Annotated Form Set for NIH Grant Applications

FORMS-D Series

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NOTES:

- The Funding Opportunity Announcement (FOA) and associated application guide remain the official documents for defining application requirements. This resource is meant to complement, not replace, those documents.
- NIH application packages include a subset of the forms included in this resource. You will only need to complete the forms provided to you with a specific FOA.
- The actual display of the forms depends on your submission method (e.g., downloadable forms, ASSIST). The same forms, form fields and guidance apply regardless of submission option even if the display is slightly different.
- This resource is for FORMS-D application packages, see Do I Have the Right Forms for My Application?
- Registration in multiple systems is needed prior to submission, see Get Registered! Can take 6 weeks – start early!
- Don't forget to periodically check the Related Notices section of the FOA for any updates to instructions or policies since the opportunity was posted.
- The blue and pink annotations throughout this resource represent processing notes and eRA system business rule checks (i.e., validations). The pink ones are for new fields introduced with FORMS-D application packages.

Notes & business rules

New with FORMS-D

National Institutes of Health
Office of Extramural Research

Fill out the SF424 (R&R) form first. It populates fields in other forms.

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

Use Application for first submission attempt for due date.

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

Use Changed/Corrected when submitting again to Grants.gov to correct eRA identified errors/warnings.

2. DATE SUBMITTED | **Applicant Identifier**

3. DATE RECEIVED BY STATE | **State Application Identifier**

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

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

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

5. APPLICANT INFORMATION

Organizational DUNS:

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

Legal Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Must provide zip+4 for all zip codes.

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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

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

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

Other (Specify):

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

8. TYPE OF APPLICATION:

See application guide for definitions.

☐ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify):

Is this application being submitted to other agencies? Yes ☐ No ☐ What other Agencies?

9. NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

NIH will assign CFDA post-submission.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant. Limited to 200 characters.

12. PROPOSED PROJECT:

Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

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

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

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

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

Position/Title:

Organization Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

Email:

15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts.

a. Total Federal Funds Requested

b. Total Non-Federal Funds

c. Total Federal & Non-Federal Funds

d. Estimated Program Income

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious. or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☐ **I agree**

See Supplemental Grant Application Instructions for full list of NIH policies and certifications.
http://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/supplemental-instructions-forms-d.pdf

**The list of certifications and assurances,*

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

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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

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

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment

Cover letter will be posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff.

FORMS-D: Do not include assignment or review request information in your cover letter (use PHS Assignment Request Form for assignment and review information instead).

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 10/31/2018

FORMS-D: Disclosure Permission Statement question removed.

1. Human Subjects Section

Clinical Trial? ☐ Yes ☐ No

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

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

If Clinical Trial = Yes, then an answer to the Agency-Defined Phase III Clinical Trial question is required.

2. Vertebrate Animals Section

FORMS-D: New section.

Are vertebrate animals euthanized? ☐ Yes ☐ No

Answer required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

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

FORMS-D: Up to 1000 characters.

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)

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

FORMS-D: Expanded to accommodate up to 10 budget periods.

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):

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Provide up to 200 cell lines.

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:

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001

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

1. Are Human Subjects Involved? ☐ Yes ☐ No

1.a. If YES to Human Subjects

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

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

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

IRB Approval Date:

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

Human Subject Assurance Number:

If Human Subjects = Yes, the Human Subject Assurance Number or the text 'None' must be provided. Type the number exactly as it appears in eRA Commons institution profile.

2. Are Vertebrate Animals Used? ☐ Yes ☐ No

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

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

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

Animal Welfare Assurance Number:

If Vertebrate Animals = Yes, the Animal Welfare Assurance Number or the text 'None' must be provided. Type the number exactly as it appears in eRA Commons Institution Profile.

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

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

4.b. If yes, please explain:

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

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

4.d. If yes, please explain:

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

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

5.a. If yes, please explain:

If 5 is Yes, then 5a is required.

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

6.a. If yes, identify countries:

If 6 is Yes, then 6a is required.

6.b. Optional Explanation:

7. Project Summary/Abstract

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

8. Project Narrative

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

9. Bibliography & References Cited

Required unless otherwise noted in opportunity. Not system enforced.

View Attachment

10. Facilities & Other Resources

Required unless otherwise noted in opportunity. Not system enforced.

