FORMS VERSION D SERIES

UPDATED MARCH 25, 2016

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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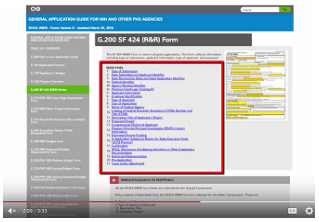
T.100 - How to Use the Application Instructions

Tour the new Application Guide!



- **Become familiar with the application submission process.**
  - Understanding the information in the Application Process section of this guide, including required registrations, is critical to successfully submitting your application.
- **Use these instructions in conjunction with your funding opportunity announcement (FOA).**
  - Remember that the funding opportunity announcement instructions always supersede these application instructions.
- **Pick a format.**
  - **Comprehensive.** Use the general (G) instructions, available in both HTML and PDF format, to complete the application forms for any type of grant program.
  - **Program-specific.** Take advantage of the filtered PDFs 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.
- **Determine which instructions are needed.**
  - Refer to Selecting the Correct Application Instructions to match the activity code of your funding opportunity to the needed instructions (e.g., the R01 activity code maps to the Research (R) instructions).
  - Consult the Program Overview section for context for program specific instructions.
- **Follow both standard and program-specific guidance.**
  - Follow the standard instruction for each field, as well as, any additional program-specific instructions.
- **Complete only the forms included with the funding opportunity.**
- **Refer to significant changes section for the most recent changes to these application instructions.**
  - Review changes to NIH policy since the posting of the application guide.

T.110 - Application Process

Quick Links

- Prepare to Apply and Register
- Format and Write
- Submission Process
- Due Dates and Submission Deadlines
- After Submission
- Resources
- Information Collection

Prepare to Apply and Register

Understand Key Systems and Roles

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

https://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/key-systems-and-roles.htm

Get Registered!

Determine your registration status. Organizations, organizational representatives, investigators, and others need to register in multiple federal systems in order to apply. Registration can take 6 weeks or more to complete. Start today!

http://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/registration.htm

Find and Understand Funding Opportunities

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

http://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/find-and-understand-foas.htm

Identify the Type of Application Submission

Are you submitting a new, renewal, revision, or resubmission application? Learn about special submission requirements for revisions and resubmissions.

http://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/type-of-application-submission.htm

Choose a Submission Option

Determine which system is most convenient for your submission to NIH: NIH's ASSIST on-line application submission system, Grants.gov downloadable forms, or your organization may have their own submission system.

http://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/choose-a-submission-option.htm

Obtain Software

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

http://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/obtain-software.htm

Format and Write

Write Your Application

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

http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm

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.

http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/develop-your-budget.htm

Format Attachments

Follow these requirements for preparing the documents you attach to your application, including criteria for the pdf files, fonts, margins, headers and footers, paper size, citations, format pages and more.

http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm

Refer to Table of Page Limits

Follow the page limits specified in this table unless instructed otherwise by the funding opportunity announcement to which you are applying.

http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/table-of-page-limits.htm

Utilize Biosketch, Data Tables and Other Format Pages

A comprehensive listing of the format pages you will use when you attach various files to your application, including instructions for submission of a reference letter.

Submission Process

Submit, Track and View Your Application

Learn how to submit your application to Grants.gov, and 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.

http://grants.nih.gov/grants/how-to-apply-application-guide/submission-process/submit-track-view.htm

Learn How We Check Your Application for Completeness

It is important that all applications being reviewed together adhere to the same rules. Consequently, your application will be checked at Grants.gov, by eRA systems and finally by federal staff before it is referred for review.

http://grants.nih.gov/grants/how-to-apply-application-guide/submission-process/check-your-application.htm

Submit a Changed/Corrected Application

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

http://grants.nih.gov/grants/how-to-apply-application-guide/submission-process/changed-corrected-application.htm

Submit a Reference letter

Some types of programs require the submission of reference letters by the referee. Referees must submit these letters by the application deadline in order to be considered as part of the application. Learn the process and policies for submission of reference letters.

http://grants.nih.gov/grants/how-to-apply-application-guide/submission-process/reference-letter.htm

Due Dates and Submission Deadlines

Due Dates

View standard due dates for NIH programs. The FOA will identify if a specific due date should be used.

http://grants.nih.gov/grants/how-to-apply-application-guide/due-dates-and-submission-policies/standard-due-dates.htm

Submission Policies

Learn the nuances of submission policies, including when we might allow late applications, 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, and more.

http://grants.nih.gov/grants/how-to-apply-application-guide/due-dates-and-submission-policies/application-submission-policies.htm

Guidelines for Applicants Experiencing System Issues

Experiencing system issues with ASSIST, Grants.gov, SAM, or NIH's eRA Commons that you believe threaten your ability to submit on time? NIH will not penalize applicants who experience confirmed issues beyond their control with federal systems. You must report the problem before the submission deadline.

http://grants.nih.gov/grants/how-to-apply-application-guide/due-dates-and-submission-policies/guidelines-for-applicants-experiencing-system-issues.htm

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 for possible funding.

http://grants.nih.gov/grants/receipt_referral.htm

Peer Review

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

http://grants.nih.gov/grants/peer_review_process.htm

Pre-Award Process

Learn what happens between peer review through award for applicants whose applications have been deemed highly meritorious in the scientific peer review process. Be ready, if you received a great score in peer review we will ask you to submit just-in-time information.

http://grants.nih.gov/grants/pre-award-process.htm

Post Award Monitoring and Reporting

If you are the recipient of a grant from the NIH, there is a great deal of information that you will need in order to be a successful steward of federal funds. This page provides a brief overview of grantee monitoring and reporting requirements.

http://grants.nih.gov/grants/post-award-monitoring-and-reporting.htm

Resources

News - Items of Interest

The eSubmission Items of Interest provide comprehensive information on the changes impacting application development and submission in a friendly, informal format.

https://grants.nih.gov/grants/how-to-apply-application-guide/resources/news-items-of-interest.htm

Annotated Form Sets

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

http://grants.nih.gov/grants/how-to-apply-application-guide/resources/annotated-form-sets.htm

Contacting NIH Staff

NIH staff is here to help. We strongly encourage 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.

http://grants.nih.gov/grants/how-to-apply-application-guide/resources/contacting-nih-staff.htm

Contacting Staff at Other PHS Agencies

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

https://grants.nih.gov/grants/how-to-apply-application-guide/resources/contacting-staff-at-other-public-health-service-agencies.htm

Information Collection

Authorization

Describes NIH's statutory authorities for awarding grants.

http://grants.nih.gov/grants/authorization.htm

Paperwork Burden

Provides estimated time for completing a grant application.

http://grants.nih.gov/grants/paperwork-burden.htm

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.

http://grants.nih.gov/grants/collection-of-personal-demographic-data.htm

T.120 - Significant Changes

Modifications include the following:

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 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-082.html)
- 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 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-080.html.

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 institutional research training opportunities (including international) to trainees at the undergraduate, graduate, and postdoctoral levels.

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

Note that non-NRSA training and career development programs operate under different regulatory authorities, and, while much of the information may be the same, it is important for individuals interested in those programs to carefully read the applicable Funding Opportunity Announcement (FOA) for specific program information and special application instructions. Non-NRSA training programs may have different eligibility requirements, due dates, award provisions, and review criteria.

Additional training instructions will be denoted by a blue box and “Additional Instructions for Training” heading.

