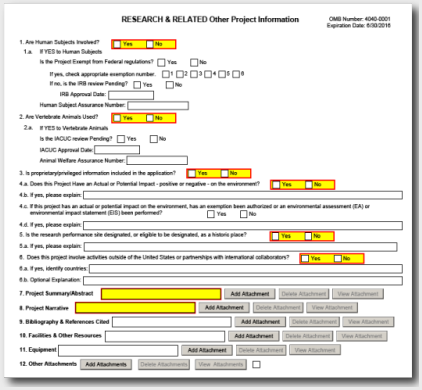
Check this box if your application reflects a change in grantee institution from that indicated on your previous application or award. This question is not applicable to new applications.

Name of Former Institution:

Enter the name of the former institution if this application reflects a change in grantee institution.

T.220 - R&R Other Project Information Form

The R&R Other Project Information Form is used for all grant applications. This form includes questions on the use of human subjects, vertebrate animals, and environmental impact. This form also has fields to upload an abstract, project narrative, references, information on facilities, and equipment lists.



View larger image

Quick Links

1. Are Human Subjects Involved?
1a. If YES to Human Subjects
2. Are Vertebrate Animals Used?
2a. If YES to Vertebrate Animals
3. Is proprietary/privileged information included in the application?
4. Environmental Questions
5. Is the research performance site designated, or eligible to be designated, as a historic place? Yes/No
6. Does this project involve activities outside of the United States or partnerships with international Collaborators?
7. Project Summary/Abstract
8. Project Narrative
9. Bibliography & References Cited
10. Facilities & Other Resources
11. Equipment
12. Other Attachments

1. Are Human Subjects Involved?

This field is required.

If activities involving human subjects are planned at any time during the proposed project at any performance site, check “Yes.” Check “Yes” even if the proposed project is exempt from regulations for the Protection of Human Subjects, or if activities involving human subjects are anticipated within the period of award but plans are indefinite.

If activities involving human subjects are not planned at any time during the proposed project at any performance site, select "No" and skip the rest of the "1. Are Human Subjects Involved" section.

Need help determining whether your application includes human subjects? Check out the NIH Research Involving Human Subjects website for information, including an Infopath Questionnaire designed to walk applicants through the decision process.

Note on the use of human specimens or data: Applications involving the use of human specimens or data may or may not be considered to be research involving human subjects, depending on the details of the materials to be used. Applications that involve the use of human materials that check "No" for human subjects involvement must provide a clear justification about why this use does not constitute human subjects research. For more detail, refer to Supplemental Instructions, Part II.

Additional Instructions for Training:

Check "Yes" if training plans include or potentially will include involvement of trainees in projects that include human subjects as defined by 45 CFR 46.

In many instances, trainees supported by institutional training grants will participate in research that is supported by separate research project grants for which Institutional Review Board (IRB) approval or a determination of exemption exists. Existing IRB approval may be sufficient for trainees, provided that the IRB determines the research would not be substantially modified by the participation of a trainee.

Trainees may participate only in non-exempt human subjects research that is being conducted by an institution that has an approved Federalwide Assurance (FWA) on file with the Office of Human Research Protections (OHRP) and that has IRB approval. The awardee institution is responsible for maintaining documentation of FWA and IRB approvals for all trainee research projects and for providing these to NIH if requested.

Trainees may not design or conduct independent human subjects research as part of the training award unless the institution where the research will be conducted has an approved FWA on file with OHRP and IRB approval. The institution must also submit certification of the date of IRB approval and must comply with NIH requirements for human subjects protections (see instructions in the Supplemental Instructions, Part III, Section 1.5.2: Shared Model Organism Policy, and the NIH Grants Policy Statement, Section 8.2.3.2 on Sharing Model Organisms).

Trainees who will be involved in the design or conduct of research involving human subjects must receive training in human subjects protections. It is the institution's responsibility to ensure that trainees are properly supervised when working with human subjects.

These policies apply to all Performance Sites.

If you have answered "Yes" to the "Are Human Subjects Involved?" question, you must also complete the Human Subjects attachment in T.420 - PHS 398 Research Training Program Plan Form, Human Subjects.

1.a. If YES to Human Subjects

Is the Project Exempt from Federal Regulations? Yes/No

If the project is exempt from federal regulations, check "Yes" and check the appropriate exemption number.

Human subjects research should only be designated as exempt if all of the proposed research projects in an application meet the criteria for exemption.

If the project is not exempt from federal regulations, check "No."

For more information, see the NIH's Exempt Human Subjects Research infographic.

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

If you selected "Yes" to "Is the Project Exempt from Federal Regulations," select the appropriate exemption number.

The six categories of research that qualify for exemption are defined in the Common Rule for the Protection of Human Subjects. These regulations can be found at 45 CFR 46.

Need help determining the appropriate exemption number? Refer to NIH's Research Involving Human Subjects Frequently Asked Questions.

The Office of Human Research Protections (OHRP) guidance states that appropriate use of exemptions described in 45 CFR 46 should be determined by an authority independent from the investigators (for more information, see OHRP's Frequently Asked Questions). Institutions often designate their Institutional Review Board (IRB) to make this determination. Because NIH does not require IRB approval at the time of application, the exemptions designated often represent the opinion of the PD/PI, and the justification provided for the exemption by the PD/PI is evaluated during peer review.

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

If IRB review is pending, check "Yes."

Applicants should check "Yes" to the question "Is the IRB review Pending?" even if the IRB review/approval process has not started by the time of submission.

If IRB review is not pending (e.g., if the review is complete), check "No."

IRB Approval Date:

Enter the latest IRB approval date (if available). Leave blank if IRB approval is pending.

An IRB approval date is not required at the time of submission when IRB review is pending. This may be requested later in the pre-award cycle as a Just-In-Time requirement. See Supplemental Instructions, Part III, Section 1.7: Just-in-Time Policy for more information.

Human Subject Assurance Number:

Enter the approved Federalwide Assurance (FWA) number that the applicant has on file with OHRP. Enter the 8-digit number. Do not enter "FWA" before the number.

Enter "None" if the applicant organization does not have an approved FWA on file with OHRP. In this case, the applicant organization, by the signature in the Certification section on the T.200 - SF424 (R&R) Form, is declaring that it will comply with 45 CFR 46 and proceed to obtain a FWA (see Office for Human Research Protections website). Do not enter the FWA number of any collaborating institution.

2. Are Vertebrate Animals Used?

This field is required.

If activities involving vertebrate animals are planned at any time during the proposed project at any performance site, check “Yes.” Otherwise, check “No” and skip the rest of the “2. Are Vertebrate Animals Used?” section.

Note that the generation of custom antibodies constitutes an activity involving vertebrate animals.

If animal involvement is anticipated within the period of award but plans are indefinite, check "Yes."

Additional Instructions for Training:

In many instances, trainees supported by institutional training grants will participate in research that is supported by a separate research project grant for which the IACUC review and approval exist. This existing IACUC approval is sufficient for trainees provided that the research would not be substantially modified by the participation of a trainee.

Note that trainees may only participate in vertebrate animal research that is being conducted at an institution that has an approved Animal Welfare Assurance on file with the Office of Laboratory Animal Welfare (OLAW) and that has IACUC approval. The awardee institution is responsible for maintaining documentation of the Animal Welfare Assurance and IACUC approvals for all trainee research projects and providing these to NIH if requested.

Trainees may not design or conduct independent vertebrate animal research as part of the training award unless the institution has an approved Animal Welfare Assurance on file with OLAW and IACUC approval has been obtained. Verification of IACUC approval (within 3 years) must be submitted to NIH, and NIH requirements for research involving vertebrate animals must be addressed.

Prior to conducting any animal activities, the grantee must submit the detailed information about the use of animals as required in the instructions in T.420 - PHS 398 Research Training Program Plan, Vertebrate Animals. This detailed information must be submitted to the NIH awarding IC for prior approval.

The institution must ensure that trainees are enrolled in the institution's animal welfare training and occupational health and safety programs for personnel who have contact with animals. It is the institution's responsibility to ensure that trainees are properly supervised when working with live vertebrate animals.

These policies apply to all Performance Sites.

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?

If an Institutional Animal Care and Use Committee (IACUC) review is pending, check "Yes."

Applicants should check “Yes” to the "Is the IACUC review Pending?" question even if the IACUC review/approval process has not started by the time of submission.

If IACUC review is not pending (e.g. if the review is complete), check “No."

IACUC Approval Date:

Enter the latest IACUC approval date (if available). Leave blank if IACUC approval is pending. IACUC approval must have been granted within three years of the application submission date to be valid.

An IACUC approval date is not required at the time of submission. NIH does not require verification of review and approval of the proposed research by the IACUC before peer review of the application. However, this information is required under Supplemental Instructions, Part III, Section 1.7: Just-in-Time Policy.

Animal Welfare Assurance Number

Enter the federally approved assurance number, if available.

Enter "None" if the applicant organization does not have an Office of Laboratory Animal Welfare (OLAW)-approved Animal Welfare Assurance.

To determine whether the applicant organization holds an Animal Welfare Assurance with an associated number, see the lists of Domestic and Foreign Assured institutions. Also note the NIH Guide Notice on the Animal Welfare Assurance Numbering System, effective July 2016. **Do not enter the Animal Welfare Assurance number for a Project/Performance Site of a collaborating institution.**

When an applicant organization does *not* have an Animal Welfare Assurance number, the authorized organization representative's signature on the application constitutes declaration that the applicant organization will submit an Animal Welfare Assurance when requested by OLAW.

If the animal work will be conducted at an institution with an Animal Welfare Assurance and the applicant organization does not have the following:

- an animal care and use program;
- facilities to house animals and conduct research on site; and
- IACUC;

then, the applicant must obtain an Inter-institutional Assurance from OLAW prior to an award.

3. Is proprietary/privileged information included in the application?

This field is required.

Patentable ideas; trade secrets; or privileged, confidential commercial, or financial information should be included in applications only when such information is necessary to convey an understanding of the proposed project.

If the application includes such information, check "Yes" and clearly mark each line or paragraph on the pages containing the proprietary/privileged information with a statement similar to: "The following contains proprietary/privileged information that (name of applicant) requests not be released to persons outside the government, except for purposes of review and evaluation." This statement can be included at the top of each page as applicable.

If a grant is awarded as a result of or in connection with the submission of this application, the government shall have the right to use or disclose the information to the extent authorized by law. Although the grantee institution and the PD/PI will be consulted about any such disclosure, the NIH and other PHS agencies will make the final determination. Any indication by the applicant that the application contains proprietary or privileged information does not automatically shield

the information from release in response to a Freedom of Information Act (FOIA) request should the application result in an award (see 45 CFR 5). Additionally, if an applicant fails to identify proprietary information at the time of submission as instructed here, a significant substantive justification will be required to withhold the information if requested under FOIA.

4. Environmental Questions

Question 4 pertains to the environmental impact of the proposed research.

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?

This field is required.

Indicate whether or not this project has an actual or potential impact on the environment.

Most NIH research grants are not expected to individually or cumulatively have a significant effect on the environment, and NIH has established several categorical exclusions allowing most applicants to answer "No" unless a specific FOA indicates that the National Environmental Policy Act (NEPA) applies. However, if an applicant expects that the proposed project will have an actual or potential impact on the environment, or if any part of the proposed research and/or project includes one or more of the following scenarios, check "Yes."

1. The potential environmental impacts of the proposed research may be of greater scope or size than other actions included within a category.
2. The proposed research threatens to violate a federal, state, or local law established for the protection of the environment or for public health and safety.
3. Potential effects of the proposed research are unique or highly uncertain.
4. Use of especially hazardous substances or processes is proposed for which adequate and accepted controls and safeguards are unknown or not available.
5. The proposed research may overload existing waste treatment plants due to new loads (volume, chemicals, toxicity, additional hazardous wasted, etc.).
6. The proposed research may have a possible impact on endangered or threatened species.
7. The proposed research may introduce new sources of hazardous/toxic wastes or require storage of wastes pending new technology for safe disposal.
8. The proposed research may introduce new sources of radiation or radioactive materials.
9. Substantial and reasonable controversy exists about the environmental effects of the proposed research.

4.b. If yes, please explain:

If you answered "Yes" to Question 4.a., you must provide an explanation here as to the actual or potential impact of the proposed research on the environment.

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.

This field is required if you answered "Yes" to Question 4.a. Check "Yes" or "No."

4.d. If yes, please explain:

Enter additional details about the EA or EIS here.

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

This field is required.

If any research performance site is designated, or eligible to be designated, as a historic place, check the "Yes" box. Otherwise, check "No."

5.a. If yes, please explain:

If you checked "Yes" to indicate that any performance site is designated, or eligible to be designated, as a historic place, provide the explanation here.

6. Does this project involve activities outside of the United States or partnerships with international collaborators?

This field is required.

Indicate whether this project involves activities outside of the United States or partnerships with international collaborators. Check "Yes" or "No."

Applicants to NIH and other PHS agencies must check "Yes" if the applicant organization is a foreign institution or if the project includes a foreign component. See NIH Glossary for a definition of a foreign component.

If you have checked "Yes" to Question 6, you must include a "Foreign Justification" attachment in Field 12, Other Attachments. Describe special resources or characteristics of the research project (e.g., human subjects, animals, disease, equipment, and techniques), including the reasons why the facilities or other aspects of the proposed project are more appropriate than a domestic setting. In the body of the text, begin the section with a heading indicating "Foreign Justification" and name the file "Foreign Justification."

6.a. If yes, identify countries:

This field is required if you answered "Yes" to Question 6. Enter the countries with which international cooperative activities are planned.

6.b. Optional Explanation:

This field is optional. Enter an explanation for involvement with outside entities.

7. Project Summary/Abstract

The "Project Summary/Abstract" attachment is required.

The project summary is a succinct and accurate description of the proposed work and should be able to stand on its own (separate from the application). This section should be informative to other persons working in the same or related fields and understandable to a scientifically literate reader. Avoid both descriptions of past accomplishments and the use of the first person. Please be concise.

Format:

This section is limited to 30 lines of text, and must follow the required font and margin specifications. A summary which exceeds this length will be flagged as an error by the Agency upon submission. You will need to take corrective action before the application can be accepted.

Attach this information as a PDF file. See the Format Attachments page.

Content:

State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the mission of the agency). Describe the research design and methods for achieving the stated goals. Be sure that the project summary reflects the key focus of the proposed project so that the application can be appropriately categorized.

Do not include proprietary, confidential information or trade secrets in the project summary. If the application is funded, the project summary will be entered into an NIH database and made available on the NIH Research Portfolio Online Reporting Tool (RePORT) and will become public information.

Note that the "Project Summary/Abstract" attachment is not same as the "Research Strategy" attachment.

Additional Instructions for Training:

In addition to the content described above, also summarize the objectives, rationale and design of the research training program. Provide information regarding the research areas and scientific disciplines encompassed by the program. Include a brief description of the level(s) (i.e., undergraduate, predoctoral, postdoctoral, faculty) and duration of the proposed training, the projected number of participating trainees and their anticipated levels of experience. The entire "Project Summary/Abstract" attachment is limited to 30 lines of text.

8. Project Narrative

The "Project Narrative" attachment is required.

Content:

Describe the relevance of this research to public health in, at most, three sentences. For example, NIH applicants can describe how, in the short or long term, the research would contribute to fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. If the application is funded, this public health relevance statement will be combined with the project summary (above) and will become public information.

9. Bibliography & References Cited

Who must complete the "Bibliography & References Cited" attachment:

The "Bibliography & References Cited" attachment is required unless otherwise noted in the FOA.

Format:

Attach this information as a PDF file. See the Format Attachments page.

Content:

See the following instructions for which references to include in the "Bibliography and References Cited" attachment.

Additional Instructions for Training:

The "Bibliography & References Cited" Attachment should include any references cited in T.420 - PHS 398 Research Training Program Plan Form.

When citing articles that fall under the Public Access Policy, were authored or co-authored by the applicant, and arose from NIH support, provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for each article. If the PMCID is not yet available because the Journal submits articles directly to PMC on behalf of their authors, indicate "PMC Journal – In Process." NIH maintains a list of such journals.

Citations that are not covered by the Public Access Policy, but are publicly available in a free, online format may include URLs or PubMed ID (PMID) numbers along with the full reference (note that copies of publicly available publications are not accepted as appendix material). The references should be limited to relevant and current literature. While there is not a page limitation, it is important to be concise and to select only those literature references pertinent to the proposed research.

Beginning with application due dates on or after May 25, 2017, you are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

Additional Instructions for Training:

The "Bibliography & References Cited" attachment should be used only to cite references supporting the need, rationale, and approach for the training program described in the T.420 - PHS 398 Research Training Program Plan. Do not include lists of publications of project directors, mentors or trainees in this section, as this information will be included in the Biosketches and Data Tables.

10. Facilities & Other Resources

Format:

The "Facilities & Other Resources" attachment is required unless otherwise specified in the FOA.

Content:

Describe how the scientific environment in which the research will be done contributes to the probability of success (e.g., institutional support, physical resources, and intellectual rapport). In describing the scientific environment in which the work will be done, discuss ways in which the proposed studies will benefit from unique features of the scientific environment or from unique subject populations or how studies will employ useful collaborative arrangements.

If there are multiple performance sites, describe the resources available at each site.