View Attachment

11. Equipment

Add Attachment | Delete Attachment | View Attachment

12. Other Attachments

Add Attachments | Delete Attachments | View Attachments

Only provide Other Attachments when requested in the funding opportunity announcement text.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

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

Organization Name:

DUNS Number:

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

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

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

Organization Name:

DUNS Number:

List all performance sites, including any foreign sites. Provide a list of resources available from each site in the Facilities and Resources attachment on the R&R Other Project Information form. Describe any consortium/contractual arrangements in the Consortium/Contractual Arrangements attachment on the PHS 398 Research Plan form or equivalent form.

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Can collect data for 300 locations prior to using Additional Location(s) attachment.

Additional Location(s) Add Attachment Delete Attachment View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title: Department:

Organization Name:

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

* Street1:

Street2:

* City: County/ Parish:

* State: Province:

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

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

VALID ERA COMMONS USERNAME MUST BE SUPPLIED. Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and SO roles (if PD/PI also serves as SO, use a separate account for SO functions).

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

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

Degree Type:

Degree Year:

Required. Limited to 5 pages. Format page, instructions and samples: http://grants.nih.gov/grants/forms/biosketch.htm

***Attach Biographical Sketch** Add Attachment Delete Attachment View Attachment

Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

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

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title: Department:

Organization Name:

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

* Street1:

Street2:

* City: County/ Parish:

* State: Province:

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

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

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

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

Degree Type:

Degree Year:

Required. Limited to 5 pages. Format page, instructions and samples: http://grants.nih.gov/grants/forms/biosketch.htm

Attach Biographical Sketch Add Attachment Delete Attachment View Attachment

Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

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

Delete Entry

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

Next Person

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

Form only included in small business funding opportunity announcements.

SBIR/STTR Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

*** Program Type (select only one)**

☐ SBIR ☐ STTR

Must select SBIR or STTR (not Both).

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

*** SBIR/STTR Type (select only one)**

Select only one.

☐ Phase I ☐ Phase II

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

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

☐ Yes ☐ No	* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? Must meet SBIR/STTR eligibility requirements at time of award (not submission).
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.
☐ Yes ☐ No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: Required if Yes. Cannot include if No.
☐ Yes ☐ No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov
☐ Yes ☐ No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: Required if Yes. Cannot include if No. Attachment Delete Attachment View Attachment
☐ Yes ☐ No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies: Required if Yes. Cannot include if No. Warning provided if answer is not consistent with similar disclosure statement question on the PHS 398 Cover Page Supplement form.
☐ Yes ☐ No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: Add Attachment Delete Attachment View Attachment

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

SBIR/STTR Information

SBIR-Specific Questions:

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

Required for SBIR applications only.

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

Required for SBIR applications only.

STTR-Specific Questions:

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

Required for STTR applications only.

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

Required for STTR applications only.

PHS Inclusion Enrollment Report

OMB Number: 0925-0001 and 0925-0002
Expiration Date: 10/31/2018

FORMS-D: New form. Replaces Planned Enrollment Report and Cumulative Inclusion Enrollment Report forms in FORMS-C.

***Study Title (must be unique):** Limited to 250 characters.

Inclusion policy information: http://grants.nih.gov/grants/funding/women_min/women_min.htm

* Delayed Onset Study? ☐ Yes ☐ No

FORMS-D: New questions added.

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

If study is not delayed onset, the following selections are required:

Enrollment Type ☐ Planned ☐ Cumulative (Actual)

Using an Existing Dataset or Resource ☐ Yes ☐ No

Enrollment Location ☐ Domestic ☐ Foreign

Clinical Trial ☐ Yes ☐ No

Use Cumulative to provide enrollment information for
1) new studies proposing to use an existing dataset or resource where no ongoing or future contact with participants is anticipated or
2) it may also be used for studies that will continue in a renewal application.
See the Supplemental Instructions for Human Subjects for more details.

NIH-Defined Phase III Clinical Trial ☐ Yes ☐ No

Comments: Limited to 500 characters.

Row totals automatically calculated.

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

Column totals automatically calculated.

Report 1 of 1

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

To ensure proper performance, please save frequently.

FORMS-D: New form. Optional in most grant application packages.

PHS Assignment Request Form

OMB Number: 0925-0001
Expiration Date: 10/31/2018

The PHS Assignment Request Form will be posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff.