Before Applying:

- **Become familiar with Activity Code:** Applicants should become familiar with the Research Training Activity code and the purpose of the specific program for which support is being requested https://researchtraining.nih.gov/programs/training-grants.
- **Refer to specific FOA:** Applicants should carefully review the applicable FOA which contains more specific information associated with the award mechanism and the names of individuals who may be contacted for additional or clarifying information prior to submission of an application.
    - Announcements for various training programs are issued periodically in the NIH Guide for Grants and Contracts, a weekly publication (http://grants.nih.gov/grants/guide/index.html).

Payback Service Requirement: Please note that for Kirschstein-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.

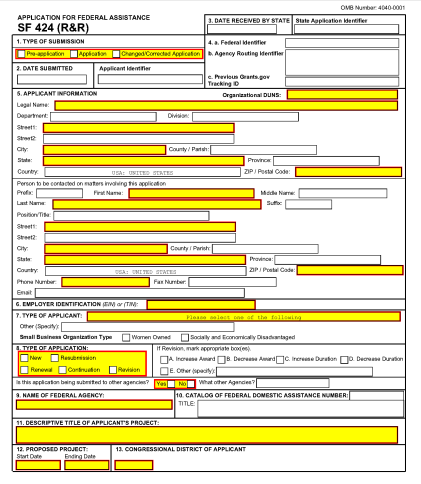
Prospective applicants are encouraged to review the T Kiosk for the most current program information.

Summary of Institutional Training Programs

Activity Code	Program Description	NRSA?
D43	International Research Training Grants	NO
D71	International Research Training Planning Grant	NO
K12	Institutional Mentored Clinical Scientist Development Program Award	NO
T32	National Research Service Award (NRSA) Institutional Research Training Grant	YES
T34	MARC Undergraduate Student Training in Academic Research (U-STAR) 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	Training for a New Interdisciplinary Research Workforce	YES
U2R	International 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.



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

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 (CFDA) Number and Title
11. Descriptive Title of Applicant's Project
12. Proposed Project
13. Congressional District of Applicant
14. Program Director/Principal Investigator (PD/PI) 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 Typecifically noted in a Funding Opportunity Announcement, the Pre-application option e of Submission boxes:

Pre-Application:

Unless spis not used by NIH and other PHS agencies.

Changed/Corrected Application:

This box must be used if you need to submit the same application again to correct system validation errors, application assembly problems, or to incorporate other changes. When submitting a Changed/Corrected Application:

- If submitting after the submission date, include an explanation in the Cover Letter attachment.
- Submitting a Changed/Corrected application replaces the previous submission and removes the previous submission from consideration. Once an application has moved forward to agency staff following the two-day application viewing window, subsequent Changed/Corrected applications will not be accepted unless the application is withdrawn. Note that if you are submitting additional grant application materials after the submission date some special guidelines may apply. See NIH Guide Notice NOT-OD-10-115 (http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-115.html) for the NIH Policy on Post-Submission Application Materials.
- When you check the Changed/Correct Application box the Previous Grants.gov Tracking ID becomes a required field.
- Do not use the Changed/Corrected Application box to denote a submission of a resubmission or amended application. That will be indicated in the Type of Application.

2. Date Submitted and Applicant Identifier

The Applicant Identifier field is a control number created by the applicant organization, not the Federal agency.

3. Date Received by State and State Application Identifier

For submissions to NIH and other PHS agencies, leave these fields blank.

4.a. Federal Identifier

When a New Application is being submitted following a Pre-Application, enter the agency-assigned pre-application number, if applicable. If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier number (for example, award number)--even if submitting a Changed/Corrected application.

For submissions to NIH and other PHS agencies, include only the IC and serial number of the previously assigned application/award number (e.g., use CA987654 from 1R01CA987654-01A1). The Federal Identifier is required for Resubmission, Renewal, and Revision applications.

Applicants to NIH and other PHS agencies should complete this field when submitting a resubmission, renewal or revision application. When submitting a "New" application, this field should remain blank.

4.b. Agency Routing Identifier

Unless specifically noted in a program announcement, the Agency Routing Identifier is not used by NIH or other PHS agencies.

4.c. Previous Grants.gov Tracking ID

Enter the previous Grants.gov tracking number, if applicable.

5. Applicant Information

This information is for the Applicant Organization, not a specific individual.

Organizational DUNS:

Enter the DUNS or DUNS+4 number of the applicant organization. This field is required.

For submission to NIH and other PHS agencies, this DUNS must match the number entered in the eRA Commons Institutional Profile for the applicant organization. The applicant AOR is encouraged to confirm that a DUNS has been entered in the eRA Commons Institutional Profile (IPF) prior to submitting an application. If your organization does not already have a DUNS number, you will need to go to the Dun & Bradstreet website at http://fedgov.dnb.com/webform to obtain the number. 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.

Legal Name:

Enter the legal name of the applicant which will undertake the assistance activity, enter the complete address of the applicant (including county/parish and country), and name, telephone number, e-mail, and fax of the person to contact on matters related to this application.

Department:

Enter the name of the primary organizational department, service, laboratory, or equivalent level within the organization that will undertake the assistance activity.

Division:

Enter the name of the primary organizational division, office, or major subdivision which will undertake the assistance activity.

Street1:

Enter the first line of the street address for the applicant in "Street1" field. This field is required.

Street2:

Enter the second line of the street address for the applicant in the "Street2" field. This field is optional.

City:

Enter the City for address of the applicant. This field is required.

County/Parish:

Enter the county/parish for address of the applicant.

State:

Enter the State where the applicant is located. This field is required if the applicant is located in the United States.

Province:

Enter the province. If "Country" is not Canada, please leave blank.

Country:

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

ZIP Code:

Enter the nine-digit postal code (e.g., ZIP code) of applicant. This field is required if the applicant is located in the United States. This field is required if a State is selected; optional for Province.

Person to be contacted on matters involving this application:

This information is for the Administrative 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. To avoid potential errors and delays in processing, please ensure that the information provided in this section is identical to the AO profile information contained in the eRA Commons.

Prefix:

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the person to contact on matters related to this application.

First Name:

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

Middle Name:

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

Last Name:

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

Suffix:

Enter the suffix (e.g., Jr., Sr., Ph.D.) for 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:

Enter first line of the street address for the person to contact on matters related to this application in the "Street1" field. This field is required.

Street2:

Enter the second line of the street address for the person to contact on matters related to this application in the “Street2” field. This field is optional.

City:

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

County/Parish:

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

State:

Enter the State where the person to contact on matters related to this application is located. This field is required if the applicant is located in the United States.

Province:

Enter the province for the person to contact on matters related to this application. If “Country” is not Canada, please leave blank

Country:

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

ZIP Code:

Enter the nine-digit postal code (e.g., ZIP code) of the person to contact on matters related to this application. This field is required if the performance site location is in the United States.

Phone Number:

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

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.

6. Employer Identification

Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the U.S., enter 44-4444444.

If you have a 12-digit EIN established for grant awards from NIH or other PHS agencies, enter all 12 digits (e.g., 1123456789A1); this includes non-U.S. organizations. This field is required.

7. Type of Applicant

Select the appropriate applicant type code. For eligible Agencies of the Federal Government, select X: Other (specify), and then indicate the name of the appropriate Federal agency in the space below. For SBIR/STTR applicant organizations, select R. Small Business. If Small Business is selected as Type of Applicant, then note if the organization is Woman-owned and/or Socially and Economically Disadvantaged.

Other (Specify):

Complete only if "Other" is selected as the Type of Applicant.