Describe any special facilities used for working with biohazards and any other potentially dangerous substances. **Note: Information about select agents must be described in the Research Plan, Select Agent Research.**

For early stage investigators (ESIs), describe institutional investment in the success of the investigator. See NIH's New and Early Stage Investigator Policies. Your description may include the following elements:

- resources for classes, travel, or training;
- collegial support, such as career enrichment programs, assistance and guidance in the supervision of trainees involved with the ESI's project, and availability of organized peer groups;
- logistical support, such as administrative management and oversight and best practices training;
- financial support, such as protected time for research with salary support.

Additional Instructions for Training:

Describe the facilities and resources that will be used in the proposed training program, including any foreign performance sites. Indicate how the applicant organization will support the program, financial or otherwise (e.g., supplementation of stipends, protected time for mentoring, support for student activities). This could also include, for example, space, shared laboratory facilities and equipment, funds for curriculum development, release time for the PD/PI and participating faculty, support for additional trainees in the program, or any other creative ways to improve the environment for the establishment and growth of the research training program.

11. Equipment

The "Equipment" attachment is required.

Format:

Attach this information as a PDF file.

Content:

List major items of equipment already available for this project and, if appropriate, identify the equipment's location and pertinent capabilities.

12. Other Attachments

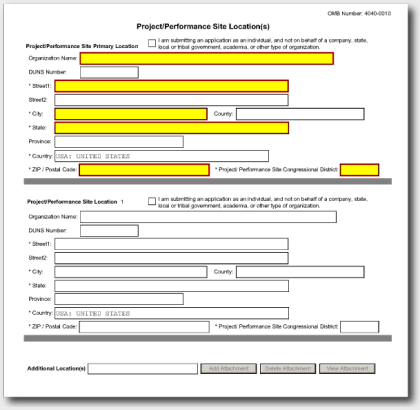
Attach a file to provide additional information only in accordance with the FOA and/or agency-specific instructions.

If applicable, attach a "Foreign Justification" here. (See Question 6 above).

T.230 - Project/Performance Site Location(s) Form

The Project/Performance Site Location(s) Form is used for all grant applications. It is used to report the primary location and any other locations at which the project will be performed.

View larger image



Quick Links

- Project/Performance Site Primary Location
- Project/Performance Site Location 1
- Additional Locations

Using the Project/Performance Site Locations(s) Form:

This form allows for the collection of multiple performance sites. If you need to add more project/performance site locations than the form allows, enter the information in a separate file and add it to the "Additional Locations" section.

Project/Performance Site Primary Location

Generally, the primary location should be that of the applicant organization or identified as off-site in accordance with the conditions of the applicant organization's negotiated Facilities and Administrative (F&A) agreement. This information must agree with the F&A information on the budget form of the application.

Provide an explanation of resources available from each project/performance site on the "Facilities and Resources" attachment of the T.220 - R&R Other Project Information Form.

If the proposed project involves human subjects or live vertebrate animals, it is up to the applicant organization to ensure that all sites meet certain criteria:

Human Subjects: If a project/performance site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the project/performance site operates under an appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR 46 and other NIH human subject related policies described in the Supplemental Instructions, Part II and in the NIH Grants Policy Statement.

Vertebrate Animals: For research involving live vertebrate animals, the applicant organization must ensure that all project/performance sites hold an Office of Laboratory Animal Welfare (OLAW)-approved Animal Welfare Assurance. If the animal work will be conducted at an institution with an Animal Welfare Assurance and the applicant organization does not have the following:

- an animal care and use program;
- facilities to house animals and conduct research on site; and
- an IACUC;

then applicant must obtain an Inter-institutional Assurance from OLAW prior to an award.

Describe any consortium/contractual arrangements in the "Consortium/Contractual Arrangements" attachment in T.400 – PHS 398 Research Plan Form.

Additional Instructions for Training:

List all of the locations where training, program management, and the research training experiences described in the Research Training Program Plan will be performed, including any foreign sites (when applicable).

Describe any consortium/contractual arrangements in the "Consortium/Contractual Arrangements" attachment in T.420 – PHS 398 Research Training Program Plan Form.

Human Subjects: If investigators and trainees at a project/performance site will be engaged in research involving human subjects, the applicant organization is responsible for ensuring that all investigators and trainees at the project/performance sites comply with the human subject protection regulations in 45 CFR 46 and with other NIH policies for the protection of human subjects.

Vertebrate Animals: For research involving live vertebrate animals, the applicant organization must supply information for all training sites where animals will be used by trainees. The applicant organization is responsible for assuring that all project/performance sites have a current Animal Welfare Assurance and comply with the PHS Policy on Humane Care and Use of Laboratory Animals.

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

Do not check the box for "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" unless otherwise specified by the FOA.

Organization Name:

This field is required. Enter the organization name of the primary site where the work will be performed.

DUNS Number:

This field is required for the primary performance site.

Enter the DUNS or DUNS+4 number associated with the organization where the project will be performed.

Street1:

This field is required. Enter the first line of the street address of the primary performance site location.

Street2:

Enter the second line of the street address of the primary performance site location.

City:

This field is required. Enter the city for the address of the primary performance site location.

County:

Enter the county of the primary performance site location.

State:

This field is required if the site is located in the United States or its Territories. Enter the state or territory where the primary performance site is located.

Province:

If "Country" is Canada, enter the province for the primary performance site; otherwise, skip the "Province" field.

Country:

This field is required. Select the country of the address for the primary performance site location.

ZIP/Postal Code:

The ZIP+4 is required if the primary performance site location is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the primary performance site.

Project/Performance Site Congressional District:

Enter the Congressional District as follows: a 2-character state abbreviation, a hyphen, and a 3-character district number. Examples: CA-005 for California's 5th district, VA-008 for Virginia's 8th district.

It is likely this field will be identical to the "Congressional District of Applicant" field provided elsewhere in the application.

If the program/project is outside the United States, enter 00-000.

For States and U.S. territories with only a single congressional district, enter "001" for the district number.

For jurisdictions with no representative, enter "099."

For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098 or PR-098.

If all districts in a state are affected, enter "all" for the district number. Example: "MD-all" for all congressional districts in Maryland.

If nationwide (all districts in all states), enter "US-all."

If you do not know the Congressional District: Go to the United States House of Representatives website and search for the Congressional District by entering the ZIP+4. If you do not know the ZIP+4, look it up on the USPS Look Up Zip Code website.

Project/Performance Site Location 1

Use this "Project/Performance Site Location 1" block to provide information on performance sites in addition to the Primary Performance Site listed above, if applicable. Include any VA facilities and foreign sites.

Organization Name:

Enter the organization name of the performance site location.

DUNS Number:

Enter the DUNS or DUNS+4 number associated with the performance site.

Street1:

This field is required. Enter first line of the street address of the performance site location.

Street2:

Enter the second line of the street address of the performance site location.

City:

This field is required. Enter the city for the address of the performance site location.

County:

Enter the county of the performance site location.

State:

This field is required if the project performance site is located in the United States or its Territories. Enter the state or territory where the performance site is located.

Province:

If “Country” is Canada, enter the province for the performance site; otherwise, skip the “Province” field.

Country:

This field is required. Select the country of the performance site location.

ZIP/Postal Code:

The ZIP+4 is required if the performance site location is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) of the performance site location.

Project/Performance Site Congressional District:

Enter the Congressional District as follows: a 2-character state abbreviation, a hyphen, and a 3-character district number. Examples: CA-005 for California’s 5th district, VA-008 for Virginia’s 8th district.

If the program/project is outside the United States, enter 00-000.

For States and U.S. territories with only a single congressional district enter “001” for the district number.

For jurisdictions with no representative, enter “099.”

For jurisdictions with a nonvoting delegate, enter “098” for the district number. Example: DC-098 or PR-098.

If all districts in a state are affected, enter “all” for the district number. Example: "MD-all" (for all congressional districts in Maryland).

If nationwide (all districts in all states), enter "US-all."

If you do not know the Congressional District: Go to the United States House of Representatives website and search for your Congressional District by entering your ZIP+4. If you do not know the ZIP+4 look it up on the USPS Look Up Zip Code website.

Additional Locations

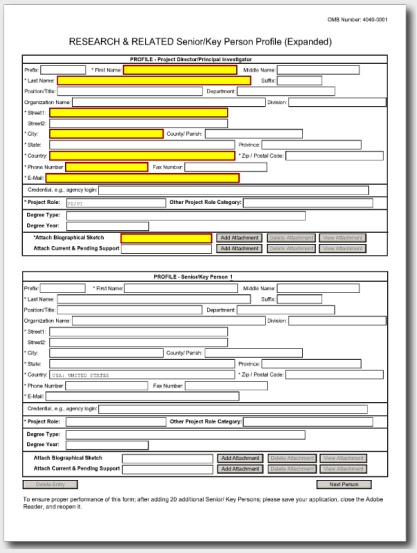
If you need to add more project/performance site locations than the form allows, enter the information in a separate file and add it to the "Additional Locations" section.

A format page for Additional Performance Sites can be found on NIH's Additional Performance Site Format Page.

T.240 - R&R Senior/Key Person Profile (Expanded) Form

The R&R Senior/Key Person Profile (Expanded) Form is used for all grant applications, and allows the collection of data for all senior/key persons associated with the project. Some information for the PD/PI may be pre-populated from the SF424 (R&R) form. See instructions in T.200 - SF 424 (R&R) Form if these fields are empty.

View larger image



Quick Links

- Profile - Project Director/Principal Investigator
- Instructions for a Biographical Sketch
- Profile - Senior/Key Person 1
- Additional Senior/Key Person Profile(s)

Using the R&R Senior/Key Person Profile (Expanded) Form

This form allows for the data collection for a PD/PI and up to 99 other senior/key individuals (including any multi-PD/PIs). After the first 100 individuals have been entered, use the "Additional Senior/Key Person Profiles Format Page" to attach any remaining data.

To ensure proper performance of this form, save your work frequently.

Who qualifies as a Senior/Key Person?

Unless otherwise specified in a FOA, senior/key personnel are defined as all individuals who contribute in a substantive, meaningful way to the scientific development or execution of the project, whether or not salaries are requested. Consultants should be included in this "Senior/Key Person Profile (Expanded)" Form if they meet this definition.

List individuals that meet the definition of senior/key regardless of what organization they work for.

Profile - Project Director/Principal Investigator

Enter data in this "Profile – Project Director/Principal Investigator" section for the Project Director/Principal Investigator (PD/PI).

The PD/PI must have an eRA Commons account with the PI role, and the account must be affiliated with the applicant organization. If you are proposing research at an institute other than the one you are currently at, do not create a separate Commons account with the proposed applicant organization. For information on eRA Commons account administration, see the eRA Account Management System's Online Help.

Special Instructions for Multiple PD/PI: When submitting an application involving multiple PD/PIs, list the "Contact" PD/PI in this field. List all additional PD/PIs in the Senior/Key Person section(s) below.

Additional Instructions for Training:

If multiple PD/PIs are proposed, explain your rational for how this will facilitate program administration in the Program Plan attachment (in T.420 - PHS 398 Research Training Program Plan Form, Program Plan). Additionally, the application must include a Multi-PD/PI Leadership Plan (in T.420 - PHS 398 Research Training Program Plan Form, Multiple PD/PI Leadership Plan) emphasizing how it will benefit the program and the trainees.

Prefix:

This field may be pre-populated from the SF 424 (R&R) and reflects the prefix, if applicable, for the name of the PD/PI.

First Name:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the first (given) name of the PD/PI.

Middle Name:

This field may be pre-populated from the SF 424 (R&R) and reflects the middle name of the PD/PI.

Last Name:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the last (family) name of the PD/PI.

Suffix:

This field may be pre-populated from the SF 424 (R&R) and reflects the suffix for the name of the PD/PI.

Position/Title:

This field may be pre-populated from the SF 424 (R&R) and reflects the position/title of the PD/PI.

Department:

This field may be pre-populated from the SF 424 (R&R) and reflects the name of the primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.

Organization Name:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the name of the organization of the PD/PI.

Division:

This field may be pre-populated from the SF 424 (R&R) and reflects the name of the primary organizational division, office, major subdivision, or equivalent level within the organization of the PD/PI.

Street1:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the first line of the street address for the PD/PI.

Street2:

This field may be pre-populated from the SF 424 (R&R) and reflects the second line of the street address for the PD/PI.

City:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the city for the address of the PD/PI.

County/Parish:

This field may be pre-populated from the SF 424 (R&R) and reflects the county/parish for the address of the PD/PI.

State:

This field is required if the PD/PI is located in the United States or its Territories. This field may be pre-populated from the SF 424 (R&R) and reflects the state or territory in which the PD/PI is located.

Province:

If "Country" is Canada, enter the province for the PD/PI; otherwise, skip the "Province" field. This field may be pre-populated from the SF 424 (R&R) and reflects the province in which the PD/PI is located.

Country:

This field may be pre-populated from the SF 424 (R&R) and reflects the country for the address of the PD/PI.

ZIP/Postal Code:

The ZIP+4 is required if the PD/PI address is in the United States. Otherwise, the postal code is optional. This field may be pre-populated from the SF 424 (R&R) and reflects the postal code of the address of the PD/PI.

Phone Number:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the daytime phone number for the PD/PI.

Fax Number:

This field may be pre-populated from the SF 424 (R&R) and reflects the fax number for the PD/PI.

E-mail:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the e-mail address for the PD/PI.

Credential, e.g., agency login:

This field is required. Enter the assigned eRA Commons username for the project's PD/PI. The eRA Commons username must hold the PI role and be affiliated with the applicant organization. Applications will not pass agency validation requirements without a valid eRA Commons username.

> **Special Instructions for Multiple PD/PI:** The Commons username must be provided for all individuals assigned the Project Role of PD/PI on the application.

Project Role:

Enter "PD/PI" for the Project Role for the PD/PI.

Other Project Role Category:

Skip the "Other Project Role Category" field, as no other role can be added to the PD/PI role.

Degree Type:

Enter the highest academic or professional degree or other credentials (e.g., R.N.).

Degree Year:

Enter the year the highest degree or other credential was obtained.

Attach Biographical Sketch

Provide a biographical sketch for each PD/PI. See instructions below on how to complete a biographical sketch.

Attach Current & Pending Support:

Do not use this attachment upload for NIH and other PHS agency submissions unless otherwise specified in the FOA.

While this information is not required at the time of application submission, it may be requested later in the pre-award cycle. If and when this occurs, refer to Supplemental Instructions, Part III, Section 1.8: Other Support.

Instructions for a Biographical Sketch

These instructions apply to Research (R), Career Development (K), Training (T), Fellowship (F), Multi-project (M), and SBIR/STTR (B).

Who must complete the "Biographical Sketch" section:

All senior/key personnel and other significant contributors (OSCs) must include biographical sketches (biosketches).

Format:

Use the sample format on the Biographical Sketch Format Page to prepare this section for all grant applications.

Figures, tables, or graphics are not allowed in the biosketch. Do not embed or attach files (e.g. video, graphics, sound, data).

The biosketch may not exceed five pages per person. This five-page limit includes the table at the top of the first page.

Attach this information as a PDF file. See the Format Attachments page.

Content:

Note that the instructions here follow the format of Biographical Sketch Format Page.

Name:

Fill in the name of the senior/key person or other significant contributor in the "Name" field of the Biosketch Format Page.

eRA Commons User Name:

If the individual is registered in the eRA Commons, fill in the eRA Commons User Name in the "eRA Commons User Name" field of the Biosketch Format Page.

The "eRA Commons User Name" field is required for the PD/PI (including career development and fellowship applicants), primary sponsors of fellowship applicants, all mentors of candidates for mentored career development awards, and candidates for diversity and reentry research supplements.

The "eRA Commons User Name" field is optional for other project personnel.

The eRA Commons User Name should match the information provided in the Credential field of the R&R Senior/Key Person Profile (Expanded) Form in your grant application.

Position Title:

Fill in the position title of the senior/key person or other significant contributor in the "Position Title" field of the Biosketch Format Page.

Education/Training

Complete the education block. Begin with the baccalaureate or other initial professional education, such as nursing. Include postdoctoral, residency, and clinical fellowship training, as applicable, listing each separately.

For each entry provide:

- the name and location of the institution
- the degree received (if applicable)
- the month and year of end date (or expected end date). For fellowship applicants only, also include the month and year of start date.
- the field of study (for residency entries, the field of study should reflect the area of residency training)

Following the education block, complete Sections A-D of the biographical sketch.

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields.

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include, but are not limited to, audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware.

Beginning with application due dates on or after May 25, 2017, you are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

Note the following additional instructions for ALL applicants/candidates:

- If you wish to explain factors that affected your past productivity, such as family care responsibilities, illness, disability, or military service, you may address them in this “A. Personal Statement” section.
- Indicate whether you have published or created research products under another name.
- You may mention specific contributions to science that are not included in Section C. Do not present or expand on materials that should be described in other sections of this Biosketch or application.
- Figures, tables, or graphics are not allowed.

Note the following instructions for specific subsets of applicants/candidates:

- For institutional research training, institutional career development, or research education grant applications, faculty who are not senior/key persons are encouraged, but not required, to complete the "A. Personal Statement" section.
- Applicants for dissertation research awards should, in addition to addressing the points noted above, also include a description of their career goals, their intended career trajectory, and their interest in the specific areas of research designated in the FOA.
- Candidates for research supplements to promote diversity in health-related research should, in addition to addressing the points noted above, also include a description of their general scientific achievements and/or interests, specific research objectives, and career goals. Indicate any current source(s) of educational funding.