Funding Opportunity Number:

Funding Opportunity Title:

Pre-populated from announcement information.

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#AwardingComponents

	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#StudySection

	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*					

PHS 398 Modular Budget

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Budget Period: 1

Start Date: | End Date:

A. Direct Costs

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

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

	Funds Requested ($)
Direct Cost less Consortium Indirect (F&A)	0.00
Consortium Indirect (F&A)	
Total Direct Costs	0.00

B. Indirect (F&A) Costs

Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base ($)	Funds Requested ($)

FORMS-D: Indirect (F&A) Costs section changed to dynamically add indirect costs rather than providing static fields for four entries.

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

Indirect (F&A) Rate Agreement Date

Total Indirect (F&A) Costs

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

Funds Requested ($) 0.00

Form allows for up to 5 Budget Periods.

Cumulative Budget Information

1. Total Costs, Entire Project Period

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

2. Budget Justifications

Personnel Justification		Add Attachment	Delete Attachment	View Attachment
Consortium Justification		Add Attachment	Delete Attachment	View Attachment
Additional Narrative Justification		Add Attachment	Delete Attachment	View Attachment

FORMS-D: Text "(F&A)" added to every "Indirect" reference on the form.

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

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

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

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

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

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

A. Senior/Key Person

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

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

Project Role:

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

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

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

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

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

Total Senior/Key Person

B. Other Personnel

Aggregate information should be provided in section B and explained in Budget Justification.

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

You can name up to 5 additional Project Role categories. Once data for the first user-defined Project Role is entered, you will have the option to add another. If you run out of additional categories combine categories in a single row and explain what was included in the Budget Justification.

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item		Funds Requested ($)

Once equipment data is entered, you will be able to add up to 9 more rows to this section for a total of 10 equipment items.

Additional Equipment: Add Attachment | Delete Attachment | View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

		Funds Requested ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs	
	Total Travel Cost	

E. Participant/Trainee Support Costs

Only complete this section if requested to do so in the funding opportunity announcement.

		Funds Requested ($)
1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees — **Total Participant/Trainee Support Costs**	

F. Other Direct Costs

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

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

G. Direct Costs

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

H. Indirect Costs

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

Total Indirect Costs

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

I. Total Direct and Indirect Costs

	Funds Requested ($)
Total Direct and Indirect Institutional Costs (G + H)	

J. Fee

Funds Requested ($)

K. Budget Justification

(Only attach one file.)

Budget Justification is required and must cover all budget periods.

tachment | Delete Attachment | View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

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

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

The actual look of this form will vary based on your submission method. The Grants.gov downloadable form version is shown here. In ASSIST, use the Add Optional Form option to add the R&R Subaward Budget tab to your application.

OMB Number: 4040-0001

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				
24) Please attach Attachment 24				
25) Please attach Attachment 25				
26) Please attach Attachment 26		Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27				
28) Please attach Attachment 28				
29) Please attach Attachment 29				
30) Please attach Attachment 30				

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

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

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

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

PHS 398 TRAINING BUDGET, Period 1

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

Only the applicant organization should use Project.

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

Organization Name:

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

Start Date: End Date:

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

A. Stipends, Tuition/Fees

Number of Trainees

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

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

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

Postdoctoral: *Number Per Stipend Level:*

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

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

Total Stipends + Tuition/Fees Requested

B. Other Direct Costs

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

Include sum of all attached Training Subaward Budget forms.

C. Total Direct Costs Requested (A + B)

D. Indirect (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	

Indirect Cost Rate must be 8 for all Ts.

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

F. Budget Justification

Budget justification is required and must cover all budget periods. Attachment View Attachment

FORMS-D: Text "(F&A)" added to every "Indirect" reference on the form.

PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated.

A. Stipends, Tuition/Fees

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

B. Other Direct Costs

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

C. Total Direct Costs Requested (A + B)

D. Total Indirect (F&A) Costs Requested

FORMS-D: Text "(F&A)" added to every "Indirect" reference on the form.

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

The actual look of this form will vary based on your submission method. The Grants.gov downloadable form version is shown here. In ASSIST, use the Add Optional Form option to add the Training Subaward Budget tab to your application.