Woman Owned:

Check if you are a woman-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.

Socially and Economically Disadvantaged:

Check if you are a socially and economically disadvantaged small business, as 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

Select the type from the following list of existing definitions for NIH and other PHS agencies. Check only one. This field is required.

- ***New.*** Check this option when submitting an application for the first time or in accordance with other submission policies. See NOT-OD-14-074.
- ***Resubmission.*** Check this option when submitting a revised (altered or corrected) or amended application. See also the NIH Policy on Resubmission Applications.
- **Renewal.** An application 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 though the applicant is applying for the first time.
- ***Continuation.*** For the purposes of NIH and other PHS agencies, the box for Continuation is only used for specific FOAs.
- ***Revision.*** For competing revisions and non-competing administrative supplements.

This field also affects how you complete the Federal Identifier. If "Type of Application" is "New", you can leave the Federal Identifier field blank unless otherwise specified in the funding opportunity announcement.

If "Type of Application" is "Renewal," "Revision," or "Resubmission," enter the IC and serial number of the previously assigned application/award number (e.g., use CA987654 from 1R01CA987654-01A1).

If Revision, mark appropriate box(es). May select more than one:

1. Increase Award
2. Decrease Award
3. Increase Duration
4. Decrease Duration
5. Other

If "Other" is selected, please specify in the text box provided.

For the purposes of NIH and other PHS agencies, 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?

In the field "Is this application being submitted to other agencies?," please check the box "yes" if one or more of the specific aims submitted in your application are also contained in a similar,

identical, or essentially identical application submitted to another Federal agency. Indicate the agency or agencies to which the application has been submitted. For additional information, please see NIH Guide Notice NOT-OD-09-100, *Reminder and Clarification of NIH Policies on Similar, Identical, or Essentially Identical Applications, Submission of Applications Following RFA Review, and Submission of Applications with a Changed Activity Code* http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-100.html. This field is required.

What Other Agencies?

Enter Agency Name

9. Name of Federal Agency

Name the Federal agency from which assistance is being requested with this application. This field is pre-populated from the opportunity package.

10. Catalog of Federal Domestic Assistance (CFDA) Number and Title

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

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 field will not allow any data entry. 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

Enter a brief descriptive title of the project. This field is required.

A "new" application must have a different title from any other PHS project submitted for the same application due date with the same PD/PI. A "resubmission" or "renewal" application should normally have the same title as the previous grant or application. If the specific aims of the project have significantly changed, choose a new title.

A "revision" application must have the same title as the currently funded grant.

NIH and other PHS agencies limit title character length to 200 characters, including the spaces between words and punctuation.

12. Proposed Project

Start Date:

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

Ending Date:

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

Additional Instructions for Training:

The usual starting date for an institutional training grant is July 1, but there are other possible starting dates. Refer to the Key Dates listed in the FOA and the webpage of Standard Due Dates for Competing Applications (http://grants.nih.gov/grants/funding/submissionschedule.htm). Many PHS awarding components restrict due dates and review dates to once a year. Applicants are strongly encouraged to contact the appropriate awarding component staff before submitting an application.

13. Congressional District of Applicant

Enter the Congressional District in the format: 2 character State Abbreviation – 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district.

If outside the U.S., enter 00-000.

To locate your congressional district, visit the Grants.gov Web site.

For States and U.S. territories with only a single congressional district enter "001" for the district code. For jurisdictions with no representative, enter "099". For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098, PR-098.

14. Program Director/Principal Investigator (PD/PI) Contact Information

If submitting an application reflecting Multiple PD/PIs, the individual designated as the Contact PI must be affiliated in the Commons with the applicant organization should be entered here. See Section T.240 - Senior/Key Person Profile (Expanded) Form for additional instructions for Multiple PD/PIs. To avoid potential errors and delays in processing, please ensure that the information provided in this section is identical to the PD/PI profile information contained in the eRA Commons.

Prefix:

The Project Director/Principal Investigator (PD/PI) is the individual responsible for the overall scientific and technical direction of the project. Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the PD/PI.

First Name:

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

Middle Name:

Enter the middle name of the PD/PI.

Last Name:

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

Suffix:

Enter the suffix (e.g., Jr., Sr.) of the PD/PI. Do not use this field to record degrees (e.g., Ph.D.). Degrees for the PD/PI are requested separately in the Senior/Key Person Profile.

Position/Title:

Enter the Position/Title of the PD/PI.

Organization Name:

Enter the name of organization for the PD/PI. This field is required.

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, or major subdivision of the PD/PI.

Street1:

Enter first line of the street address for the PD/PI in the “Street1” field. This field is required.

Street2:

Enter the second line of the street address for the PD/PI in the “Street2” field. This field is optional.

City:

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

County/Parish:

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

State:

Enter the State where the PD/PI is located. This field is required if the PD/PI is located in the United States.

Province:

Enter the province for PD/PI. If “Country” is not Canada, please leave blank

Country:

Select the country for the PD/PI address.

ZIP/Postal Code:

Enter the postal code (e.g., ZIP code) of the PD/PI. A nine-digit ZIP Code is required.

Phone Number:

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

Fax Number:

Enter the fax number for the PD/PI.

E-mail:

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

15. Estimated Project Funding

a. Total Federal Funds Requested

Enter total Federal funds requested for the entire project period. This field is required.

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 announcement. This field is required.

c. Total Federal & Non-Federal Funds

For NIH and other PHS agencies applicants, this field will be the same as Total Federal Funds Requested above unless the specific announcement indicates that cost sharing is a requirement. This field is required.

d. Estimated Program Income

Identify any Program Income estimated for this project period, if applicable. This field is required.

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

For NIH and other PHS agencies submissions using the SF424 (R&R), applicants should check “No, Program is not covered by E.O. 12372.”

17. Certification

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

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 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. This field is required.

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

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

If unable to certify compliance in with the Certification above attach an explanation. Additionally, as applicable, attach the SFLLL (Standard Form LLL, Disclosure of Lobbying Activities) or other documents in this item. A fillable version of the SFLLL form is available at http://www.whitehouse.gov/omb/assets/omb/grants/sflllin.pdf.

19. Authorized Representative

This is equivalent to the individual with the organizational authority to sign for an application; otherwise known as the Authorized Organization Representative or the Signing Official.

Prefix:

Enter the prefix (Mr., Mrs., Rev.) for the name of the Authorized Representative.

First Name:

Enter the first (given) name of the Authorized Representative. This field is required.

Middle Name:

Enter the middle name of the Authorized Representative.

Last Name:

Enter the last (family) name of the Authorized Representative. This field is required.

Suffix:

Enter the suffix (e.g., Jr., Sr., Ph.D.) for the Authorized Representative.

Position/Title:

Enter the Title of the name of the Authorized Representative. This field is required.

Organization Name:

Enter the name of the organization for the Authorized Representative. This field is required.

Department:

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

Division:

Enter the name of the primary organizational division, office, or major subdivision of the Authorized Representative.

Street1:

Enter the first line of the street address for the Authorized Representative in the “Street1” field. This field is required.

Street2:

Enter the second line of the street address for the Authorized Representative in the “Street2” field. This field is optional.

City:

City for address of the Authorized Representative. This field is required.

County/Parish:

Enter the county/parish for address of the Authorized Representative.

State:

Enter the State where the Authorized Representative is located. This field is required if the Authorized Representative is located in the United States.

Province:

Enter the province for the Authorized Representative. If “Country” is not Canada, please leave blank.