B. Positions and Honors

List in chronological order the positions you’ve held that are relevant to this application, concluding with your present position. High school students and undergraduates may include any previous positions. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:

- Students, postdoctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.
- Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

C. Contributions to Science

Who should complete the “Contributions to Science” section:

All senior/key persons should complete the “Contributions to Science” section except candidates for research supplements to promote diversity in health-related research who are high school students, undergraduates, and post-baccalaureates.

Format:

Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations.

While all applicants may describe up to five contributions, graduate students and postdoctorates may wish to consider highlighting two or three they consider most significant.

Content:

For each contribution, indicate the following:

- the historical background that frames the scientific problem;
- the central finding(s);
- the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology;
- your specific role in the described work.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution. Research products can include audio or video products (see the NIH Guide Notice on Guidance for Videos Submitted as NIH Application Materials); conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware.

Beginning with application due dates on or after May 25, 2017, you are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

You may provide a URL to a full list of your published work. This URL must be to a Federal Government website (a .gov suffix). NIH recommends using My Bibliography. Providing a URL to a list of published work is not required.

Descriptions of contributions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication. These contributions do not have to be related to the project proposed in this application.

D. Additional Information: Research Support and/or Scholastic Performance

Note the following instructions for specific subsets of applicants/candidates:

- High school students are *not* required to complete Section D. Additional Information: Research Support and/or Scholastic Performance.
- Career development award applicants should complete the "Research Support" section but skip the “Scholastic Performance” section.
- Generally, the following types of applicants can skip the “Research Support” section and must complete **only** the “Scholastic Performance” section. However, when these applicants also have Research Support, they may complete both sections.
    - applicants for predoctoral and postdoctoral fellowships,
    - applicants to dissertation research grants,
    - candidates for research supplements to promote diversity in health-related research from the undergraduate through postdoctoral levels.

Research Support

These instructions apply to all applicants who are completing the "Research Support" section.

List ongoing and completed research projects from the past three years that you want to draw attention to. Briefly indicate the overall goals of the projects and your responsibilities. Do not include the number of person months or direct costs.

Do not confuse "Research Support" with "Other Support." Other Support information is not collected at the time of application submission.

- **Research Support:** As part of the Biosketch section of the application, "Research Support" highlights your accomplishments, and those of your colleagues, as scientists. This information will be used by the reviewers in the assessment of each your qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team.
- **Other Support:** NIH staff may request complete and up-to-date "other support" information from you as part of Just-in-Time information collection.

Scholastic Performance

Predoctoral applicants/candidates (including undergraduates and post-baccalaureates): List by institution and year **all** undergraduate and graduate courses, with grades. In addition, explain any grading system used if it differs from a 1-100 scale; an A, B, C, D, F system; or a 0-4.0 scale. Also indicate the levels required for a passing grade.

Postdoctoral applicants: List by institution and year all undergraduate courses and graduate scientific and/or professional courses relevant to the training sought under this award, with grades. In addition, explain any grading system used if it differs from a 1-100 scale; an A, B, C, D, F system; or a 0-4.0 scale. Also indicate the levels required for a passing grade.

Profile – Senior/Key Person 1

Enter data in this "Profile – Senior/Key Person 1" section to provide information on a senior/key person (other than the PD/PI listed above), if applicable.

Format:

List all senior/key person profiles, followed by other significant contributors (OSC) profiles.

Content – Who to include in the "Profile – Senior/Key Person" section:

Senior/Key Persons: Fill in a separate "Profile – Senior/Key Person" block for each senior/key personnel. Those with a postdoctoral role should be included if they meet the NIH Glossary definition of senior/key personnel. A biosketch is required for all senior/key persons.

Other Significant Contributors: Also use the "Profile – Senior/Key Person" section to list any other significant contributors (OSCs). Consultants should be included if they meet the NIH Glossary definition of OSC. OSCs should be listed **after** all other senior/key persons.

A biosketch is required for all OSCs. The biosketch should highlight the OSC's accomplishments as a scientist. Reviewers assess these pages during peer review. For more information on review criteria, see the Review Criteria at a Glance document. Although Other Support information is required as a just-in-time submission, Other Support information will NOT be required or accepted for OSCs since considerations of overlap do not apply to these individuals.

Should the level of involvement increase for an individual listed as an OSC, thus requiring measurable effort on the award, the individual must be redesignated as "senior/key personnel." This change must be made before any compensation is charged to the project.

For more information:

For more information, refer to these NIH Senior/Key Personnel Frequently Asked Questions.

Additional Instructions for Training:

Who to include in the "Profile – Senior/Key Person" information section:
The Program Director(s) (in case of multiple PD/PIs), and any other individuals whose contributions are critical to the development, management, and execution of the Research Training Program Plan in a substantive, measurable way (whether or not salaries are reimbursed) should be included as senior/key persons. Include program staff as applicable. Since the efforts of the senior/key persons are not project related research endeavors, they should not be identified in the "Other Support" information (which is required as a Just-in-Time submission).

Who *not* to include in the "Profile – Senior/Key Person" information section:
Do not include proposed mentors and training faculty members (except in the rare cases where they are also senior/key persons). Biographical sketches for mentors and other participating faculty will be included in the "Participating Faculty Biosketches" attachment of the T.420 - PHS 398 Research Training Program Plan Form.

Prefix:

Enter or select the prefix, if applicable, for the name of the senior/key person.

First Name:

This field is required. Enter the first (given) name of the senior/key person.

Middle Name:

Enter the middle name of the senior/key person.

Last Name:

This field is required. Enter the last (family) name of the senior/key person.

Suffix:

Enter or select the suffix, if applicable, for the senior/key person.

Position/Title:

Enter the position/title of the senior/key person.

Department:

Enter the name of the primary organizational department, service, laboratory, or equivalent level within the organization of the senior/key person.

Organization Name:

This field is required. Enter the name of the organization of the senior/key person.

Division:

Enter the name of the primary organizational division, office, major subdivision, or equivalent level within the organization of the senior/key person.

Street1:

This field is required. Enter the first line of the street address for the senior/key person.

Street2:

Enter the second line of the street address for the senior/key person.

City:

This field is required. Enter the city for the address of the senior/key person.

County/Parish:

Enter the county/parish for the address of the senior/key person.

State:

This field is required if the Senior/Key person is located in the United States or its Territories. Enter the state or territory where the senior/key person is located.

Province:

If "Country" is Canada, enter the province for the senior/key person; otherwise, skip the "Province" field.

Country:

This field is required. Select the country for the address of the senior/key Person.

ZIP/Postal Code:

The ZIP+4 is required if the Senior/Key Person is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the senior/key person.

Phone Number:

This field is required. Enter the daytime phone number for the senior/key person.

Fax Number:

Enter the fax number for the senior/key person.

E-mail:

This field is required. Enter the e-mail address for the senior/key person.

Credential, e.g., agency login:

If you have an established eRA Commons personal profile, enter the senior/key person's username. If you do not have an eRA Commons personal profile, skip the "Credential" field.

Project Role:

Select a project role. Use "Other (Specify)" if the desired category is not available.

> **Special Instructions for Multiple PD/PI:** All PD/PIs must be assigned the "PD/PI" role, even those at organizations other than the applicant organization. The role of "Co-PD/PI" is not currently used by NIH or other PHS agencies to designate a multiple PD/PI application. In order to avoid confusion, do not use the role of "Co-PD/PI."

Note on OSCs: For OSCs, enter "Other (Specify)" for the "Project Role" field, and enter "Other Significant Contributor" in the "Other Project Role Category" field.

Other Project Role Category:

Complete this field (e.g., Engineer, Chemist, Sponsor, Mentor) if you selected "Other Professional" or "Other (Specify)" in the "Project Role" field.

Degree Type:

Enter the highest academic or professional degree or other credentials (e.g., R.N.).

Degree Year:

Enter the year the highest degree or other credential was obtained.

Attach Biographical Sketch:

Provide a biographical sketch for each senior/key person and each OSC. See instructions above on how to complete a biographical sketch.

Attach Current & Pending Support:

Do not use the "Current & Pending Support" attachment upload for NIH or other PHS agency submissions unless otherwise specified in the FOA.

While this information is not required at the time of application submission, it may be requested later in the pre-award cycle. If and when this occurs, refer to Supplemental Instructions, Part III, Section 1.8: Other Support for instructions and use the Current and Pending Support Format Page.

Additional Senior/Key Person Profile(s)

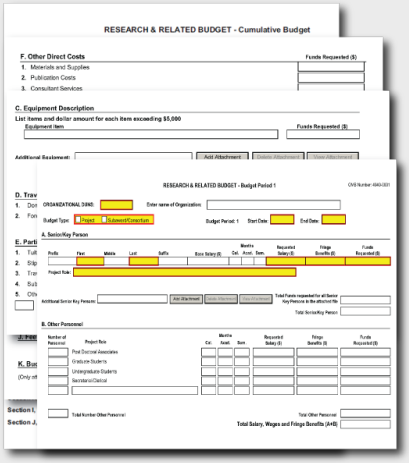
If you need to add more Senior/Key Person Profiles than the form allows, enter the information in a separate file and attach it as a PDF.

A format page for Additional Senior/Key Person Profiles can be found at NIH's Additional Senior/Key Person Form page.

T.300 - R&R Budget Form

The R&R Budget Form is used in the majority of applications; however, it is important to refer to your specific FOA for guidance on which budget form(s) are allowed for your application.

Some application forms packages include two optional budget forms — (1) the R&R Budget Form and, (2) PHS 398 Modular Budget Form. Include only one of these forms, but not both, in your application.



View larger image

Quick Links

- Introductory Fields
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- I. Total Direct and Indirect Costs
- J. Fee
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- K or L. Budget Justification
- Cumulative Budget

Who should use the R&R Budget Form?

There are two primary types of Budget Forms: detailed R&R and PHS 398 modular. Generally, you must use the R&R Budget Form if you are applying for more than $250,000 per budget period in direct costs, and you must use the Modular Budget Form if you are applying for less than $250,000. However, some grant mechanisms or programs (e.g., training grants) may require other budget forms to be used. Refer to your FOA and to the following instructions for guidance on which Budget Form to use.

Note that the terms “detailed budget” and “R&R Budget” are used interchangeably.

If you are requesting a budget with $500,000 or more in direct costs for any budget period, contact the awarding component to determine whether you must obtain prior approval before submitting the application. Some NIH Institutes/Centers (IC) do not require prior approval. For more information on applications that request $500,000 or more in direct costs, see the Supplemental Instructions, Part III,

Section 1.4: Policy on the Acceptance for Review of Unsolicited Applications that Request $500,000 or More in Direct Costs.

> **Special Instructions for Foreign Organizations (Non-domestic [non-U.S. Entities]:** All competing (new, renewal, resubmission, and revision) grant applications from foreign (non-U.S.) institutions must use the R&R Budget Form; do not use the PHS 398 Modular Budget Form. For additional information, see NIH Guide Notice on the Requirement for Detailed Budget Submissions from Foreign Institutions. Applications from foreign organizations must request budgets in U.S. dollars.

Note on Subawards/Consortiums: If you have a subaward/consortium, you must use the R&R Subaward Budget Attachment(s) Form in conjunction with the R&R Budget Form. The prime must extract the R&R Subaward Budget Attachment(s) from the R&R Subaward Budget Attachment(s) Form and send the extracted file to the subaward/consortium. The consortium should complete the R&R Subaward Budget Attachment, following the instructions here and in T.310 – R&R Subaward Budget Attachment(s) Form.

For more information:

For more information on how to prepare your budget, see NIH's Develop Your Budget page.

Additional Instructions for Training:

Who should use the R&R Budget Form?

T90/R90 applications: Use the R&R Budget Form in conjunction with the PHS 398 Training Budget Form for the R90 portion of the application.

K12, D43, D71, and U2R applications: Use only the R&R Budget Form.

All other Training Applications: Most training applications should use the PHS 398 Training Budget Form. Use the R&R Budget Form only when allowed or required in an FOA. See also instructions in T.420 - PHS Training Program Plan.

Using the R&R Budget Form:

The location of the R&R Budget Form may vary with the type of submission (e.g., under an "Optional Forms" tab).

You must complete a separate detailed budget for each budget period requested. The form will generate a cumulative budget for the total project period. If no funds are requested for a required field, enter "0."

You must round to the nearest whole dollar amount in all dollar fields.

Competing Revision Applications: For a supplemental/revision application, complete fields for which additional funds are requested in addition to all required fields. If the initial budget period of the supplemental/revision application is less than 12 months, prorate the personnel costs and other appropriate items of the detailed budget.

Introductory Fields

Organizational DUNS:

This field is required. This field may be pre-populated and should reflect the DUNS or DUNS+4 number of the applicant organization (or of the lead organization for the component of a multi-

project application).

Enter name of Organization:

This field may be pre-populated. Enter the name of the organization.

Budget Type:

This field is required. Check the appropriate box for your budget type, following these guidelines:

- **Project:** The budget being requested is for the primary applicant organization.
- **Subaward/Consortium:** The budget being requested is for subaward/consortium organization(s). Note, separate budgets are required only for subaward/consortium organizations that perform a substantive portion of the project. For subawards/consortiums that do not perform a substantive portion of the project, then you must include their costs in Field F5. Subawards/Consortium/Contractual Costs and in the prime's Section K or L. Budget Justification.

If you are preparing an application that includes a subaward/consortium that performs a substantive portion of the project, in addition to completing this form, see also the instructions for T.310 - R&R Subaward Budget Attachment(s) Form.

Budget Period:

This field is required.

Identify the specific budget period (for example, 1, 2, 3, 4, 5).

Start Date:

This field is required and may be pre-populated from the SF 424 R&R Form. Enter the requested/proposed start date of the budget period. For period 1, the start date is typically the same date as the Proposed Project Start Date on the T.200 - SF 424 (R&R) Form.

End Date:

This field is required. Enter the requested/proposed end date of the budget period.

A. Senior/Key Person

Who to include in A. Senior/Key Person:

Include the names of senior/key persons at the applicant organization, (or organization leading the component of a multi-project application), who are involved on the project in a particular budget period. Include all collaborating investigators and other individuals who meet the senior/key person definition if they are from the applicant organization.

Consultants designated as senior/key persons in the Senior/Key Person Profile Form can be included in the "A. Senior/Key Person" section only if they are also employees of the applicant organization. Otherwise, consultant costs should be included in Consultant Services in Question F of this Form.

Who *not* to include in A. Senior/Key Person:

Details of collaborators at other institutions should not be listed here, as they will be provided in the Subaward Budget for each subaward/consortium organization.

Personnel listed as other significant contributors who are not committing any specific measurable effort to the project should not be included in the Personnel section (sections "A.

Senior/Key Person" and "B. Other Personnel") since no associated salary and/or fringe benefits can be requested for their contribution.

Prefix:

Enter the prefix (e.g., Mr., Mrs., Rev.), if applicable, for the name of the senior/key person.

First Name:

This field is required. Enter the first (given) name of the senior/key person.

Middle Name:

Enter the middle name of the senior/key person.

Last Name:

This field is required. Enter the last (family) name of the senior/key person.

Suffix:

Enter the suffix (e.g., Jr., Sr., PhD), if applicable, of the senior/key person.

Base Salary ($):

Enter the annual compensation paid by the employer for the senior/key person. This includes all activities such as research, teaching, patient care, and other. An applicant organization may choose to leave this blank; however, NIH or other PHS Agency staff will request this information prior to award.

Months (Cal./Acad./Sum.):

NIH and other PHS agencies use the concept of “person months” as a metric for determining percent of effort. For more information about calculating person months, see NIH's Frequently Asked Questions on Person Months.

Identify the number of months the senior/key person will devote to the project in the applicable box (i.e., calendar, academic, summer).

Use either calendar months OR a combination of academic and summer months. Measurable effort is required for every senior/key person entry.

For an explanation of "measurable effort," see the NIH Senior/Key Personnel Frequently Asked Questions.

If effort does not change throughout the year, it is OK to use only the calendar months column.

However, you may use both the academic and summer months columns if your institutional business process requires noting each separately even if effort remains constant. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer months columns.

If your institution does not use a 9-month academic year or a 3-month summer period, indicate your institution’s definition of these in Section K or L. Budget Justification.

Requested Salary ($):

This field is required. Regardless of the number of months being devoted to the project, indicate the salary being requested for this budget period for the senior/key person.

Salary limitations. Some PHS grant programs are currently subject to a legislatively imposed salary limitation. Any adjustment for salary limits will be made at the time of award; therefore, requested salary should be based on institutional base salary at the time the application is

submitted and not adjusted for any limitation. For guidance on current salary limitations, see the NIH's Salary Cap Summary or contact your office of sponsored programs.

Graduate student compensation: NIH grants also limit compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the time of the award. For more guidance on this policy, see the NIH Guide Notice on Graduate Student Compensation.

Fringe Benefits ($):

Enter the amount of requested fringe benefits, if applicable, for the senior/key person.

Funds Requested ($):

This field is automatically calculated and will reflect the total requested salary and fringe benefits for the senior/key person.

Project Role:

This field is required. Identify the project role of each senior/key person. Roles should correspond to the roles included on the T.240 - R&R Senior/Key Person Profile (Expanded) Form. Note that there must be at least one PD/PI per budget period.

Additional Senior/Key Persons:

If you are requesting funds for more senior/key persons than the form allows, you must include an attachment listing the additional senior/key person(s) in this "Additional Senior/Key Persons" field. Use the same format as the budget form and include all the information identified in this section.