OMB Number: 0925-0001
Expiration Date: 10/31/2018

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: FORMS-D: Streamlined 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 Bu				
Attach Training Subaward Bu				
Attach Training Subaward Bu				
Attach Training Subaward Bu				
Attach Training Subaward Bu				
Attach Training Subaward Budget 29		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 30		Add Attachment	Delete Attachment	View Attachment

The sum of all training subaward budget forms (e.g., those attached separately on this form and those provided as part of the budget justification), must be included in the Consortium Training Costs field in the Other Direct Costs (Section B) of the PHS 398 Training Budget form.

If submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section F of the PHS 398 Training Budget form.

Optional form in Overall component of multi-project applications only. Used to gather additional indirect cost information needed from the applicant organization to correctly calculate an application's indirect costs when entire components are led by collaborating organizations.

OMB Number: 0925-0001
Expiration Date: 10/31/2018

PHS Additional Indirect Costs - Budget Period 1

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

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

Indirect Costs

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

Add up to 4 indirect cost rates. You can combine costs associated with multiple subaward organizations in the same entry if the same indirect cost rate applies.

Total Indirect Costs

Budget Justification

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

The Budget Justification should explain what is included in the included indirect cost information.

PHS Additional Indirect Costs - Cumulative Budget

	Totals ($)
Indirect Costs	
	System calculated.

BUDGET INFORMATION - Construction Programs

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

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

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

FEDERAL FUNDING

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

Previous Edition Usable

Authorized for Local Reporoduction

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

PHS 398 Research Plan

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction to Application (Resubmission and Revision) — Limited to 1 page (except R25 Resubmission can be 3 pages). View Attachment

Research Plan Section

2. Specific Aims — Required attachment (except DP1, DP2, DP4 and R35). Limited to 1 page.
3. *Research Strategy — Adhere to page limits specified in Application Guide and/or FOA. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.
4. Progress Report Publication List — Add Attachment | Delete Attachment | View Attachment

Human Subjects Section

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

5. Protection of Human Subjects — Required if Human Subjects is Yes. Delete Attachment | View Attachment
6. Data Safety Monitoring Plan — FORMS-D: New attachment. Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement form. View Attachment
7. Inclusion of Women and Minorities — Required if Human Subjects is Yes and exemption number is not 4.
8. Inclusion of Children — Required if Human Subjects is Yes and exemption number is not 4.

Other Research Plan Section

9. Vertebrate Animals — Required for all apps. (except S10), if Vertebrate Animals is Yes on the Other Project Information form. View Attachment
10. Select Agent Research — Add Attachment | Delete Attachment | View Attachment
11. Multiple PD/PI Leadership Plan — Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.
12. Consortium/Contractual Arrangements — Add Attachment | Delete Attachment | View Attachment
13. Letters of Support — Required for R36 applications. Add Attachment | Delete Attachment | View Attachment
14. Resource Sharing Plan(s) — Add Attachment | Delete Attachment | View Attachment
15. Authentication of Key Biological and/or Chemical Resources — FORMS-D: New attachment. Required if project involves key biological and/or chemical resources. Recommend 1 page. No system validation enforcement.

Appendix

16. Appendix — Add Attachments | Delete Attachments | View Attachments

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

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

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

PHS 398 Career Development Award Supplemental Form

FORMS-D: Fields/attachments reorganized.

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction to Application (RESUBMISSION) — Required for Resubmission and Revision applications. Must not be included for New or Renewal applications. Limited to 1 page. | ew Attachment

Candidate Section

2. Candidate Information and Goals for Career Development — FORMS-D: New required attachment combining "Candidate's Background", "Career Goals and Objectives" and "Candidate's Plan for Career Development/ Training Activities during Award Period" attachments from FORMS-C. This attachment and the Research Strategy attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement. | achment

Research Plan Section

3. Specific Aims — Required. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment

4. * Research Strategy — This attachment and the Candidate Information and Goals for Career Development attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.