Country:

Select the country for the Authorized Representative address.

ZIP/Postal Code:

Enter Postal Code (e.g., ZIP code) of the Authorized Representative. This field is required if the Authorized Representative is located in the United States. A nine-digit Zip code is required.

Phone Number:

Enter the daytime phone number for the Authorized Representative. This field is required.

Fax Number:

Enter the fax number for the Authorized Representative.

E-mail:

Enter the e-mail address for the Authorized Representative. This field is required.

Signature of Authorized Representative:

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. If this application is submitted through Grants.gov, leave blank. If a hard copy is submitted, the AOR must sign this block.

Date Signed:

If this application is submitted through Grants.gov, the system will generate this date. If submitting a hard copy, enter the date the AOR signed the application.

20. Pre-Application

Unless specifically noted in a Funding Opportunity Announcement, NIH and other PHS agencies do not use Pre-applications and this attachment field should not be used for any other purpose.

If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency specific instructions, and save the file in a location you remember. Click **Add Attachment**, browse to where you saved the file, select the file, and then click **Open**.

21. Cover Letter Attachment

Attach the cover letter, addressed to the Division of Receipt and Referral, in accordance with the announcement and/or the agency specific instructions.

Applicants are encouraged to include a cover letter with the competing application. Please attach the cover letter in the correct location, **specifically verify that the cover letter has not been uploaded to the pre-application field which is directly above the cover letter field**. This will ensure the attachment is kept separate from the assembled application in Commons and only made available to appropriate staff.

A cover letter should not be included with post-award submissions such as administrative supplements, change of grantee institution, or successor-in-interest. The cover letter is only for internal use and will not be shared with peer reviewers. The letter should contain any of the following information that applies to the application:

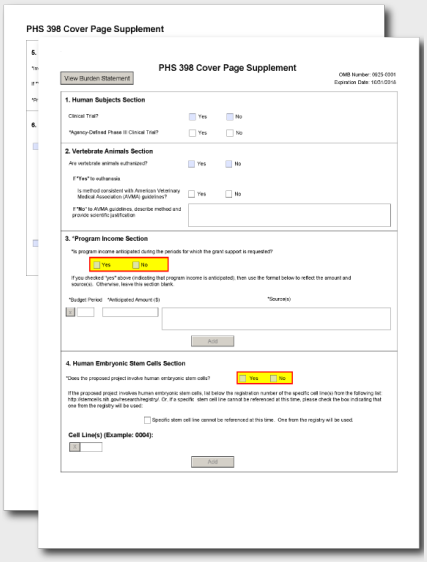
1. Application title.
2. Funding Opportunity (PA or RFA) title of the NIH initiative.
3. For late applications (see Late Application policy in http://grants.nih.gov/grants/funding/submissionpolicies.htm) include specific information about the timing and nature of the cause of the delay.
4. When submitting a Changed/Corrected Application after the due date, a cover letter is required explaining the reason for late submission of the Changed/Corrected Application. If

you already submitted a cover letter with a previous submission and are now submitting a late Changed/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 periods of the proposed grant Section T.240 - Senior/Key Person Profile (Expanded) Form.
6. Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications $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.
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, a video will not be accepted. See NOT-OD-12-141 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 (NOT-OD-14-11 and NOT-OD-15-027.)

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 change 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 (For renewal applications only)
6. Change of Investigator/Change of Institution Section

1. Human Subjects Section

Clinical Trial?

Check "yes" or "no" to indicate whether the project includes a clinical trial. See Supplemental Instructions, Part III Section 3 for the specific definition.

Agency-Defined Phase III Clinical Trial:

Check “Yes” or “No” to indicate whether the project is an NIH-defined Phase III clinical trial.

An NIH-defined Phase III clinical trial is a broadly based prospective Phase III clinical investigation, (usually involving several hundred or more human subjects) to evaluate an experimental intervention in comparison with a standard or control intervention or to compare two or more existing treatments. The definition includes pharmacologic, non-pharmacologic, and behavioral interventions given for disease prevention, prophylaxis, diagnosis, or therapy. Community trials and other population-based intervention trials also are included.

Additional Instructions for Training:

If you checked “Yes” to Human Subjects and “Yes” to Clinical Trial on the R&R Other Project Information form, you must 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 animals euthanized?

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

If “Yes” to euthanasia: Is method consistent with AVMA guidelines?

Check “Yes” or “No” to indicate whether the method of euthanasia is consistent with the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals. See https://www.avma.org/KB/Policies/Pages/Euthanasia-Guidelines.aspx for more information.

If “No” to AVMA guidelines, describe method and provide a scientific justification:

If you answered “No” to the question “Is method consistent with AVMA guidelines?” describe the method of euthanasia and provide a scientific justification for its use. If you answered “Yes”, leave the section blank.

3. Program Income Section

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

If program income is anticipated during the periods for which the grant support is requested, check “Yes,” and then complete the section below. If no program income is anticipated, check “No” and leave the following section blank.

Budget Period:

If program income is anticipated, enter the budget periods in this column. If the application is funded, the Notice of Grant Award will provide specific instructions regarding the use of such income.

Anticipated Amount ($):

If program income is anticipated, enter the amount anticipated for each budget period listed.

Source(s):

If program income is anticipated, enter the source for each budget period listed.

Additional Instructions for Training:

Check “No”.

4. Human Embryonic Stem Cells Section

Does the proposed project involve human embryonic stem cells?

If the proposed project involves human embryonic stem cells, check Yes and complete the section below. If the proposed project does not involve human embryonic stem cells, check No.

Additional Instructions for Training:

Check "Yes" if training plans include or potentially will include involvement of trainees in projects that include human embryonic stem cells.

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

If a specific line cannot be referenced at the time of application submission, check this box. Additionally, provide a strong justification for why an appropriate cell line is not available from the Registry at this time. The justification should be included as part of the Research Strategy or Program Plan as appropriate.

Cell Line(s):

List in this section the 4-digit registration number of the specific cell line(s) from the NIH Human Embryonic Stem Cell Registry (e.g. 0123).

Additional Instructions for Training:

If "Yes", list the 4-digit NIH Registration Number of the specific cell line(s) from the NIH Human Embryonic Cell Registry, or check the box indicating that the specific stem cell line cannot be referenced at this time. Applications proposing the use of hESC must either specify a cell line(s) from the NIH Stem Cell Registry that will be used in the proposed research or, provide a strong justification for why an appropriate cell line cannot be chosen from the Registry at the time of application and a certification that one from the Registry will be used. The justification should be included in the Research Strategy section of the application. For additional guidance, see NIH Guide Notice NOT-OD-12-111 Notice of Impending Change in Peer Review Criteria and Submission Requirements for NIH Applications Involving Human Embryonic Stem Cells.

Note that individual project HESC information is not required at the time of application, but will be requested as Just-in-time (JIT) information prior to award. At that time, the NIH will require information regarding project title, mentor and specific cell line(s) from the registry (http://grants.nih.gov/stem_cells/registry/current.htm) for each trainee utilizing human embryonic stem cells in a research project. Trainees may not participate in human embryonic stem cell related research until this information is provided.

5. Inventions and Patents Section (For renewal applications only)

Inventions and Patents:

This block need only be completed if submitting an R&R "Renewal" application or a Resubmission of a Renewal application. If no inventions were conceived or reduced to practice during the course of work under this project, check "No." The remaining parts of the item are then not applicable. If any inventions were conceived or first actually reduced to practice during the previous period of support, check "Yes."