Total Funds requested for all persons in the attached file:

If you have attached a file with additional senior/key persons, enter the total funds requested for everyone listed in the attachment in the "Total Funds requested for all Senior/Key Persons in the attached file" field.

Total Senior/Key Persons:

This total will be automatically calculated based on the sum of the "Funds Requested" column and the "Total Funds requested for all Senior/Key Persons in the attached file" field.

Special Instructions for Joint University and Department of Veterans Affairs (V.A.) Appointments: Individuals with joint university and V.A. appointments may request the university's share of their salary in proportion to the effort devoted to the research project. The individual's salary with the university determines the base for computing that request. The signature by the institutional official on the application certifies that: (1) the individual is applying as part of a joint appointment specified by a formal Memorandum of Understanding between the university and the V.A.; and (2) there is no possibility of dual compensation for the same work, or of an actual or apparent conflict of interest regarding such work. Additional information may be requested by the awarding components.

B. Other Personnel

Number of Personnel:

For each project role category, identify the number of personnel proposed.

Administrative, Secretarial, and Clerical Support Salaries: In most circumstances, the salaries of administrative, secretarial, or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs (Section H. Indirect Costs). However, examples of situations where direct charging of administrative or clerical staff salaries may be appropriate may be found at: 45 CFR 75.403.

Inclusion of such costs may be appropriate only if all of the following conditions are met:

1. Administrative or clerical services are integral to a project or activity;
2. Individuals involved can be specifically identified with the project or activity;
3. Such costs are explicitly included in the budget or have prior written approval of the federal awarding agency; and
4. The costs are not also recovered as indirect costs.

Requests for direct charging for secretarial/clerical personnel (i.e., administrative and clerical staff) must be appropriately justified in Section K or L. Budget Justification. For all individuals classified as administrative/secretarial/clerical, provide a justification (in the Budget Justification) documenting how they meet all four conditions. NIH ICs may request additional information for these positions in order to assess allowability.

Post Doctoral and Graduate Students: For all postdoctoral associates and graduate students not already named in "Section A. Senior/Key Person," individually list names, roles (e.g., postdoctoral associates or graduate student), associated months, and requested salary and fringe benefits in Section K or L. Budget Justification.

Project Role:

List any additional project role(s) (e.g., Engineer, IT Professionals, etc.) in the blank(s) provided. Identify the number of each personnel proposed.

You may have up to six named roles. If you have more than six, you must combine project roles here and add an explanation about the named roles in Section K or L. Budget Justification.

Do not include consultants in this section. Consultants are included below in Section F. Other Direct Costs.

Months (Cal./Acad./Sum.):

NIH and other PHS agencies use the concept of “person months” as a metric for determining percent of effort. For more information about calculating person months, see: NIH's Frequently Asked Questions on Person Months.

Identify the number of months devoted to the project in the applicable box (i.e., calendar, academic, summer) for each project role category.

Use either calendar months OR a combination of academic and summer months.

If effort does not change throughout the year, it is OK to use only the calendar months column.

However, you may use both academic and summer months columns if your institutional business process requires noting each separately, even if effort remains constant. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer months columns.

If your institution does not use a 9-month academic year or a 3-month summer period, indicate your institution’s definition of these in Section K or L. Budget Justification.

Requested Salary ($):

Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for this budget period for each project role. The amount entered should reflect the total amount of funds requested for all personnel within a project role.

Salary limitations: Some PHS grant programs are currently subject to a legislatively imposed salary limitation. Any adjustment for salary limits will be made at the time of award; therefore, requested salary should be based on institutional base salary at the time the application is submitted and not adjusted for any limitation. For guidance on current salary limitations, see the NIH's Salary Cap Summary or contact your office of sponsored programs.

Graduate student compensation: NIH grants also limit the compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the time of the award. For more guidance on this policy, see the NIH Guide Notice on Graduate Student Compensation.

Fringe Benefits ($):

Enter the amount of requested fringe benefits, if applicable, for this project role category. The amount entered should reflect the total amount of fringe benefits requested for all personnel within a project role.

Funds Requested ($):

This field will be automatically calculated and will reflect the total requested salary and fringe benefits for each project role category.

Total Number of Other Personnel:

This total will be automatically calculated based on the Number of Personnel for each project role category.

Total Other Personnel:

This total will be automatically calculated based on the sum of the Funds Requested for all Other Personnel.

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

This total will be automatically calculated and represents the total Funds Requested for all Senior/Key persons and all Other Personnel.

C. Equipment Description

The “C. Equipment Description” section is for you to list items and dollar amount for each item exceeding $5,000 (unless the organization has established lower levels).

Equipment Item:

Equipment is defined as an item of property that has an acquisition cost of $5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year.

List each item of equipment separately and justify each in Section K or L. Budget Justification. Allowable items ordinarily will be limited to research equipment not already available for the conduct of the work.

Funds Requested:

This information is required. List the estimated cost of each item, including shipping and any maintenance costs and agreements.

Additional Equipment:

If you requesting funds for more equipment than the form allows, you must include an attachment listing the additional equipment items in this "Additional Equipment" field. Enter the information in a separate file and attach it as a PDF. List each additional item and the funds requested for each individual item. The dollar amount for each item should exceed $5,000 (unless the organization has established lower levels).

Total funds requested for all equipment listed in the attached file:

If you have attached a file with additional equipment, enter the total funds requested for all the equipment listed in the attachment.

Total Equipment:

This total will be automatically calculated based on the sum of the "Funds Requested" column and the "Total funds requested for all equipment listed in the attached file" field.

D. Travel

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

Enter the total funds requested for domestic travel. Domestic travel includes destinations in the U.S., Canada, Mexico, and U.S. possessions. In Section K or L. Budget Justification, include the purpose, destination, dates of travel (if known), and the number of individuals for each trip. If the dates of travel are not known, specify the estimated length of trip (e.g., 3 days).

2. Foreign Travel Costs:

Identify the total funds requested for foreign travel. Foreign travel includes any destination outside of the U.S., Canada, Mexico, or U.S. possessions. In Section K or L. Budget Justification, include the purpose, destination, dates of travel (if known), and the number of individuals for each trip. If the dates of travel are not known, specify the estimated length of trip (e.g., 3 days).

Total Travel Cost:

This total will be automatically calculated based on the sum of the Domestic and Foreign Funds Requested fields.

E. Participant/Trainee Support Costs

Unless specifically stated otherwise in a FOA, NIH and other PHS agencies applicants should skip Section E. Participant/Trainee Support Costs. Note: Tuition remission for graduate students should be included in Section F. Other Direct Costs when applicable.

1. Tuition/Fees/Health Insurance:

List the total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.

2. Stipends:

List the total funds requested for Participant/Trainee stipends.

3. Travel:

List the total funds requested for Participant/Trainee travel.

4. Subsistence:

List the total funds requested for Participant/Trainee subsistence.

5. Other:

Describe any other Participant/Trainee support costs and list the total funds requested for all other Participant/Trainee costs described.

Number of Participants/Trainees:

List the total number of proposed Participants/Trainees. Value cannot be greater than 999.

Total Participant/Trainee Support Costs:

This field is required if any data has been entered in "Section E. Participant/Trainee Support Costs." This total will be automatically calculated based on the sum of the Funds Requested column in "Section E. Participant/Trainee Support Costs."

F. Other Direct Costs

1. Materials and Supplies:

List the total funds requested for materials and supplies. In Section K or L. Budget Justification, indicate general categories such as glassware, chemicals, animal costs, etc., including an amount for each category. Categories with amounts less than $1,000 are not required to be itemized.

2. Publication Costs:

List the total funds requested for publication costs. The proposal budget may request funds for the costs of documenting, preparing, publishing, or otherwise making available to others, the findings and products of the work conducted under the award. Include supporting information in Section K or L. Budget Justification.

3. Consultant Services:

List the total funds requested for all consultant services. Identify the following items in Section K or L. Budget Justification, as applicable:

- each consultant, the services he/she will perform, total number of days, travel costs, and the total estimated costs;
- the names and organizational affiliations of all consultants, other than those involved in consortium/contractual arrangements;
- consulting physicians in connection with patient care; and
- persons who are confirmed to serve on external monitoring boards or advisory committees to the project. Describe the services to be performed.

4. Automatic Data Processing (ADP)/Computer Services:

List the total funds requested for ADP/computer services. The cost of computer services, including computer-based retrieval of scientific, technical, and education information may be requested. In Section K or L. Budget Justification, include the established computer service rates at the proposing organization, if applicable.

5. Subawards/Consortium/Contractual Costs:

List the total funds requested for:

1. all subaward/consortium organization(s) proposed for the project and
2. any other contractual costs proposed for the project.

This line item should include both direct and indirect costs for all subaward/consortium organizations.

Contractual costs for support services, such as laboratory testing of biological materials, clinical services, or data processing, are occasionally sufficiently high to warrant a categorical breakdown of costs. When this is the case, provide detailed information as part of Section K or L. Budget Justification.

NIH policy provides for exclusion of consortium/contractual F&A costs when determining if an applicant is in compliance with a direct cost limitation. However, you must include the full cost of consortium/subawards in this field. See the Supplemental Instructions, Part III, Section 1.1: Applications that Include Consortium/Contractual F&A Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

6. Equipment or Facility Rental/User Fees:

List the total funds requested for equipment or facility rental/user fees. In Section K or L. Budget Justification, identify and justify each rental user fee.

7. Alterations and Renovations:

List the total funds requested for alterations and renovations (A&R). In Section K or L. Budget Justification, itemize by category and justify the costs of alterations and renovations, including repairs, painting, and removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.

Under certain circumstances the public policy requirements that apply to construction activities may also apply to A&R activities. Refer to the NIH Grants Policy Statement, Section 10.10: Construction Grants – Public Policy Requirements and Objectives for more information.

> **Special Instructions for Foreign Organizations (Non-domestic [non-U.S. Entities]):** Minor A&R costs (≤$500,000) are allowable on applications from foreign organizations and domestic institutions with foreign components. When requesting minor A&R costs under this policy, please provide detailed information on the planned A&R in the budget justification.

8-10 Other:

Add descriptions for any “other” direct costs not requested above. Use Section K or L. Budget Justification to further itemize and justify.

List funds requested for each of the items in lines "8-10 Other.” Use lines 8-10 for costs such as patient care and tuition remission. If requesting patient care costs, request inpatient and outpatient costs separately, using lines 8 and 9.

Total Other Direct Costs:

This total will be automatically calculated based on the sum of the Funds Requested column in "Section F. Other Direct Cost."

G. Direct Costs

This total will be automatically calculated based on the sum of the Total funds requested for all direct costs (sections A-F).

H. Indirect Costs

Indirect costs (Facilities & Administrative [F&A] costs) are defined as costs that are incurred by a grantee for common or joint objectives and that, therefore, cannot be identified specifically with a particular project or program. See the NIH Glossary's definition of Indirect Costs.

For more information:

You are encouraged to visit the following Defense Finance and Accounting Services (DFAS) Websites or call DFAS staff at 301-496-2444 for guidance: Main DFAS website, DFAS Frequently Asked Questions. The following website has a listing of unallowable and unallocable costs and the related Federal Acquisition Regulation (FAR) citation for each: NIH Office of Management's Unallowable/Unallocable Costs.

Refer to the NIH Grants Policy Statement, Section 7.4: Reimbursement of Facilities and Administrative Costs for more information.

Special Instructions for Foreign Organizations (Non-domestic [non-U.S. Entities]): Foreign institutions and international organizations may request funds for limited F&A costs (8% of modified total direct costs less equipment) to support the costs of compliance with HHS and NIH requirements including, but not limited to, those related to the protection of human subjects, animal welfare, invention reporting, financial conflict of interest, and research misconduct. Foreign organizations may not include any charge-back of customs and import fees, such as consular fees, customs surtax, value-added taxes (VAT), and other related charges.

Indirect Cost Type:

Enter the type of indirect cost (e.g., Salary & Wages, Modified Total Direct Costs, etc.) and whether the cost is off-site. If more than one rate or base is involved for a given type of indirect cost, then list them as separate entries. If you do not have a current indirect (F&A) rate(s) approved by a federal agency, indicate “None--will negotiate” and include information for a proposed rate. Use Section K or L. Budget Justification if additional space is needed.

Indirect Cost Rate (%):

Enter the most recent indirect cost rate(s) established with the cognizant federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to the NIH awarding IC or to the PHS awarding office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency. This field should be entered using a rate such as “55.5.”

Indirect Cost Base ($):

Enter the amount of the base for each indirect cost type.

Funds Requested ($):

Enter the funds requested for each indirect cost type.

Total Indirect Costs:

This total will be automatically calculated from the "Funds Requested" column in "Section H. Indirect Cost."

Cognizant Federal Agency:

Enter the name of the cognizant Federal Agency and the name and phone number of the individual responsible for negotiating your rate (your point of contact). If no cognizant agency is known, enter "None."

I. Total Direct and Indirect Costs

This total will be automatically populated from the sum of Total Direct Costs (from Section G. Direct Cost) and the Total Indirect Costs (from Section H. Indirect Cost).

J. Fee

Do not include a fee in your budget, unless the FOA specifically allows inclusion of a "fee." If a fee is allowable, enter the requested fee.

K. Total Costs and Fee

This section is not available in all application packages.

This total will be automatically calculated from the sum of Total Direct Costs and Fee (from sections "I. Total Direct and Indirect Costs" and "J. Fee").

K or L. Budget Justification

The letter label ("K or L.") for the "Budget Justification" section will vary depending on the application package.

The "Budget Justification" attachment is required. Attach only one file.

Use the Budget Justification to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support, and other direct cost categories.

In addition to the justifications described in the above sections, also include a justification for any significant increases or decreases from the initial budget period. Justify budgets with more than a standard escalation from the initial to the future year(s) of support.

Also use the Budget Justification to explain any exclusions applied to the F&A base calculation.

If your application includes a subaward/consortium budget, a separate Budget Justification must be submitted. See T.310 - R&R Subaward Budget Attachment(s) Form.

Cumulative Budget

All values on this form are automatically calculated, and the fields are pre-populated. They present the summations of the amounts you entered previously, under Sections A through K, for

each of the individual budget periods. Therefore, no data entry is allowed or required to complete this “Cumulative Budget” section.

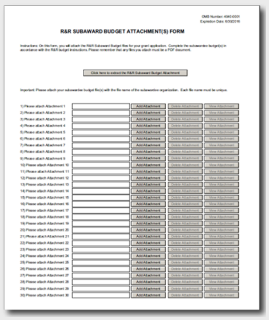
If any of the amounts displayed on this form appear to be incorrect, you may correct it by adjusting one or more of the values that contribute to that total. To make any such corrections, you will need to revisit the appropriate budget period form(s).

T.310 - R&R Subaward Budget Attachment(s) Form

The R&R Subaward Budget Attachment (s) Form is used for applications with a subaward or consortium.

This form is required only when the prime grantee is submitting an R&R Budget Form and has subaward/consortium budgets.

Applicants using the Modular Budget Form should see T.320 - Modular Budget Form for instructions concerning information on consortium budgets.



View larger image

Who should use the R&R Subaward Budget Attachment(s) Form?

The R&R Subaward Budget Attachment(s) Form is required if you have a subaward/consortium and are using the T.300 - R&R Budget Form.

Do not use this form if you are using the PHS Modular Budget Form or if you do not have a subaward/consortium.

Each consortium grantee organization that performs a substantive portion of the project must complete an R&R Subaward Budget Attachment, including the Budget Justification section.

Consortium/Contractual F&A Costs:

NIH policy provides for the exclusion of consortium/contractual F&A costs when determining if an applicant is in compliance with a direct cost limitation. However, you must include the full cost of subaward/consortium in the Subawards/Consortium Costs field (T.300 - R&R Budget Form, Section F. Other Direct Costs, Question 5). If a subaward/consortium is not performing a substantive portion of the project, they do not need to complete an R&R Subaward Budget Form; however, their costs must be included in the prime grantee's R&R Budget Form. All F&A costs count toward the direct cost limit.

Refer to the Supplemental Instructions, Part III, Section 1.1: Applications that Include Consortium/Contractual F&A Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

Applicants should document how their budget falls below the direct cost limit in their Budget Justification on the R&R Subaward Budget Form.

Note on Project Roles for Consortium Lead Investigators:

It is appropriate and expected that someone may serve as the consortium lead investigator responsible for ensuring proper conduct of the project or program at each subaward or consortium site.

Unless you are submitting your application under the multiple PD/PI policy, consortium lead investigators are NOT considered PD/PIs for the "Project Role" field. This individual should be assigned

some other project role on the T.300 - R&R Budget Form and in the T.240 – R&R Senior/Key Person Profile (Expanded) Form. However, the project role of "PD/PI" should be used for a consortium lead investigator if they also serve as PD/PI for the entire application under the multiple PD/PI policy.

Using the R&R Subaward Budget Attachment(s) Form:

The location of the R&R Subaward Budget Attachment(s) Form may vary with the type of submission (e.g., under an "Optional Forms" tab).

The steps needed to include a subaward budget in your application vary by submission method. If submitting using Grants.gov downloadable forms, the prime applicant can extract a copy of the R&R Budget Form from the R&R Subaward Budget Attachment(s) Form and send the extracted file to the consortium for completion. After the consortium completes the R&R Budget Form, following the instructions here and in T.300 – R&R Budget Form, the prime grantee must then upload the R&R Budget Form to the R&R Subaward Budget Attachment(s) Form.