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

6. Training in the Responsible Conduct of Research — Required. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment

Other Candidate Information Section

7. Candidate's Plan to Provide Mentoring — Required for K05 and K24. Do not include for K01, K07, K08, K18, K22, K23, K25, K76, K99, K99/R00. Limited to 6 pages. | Attachment

Mentor, Co-Mentor, Consultant, Collaborators Section

8. Plans and Statements of Mentor and Co-Mentor(s) — Required for K01, K08, K18, K23, K25, K76, K99, K99/R00. Warning if not included for K07 or K22. Limited to 6 pages. | chment | View Attachment

9. Letters of Support from Collaborators, Contributors, and Consultants — Limited to 6 pages. | Add Attachment | Delete Attachment | View Attachment

Environment and Institutional Commitment to Candidate Section

10. Description of Institutional Environment — Required. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment

11. Institutional Commitment to Candidate's Research Career Development — Required. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment

Human Subject Sections

12. Protection of Human Subjects — Required if Human Subjects is Yes on R&R Other Project Information form. | iew Attachment

13. Data Safety Monitoring Plan — FORMS-D: New attachment. Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement form. | Delete Attachment | View Attachment

14. Inclusion of Women and Minorities — Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form. | achment

15. Inclusion of Children — Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form. | achment

PHS 398 Career Development Award Supplemental Form

Other Research Plan Sections

16. Vertebrate Animals — Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

17. Select Agent Research — Add Attachment | Delete Attachment | View Attachment

18. Consortium/Contractual Arrangements — Add Attachment | Delete Attachment | View Attachment

19. Resource Sharing — Add Attachment | Delete Attachment | View Attachment

20. Authentication of Key Biological and/or Chemical Resources — FORMS-D: New attachment. Required if project involves key biological and/or chemical resources. No system validation enforcement.

Appendix

21. Appendix

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

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

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

* Citizenship

FORMS-D: Citizenship selections updated.

* U.S. Citizen or Non-Citizen National? ☐ Yes ☐ No

Not allowed for K43.

If no, you must select the single, most appropriate Non-U.S. Citizen option.

If no, select most appropriate Non-U.S. Citizen option

Not allowed for K43. ☐ With a Permanent U.S. Resident Visa

Not allowed for K43. ☐ With a Temporary U.S. Visa

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

☐ Not Residing in the U.S.

If with a temporary U.S. visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, also check here: ☐

PHS 398 Research Training Program Plan

OMB Number: 0925-0001
Expiration Date: 10/31/2018

FORMS-D: Fields/attachments reorganized.

Introduction

1. Introduction to Application (for Resubmission and Revision) — Required for Resubmission applications; limited to 3 pages. Required for Revision applications; limited to 1 page. [Delete Attachment] [View Attachment]

Training Program Section

2. * Program Plan — Required. Limited to 25 pages. FORMS-D: Program plan now includes information previously included in "Background" and "Recruitment Plan to Enhance Diversity" attachments.
3. Plan for Instruction in the Responsible Conduct of Research — Required. Limited to 3 pages. [Add Attachment] [Delete Attachment] [View Attachment]
4. Plan for Instruction in Methods for Enhancing Reproducibility — FORMS-D: New attachment. Rigor & transparency changes for training applications delayed (NOT-OD-16-034). Until further notice, do not use this attachment unless specifically indicated in your funding opportunity announcement. [chment]
5. Multiple PD/PI Leadership Plan (if applicable) — Required when multiple Sr/Key entries with the role of PD/PI are included on the R&R Sr/Key Person form. [Attachment]
6. Progress Report (for RENEWAL applications only) — Required for Renewal applications. [Add Attachment] [Delete Attachment] [View Attachment]

Faculty, Trainees and Training Record Section

7. Participating Faculty Biosketches — Warning if not included. [Add Attachment] [Delete Attachment] [View Attachment]
8. Letters of Support [Add Attachment] [Delete Attachment] [View Attachment]
9. Data Tables — Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons. [Attachment]

Other Training Program Section

10. Human Subjects — Required if Human Subjects is Yes on the R&R Other Project Information form. [ew Attachment]
11. Data Safety Monitoring Plan — FORMS-D: New attachment. Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement form. [ment]
12. Vertebrate Animals — Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form. [ent]
13. Select Agent Research [Add Attachment] [Delete Attachment] [View Attachment]
14. Consortium/Contractual Arrangements [Add Attachment] [Delete Attachment] [View Attachment]

Appendix

15. Appendix [Add Attachments]

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

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

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

PHS Fellowship Supplemental Form

FORMS-D: Fields/attachments reorganized.