Note: 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, Bethesda, MD 20892-2750, (301) 435-1986. Invention reporting compliance according to regulations at 37 CFR 401.14 is described at http://www.iedison.gov. The grantee is required to submit reports electronically using Interagency Edison (http://www.iedison.gov). See NOT-OD-15-080.

Additional Instructions for Training:

Not applicable - leave blank.

Previously Reported:

If the item above is checked "Yes", indicate whether this information has been reported previously to the PHS 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 here, if this application reflects a change in principal investigator/program director from that indicated on a previous application. This is not generally applicable to a "New" application. For a multiple PD/PI application, check here if this application represents a change in the Contact PI.

Prefix:

If this application reflects a change in PD/PI, enter the name prefix (for example, Mr., Mrs., Rev.) of the former PD/PI.

First Name:

If this application reflects a change in PD/PI, enter the first name of the former PD/PI.

Middle Name:

If this application reflects a change in PD/PI, enter the middle name of the former PD/PI.

Last Name:

If this application reflects a change in PD/PI, enter the last name of the former PD/PI.

Suffix:

If this application reflects a change in PD/PI, provide the suffix (for example, Jr., Sr., PhD) of the former PD/PI.

Change of Grantee Institution:

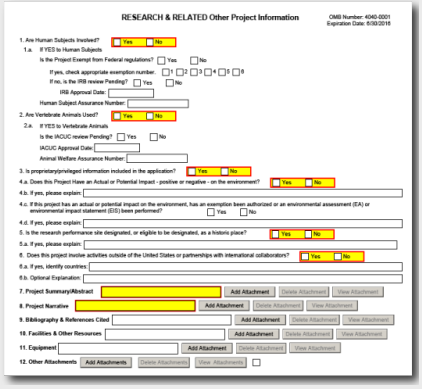
Check here, if this application reflects a change in grantee institution from that indicated on a previous application. This is not generally applicable to a "New" application.

Name of Former Institution:

If this application reflects a change in grantee institution, insert the name of the former institution here.

T.220 - R&R Other Project Information Form

The Other Project Information Form is used for all grant applications. This form includes questions on the use of human subjects and vertebrate animals, as well as fields to upload an abstract, project narrative, references, equipment lists, and facilities descriptions.


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

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?

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. 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 block 1. This field is required.

Note that applications involving the use of human biospecimens or data may or may not be considered as 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. Check "Yes" even if the proposed project is exempt from Regulations for the Protection of Human Subjects. If no activities involving human subjects are planned, check the No box, and skip the rest of this block. This field is required.

In many instances, trainees supported by institutional training grants will be participating in research that is supported by separate research project grants for which the 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 only participate in non-exempt human subjects research that is being conducted by an institution that has an approved FWA on file with OHRP and which has IRB approval. The awardee institution is responsible for maintaining documentation of FWA and IRB approvals for all trainee research projects and providing these to NIH if requested.

In instances where trainees will design and conduct independent human subjects research as part of the training award, human subjects may not be involved and trainees may not participate in research involving human subjects unless the engaged institution has an approved FWA on file with OHRP, and IRB approval has been obtained. Certification of the date of IRB approval must be submitted to NIH, and NIH requirements for human subjects protections must be addressed (see instructions in the Supplemental Instructions, Part III Section 1.5.2, and the NIH Grants Policy Statement.

The institution must ensure that trainees who will be involved in the design or conduct of research involving human subjects 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.

1.a. If YES to Human Subjects

Is the Project Exempt from Federal Regulations? Yes/No

Yes: If the project is exempt from Federal regulations, check Yes. If yes, check the appropriate exemption number.

No: If the project is not exempt from Federal regulations, check No.

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

Select the appropriate exemption number from 1, 2, 3, 4, 5, 6.

If human subject activities are exempt from Federal regulations, provide the exemption numbers corresponding to one or more of the exemption categories. The six categories of research that qualify

for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects. These regulations can be found at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

OHRP guidance states that appropriate use of Exemptions described in 45 CFR 46 should be determined by an authority independent from the investigators (http://answers.hhs.gov/ohrp/categories/1564). Institutions often designate their 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.

Proposed research may include more than one research project; thus the application may include individual projects that meet the requirements for non-exempt or exempt human subjects research, or are not defined as human subjects research. Human subjects research should be designated as exempt if all of the proposed research meets the criteria for one or more of the six exemptions.

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

If IRB review is pending, check Yes. If IRB review is not pending, check No.

IRB Approval Date:

Enter the latest Institutional Review Board (IRB) approval date (if available). Leave blank if Pending.

Applicants should check “Yes” to the question “Is the IRB review Pending?” even if the IRB review/approval process has not yet begun at the time of submission. Also note that an IRB Approval Date is not required at the time of submission. This may be requested later in the pre-award cycle as a Supplemental Instructions, Part III Section 1.7 requirement.

Human Subject Assurance Number:

Enter the approved Federalwide Assurance (FWA) number that the applicant has on file with the Office for Human Research Protections. Enter the 8-digit number. Do not enter “FWA” before the number.

Insert “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 signature section on the SF424 (R&R) Cover form, is declaring that it will comply with 45 CFR part 46 and proceed to obtain a FWA (see http://www.hhs.gov/ohrp). Do not insert the FWA number of any collaborating institution in the space provided.

2. Are Vertebrate Animals Used?

If activities involving vertebrate animals are planned at any time during the proposed project at any performance site, check yes. If no, skip the rest of block 2. This field is required.

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" and add the Vertebrate Animals attachment to provide an explanation and to indicate when it is anticipated that animals will be used. If an award is made prior to the involvement of animals, the grantee must provide all of the information required by adding a Vertebrate Animals attachment in the Research Plan and verifying an IACUC approval to the awarding component.

Additional Instructions for Training:

Check “Yes” if training plans include or potentially will include trainees in projects involving the use of live vertebrate animals at any time during the proposed project period. Otherwise, check “No”, and skip the rest of this block. This field is required.

In many instances, trainees supported by institutional training grants will be participating in research that is supported by a separate research project grants for which the IACUC review and approval exists. This existing IACUC approval may be 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 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.

In instances where trainees will design and conduct independent vertebrate animal research as part of the training award, vertebrate animals may **not** be involved and trainees may **not** participate in research involving vertebrate animals 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 to the NIH awarding IC for prior approval the detailed information about the use of animals as required in the instructions in Section T.420 - PHS 398 Research Training Program Plan, Vertebrate Animals.

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?

Indicate if an Institutional Animal Care and Use Committee (IACUC) review is pending.

Click Yes if an IACUC review is pending. Click No, if no review is pending. Check “Yes” even if the IACUC review and approval process has not yet begun.

IACUC Approval Date:

Enter the latest IACUC approval date (if available). Leave blank if Pending. IACUC approval must have been granted within three years to be valid. Note that 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.

Animal Welfare Assurance Number

Enter the Federally approved assurance number, if available. Enter "None" if the applicant organization does not have an OLAW-approved Animal Welfare Assurance. To determine if the applicant organization holds an Animal Welfare Assurance, see the lists of Domestic and Foreign Assured institutions. **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, 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 applicant organization has neither an animal care and use program, facilities to house animals and conduct research on site, nor an IACUC, and the animal work will be conducted at an institution with an Animal Welfare Assurance, the applicant must obtain an Inter-institutional Assurance from OLAW prior to an award.

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

Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, 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 legend 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 field is required.