For all submission methods, the R&R Budget Form with a "Budget Type" of Subaward/Consortium is used to collect subaward budget data. However, ASSIST and other system-to-system solutions may present a different interface than the R&R Subaward Budget Attachment Form shown here.

This form accommodates a set number of separate subaward budgets. If you need to add more subaward budgets than the form allows, include the remaining budgets as part of Budget Justification in T.300 – R&R Budget Form.

Regardless of how many subaward budgets you include, the sum of all subaward budgets (those attached within the R&R Subaward Budget Attachment(s) Form and those provided as part of the project budget's Budget Justification), must be included in T.300 - R&R Budget Form, Section F. Other Direct Costs, Question 5. Subawards/Consortium/Contractual Costs of the project budget.

Format:

All attachments, including all Subaward Budget Forms and Budget Justifications, must be PDF files. The R&R Budget Forms are already PDFs when extracted. Do not alter the format.

Content:

On this R&R Subaward Budget Attachment(s) Form, you will attach the R&R Subaward Budget files for your application. Each consortium should complete the Subaward Budget(s) in accordance with the T.300 - R&R Budget Form instructions.

Submitting Subaward Budgets that are not Active for all Periods of the Prime Grant:

The R&R Budget Forms do not allow for "empty" budget periods.

Subaward/consortiums organizations should complete all budget periods in the R&R Subaward Budget Form for their subaward budgets, aligning the budget period numbers, start dates, and end dates with the budget periods of the prime grant.

Example: The prime fills out an R&R Budget Form with the following periods:

- period 1 - Jan 1, 2017 – Dec 31, 2017
- period 2 - Jan 1, 2018 – Dec 31, 2018
- period 3 - Jan 1, 2019 – Dec 31, 2019
- period 4 - Jan 1, 2020 – Dec 31, 2020
- period 5 - Jan 1, 2021 – Dec 31, 2021

The budget period numbers and dates should be the same in all the R&R Subaward Budget Forms included in the R&R Subaward Budget Attachment(s) Form.

The R&R Subaward Budget Forms include several required fields which must be completed (even for inactive periods) in order to successfully submit the application. Provide the following information for inactive budget periods in subaward/consortium budgets:

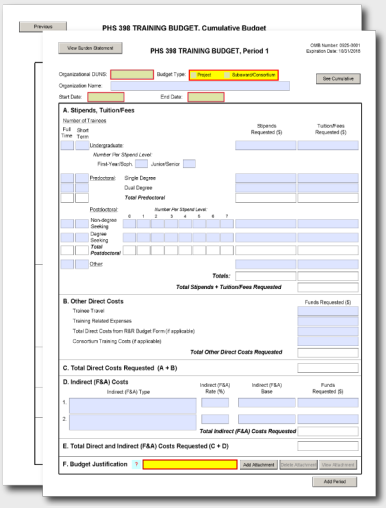
- Organization DUNS
- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- In Question "A: Senior/Key Person," provide a single entry including the following:
    - PD/PI or subaward lead First and Last names
    - Project Role (may default to PD/PI; can be adjusted as needed)
    - Calendar Months = .01 (smallest amount effort allowed in the field)
    - Requested Salary = $0
    - Fringe Benefits = $0
- Explanation of the inactive budget periods in the Budget Justification of the subaward/consortium's R&R Subaward Budget Form

T.330 - PHS 398 Training Budget Form

The PHS 398 Training Budget Form is used only for Training applications (e.g., T15, T32, T34, T35, T36, T90), and Multi-project applications with a training component.

The PHS 398 Training Budget Form is not applicable for the K12, T37, D43, D71, or U2R activity codes. Applicants to these activity codes should follow the instructions for the R&R Budget Form and the instructions in the FOA (if applicable).

For current stipend levels and allowable costs, refer to the relevant FOA, NIH's Research Training & Career Development website, or consult the PHS awarding component.



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Quick Links

- Introductory Fields
- A. Stipends, Tuition/Fees
- B. Other Direct Costs
- C. Total Direct Costs Requested (A+B)
- D. Indirect (F&A) Costs
- E. Total Direct and Indirect (F&A) Costs Requested (C+D)
- F. Budget Justification
- Cumulative Budget

Who should use the PHS 398 Training Budget Form?

Use this form if you will be submitting certain types of Training Applications (e.g., T15, T32, T34, T35, T36, or T90), regardless of the amount of the requested budget.

If you are requesting a budget with $500,000 or more in direct costs for any budget period, contact the awarding component to determine whether you must obtain prior approval before submitting the application. Some NIH Institutes/Centers (IC) do not require prior approval. For more information on applications that request $500,000 or more in direct costs, see the Supplemental Instructions, Part III, Section 1.4: Policy on the Acceptance for Review of Unsolicited Applications that Request $500,000 or More in Direct Costs.

Certain types of Training Applications, such as K12, T37, D43, D71, and U2R, do not use the PHS 398 Training Budget Form. These applications use the R&R Budget Form.

Note on Subawards/Consortiums: If you have a subaward/consortium, you must use the PHS 398 Training Subaward Budget Attachment(s) Form in conjunction with the PHS 398 Training Budget

Form. The prime must extract the PHS 398 Training Subaward Budgets from the PHS 398 Training Subaward Budget Attachment(s) Form and send the extracted file to the subaward/consortium. The consortium should complete the PHS 398 Training Subaward Budget, following the instructions here and in T.340 – PHS 398 Training Subaward Budget Attachment(s) Form.

Using the PHS 398 Training Budget Form:

You must complete a separate training budget for each budget period requested. The form will generate a cumulative budget for the total project period. If no funds are requested for a required field, leave the field blank.

You must round to the nearest whole dollar amount in all dollar fields.

Introductory Fields

Organizational DUNS:

This field is required. This field may be pre-populated from the SF 424 (R&R) Form and should reflect the DUNS or DUNS+4 number of the applicant organization.

Budget Type:

This field is required. Check the appropriate box for your budget type, following these guidelines.

Project: The budget being requested is for the primary applicant organization.

Subaward/Consortium: The budget being requested is for the subaward/consortium organization(s). Note, separate budgets are required only for subaward/consortium organizations that perform a substantive portion of the project.

If you are preparing an application that includes a subaward/consortium, in addition to completing this form, also see T.340 – PHS 398 Training Subaward Budget Attachment(s) Form.

Organization Name:

This field may be pre-populated from the T.200 - SF 424 (R&R) Form.

Start Date:

This field is required and may be pre-populated from the T.200 - SF 424 (R&R) Form. Enter the requested/proposed start date of the budget period. For period 1, the start date is typically the same as the Proposed Project Start Date on the SF 424 (R&R) Form.

End Date:

This field is required. Enter the requested/proposed end date of the budget period.

A. Stipends, Tuition/Fees

Number of Trainees

Enter the number of trainees for each category (undergraduate, predoctoral, postdoctoral, and other), distinguishing between full-time training positions (i.e., a full year of training) and short term trainees.

Note that some programs do not allow all categories of trainees (e.g., undergraduates are not eligible for T32 applications). Refer to your FOA regarding the eligible types of trainees for your specific application.

- For undergraduate trainees: list separately the number that will be at the First-Year/Sophomore stipend level and the number that will be at the Junior/Senior stipend level in the boxes provided.
- For predoctoral trainees: list separately the number that will be pursuing single degrees and the number that will be pursuing dual degrees in the boxes provided. The "Total Predoctoral" fields will be automatically calculated.
- For postdoctoral trainees: list separately the number that are non-degree seeking and the number that are degree seeking in the boxes provided. If a category (non-degree seeking or degree seeking) contains various stipend levels (e.g., for varying levels of postdoctoral experience or for varying appointment periods), itemize the number of postdoctoral trainees by stipend level in the boxes provided. The "Total Postdoctoral" fields will be automatically calculated.

Stipends Requested ($)

Enter the **total** stipend amount requested for each trainee type.

For current stipend levels and allowable costs, refer to the FOA or consult the PHS awarding component. For more information, see the NIH's Research Training and Career Development website.

The "Total Stipends Requested" field will be automatically calculated.

Tuition/Fees Requested ($)

Enter the **total** tuition/fees requested for each trainee type.

See the NIH Guide Notice on the Ruth L. Kirschstein National Research Service Award Policy and the NIH Grants Policy Statement, Section 11.3.8: Allowable and Unallowable Costs for NIH policy regarding payment of tuition and fees.

Tuition at the postdoctoral level is limited to that required for specified courses that are to be described in Section F. Budget Justification.

The "Total Tuition/Fees Requested" field will be automatically calculated.

See the Training Related Expenses section below. You should request full needs for tuition and fees. The awarding component will determine the amount of tuition and fees to be provided according to the policies current at the time of award. The formula currently in effect (see the NIH Guide Notice on the Ruth L. Kirschstein National Research Service Award Policy) will be applied by the NIH awarding component at the time an award is calculated. Do not include health insurance in the tuition/fees fields.

Total Stipends + Tuition/Fees Requested

This total will be automatically calculated.

B. Other Direct Costs

Enter the total funds requested for Trainee Travel, Training Related Expenses (TRE), Total Direct Costs from the R&R Budget Form (if applicable), and Consortium Training Costs (if applicable).

Trainee Travel

Enter the total funds requested for trainee travel in the "Trainee Travel" field.

Some NIH awarding components provide a pre-determined amount for travel for each full time trainee. Refer to the FOA and/or contact the awarding component to determine the amount provided for travel and enter it here. If the awarding component does not provide a pre-determined amount, enter the requested amount here and provide an explanation in Section F. Budget Justification, stating the purpose of any travel, giving the number of trips involved, the destinations, and the number of trainees for whom funds are requested. PHS policy requires coach class air travel be used. Justify any foreign travel in detail, describing its importance to the training experience.

Training Related Expenses

Enter the total funds requested for TRE. You must base your requested amount on the number of trainees at the predetermined rate.

Funds to defray other costs of training, such as health insurance, staff salaries, consultant costs, equipment, research supplies, staff travel, etc., are requested as a lump sum based on the amounts specified in the FOA and in the NIH Grants Policy Statement, Section 11.3.8.4: Training-Related Expenses for each predoctoral and postdoctoral trainee.

Health insurance may be covered by TRE only to the extent that the same health insurance fees are charged to non-federally-supported students and postdoctoral fellows.

TRE will be awarded as a lump sum. No further itemization or explanation is required in Section F. Budget Justification.

The awarding component will apply the TRE level established for NRSA Institutional programs for the relevant fiscal year at the time of award.

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

Certain FOAs allow funds to cover direct costs for items other than those specified above. Use the R&R Budget Form to submit those costs. The Total Direct Costs from the R&R Budget Form (T.300 - R&R Budget Form, Section G. Direct Costs) should be inserted here. This line should not include any indirect costs.

Consortium Training Costs (if applicable)

If training occurs at more than one institution and there is a transfer of funds between organizations, you must complete the T.340 - PHS 398 Training Subaward Budget Attachment(s) Form. Total the direct costs from the Training Subaward Budget Attachment Forms and insert the total here. The applicant institution is responsible and accountable for any arrangements, expenditures, and submission of all required application forms when more than one institution is involved in the research training program.

Total Other Direct Costs Requested

This total will be automatically calculated based on the sum of the funds requested in "B. Other Direct Costs."

C. Total Direct Costs Requested (A+B)

This total will be automatically calculated based on the sum of the funds requested in both "A. Stipends, Tuition/Fees" and "B. Other Direct Costs."

D. Indirect (F&A) Costs

Indirect costs (Facilities & Administrative [F&A] costs) are defined as costs that are incurred by a grantee for common or joint objectives and that, therefore, cannot be identified specifically with a particular project or program. See the NIH Glossary's definition of Indirect Costs.

Equipment and consortium costs are also excluded from the F&A costs on those training grants where TRE are not calculated and awarded on a lump-sum basis, such as the Maximizing Access to Research Careers Program (MARC).

State and local government agencies will receive the full F&A cost rate.

For more information:

You are encouraged to visit the following Defense Finance and Accounting Services (DFAS) Websites or call DFAS staff at 301-496-2444 for guidance: Main DFAS website, DFAS Frequently Asked Questions. The following website has a listing of unallowable and unallocable costs and the related Federal Acquisition Regulation (FAR) citation for each: NIH Office of Management's Unallowable/Unallocate Cost.

Indirect (F&A) Type:

Enter "F&A."

Indirect (F&A) Rate (%):

Enter "8."

Facilities and Administrative (F&A) costs under Institutional Kirschstein-NRSAs, other than those issued to U.S., state, or local government agencies, will be awarded at 8%.

State and local government agencies should enter their full F&A cost rate.

Indirect (F&A) Base ($):

Enter the sum of the stipends and the Total Other Direct Costs requested, regardless of whether those direct costs were listed on the PHS 398 Training Budget Form or on the R&R Budget Form. Indirect costs are not paid on Tuition/Fees, equipment, or sub-grants and contracts in excess of $25,000.

Funds Requested ($):

Enter the product of Indirect (F&A) Rate and the Indirect (F&A) Base. Refer to the NIH Grants Policy Statement, Section 7.4: Reimbursement of Facilities and Administrative Costs for more information.

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

This total will be automatically calculated based on the sum of the "C. Total Direct Costs Requested" and "D. Total Indirect (F&A) Costs Requested" fields.

F. Budget Justification

A Budget Justification attachment is required.

Attach one file for the entire project period.

Explain in detail the composition of any of the above costs, as necessary, according to the guidelines listed here:

- Itemize tuition and individual fees. If tuition varies, (e.g., in-state, out-of-state, student status) list these separately.
- If tuition is requested for postdoctoral trainees, the specific courses must be described.
- If the awarding component does not provide a pre-determined amount for travel for each full time trainee, state the purpose of any travel, indicating the expected number of trips involved, the likely destinations, and the number of trainees for whom funds are requested, bearing in mind that PHS policy requires coach class air travel be used.
- Any foreign travel must be justified in detail. Describe its importance to the training experience and how those opportunities differ from and complement those offered by the grantee institution. Also describe the relationship of the proposed off-site training experience to the career stage of the grantee.
- Justify the number of training slots (e.g., predoctoral and/or postdoctoral) requested. For postdoctoral training slots, justify the stipend levels requested.

Note for Applicants Using both the PHS 398 Training Budget Form and the R&R Budget Form: Generally, the Budget Justification included in the PHS 398 Training Budget Form should reflect only funds requested on the PHS 398 Training Budget Form. When the R&R Budget Form is also used, two separate Budget Justifications are required, each covering the costs requested in the respective Budget Form.

PHS 398 Training Budget, Cumulative Budget

All values on this form are automatically calculated, and the fields are pre-populated. They present the summations of the amounts you entered previously for each of the individual budget periods. Therefore, no data entry is allowed or required to complete the “Cumulative Budget” section.

If any of the amounts displayed on this form appear to be incorrect, you may correct it by adjusting one or more of the values that contribute to that total. To make any such corrections, you will need to revisit the appropriate budget period form(s).

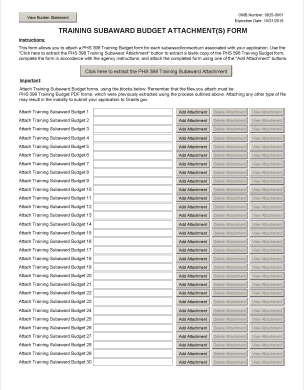
T.340 - PHS 398 Training Subaward Budget Attachment(s) Form

The PHS 398 Training Subaward Budget Attachment (s) Form is used for applications with a subaward or consortium.

This form is required only when the prime grantee is submitting a PHS 398 Training Budget Form and has subaward/consortium budgets.

Applicants using the R&R Budget Form should see T.300 - R&R Budget Form.

View larger image


View Budget Statement

OMB Number: 0925-0001
Expiration Date: 10/31/2016

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

This form allows you to attach a PHS 398 Training Budget form for each subaward/consortium associated with your application. Use the "Click here to extract the PHS 398 Training Subaward Attachment" button to extract a blank copy of the PHS 398 Training Budget form, complete the form in accordance with the agency instructions, and attach the completed form using one of the "Add Attachment" buttons.

Click here to extract the PHS 398 Training Subaward Attachment

Important

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

Attach Training Subaward Budget 1		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 2		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 3		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 4		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 5		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 6		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 7		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 8		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 9		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 10		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 11		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 12		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 13		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 14		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 15		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 16		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 17		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 18		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 19		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 20		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 21		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 22		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 23		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 24		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 25		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 26		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 27		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 28		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 29		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 30		Add Attachment	Delete Attachment	View Attachment

Who should use the PHS 398 Training Subaward Budget Attachment (s) Form?

The PHS 398 Training Subaward Budget Attachment(s) Form is required if you have a subaward/consortium and are using the PHS 398 Training Budget Form.

Do not use this form if you do not have a subaward/consortium.

Each subaward/consortium that performs a substantive portion of the project must complete a Training Subaward Budget, including the Budget Justification section. For most programs, this is not common but is usually encountered when a portion of the training program takes place at a site other than the applicant organization via a collaborative or consortium arrangement. In such situations, the applicant organization is responsible and accountable for acceptable training arrangements, expenditure of funds, and submission of all required forms.

Consortium/Contractual F&A Costs:

NIH policy provides for the exclusion of consortium/contractual F&A costs when determining if an applicant is in compliance with a direct cost limitation. However, you must include the full cost of consortium/subawards in the Subawards/Consortium Costs field. If a subaward/consortium is not performing a substantive portion of the project, they do not need to complete a Training Subaward Budget; however, their costs must be included in the prime grantee's Training Budget Form. All F&A costs count toward the direct cost limit.