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction (RESUBMISSION) — Required for Resubmission applications. Limited to 1 page. — Delete Attachment | View Attachment

Fellowship Applicant Section

2. *Applicant's Background and Goals for Fellowship Training — FORMS-D: New required attachment combining "Doctoral Dissertation and Other Research Experience", "Goals for Fellowship Training and Career" and "Activities Planned Under ThisAward" attachments from FORMS-C. Limited to 6 pages. — chment

Research Training Plan Section

3. * Specific Aims	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
4. * Research Strategy	Required. Limited to 6 pages.	Add Attachment	Delete Attachment	View Attachment
5. * Respective Contributions	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
6. * Selection of Sponsor and Institution	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
7. Progress Report Publication List (RENEWAL)		Add Attachment	Delete Attachment	View Attachment
8. * Training in the Responsible Conduct of Research	Required. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment

Sponsor(s), Collaborator(s), and Consultant(s) Section

9. Sponsor and Co-Sponsor Statements	Required. Limited to 6 pages.	Add Attachment	Delete Attachment	View Attachment
10. Letters of Support from Collaborators, Contributors, and Consultants	FORMS-D: New attachment. Limited to 6 pages.	dd Attachment	Delete Attachment	View Attachment

Institutional Environment and Commitment to Training Section

11. Description of Institutional Environment and Commitment to Training	FORMS-D: New attachment. Limited to 2 pages.	dd Attachment	Delete Attachment	View Attachment

Other Research Training Plan Section

Human Subjects

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

Are Human Subjects Involved? ☐ Yes ☐ No — Pre-populated from R&R Other Project Information form.

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

15. Protection of Human Subjects	Required if Human Subjects is Yes on the R&R Other Project Information form.			ew Attachment
16. Data Safety Monitoring Plan	FORMS-D: New attachment. Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement form.			ew Attachment
17. Inclusion of Women and Minorities	Required if Human Subjects is Yes and exemption number is not 4.		Attachment	View Attachment
18. Inclusion of Children	Required if Human Subjects is Yes and exemption number is not 4.		Attachment	View Attachment

PHS Fellowship Supplemental Form

Vertebrate Animals FORMS-D: New section.

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

Are Vertebrate Animals Used? ☐ Yes ☐ No

19. Vertebrate Animals Use Indefinite? ☐ Yes ☐ No

Answer required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

20. Are vertebrate animals euthanized? ☐ Yes ☐ No

FORMS-D: New question. Answer required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

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

FORMS-D: Up to 1000 characters.

Other Research Training Plan Information

21. Vertebrate Animals

Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

22. Select Agent Research — Add Attachment | Delete Attachment | View Attachment

23. Resource Sharing Plan — Add Attachment | Delete Attachment | View Attachment

24. Authentication of Key Biological and/or Chemical Resources

FORMS-D: New attachment. Rigor & transparency changes for individual fellowship applications delayed (NOT-OD-16-034). Until further notice, do not use this attachment unless specifically indicated in your funding opportunity announcement.

Additional Information Section

25. Human Embryonic Stem Cells

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

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

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

Cell Line(s):

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Add up to 200 cell lines.

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

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

28. *Field of Training for Current Proposal:

FORMS-D: Drop-down list of values updated; changed from 4-digit codes to 3-digit codes.

PHS Fellowship Supplemental Form

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

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

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

At least one entry is required if 'Current Or Prior Kirschstein-NRSA Support' is Yes.
Can provide up to 4 support items.

30. * Applications for Concurrent Support ☐ Yes ☐ No

If yes, please describe in an attached file: Limited to 1 page. Add Attachment | Delete Attachment | View Attachment

FORMS-D: Citizenship selections updated.

Answer must be No for F05.

31. * Citizenship:

U.S.Citizen * U.S. Citizen or Non-Citizen National? ☐ Yes ☐ No

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

Non-U.S.Citizen

☐ With a Permanent U.S. Resident Visa

Non-U.S. Citizen with temporary U.S. Visa only required for F05.

☐ With a Temporary U.S. Visa

If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here. ☐

32. ☐ Change of Sponsoring Institution

Name of Former Institution:

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

E. Budget

All Fellowship Applicants:

1. * Tuition and Fees: ☐ None Requested ☐ Funds Requested:

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

Senior Fellowship Applicants Only:

Fields in this section are required for F33.

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

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

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

Type (sabbatical leave, salary, etc.)

Source

F. Appendix

Add Attachments | Delete Attachments | View Attachments

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

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

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