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 PHS 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 Part 5). If an applicant fails to identify proprietary information at the time of submission as instructed in the application guide, a significant substantive justification will be required to withhold the information if requested under FOIA.

4. Environmental Questions

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' to this question 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 categorical exclusions listed below, the box marked "Yes" should be checked and an explanation provided in field 4.b.

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.a. Does this project have an actual or potential impact on the environment?

Indicate if this project has an actual or potential impact on the environment? Click No here if this is not the case. This field is required.

4.b. If yes, please explain

Explanation of the actual or potential impact 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 an Environmental Impact Statement (EIS) been performed?

Check yes or no. This field is required.

4.d. If yes, please explain

Enter additional details about the EA or EIS.

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

If any research performance site is designated, or eligible to be designated, as a historic place, if Yes, check the Yes box and then provide an explanation in the box provided in 5.a. Otherwise, check the No box. This field is required.

5.a. If yes, please explain

If you checked the Yes box indicating 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?

Indicate whether this project involves activities outside of the United States or partnerships with international collaborators. Check yes or no. This field is required.

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. For a definition of a foreign component, see “Definitions” section of Supplemental Instructions, Part III.

6.a. If yes, identify countries

Enter the countries with which international cooperative activities are involved.

6.b. Optional Explanation

Enter an explanation for involvement with outside entities (optional).

If you have checked “Yes” to 6, applicants to the NIH and other PHS agencies must describe special resources or characteristics of the research project (e.g., human subjects, animals, disease, equipment, and techniques), whether similar research is being done in the United States and whether there is a need for additional research in this area. Provide this information in a separate file, attaching it as Item 12, Other Attachments. In the body of the text, begin the section with a heading indicating “Foreign Justification.” When saving this file, please name it “Foreign Justification” as well.

7. Project Summary/Abstract

The Project Summary is meant to serve as a succinct and accurate description of the proposed work when separated from the application.

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 concisely the research design and methods for achieving the stated goals. This section should be informative to other persons working in the same or related fields and insofar as possible understandable to a scientifically or technically literate reader. Avoid describing past accomplishments and the use of the first person. Finally, please make every effort to be succinct.

This section must be no longer than 30 lines of text, and follow the required font and margin specifications. An abstract which exceeds this allowable length may be flagged as an error by the agency upon submission. This would require a corrective action before the application will be accepted.

As noted above, do not include proprietary, confidential information or trade secrets in the description section. If the application is funded, the Project Description will be entered into an NIH database and made available on the NIH Research Portfolio Online Reporting Tool (RePORT, available at http://report.nih.gov) and will become public information.

The attachment must be in PDF format. (See Formatting Attachments for additional information on preparing attachments.)

Additional Instructions for Training:

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.

This section must be no longer than 30 lines of text and must follow the required font and margin specifications.

8. Project Narrative

Provide Project Narrative in accordance with the announcement and/or agency-specific instructions. Please click the Add Attachment button to the right of this field to complete this entry.

For NIH and other PHS agencies applications, using no more than two or three sentences, describe the relevance of this research to public health. 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.

Additional Instructions for Training:

Using no more than two or three sentences, describe the relevance of this research training program to public health. In this section, use plain language that can be understood by a general, non-scientific audience.

9. Bibliography & References Cited

Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the same sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers, and year of publication. Include only bibliographic citations. To attach a document for Bibliography and References Cited, click **Add Attachment**.

Unless otherwise noted in an FOA, this section is required for submissions to NIH and other PHS agencies. This section should include any references cited in Section T.420 - PHS 398 Research Training Program Plan. 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.” A list of these journals is posted at: http://publicaccess.nih.gov/submit_process_journals.htm.

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

Additional Instructions for Training:

This item should be used only to cite references supporting the need, rationale, and approach for the training program described in the 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

No special form is required but this section must be completed and attached for submissions to NIH and other PHS agencies unless otherwise noted in an FOA. 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 subject populations or will employ useful collaborative arrangements.

For Early Stage Investigators (ESIs), describe institutional investment in the success of the investigator, e.g., resources for classes, travel, 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; and financial support such as protected time for research with salary support. See http://grants.nih.gov/grants/new_investigators/.

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

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

Please click the **Add Attachment** button to the right of this field to complete this entry.

Additional Instructions for Training:

Describe the facilities and resources that will be used in the proposed training program, including any foreign performance sites. Indicate in what ways 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

List major items of equipment already available for this project and, if appropriate identify location and pertinent capabilities. Please click the **Add Attachment** button to the right of this field to complete this entry.

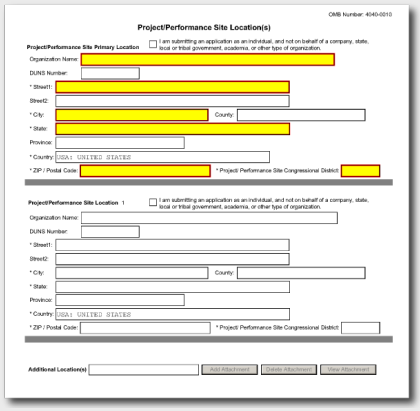
12. Other Attachments

Attach a file only to provide any other project information not provided above or in accordance with the announcement and/or agency-specific instruction.

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

The Project/Performance Site Location(s) Form is used for all grant applications. Indicate the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location (s) in the blocks provided.

View larger image


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

Quick Links

1. Project/Performance Site Primary Location
2. Project/Performance Site Location 1
3. Additional Performance Site Locations

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.

If there is more than one performance site, including any Department of Veterans Affairs (VA) facilities and foreign sites, list them in the fields provided for Location 1 - # below. Applicants should also provide an explanation of resources available from each Project/Performance Site on the Facilities and Resources attachment of the Section T.220 - R&R Other Project Information form , and describe any consortium/contractual arrangements in Section T.420 - PHS 398 Research Training Program Plan.

Unless otherwise instructed in the FOA, do not check the "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" box.

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 part 46 and other NIH human subject related policies described in Supplemental Instructions Part II of this Application Guide 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 OLAW-approved Animal Welfare Assurance. If the applicant organization has neither an animal care and use program, facilities to house animals and conduct

research on site, nor an IACUC, and the animal work will be conducted at an institution with an Animal Welfare Assurance, the applicant must obtain an Inter-institutional Assurance from OLAW prior to an award.

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. If investigators and trainees at a Project/Performance Site will be engaged in research involving human subjects, it is the responsibility of the applicant organization to assure that all investigators and trainees at the Project/Performance Sites comply with the human subject protection regulations in 45 CFR part 46 and NIH policies for the protection of human subjects. 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.

Organization Name:

Indicate the organization name of the primary site where the work will be performed. If a portion of the project will be performed at any other sites(s), identify the site location(s) in the block(s) provided.

DUNS Number:

Enter the DUNS number associated with the organization where the project will be performed. The DUNS Number is a required field for the Primary Performance Site.

Street1:

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

Street2:

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

City:

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

County/Parish:

Enter the County or parish of the primary performance site location.

State:

Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.

Province:

Enter the province for the primary performance site location. If “Country” is not Canada, please leave blank.

Country:

Select the Country of the Primary Performance Site location. This field is required.

ZIP Code:

Enter the nine-digit postal code (e.g., ZIP code) of the performance site location. This field is required if the performance site location is in the United States. A nine-digit Zip code is required.

Project/Performance Site Congressional District:

Enter the Congressional District in the format: 2 character State Abbreviation – 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district.

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 the program/project is outside the U.S., enter 00-000.