See the Supplemental Instructions, Part III, Section 1.1: Applications that Include a Consortium/Contractual Facilities and Administrative Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

Applicants should document how their budget falls below the direct cost limit in the Budget Justification of the Training Subaward Budget.

Note on Project Roles for Consortium Lead Investigators:

It is appropriate and expected that someone may serve as the consortium lead investigator responsible for ensuring proper conduct of the project or program at each subaward or consortium site.

Unless you are submitting your application under the multiple PD/PI policy, consortium lead investigators are NOT considered PD/PIs for the "Project Role" field. This individual should be assigned some other project role on the PHS 398 Training Budget Form and in the T.240 – R&R Senior/Key Person Profile (Expanded) Form. However, the project role of "PD/PI" should be used for a consortium lead investigator if they also serve as PD/PI for the entire application under the multiple PD/PI policy.

Using the PHS 398 Training Subaward Budget Attachment(s) Form:

The location of the PHS 398 Training Subaward Budget Attachment(s) Form may vary with the type of submission (e.g., under an "Optional Forms" tab).

The steps needed to include a subaward budget in your application vary by submission method. If submitting using Grants.gov downloadable forms, the prime applicant can extract a copy of the Training Subaward Budget Form from the Training Subaward Budget Attachment(s) Form and send the extracted file to the consortium for completion. After the consortium completes the Training Subaward Budget Form, following the instructions here and in T.330 – PHS 398 Training Budget Form, the prime grantee must then upload all the Training Subaward Budget Forms to the Training Subaward Budget Attachment(s) Form.

For all submission methods, the Training Subaward Budget Form with a "Budget Type" of Subaward/Consortium is used to collect subaward budget data. However, ASSIST and other system-to-system solutions may present a different interface than the Training Subaward Budget Attachment Form shown here.

This form accommodates a set number of separate subaward budgets. If you need to add more subaward budgets than the form allows, include the remaining budgets as part of the "Section F. Budget Justification" of the project budget.

Regardless of how many subaward/consortium budgets you include, the sum of ALL subaward/consortium budgets (those attached within the PHS 398 Training Subaward Budget Attachment(s) Form and those provided as part of the parent budget's Budget Justification), must be included in the T.330 - PHS 398 Training Budget, Part B. Consortium Training Costs.

Format:

All attachments, including all Training Subaward Budget Forms and all Budget Justifications, must be PDF files. The Training Budget Forms are already PDFs when extracted. Do not alter the format.

Content:

On this PHS 398 Training Subaward Budget Attachment(s) Form, you will attach the Training Subaward Budget files for your application. Each subaward/consortium will complete the Subaward Budget in accordance with the T.330 - PHS 398 Training Budget Form instructions.

Submitting Subaward Budgets that are not Active for all Periods of the Prime Grant:

The Training Budget Forms do not allow for "empty" budget periods.

Subaward/consortium organizations should complete all budget periods in the Training Subaward Budget Form for their subaward budgets, aligning the budget period numbers, start dates, and end dates with the budget periods of the prime grant.

Example: The prime fills out a PHS 398 Training Budget Form with the following periods:

- period 1 - Jan 1, 2017 – Dec 31, 2017
- period 2 - Jan 1, 2018 – Dec 31, 2018
- period 3 - Jan 1, 2019 – Dec 31, 2019
- period 4 - Jan 1, 2020 – Dec 31, 2020
- period 5 - Jan 1, 2021 – Dec 31, 2021

The budget period numbers and dates should be the same in all Training Subaward Budgets included in the PHS 398 Training Subaward Budget Attachment(s) Form.

The PHS 398 Training Subaward Budget Forms include several required fields which must be completed (even for inactive periods) in order to successfully submit the application. Provide the following information for inactive budget periods in subaward/consortium budgets:

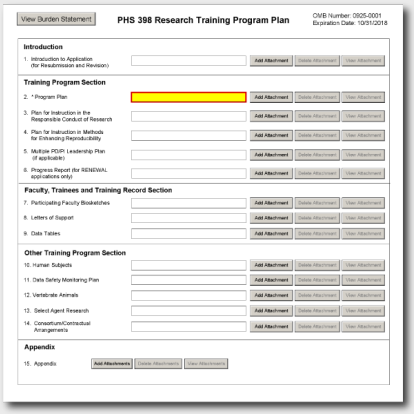
- Organization DUNS
- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- Explanation of the inactive budget periods in the Budget Justification (of the subaward/consortium's Training Subaward Budget)

T.420 - PHS 398 Research Training Program Plan Form

The PHS 398 Research Training Program Plan Form is used only for Training applications and Multi-project applications with a "NRSA Training" Component.

This form includes fields to upload several attachments including the Program Plan, Faculty Biosketches, and Data Tables.

The attachments in this form should include sufficient information needed for evaluation of the training plan, independent of any other document (e.g., previous application). Be specific and informative, and avoid redundancies.



View larger image

Quick Links

1. Introduction to Application (for Resubmission and Revision)
2. Program Plan
3. Plan for Instruction in the Responsible Conduct of Research
4. Plan for Instruction in Methods for Enhancing Reproducibility
5. Multiple PD/PI Leadership Plan (if applicable)
6. Progress Report (for RENEWAL Applications Only)
7. Participating Faculty Biosketches
8. Letters of Support
9. Data Tables
10. Human Subjects
11. Data Safety Monitoring Plan
12. Vertebrate Animals
13. Select Agent Research
14. Consortium and Contractual Arrangements
15. Appendix

Who should use the PHS 398 Research Training Program Plan Form:

Use the PHS 398 Research Training Program Plan Form only if you are submitting a training application or a multi-project application that has an "NRSA Training" Component.

Read all the instructions in the FOA before completing this section to ensure that your application meets all IC-specific criteria.

Note on required tables: The instructions for the required Data Tables (1-8) are located on the NIH's Data Tables page. Please read the "Introduction to Data Tables" before beginning to prepare your data tables. The Introduction to Data Tables includes important definitions that should be used consistently both in the "Data Tables" attachment of your application and in all other parts of the application. The Data Tables must be included in the "Data Tables" attachment to avoid being counted against the page limits of other attachments.

Note on non-required tables: Additional tables (i.e., those that are generated by the applicant or not required by the FOA) should be identified by letter, rather than number, to avoid confusion with the sequentially numbered required tables.

Applicants must follow all policies and requirements related to proprietary information, page limits and formatting. See the following pages for more information:

- Format Attachments
- Page Limits
- NIH Grants Policy Statement, Section 2.3.11.2: Confidentiality of Information
- NIH Grants Policy Statement, Section 2.3.11.2.2: The Freedom of Information Act

Introduction

1. Introduction to Application (for Resubmission and Revision)

Who must complete the "Introduction to Application" attachment:

An "Introduction to Application" attachment is required only if the type of application is resubmission or revision or if the FOA specifies that one is needed. An introduction is not allowed for new or renewal applications.

Descriptions of different types of applications are listed here: NIH Types of Applications.

Format:

Follow the page limits for the Introduction in the NIH Table of Page Limits unless otherwise specified in the FOA. Note that page limits for the Introduction may differ based on the type of application (i.e., resubmission or revision).

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Resubmission Applications: See specific instructions on the content of the Introduction on the NIH's Resubmission Applications page.

Competing Revision Applications: See specific instructions on the content of the Introduction on the NIH's Competing Revisions page.

Training Program Section

2. Program Plan

Who must complete the "Program Plan" attachment:

The "Program Plan" attachment is required.

Format:

Follow the page limits for the Program Plan in the NIH Table of Page Limits unless otherwise specified in the FOA. The Program Plan (including sections "A. Background;" "B. Program Plan;" and "C. Recruitment Plan to Enhance Diversity," when applicable) must fit within the Program Plan page limit unless otherwise specified in the FOA.

Note that Data Tables may be referred to or summarized in this section; however, the actual tables are not to be included in this attachment.

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Organize the Program Plan attachment in the specified order and use the instructions provided below unless otherwise specified in the FOA. Start each section with the appropriate heading – Background, Program Plan, and Recruitment Plan to Enhance Diversity. In addition, start each subsection of the Program Plan with the appropriate subheading.

Check the FOA and the instructions for the Data Tables to determine which tables should be included in the application and discussed in the Program Plan subsection.

A. Background

Provide the rationale for the proposed research training program, the relevant background history, and the need for the proposed research training.

Indicate how the proposed program relates to current training activities at the applicant institution.

Summarize the research training activities of the major participating unit(s) and department(s) represented in the proposed program.

If required, complete Tables 1-3 (these tables will be included in the Data Tables attachment), and summarize the data here using the guidance below. In your narrative, refer to specific tables as applicable.

Table 1. Census of Participating Departments and Interdepartmental Programs: Describe the organization of the proposed training program, the participating departments and interdepartmental programs, and the extent to which faculty, graduate students, and/or postdoctorates from those departments/interdepartmental programs participate in the programmatic activities to be supported by the training grant.

Table 2. Participating Faculty Members: Describe the distribution of participating faculty by academic rank, department or interdepartmental program, areas of research emphasis, and the rationale for the faculty selected to participate in the training grant. Analyze the data in terms of the overall experience of the faculty in training predoctorates and/or postdoctorates. Comment on the inclusion of faculty whose mentoring records may

suggest limited, recent training experience at either training level (predoctoral or postdoctoral).

Table 3. Federal Institutional Research Training Grant and Related Support Available to Participating Faculty Members: Summarize the level of research training support at the institution. Comment on instances where the tabular data indicate that there may be substantial overlap of participating faculty.

B. Program Plan

Note: Applicants for institutional career development awards (e.g., K12) must complete a Research Career Development Program Plan instead of the Training Program Plan. Refer to specific instructions in the FOA.

a. Program Administration

Program Director information: Describe the program director's qualifications for providing leadership of the program, including relevant scientific background, current research areas, and experience in research training. Indicate the program director's percent effort in the proposed program.

Administrative information: Describe the administrative structure of the program and the distribution of responsibilities within it, including the means by which the program director will obtain continuing advice with respect to the operation of the program.

> **Special Instructions for Multiple PD/PI:** If multiple PD/PIs are proposed, explain in this section your rationale for how this will facilitate program administration. In addition, you must complete the Multiple PD/PI Leadership Plan attachment in this form.

b. Program Faculty

Referring to the data presented in Table 2. Participating Faculty Members, describe each faculty member's research that is relevant to the program and indicate how trainees will participate in the research. Provide information on the extent to which participating faculty members have cooperated, interacted, and collaborated in the past, including joint publications and joint sponsorship of student research.

Use this section to document the ability of the faculty to support the research activities of the proposed trainees, the training record of the participating faculty members, and the success of their trainees in generating publishable research results. For any proposed participating faculty (i.e., program faculty) members lacking research training experience, describe a plan to ensure that they will successfully guide trainees. Describe the criteria used to appoint and remove faculty as program faculty and to evaluate their participation.

If required, complete Tables 4-5 (these Tables will be included in the Data Tables attachment), and summarize the data here using the guidance below. In your narrative, refer to specific tables, as applicable.

Table 4. Research Support of Participating Faculty Members: Analyze the data in terms of total and average grant support. Additionally, comment on the inclusion of faculty without research grant support and explain how the research of trainees who may work with these faculty members would be supported.

Table 5A-C. Publications of Those in Training: Summarize these data, including, for example, the average number of publications, and how many students have published their work. For pre- and postdoctoral training programs, indicate how many trainees are

published as first author, and how many completed their doctoral or postdoctoral training without any first-author publication.

Note for New Applications and/or if required by the FOA: If you do not have current trainees but still must include Table 5, list publications for trainees who are representative of those who would be appointed if the grant is awarded.

c. Proposed Training

Describe the proposed training program. Indicate the training level(s) and number of trainees, the academic and research background needed to pursue the proposed training, and, as appropriate, plans to accommodate differences in preparation among trainees. For postdoctoral trainees, indicate the proposed distribution by degree (e.g., M.D., Ph.D.). Describe course work, research opportunities and the extent to which trainees will participate directly in research, activities designed to develop technical and/or professional skills, and the duration of training, i.e., usual period of time required to complete the training offered.

For multi-disciplinary and/or multi-departmental programs, indicate how the individual disciplinary and/or departmental components of the program are integrated and coordinated and how they will relate to an individual trainee's experience.

For training programs that emphasize research training for clinicians, describe the interactions with basic science departments and scientists. Include plans for ensuring that the training of these individuals will provide a substantive foundation for a competitive research career. Generally, a minimum of 2 years of research training is expected for all postdoctoral trainees with health professional degrees. Describe fully any trainee’s access to and responsibility for patients, including time commitment.

Provide representative examples of programs for individual trainees. Include curricula, degree requirements, didactic courses, laboratory experiences, qualifying examinations, and other training activities, such as seminars, journal clubs, etc. Describe how the mentor and research areas are chosen, how each trainee's program will be guided, and how the trainee's performance will be monitored and evaluated. Include detailed mentoring plans as appropriate.

d. Training Program Evaluation

Describe an evaluation plan to review and determine the quality and effectiveness of the training program. This should include plans to obtain feedback from current and former trainees to help identify weaknesses in the training program and to provide suggestions for program improvements. Specified evaluation metrics should be tied to the goals of the program. In addition, describe plans for assessing the career development and progression of trainees, including publications, degree completion, and post-training positions.

Renewal Applications: Discuss evaluation results, and indicate whether the program has been modified as a result.

e. Trainee Candidates

Describe, in general terms, the size and qualifications of the pool of trainee candidates, including information about the types of prior clinical and research training and the career level required for the program. Describe specific plans to recruit candidates and explain how these plans will be implemented (see also "Section C. Recruitment Plan to Enhance Diversity" within the Program Plan). Describe the nomination and selection process to be used to select candidates who will be offered admission to the program and criteria for trainees’ reappointment to the program.

If required, complete Tables 6A and/or 6B (these Tables will be included in the Data Tables attachment), and summarize the data here using the guidance below. In your narrative, refer to specific tables as applicable.

Tables 6A and/or 6B. Applicants, Entrants, and their Characteristics for the Past Five Years (Predoctoral and Postdoctoral). Summarize the data in terms of the overall numbers of potential trainees, their credentials, their characteristics, their eligibility for support, and enrollment trends.

f. Institutional Environment and Commitment to Training

Include information in the application that documents the support and commitment of the applicant organization and participating units and departments to the goals of the proposed program. This could include, for example, space, shared laboratory facilities and equipment, funds for curriculum development, release time for the PD/PI and participating faculty, support for additional trainees in the program, or any other creative ways to improve the environment for the establishment and growth of the research training program.

Include a signed letter, on institutional letterhead, that describes the applicant organization's commitment to the planned program (see instructions in the Letters of Support section). Institutions with ongoing research training, student development, or career development programs that receive external funding should explain what distinguishes the proposed program from existing ones at the same trainee level; how the programs will synergize, if applicable; whether trainees are expected to transition from one support program to another; and how the training faculty, pool of potential trainees, and resources are sufficiently robust to support the proposed program in addition to existing ones.

g. Qualifications of Trainee Candidates and Admissions and Completion Records

Describe the ability of the participating departments/programs to recruit and retain trainees through the completion of their training, the selectivity of the admissions process, and the success of the departments/programs in recruiting individuals from diverse backgrounds (see also Section C. Recruitment Plan to Enhance Diversity within the Program Plan).

Discuss the quality and depth of the applicant pools, including both training-grant eligible and non-training-grant eligible individuals, the competitiveness of the program, and the charactersitics of current program participants, referring to the data in Tables 6A and/or 6B, as applicable.

Use all of this information to justify the number of positions requested.

If required, complete Tables 7-8 (these Tables will be included in the Data Tables attachment) and summarize the data using the guidance below. In your narrative, refer to specific tables as applicable.

Table 7. Appointments to the Training Grant for Each Year of the Current Project Period: Describe the utilization of awarded training positions. If any trainee positions were not filled, if any trainees terminated early, or if the distribution of appointed positions differs from the distribution of awarded positions, provide an explanation.

Table 8A-D. Program Outcomes: Referring to relevant components of Table 8 (e.g. 8A, 8B, 8C and/or 8D, as appropriate), describe how training positions are used (i.e., distribution by mentor, year in program, years of support per trainee), and the success of the program in achieving its training objectives. For those who have completed their training, describe the extent of their current involvement in research, including research grant support received subsequent to completion of the training program.

Renewal applications: Discuss the selectivity of appointments to the training grant, and if any postdoctoral trainee with a health professional degree was appointed to a Kirschstein-NRSA training grant for less than 2 years of research training, explain why.

C. Recruitment Plan to Enhance Diversity

Who must complete the "Recruitment Plan to Enhance Diversity:"

A Recruitment Plan to Enhance Diversity is required for all training grant activity codes **except** T34, T36, U2R, and all D-series activity codes. All other applications without a Recruitment Plan to Enhance Diversity will be considered incomplete and will not be reviewed.

Content:

History and Achievements

Describe efforts to recruit trainees from Diversity Groups A and B, as well as group C (when applicable), into the existing training program. Refer to Supplemental Instructions, Part III, Section 1.19: Recruitment Plan to Enhance Diversity for the descriptions of Diversity Groups. As applicable, refer to the data presented in Tables 6 and 7. Use these data to document the program's past record of recruiting trainees who are underrepresented and to provide information on their support.