To locate your congressional district, visit the Grants.gov Web site. Note it is likely this field will be identical to the "Congressional District of Applicant" field provided elsewhere in the application.

For States and U.S. territories with only a single congressional district enter "001" for the district code. For jurisdictions with no representative, enter "099". For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098, PR-098.

Project/Performance Site Location 1

Organization Name:

Enter the name of organization of the performance site location. If a portion of the project will be performed at any other sites(s), identify the site location(s) in the block(s) provided.

DUNS Number:

Enter the DUNS number associated with the organization where the project will be performed. This field is optional.

Street1:

Enter first line of the street address for the performance site location in the "Street1" field. This field is required.

Street2:

Enter the second line of the street address for the performance site location in the "Street2" field. This field is optional.

City:

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

County:

Enter the county of the performance site location.

State:

Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.

Province:

Enter the province where the primary performance site location is located. If "Country" is not Canada, please leave blank.

Country:

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

ZIP Code:

Enter the nine-digit postal code (e.g., ZIP code) of the performance site location. This field is required if the performance site location is in the United States.

Project/Performance Site Congressional District:

Enter the Congressional District in the format: 2 character State Abbreviation – 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district.

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 the program/project is outside the U.S., enter 00-000.

To locate your congressional district, visit the Grants.gov Web site. Note it is likely this field will be identical to the "Congressional District of Applicant" field provided elsewhere in the application.

For States and U.S. territories with only a single congressional district enter "001" for the district code. For jurisdictions with no representative, enter "099". For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098, PR-098.

Additional Performance Site Locations

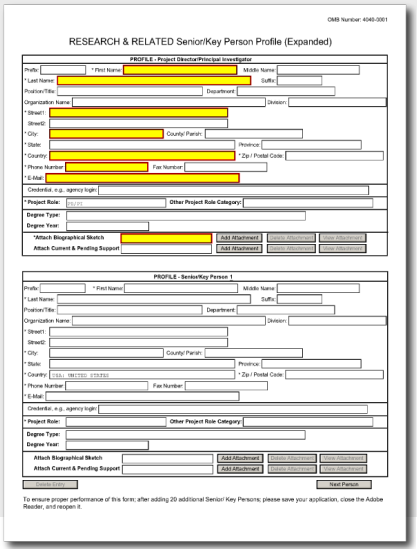
For additional performance site locations, click Next Site to display the fields for Project/Performance Site Locations 2 through 300.

If you need to add more than 300 locations, enter the information in a separate file. In the Additional Locations section at the bottom of the form, click Add Attachment, select the file, and then click Open. A sample Additional Performance Sites format page for greater than eight locations can be found at http://grants.nih.gov/grants/forms/additional-performance-site.htm.

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

The 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. The information for the PD/PI is pre-populated from the SF424 (R&R) form. See instructions in Section T.200 - SF 424 (R&R) Form if these fields are empty.

View larger image


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: PI/PD 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.

Quick Links

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

Multiple PD/PIs (not applicable to Career Development or Fellowships Awards)

NIH accepts applications reflecting Multiple PD/PIs for all grant activity codes using the SF424 (R&R) application. When submitting an application involving Multiple PD/PIs, the Contact PD/PI must be affiliated in the Commons with the applicant organization and should be listed as the PD/PI in the SF424 R&R form (see Section T.200 - SF 424 (R&R) Form). That information automatically prepopulates the first senior/key person profile record in this form. For the additional PD/PIs, complete all the requested information. Each PD/PI must be assigned the PD/PI role, even those at subaward/consortium sites when applicable (do not use the "Co-PD/PI" or Co-Investigator role.). For more information, please see Section T.310 - R&R Subaward Budget Attachment(s) Form.

Each PD/PI must also be registered in the eRA Commons and must be assigned the PI Role in that system (note other roles such as SO or IAR will not give PD/PIs the appropriate access to the application records). Each PD/PI must include their respective eRA Commons ID in the Credential field. For more information on NIH Implementation of Multiple PD/PIs, see: http://grants.nih.gov/grants/multi_pi/index.htm.

When completing the detailed budget form for either the prime organization or a subaward/consortium organization, the project roles listed in the budget form should be consistent with those used in the Senior/Key Person Form.

Profile - Project Director/Principal Investigator (PD/PI)

Unless otherwise specified in an agency announcement, 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 if they meet this definition.

Data must be entered for the first 100 individuals (PD/PI + 99 others) before the Additional Senior/Key Person Form Attachments section becomes available.

Additional Instructions for Training:

If multiple PD/PIs are proposed, explain in the Program Plan your rationale for how this will facilitate program administration. If your application involves Multiple PD/PIs, be sure to designate the Contact PI and to assign the PD/PI role to other senior/key persons. Additionally, the application must include a Multi-PD/PI Leadership Plan emphasizing how it will benefit the program and the trainees. Do not submit a leadership plan if you are not submitting a Multiple PD/PI application. See Section T.420 - PHS Training Program Plan for information associated with Multiple Program Directors.

Prefix:

Pre-populated from the SF 424 (R&R). The prefix (e.g., Mr., Mrs., Rev.) for the name of the PD/PI

First Name:

Pre-populated from the SF 424 (R&R). The first (given) name of the PD/PI. This field is required.

Middle Name:

Pre-populated from the SF 424 (R&R). The middle name of the PD/PI.

Last Name:

Pre-populated from the SF 424 (R&R). The last (family) name of the PD/PI. This field is required.

Suffix:

Pre-populated from the SF 424 (R&R). The suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.

Position/Title:

Pre-populated from the SF 424 (R&R). The title of the PD/PI.

Department:

Pre-populated from the SF 424 (R&R). The name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.

Organization Name:

Pre-populated from the SF 424 (R&R). The name of organization of the PD/PI.

Division:

Pre-populated from the SF 424 (R&R). The name of primary organizational division, office, or major subdivision of the PD/PI.

Street1:

Pre-populated from the SF 424 (R&R). The first line of the street address for the PD/PI in the "Street 1" field. This field is required.

Street2:

Pre-populated from the SF 424 (R&R). The second line of the street address for the PD/PI in the "Street 2" field. This field is optional

City:

Pre-populated from the SF 424 (R&R). The city for address of PD/PI. This field is required.

County/Parish:

Pre-Populated from the DF 424 (R&R). The county/parish for address of PD/PI.

State:

Pre-populated from the SF 424 (R&R). The state where the PD/PI is located. This field is required if the PD/PI is located in the United States.

Province:

Pre-populated from the SF 424 (R&R). The Province where the PD/PI is located. If "Country" is not Canada, this will be blank.

Country:

Pre-populated from the SF 424 (R&R). The country for the PD/PI address. This field is required.

ZIP Code:

Pre-populated from the SF 424 (R&R). The postal Code (e.g., ZIP code) of PD/PI. This field is required if the PD/PI is located in the United States. A nine-digit Zip code is required.

Phone Number:

Pre-populated from the SF 424 (R&R). The daytime phone number for the PD/PI. This field is required.

Fax Number:

Pre-populated from the SF 424 (R&R). The fax number for the PD/PI.

E-mail:

Pre-populated from the SF 424 (R&R). The e-mail address for the PD/PI. This field is required for PD/PI.

Credential, e.g., agency login:

For NIH and other PHS agencies, registration in the eRA Commons for all PD/PIs is required. The assigned Commons username (the unique name used to log into the system) for anyone assigned the PD/PI role must be entered here and must have the PI role in eRA Commons. This is a required field for applications submitted to NIH and other PHS agencies. Applications will not pass agency validation requirements without this field.