Proposed plans

Describe steps to be taken during the proposed award period to identify and recruit graduate students and postdoctorates from Diversity Groups A and B, as well as group C (when applicable). Refer to Supplemental Instructions, Part III, Section 1.19: Recruitment Plan to Enhance Diversity for the descriptions of Diversity Groups. Consider the success and/or failures of recruitment strategies used in the past. In particular, describe the specific efforts to be undertaken by the training program and how these might relate to the recruitment efforts of the medical school, graduate school, and/or the university at large. In most cases, centralized institutional efforts alone will not satisfy the requirement to recruit individuals from underrepresented groups, and training grant faculty are expected to be actively involved in recruitment efforts.

New Applications: Include a description of plans to enhance recruitment, including the strategies that will be used to enhance the recruitment of trainees from underrepresented backgrounds.

Renewal Applications: Include a detailed account of experiences in recruiting individuals from underrepresented groups during the previous funding period, including successful and unsuccessful recruitment strategies. Information should be included on how the proposed plan reflects the program's past experiences in recruiting individuals from underrepresented groups.

For more information:

Refer to Supplemental Instructions, Part III, Section 1.19: Recruitment Plan to Enhance Diversity.

3. Plan for Instruction in the Responsible Conduct of Research

Who must complete the "Plan for Instruction in the Responsible Conduct of Research" attachment:

A "Plan for Instruction in the Responsible Conduct of Research (RCR)" attachment is required for all training grant activity codes except T36, unless otherwise noted in the FOA. Applications

lacking a Plan for Instruction in RCR will not be reviewed.

Format:

Follow the page limits for the Plan for Instruction in the Responsible Conduct of Research in the NIH Table of Page Limits unless otherwise specified in the FOA.

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

The plan must address the five required instructional components outlined in the NIH Policy on Instruction in RCR, as more fully described in the Supplemental Instructions, Part III, Section 1.16: Policy on Instruction in the Responsible Conduct of Research:

1. **Format:** Describe the required format of instruction, i.e., face-to-face lectures, coursework, and/or real-time discussion groups. A plan with only on-line instruction is not acceptable.
2. **Subject Matter:** Describe the breadth of subject matter, e.g., conflict of interest, authorship, data management, human subjects and animal use, laboratory safety, research misconduct, and research ethics.
3. **Faculty Participation:** Describe the roles of mentor(s) and other faculty involvement in the instruction.
4. **Duration of Instruction:** Describe the total number of contact hours of instruction.
5. **Frequency of Instruction:** Instruction must occur during each career stage and at least once every four years. Document any prior instruction during the applicant's current career stage, including the inclusive dates instruction was last completed.

The plan must also describe how participation in RCR instruction will be monitored.

Renewal Applications: Describe any changes in formal instruction over the past project period and plans for the future that address any weaknesses in the current RCR instruction. All training faculty who served as course directors, speakers, lecturers, and/or discussion leaders during the past project period must be named in the application.

For more information:

See the Supplemental Instructions, Part III, Section 1.16: Policy on Instruction in the Responsible Conduct of Research.

See the NIH Guide Notices

- Submission of Plans for Instruction in the Responsible Conduct of Research for T and D Applications,
- Submission of Plans for Instruction in the Responsible Conduct of Research for T32 Applications, and
- Requirement for Instruction in the Responsible Conduct of Research .

4. Plan for Instruction in Methods for Enhancing Reproducibility

Do not submit a "Plan for Instruction in Methods for Enhancing Reproducibility" attachment unless it is specifically required in the FOA.

5. Multiple PD/PI Leadership Plan (if applicable)

Who must complete the "Multiple PD/PI Leadership Plan" attachment:

Any applicant who designates multiple PD/PIs (on the T.240 - R&R Senior/Key Person Profile (Expanded) Form) must include a Multiple PD/PI Leadership Plan. For applications designating multiple PD/PIs, all such individuals must be assigned the PD/PI role on the T.240 - R&R Senior/Key Profile (Expanded) Form, even those at organizations other than the applicant organization.

Do not submit a leadership plan if you are not submitting a multiple PD/PI application.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

The emphasis in a training grant's Multiple PD/PI Leadership Plan should be on how multiple PD/PIs will benefit the program and the trainees. A single PD/PI must be designated as Contact PD/PI (in T.200 - SF 424 (R&R) Form, PD/PI Contact Information) for the purpose of communicating with the NIH, although other individuals may contact the NIH on behalf of the Contact PD/PI when necessary. Because training programs are intended to be coherent, NIH will not allocate the budget or training positions between multiple PD/PIs. A single award will be made. Multiple PD/PI plans should include reasonable numbers of PD/PIs and each should be included for a specific and clearly stated purpose. Usually, program mentors and participating faculty are not listed in the T.240 - R&R Senior/Key Person Profile (Expanded) Form; rather, they only provide biosketches in the Participating Faculty Biosketches attachment below.

A rationale for choosing a multiple PD/PI approach should be described. The governance and organizational structure of the leadership team and the research project should be described, including communication plans, processes for making decisions on scientific direction, and procedures for resolving conflicts. The roles and administrative, technical, and scientific responsibilities for the project or program should be delineated for the PD/PIs and other collaborators.

If budget allocation is planned, the distribution of resources to specific components of the project or the individual PD/PIs should be delineated in the Multiple PD/PI Leadership Plan. In the event of an award, the requested allocations may be reflected in a footnote on the Notice of Grant Award.

For more information:

For background information on the multiple-PD/PI initiative, see NIH's Multiple Principal Investigators page.

6. Progress Report (for RENEWAL Applications Only)

Who must complete the "Progress Report" attachment:

A "Progress Report" attachment is required only if the type of application is renewal.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Indicate the period covered since the last competitive review and briefly describe the accomplishments of the training program. Describe any specific effects of this training program on curriculum and/or research directions. Describe how the funds provided under Training Related Expenses were used to benefit the program.

For each trainee supported during the period covered, include the following information about his/her training, as applicable:

- Degrees working toward or held
- Mentor(s)
- Description of the trainee/scholar's research project and progress
- Coursework
- Conference presentations
- A description of the trainee's role in any planned or published papers resulting from research conducted while supported by this award (e.g., designed or conducted experiment, analyzed data, drafted paper)
- Fellowships or other support
- Workshops attended
- Career development activities

Indicate whether the institution utilizes Individual Development Plans (IDPs), and if so, describe how they were used in this reporting period to help manage the training and career development of the trainees. Do not include actual IDPs. **Neither IDPs nor information about IDPs is required for AHRQ trainees**.

Note that a My Bibliography report of publications arising from work conducted by trainees while supported by the training grant is not required at the time of submission, but will be requested as Just-in-time (JIT) information prior to award.

Faculty, Trainees, And Training Record Section

7. Participating Faculty Biosketches

Format:

Combine all participating faculty biosketches into a single PDF and attach this information here. Follow the attachment guidelines on NIH's Format Attachments page.

Content:

Faculty biosketches for participating faculty must follow the instructions for a biographical sketch (refer to T.240 - Senior/Key Person Profile (Expanded) Form) with the following exception: a personal statement, while encouraged, is not required.

Please note that the biosketches of the PD/PI and any other senior/key personnel (e.g., co-directors, if applicable, and program staff) should not be included here, but they should instead be included in the T.240 - R&R Senior/Key Person Profile (Expanded) Form.

8. Letters of Support

Format:

Combine all Letters of Support into a single PDF file and attach this information here. Do not place these letters in the Appendix. Follow the attachment guidelines on NIH's Format Attachments page.

Content:

Attach letters here from:

- Consultants, if applicable. Letters should include rate/charge for consulting services and confirm their role(s) in the project.
- Senior Administration Officials. This letter should be a signed letter on institutional letterhead, and it should describe the applicant institution's commitment to the planned program.

Check the FOA (particularly for non-NRSA programs) to determine whether any additional program-specific letters of support are required.

9. Data Tables

Format:

The information provided in the required data tables (Data Tables 1-8 described below) will not be counted toward the page limitation. These tables should be numbered consecutively and titled as instructed. Start each numbered table on a new page.

Bookmark each table separately in the PDF attachment. Many PDF generators will automatically create bookmarks from text formatted using predefined Heading styles in Word.

Combine all Data Tables into a single PDF file and attach it here. See NIH's Format Attachments page.

Content:

Instructions for Data Tables 1-8 are located on NIH's Data Tables page. These instructions include an Introduction to the Data Tables that provides instructions applicable to all tables, specific instructions for each table, and Sample Data Tables. The sample data tables illustrate the kind of data to include in each table for training grant applications.

If not using the Extramural Trainee Reporting and Career Tracking (xTRACT) system to prepare data tables, be sure to choose the Instruction and Blank Data Table set that correspond to both the type of application you are submitting (e.g., new application, renewal or revision application) and the kind of training to be provided (e.g., predoctoral only, postdoctoral only, pre and postdoctoral mixed, etc.).

Other Training Program Section

10. Human Subjects

Who must complete the "Human Subjects" attachment:

Include a "Human Subjects" attachment if you answered "Yes" to the question "Are human subjects involved?" on the T.220 - R&R Other Project Information Form.

If you answered "No" to the "Are human subjects involved?" question but your proposed research involves human specimens and/or data from subjects, you must provide a justification in this section for your claim that no human subjects are involved.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Do not use the "Human Subjects" section to circumvent the page limits of the Program Plan.

Content:

Trainee Participation Only in Research Involving Human Subjects that is Part of Other Research Project Grants: If trainee participation in research involving human subjects is solely part of other research projects and no portion of the training grant will be used to support this research, describe how the institution will ensure that trainees only participate in (a) exempt human subjects research or (b) non-exempt human subjects research that has IRB approval.

Independent Trainee Research Involving Human Subjects: In training programs where trainees will design and conduct their own independent human subjects research, follow the instructions in Supplemental Instructions, Part II.

Additionally, be sure to follow any instructions in your FOA.

For more information:

Refer to the NIH's Research Involving Human Subjects website.

11. Data Safety Monitoring Plan

Who must complete the "Data Safety Monitoring Plan" attachment:

Include a "Data Safety Monitoring Plan" attachment if you answered "Yes" to the question "Clinical Trial?" on the T.210 - PHS 398 Cover Page Supplement Form.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Refer to Supplemental Instructions, Part II, Section 4.1.5: Data and Safety Monitoring Plan for instructions on this section.

12. Vertebrate Animals

Who must complete the "Vertebrate Animals" attachment:

Include a "Vertebrate Animals" attachment if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the T.220 - R&R Other Project Information Form.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Do not use the Vertebrate Animals section to circumvent the page limits of the Program Plan.

Content:

Trainee Participation Only in Research Involving Vertebrate Animals that is Part of Other Research Project Grants: Describe how the institution will ensure that trainees participate only in IACUC-approved vertebrate animal research if the following two conditions apply:

- the training program uses live vertebrate animals only as part of other research project grants, and
- the training grant does not support the purchase, use, or husbandry of live vertebrate animals.

Independent Trainee Research Involving Vertebrate Animals: In training programs where trainees will design and conduct their own independent vertebrate animal research, follow the instructions below:

Address each of the following criteria:

1. **Description of Procedures:** Provide a concise description of the proposed procedures to be used that involve vertebrate animals in the work outlined in the "Program Plan" attachment. Identify the species, strains, ages, sex, and total numbers of animals by species, to be used in the proposed work. If dogs or cats are proposed, provide the source of the animals.
2. **Justifications:** Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g. computational, human, invertebrate, in vitro).
3. **Minimization of Pain and Distress:** Describe the interventions, including analgesia, anesthesia, sedation, palliative care, and humane endpoints, that will be used to minimize discomfort, distress, pain, and injury.

Provide a concise, complete description of the animals and proposed procedures. In addition to the three points above, you should also:

- Identify all project/performance or collaborating site(s) and describe activities of proposed research with vertebrate animals in those sites.
- Explain when and how animals are expected to be used if plans for the use of animals have not been finalized.

See the following pages for more information:

- NIH's Office of Laboratory Animal Welfare website
- NIH's Vertebrate Animals Section Worksheet

- Supplemental Instructions, Part III, Section 2.2: Vertebrate Animals (an applicable Animal Welfare Assurance will be required if the grantee institution does not have one)

13. Select Agent Research

Who must complete the "Select Agent Research" attachment:

Include a "Select Agent Research" attachment if your proposed activities involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any performance site.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

For more information:

Select agents are hazardous biological agents and toxins that have been identified by HHS or the U.S. Department of Agriculture (USDA) as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. The Centers of Disease Control and Prevention (CDC) and the Animal APHIS Select Agent Programs jointly maintain a list of these agents. See the Federal Select Agent Program website.

See also the Supplemental Instructions, Part III, Section 2.13: Select Agent Research.

Content:

If participating faculty proposed in the training program are conducting or plan to conduct research involving select agents in which trainees may participate, follow the instructions below.

Excluded select agents: If the activities proposed in the application involve only the use of a strain(s) of select agents which has been excluded from the list of select agents and toxins as per 42 CFR 73, the select agent requirements do not apply. Use this "Select Agent Research" attachment to identify the strain(s) of the select agent that will be used and note that it has been excluded from this list. The CDC maintains a list of exclusions, which is available on the Select Agents and Toxins Exclusions website.

Applying for a select agent to be excluded: If the strain(s) is not currently excluded from the list of select agents and toxins but you have applied or intend to apply to HHS for an exclusion from the list, use this section to indicate the status of your request or your intent to apply for an exclusion and provide a brief justification for the exclusion.

All applicants proposing to use select agents: Address the following three points for each site at which select agent research will take place. Although no specific page limitation applies to this section, be succinct.

1. Identify the select agent(s) to be used in the proposed research.
2. Provide the registration status of all entities* where select agent(s) will be used.
    - If the performance site(s) is a foreign institution, provide the name(s) of the country or countries where select agent research will be performed.
    - *An "entity" is defined in 42 CFR 73.1 as "any government agency (federal, state, or local), academic institution, corporation, company, partnership, society, association, firm, sole proprietorship, or other legal entity."

3. Provide a description of all facilities where the select agent(s) will be used.
    - Describe the procedures that will be used to monitor possession, use and transfer of select agent(s).
    - Describe plans for appropriate biosafety, biocontainment, and security of the select agent(s).
    - Describe the biocontainment resources available at all performance sites.

14. Consortium/Contractual Arrangements

Who must complete the "Consortium/Contractual Arrangements" attachment:

Include the "Consortium/Contractual Arrangement" attachment if you have consortiums/contracts in your budget.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.

Note: The signature of the authorized organization representative on the T.200 - SF 424 (R&R) form, Authorized Representative signifies that the applicant and all proposed consortium participants understand and agree to the following statement:

> *The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.*

For more information:

Refer to the NIH Grants Policy Statement, Section 15: Consortium Agreements for more information.

Appendix

15. Appendix

Refer to the FOA to determine whether an appendix is allowed in your application.

Format:

A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 Appendix attachments are needed, combine the remaining information into attachment #10. Note that this is the total number of Appendix items, not the total number of publications.

As a reminder, tables *other* than the required Data Tables 1-8 must be incorporated into the Program Plan (and will count toward the Program Plan's page limits), and must not be included in

the Appendix. Follow the page limits for Institutional Training Grants specified in the NIH Table of Page Limits, unless otherwise specified in the FOA.

For materials that cannot be submitted electronically or materials that cannot be converted to PDF (e.g., medical devices, prototypes, DVDs, CDs), applicants should contact the Scientific Review Officer following notification of assignment of the application to a study section. Applicants are encouraged to be as concise as possible and submit only information essential for the review of the application.

Do not use the Appendix to circumvent the page limits of the Program Plan or any other section of the application for which a page limit applies.

For additional information regarding Appendix material and page limits, refer to the NIH Guide Notice on Compliance with NIH Application Format and Content Instructions.

Use file names for attachments that are descriptive of the content.

A summary sheet listing all of the items included in the Appendix is encouraged but not required. When including a summary sheet, it should be included in the first Appendix attachment.

Content:

The only allowable appendix materials are:

For all applications:

- Blank informed consent/assent forms
- Blank surveys, questionnaires, data collection instruments
- FOA-specified items
    - If appendix materials are required in the FOA, review criteria for that FOA will address those materials, and applications submitted without those appendix materials will be considered incomplete and will not be reviewed.

Note: Applications that do not follow the appendix requirements will not be reviewed. Applications submitted for due dates on or after January 25, 2017 will be withdrawn and not reviewed if they are submitted with appendix materials that are not specifically listed in this section.

For more information:

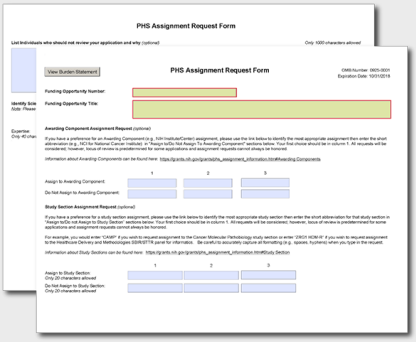
- Information that expands upon or complements information provided in any section of the application – even if it is not required for the review – is not allowed in the Appendix unless it is listed in the allowed appendix materials above. For more information, see the NIH Guide Notice on Compliance with NIH Application Format and Content Instructions.
- Unless the FOA requires that certain information be included in the Appendix, failure of reviewers to address appendix materials in their reviews is not an acceptable basis for an appeal of initial peer review. For more information, see the NIH Guide Notice on Appeals of NIH Initial Peer Review.
- Appendix Policy Frequently Asked Questions

T.600 - PHS Assignment Request Form

The PHS Assignment Request Form may be used to communicate specific application assignment and review requests to the Division of Receipt and Referral (DRR) and to Scientific Review Officers (SROs).

This information will not be part of your assembled application, and it will neither be made available to program staff nor provided to reviewers. It is used specifically to convey additional, optional information about your preference(s) for assignment and review of your application to DRR and SROs.

This information was previously collected in the Cover Letter Attachment, but must now be provided in the PHS Assignment Request Form.


PHS Assignment Request Form

View larger image

Completing the PHS Assignment Request Form:

This form is optional. Use it only if you wish to make specific assignment or review requests. There is no requirement that all fields or all sections be completed. You have the flexibility to enter a single request or to provide extensive information using this form.

Note on Application Assignments: The Division of Receipt and Referral (DRR), Center for Scientific Review (CSR) is responsible for assigning applications to NIH Institutes/Centers (ICs) and other PHS agencies for funding consideration. DRR also assigns applications to NIH Scientific Review Groups (SRGs) and Special Emphasis Panels (SEPs).

Awarding Component Assignment Request (optional)

To facilitate accurate communication of your request to NIH referral and review staff, use the short abbreviation (e.g., NCI for the National Cancer Institute).

While NIH staff will consider all assignment requests, in some cases the reviewing IC is pre-determined and assignment requests cannot be honored.

Descriptions of the scientific areas covered by all NIH ICs and links to other PHS agency information can be found on the PHS Assignment Information website.

You do not need to make entries in all six boxes of the "Awarding Component Assignment Request" section.

Assign to Awarding Component:

Enter up to three preferences for primary assignment in the boxes in the "Assign to Awarding Component" row. Use the column labeled "1" to enter your first choice.

Do Not Assign to Awarding Component:

Enter up to three preferences to which you do not want your application assigned. Enter your preferences in the boxes in the "Do Not Assign To Awarding Component" row. Use the column labeled "1" to enter your first choice.

Study Section Assignment Request (optional)

To facilitate accurate communication of your request to NIH referral and review staff, use the short abbreviation of the SRG/SEP you wish to request. For example, enter "CAMP" for the Cancer Molecular Pathobiology study section or enter "ZRG1 HDM-R" for the Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

More information about how to identify CSR and NIH SRGs and SEPs, including their short abbreviations, can be found on CSR Study Sections and Special Emphasis Panel.

While the majority of NIH research grant and fellowship applications are reviewed by CSR, some are assigned to individual IC review groups and some are clustered for review in SRGs/SEPs without flexibility for honoring review requests. However, it is standard practice to honor such requests whenever possible, depending on existing locus of review agreements within NIH and other PHS agencies.

You do not need to make an entry in all six boxes of the "Study Section Assignment Request" section.

Assign to Study Section:

Enter up to three preferences for SRGs/SEPs in the boxes in the "Assign to Study Section" row. Use one box per individual SRG/SEP request. Use the column labeled "1" to enter your first choice.

Do Not Assign to Study Section:

Enter up to three preferences for SRGs/SEPs to which you do not want your application assigned. Enter your preferences in the boxes in the "Do Not Assign To Study Section" row. Use the column labeled "1" to enter your first choice.

List Individuals who should not review your application and why (optional)

List specific individuals who should not review your application and why they should not review your application. Provide sufficient information (e.g., name, organizational affiliation) so that the SRO can both correctly identify the individual and be prepared to confirm a conflict of interest if the SRO contacts you for an explanation. Simply stating "Dr. John Smith is in conflict with my application" is not helpful.

Your answer can have a maximum of 1000 characters.

Identify Scientific areas of expertise needed to review your application (optional)

List up to five general or specific types of expertise needed for the review of your application. Limit your answers to areas of expertise – do not enter names of individuals you would like to review your application.

Each field can have a maximum of 40 characters.

Form Screenshots

Quick Links

- SF 424 (R&R) Form
- PHS 398 Cover Page Supplement
- R&R Other Project Information Form
- Project/Performance Site Location(s) Form
- R&R Senior/Key Persons Profile (Expanded)
- R&R Budget Form
- R&R Subaward Budget Attachment(s) Form
- PHS 398 Training Budget Form
- PHS 398 Training Subaward Budget Attachment(s) Form
- PHS 398 Research Training Program Plan Form
- PHS Assignment Request Form

SF 424 (R&R) Form

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE | State Application Identifier

1. TYPE OF SUBMISSION
☐ Pre-application ☐ Application ☐ Changed/Corrected Application

4. a. Federal Identifier
b. Agency Routing Identifier
c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED | Applicant Identifier

5. APPLICANT INFORMATION | Organizational DUNS:
Legal Name:
Department: | Division:
Street1:
Street2:
City: | County / Parish:
State: | Province:
Country: USA: UNITED STATES | ZIP / Postal Code:

Person to be contacted on matters involving this application
Prefix: | First Name: | Middle Name:
Last Name: | Suffix:
Position/Title:
Street1:
Street2:
City: | County / Parish:
State: | Province:
Country: USA: UNITED STATES | ZIP / Postal Code:
Phone Number: | Fax Number:
Email:

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

7. TYPE OF APPLICANT: Please select one of the following
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
☐ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

Is this application being submitted to other agencies? Yes ☐ No ☐ What other Agencies?

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
Start Date | Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE **Page 2**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
Last Name: Suffix:
Position/Title:
Organization Name:
Department: Division:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: USA: UNITED STATES ZIP / Postal Code:
Phone Number: Fax Number:
Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested
b. Total Non-Federal Funds
c. Total Federal & Non-Federal Funds
d. Estimated Program Income

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious. or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☐ **I agree**

**The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

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

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: First Name: Middle Name:
Last Name: Suffix:
Position/Title:
Organization:
Department: Division:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: USA: UNITED STATES ZIP / Postal Code:
Phone Number: Fax Number:
Email:

Signature of Authorized Representative: Completed on submission to Grants.gov

Date Signed: Completed on submission to Grants.gov

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

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

PHS 398 Cover Page Supplement

PHS 398 Cover Page Supplement

View Burden Statement

OMB Number: 0925-0001
Expiration Date: 10/31/2018

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 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)
X		

Add

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):

X

Add

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents: Yes ☐ No ☐

If "**Yes**" then 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:

Other Project Information Form

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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 Add Attachment | Delete Attachment | View Attachment
8. Project Narrative Add Attachment | Delete Attachment | View Attachment
9. Bibliography & References Cited Add Attachment | Delete Attachment | View Attachment
10. Facilities & Other Resources Add Attachment | Delete Attachment | View Attachment
11. Equipment Add Attachment | Delete Attachment | View Attachment
12. Other Attachments Add Attachments | Delete Attachments | View Attachments

Project/Performance Site Location(s) Form

OMB Number: 4040-0010

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 1 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Additional Location(s) Add Attachment Delete Attachment View Attachment

Senior/Key Persons Profile (Expanded)

OMB Number: 4040-0001

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County/ Parish:
* State: Province:
* Country: * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:

Credential, e.g., agency login:

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

Degree Type:
Degree Year:

***Attach Biographical Sketch** Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County/ Parish:
* State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:

Credential, e.g., agency login:

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

Degree Type:
Degree Year:

Attach Biographical Sketch Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

Delete Entry Next Person

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

R&R Budget Form

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

ORGANIZATIONAL DUNS: Enter name of Organization:

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

A. Senior/Key Person

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

Project Role:

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

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

Total Senior/Key Person

B. Other Personnel

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

Total Number Other Personnel

Total Other Personnel

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

C. Equipment Description

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

Equipment item	Funds Requested ($)

Additional Equipment: Add Attachment Delete Attachment View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

	Funds Requested ($)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2. Foreign Travel Costs	
Total Travel Cost	

E. Participant/Trainee Support Costs

	Funds Requested ($)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
Number of Participants/Trainees — Total Participant/Trainee Support Costs	

F. Other Direct Costs — Funds Requested ($)

1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations
8.
9.
10.

Total Other Direct Costs

G. Direct Costs — Funds Requested ($)

Total Direct Costs (A thru F)

H. Indirect Costs

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

Total Indirect Costs

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

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

Total Direct and Indirect Institutional Costs (G + H)

J. Fee — Funds Requested ($)

K. Budget Justification

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

RESEARCH & RELATED BUDGET - Cumulative Budget

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

R&R Subaward Budget Attachment(s) Form

OMB Number: 4040-0001
Expiration Date: 6/30/2016

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

Click here to extract the R&R Subaward Budget Attachment

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

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18		Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19		Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20		Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21		Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22		Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23		Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24		Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25		Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26		Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27		Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28		Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29		Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30		Add Attachment	Delete Attachment	View Attachment

PHS 398 Training Budget

View Burden Statement

PHS 398 TRAINING BUDGET, Period 1

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Organizational DUNS: Budget Type: Project Subaward/Consortium

See Cumulative

Organization Name:

Start Date: End Date:

A. Stipends, Tuition/Fees

Number of Trainees: Full Time	Short Term		Stipends Requested ($)	Tuition/Fees Requested ($)
		Undergraduate:		
		Number Per Stipend Level: First-Year/Soph. Junior/Senior		
		Predoctoral: Single Degree		
		Dual Degree		
		Total Predoctoral		
		Postdoctoral: *Number Per Stipend Level:* 0 1 2 3 4 5 6 7		
		Non-degree Seeking		
		Degree Seeking		
		Total Postdoctoral		
		Other:		
		Totals:		
		Total Stipends + Tuition/Fees Requested		

B. Other Direct Costs

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

C. Total Direct Costs Requested (A + B)

D. Indirect (F&A) Costs

	Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base	Funds Requested ($)
1.				
2.				
			Total Indirect (F&A) Costs Requested	

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

F. Budget Justification ? Add Attachment Delete Attachment View Attachment

Add Period

Previous

PHS 398 TRAINING BUDGET, Cumulative Budget

A. Stipends, Tuition/Fees

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

B. Other Direct Costs

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

C. Total Direct Costs Requested (A + B)

D. Total Indirect Costs Requested

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

Training Subaward Budget Attachment(s) Form

View Burden Statement

OMB Number: 0925-0001
Expiration Date: 10/31/2018

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

This form allows you to attach a PHS 398 Training Budget form for each subaward/consortium associated with your application. Use the "Click here to extract the PHS 398 Training Subaward Attachment" button to extract a blank copy of the PHS 398 Training Budget form, complete the form in accordance with the agency instructions, and attach the completed form using one of the "Add Attachment" buttons.

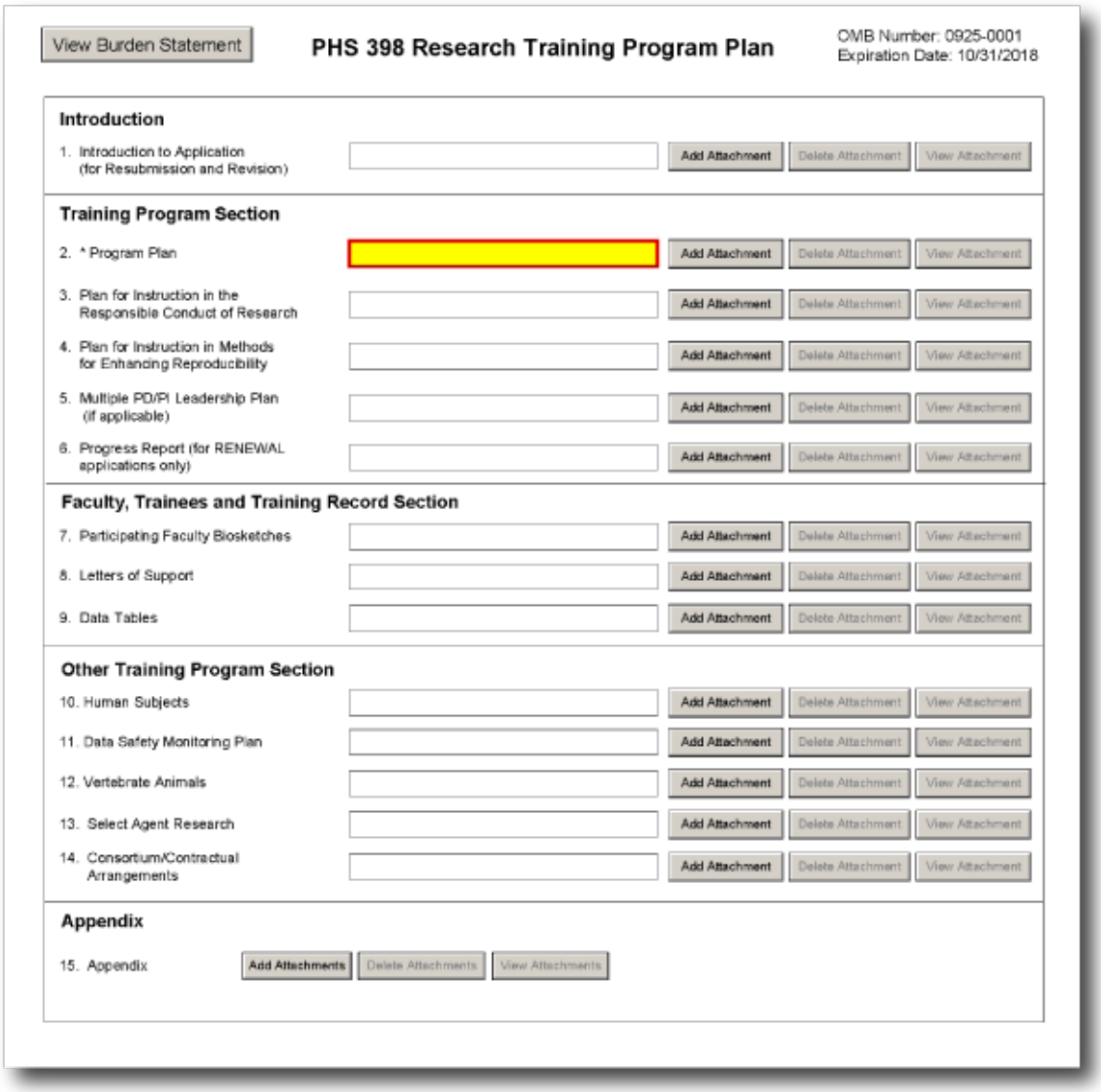
Click here to extract the PHS 398 Training Subaward Attachment

Important:

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

Attach Training Subaward Budget 1		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 2		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 3		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 4		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 5		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 6		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 7		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 8		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 9		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 10		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 11		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 12		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 13		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 14		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 15		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 16		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 17		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 18		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 19		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 20		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 21		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 22		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 23		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 24		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 25		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 26		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 27		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 28		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 29		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 30		Add Attachment	Delete Attachment	View Attachment

PHS 398 Research Training Program Plan



View Burden Statement

PHS 398 Research Training Program Plan

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction to Application (for Resubmission and Revision) — Add Attachment | Delete Attachment | View Attachment

Training Program Section

2. * Program Plan — Add Attachment | Delete Attachment | View Attachment
3. Plan for Instruction in the Responsible Conduct of Research — Add Attachment | Delete Attachment | View Attachment
4. Plan for Instruction in Methods for Enhancing Reproducibility — Add Attachment | Delete Attachment | View Attachment
5. Multiple PD/PI Leadership Plan (if applicable) — Add Attachment | Delete Attachment | View Attachment
6. Progress Report (for RENEWAL applications only) — Add Attachment | Delete Attachment | View Attachment

Faculty, Trainees and Training Record Section

7. Participating Faculty Biosketches — Add Attachment | Delete Attachment | View Attachment
8. Letters of Support — Add Attachment | Delete Attachment | View Attachment
9. Data Tables — Add Attachment | Delete Attachment | View Attachment

Other Training Program Section

10. Human Subjects — Add Attachment | Delete Attachment | View Attachment
11. Data Safety Monitoring Plan — Add Attachment | Delete Attachment | View Attachment
12. Vertebrate Animals — Add Attachment | Delete Attachment | View Attachment
13. Select Agent Research — Add Attachment | Delete Attachment | View Attachment
14. Consortium/Contractual Arrangements — Add Attachment | Delete Attachment | View Attachment

Appendix

15. Appendix — Add Attachments | Delete Attachments | View Attachments

PHS Assignment Request Form

View Burden Statement

PHS Assignment Request Form

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Funding Opportunity Number:

Funding Opportunity Title:

Awarding Component Assignment Request *(optional)*

If you have a preference for an Awarding Component (e.g., NIH Institute/Center) assignment, please use the link below to identify the most appropriate assignment then enter the short abbreviation (e.g., NCI for National Cancer Institute) in "Assign to/Do Not Assign To Awarding Component" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

Information about Awarding Components can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#Awarding Components

	1	2	3
Assign to Awarding Component:			
Do Not Assign to Awarding Component:			

Study Section Assignment Request *(optional)*

If you have a preference for a study section assignment, please use the link below to identify the most appropriate study section then enter the short abbreviation for that study section in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

For example, you would enter "CAMP" if you wish to request assignment to the Cancer Molecular Pathobiology study section or enter "ZRG1 HDM-R" if you wish to request assignment to the Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

Information about Study Sections can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#Study Section

	1	2	3
Assign to Study Section: *Only 20 characters allowed*			
Do Not Assign to Study Section: *Only 20 characters allowed*			

PHS Assignment Request Form

List Individuals who should not review your application and why *(optional)* *Only 1000 characters allowed*

Identify Scientific areas of expertise needed to review your application *(optional)*
Note: Please do not provide names of individuals

	1	2	3	4	5
Expertise: *Only 40 characters allowed*					