Note for applications reflecting Multiple PD/PIs, the Commons username must be provided for all individuals assigned the PD/PI Role on the application.

Project Role:

Select PD/PI for this person.

Other Project Role Category:

Complete if you selected "Other Professional" or "Other" as a project role; e.g., Engineer, Chemist.

Degree Type:

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

Degree Year:

Enter the year the highest degree or other credential was obtained. This is optional information.

Attach Biographical Sketch

See instructions below

Attach Current & Pending Support:

Unless otherwise required in a specific FOA, do not use this attachment upload for NIH and other PHS agency submissions. This information is no longer required at the time of application submission. This information may be requested later in the pre-award cycle. When this occurs, you will be instructed to refer to Supplemental Instructions, Part III Section 1.8.

Instructions for a Biographical Sketch

Please note that these instructions apply to Research (R), Career Development (K), Training (T), Fellowship (F), Multi-Project (M) and SBIR/STTR (B).

- Include biographical sketches of all senior/key personnel and Other Significant Contributors.
- Use the sample format on the Biographical Sketch Format Page to prepare this section for all (modular and other) grant applications.
- The Biographical Sketch may not exceed five pages per person. This five-page limit includes the table at the top of the first page.
- Complete the education block at the top of the format page beginning with the baccalaureate or other initial professional education, such as nursing. Include postdoctoral training, separately referencing residency and clinical fellowship training, if applicable.

eRA Commons User Name

If the individual is registered in the eRA Commons, include the Commons User Name. This data item is required for the PD/PI (including fellowship applicants), primary sponsors of fellowship applicants, and all mentors of candidates for mentored career development awards. Commons User Name is optional for other project personnel. In other federal forms this information is referred to as “Credential, e.g., agency login.” For information on the eRA Commons, see https://commons.era.nih.gov/commons/index.jsp.

Education

Complete the education block at the top of the format page beginning with the baccalaureate or other initial professional education, such as nursing. Include postdoctoral training, separately referencing residency and clinical fellowship training, if applicable. For each entry provide:

- the name and location of the institution
- the degree received (if applicable) and the month and year of entry and completion (or expected completion)
- 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, B, C, and D as described below.

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. The 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. Note the following additional instructions:

- For institutional research training, institutional career development, or research education grant applications, faculty who are not senior/key persons are encouraged to complete this

section, but not required to do so.

- Applicants for dissertation research awards should include a description of their career goals and intended career trajectory and their interest in the specific areas of research designated in the FOA, in addition to the information outlined above.
- Candidates for Research Supplements to Promote Diversity in Health-Related Research should include a description of their general scientific achievements and/or interests, as well as specific research objectives and career goals, in addition to the information outlined above. Indicate any current source(s) of educational funding.
- If there are factors affecting your past productivity that you wish to explain, such as family care responsibilities, illness, disability, or military service, you may address them in your personal statement.
- Indicate if 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 the application.
- Figures, tables and graphics are not allowed.

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include 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.

B. Positions and Honors

List in chronological order positions held since the completion of your most recent degree, concluding with your present position. High school students and undergraduates may include any previous positions. For individuals, such as fellowship applicants or career development award candidates, who are not currently located at the applicant organization, include the expected position at the applicant organization, with 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 clinical licensure and specialty board certification, if applicable.
- Include present membership on any Federal Government public advisory committee.

C. Contributions to Science

Candidates for Research Supplements to Promote Diversity in Health-Related Research who are high school students, undergraduates, and postbaccalaureates are not required to complete this section.

Briefly describe up to five of your most significant contributions to science. While all applicants may describe up to five contributions, graduate students and postdoctorates are encouraged to consider highlighting two or three they consider most significant. Descriptions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication.

Each contribution should be no longer than one half page, including citations. These contributions do not have to be related to this project. For each contribution:

- Indicate 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; and your specific role in the described work.
- You may cite up to four papers accepted for publication or research products that are relevant to the contribution.
    - Research products can include 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.
    - These citations do not have to be authored by you.

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, and reviewers are not required to look at the list.

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

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

- High school students are not required to complete this section.
- Applicants for predoctoral and postdoctoral fellowships, dissertation research grants, and candidates for Research Supplements to Promote Diversity in Health-Related Research from the undergraduate through postdoctoral levels should use this section to provide information about their scholastic performance, following the instructions below. In situations where applicants/candidates in these categories also have research support, they should complete both parts of this section.

Research Support

For all other individuals required to complete a biosketch, list selected ongoing and completed research projects for the past three years (Federal or non-Federal support). Briefly indicate the overall goals of the projects and your responsibilities. Do not include number of person months or direct costs.

Do not confuse “Research Support” with “Other Support.” Though they sound similar, these parts of the application are very different.

- 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 individual’s qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team.
- In contrast, “Other Support” information is required for all applications that are selected to receive grant awards. NIH staff will request complete and up-to-date “other support” information from you after peer review.

Scholastic Performance

Predoctoral applicants/candidates (including undergraduates and postbaccalaureates): List by institution and year all undergraduate and graduate courses, with grades. In addition, in the

space following the chart, explain any grading system if other than 1-100, A, B, C, D, F, or 0-4.0. Show levels required for a passing grade.

Postdoctoral applicants: List by institution and year all undergraduate courses and graduate scientific and/or professional courses germane to the training sought under this award, with grades. In the space following the chart, explain any grading system if other than 1-100, A, B, C, D, F, or 0-4.0. Show levels required for a passing grade.

Profile - Senior/Key Person

The remaining senior/key person profiles should be listed in alphabetical order. While alphabetical order is preferred, it is not required. However, be aware that these profiles will appear in the application in the order provided by the applicant. Therefore, peer reviewers will see them in the order presented. Those with a postdoctoral role should be included if they meet the definition of senior/key personnel.

Also use this section to list any Other Significant Contributors (OSCs), who are those individuals who commit to contribute to the scientific development or execution of the project, but do not commit any specified measurable effort (i.e., person months) to the project. These individuals are typically presented at effort of “zero person months” or "as needed." Individuals with measurable effort may not be listed as Other Significant Contributors (OSCs). Consultants should be included if they meet the OSC definition. OSCs should be listed **after** all senior/key persons.

A biosketch, including Research Support information, is required for all senior/key persons and OSCs as this highlights their accomplishments as scientists. Reviewers use these pages to address the “investigator” review criterion. However, if an award is to be made, 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 change for an individual listed as an OSC, requiring measurable effort on the award, the individual should be redesignated as “senior/key personnel.” This change should be made before any compensation is charged to the project.

After providing data for each individual senior/key person (the following instructions also apply to OSCs), click the **Next Person** button at the bottom of the form to enter data for the next senior/key person. Continue in this manner until data has been provided for up to 100 senior/key persons. 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. For applications involving more than 100 senior/key persons, the “Additional Senior/Key Person Profiles” fields will become available once data for the first 100 senior/key persons has been provided.

Additional Instructions for Training:

The Program Director(s) (in case of multiple PD/PIs), training faculty 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 identified as senior/key persons. These would include co-Director(s), if applicable, and program staff. Since these efforts are not project related research endeavors, they should not be identified in Other

Support information. Do not include proposed mentors and training faculty members (other than senior/key persons) in this section. Biographical Sketches for mentors and participating faculty will be included in the PHS 398 Research Training Program Plan Form, Participating Faculty Biosketches.

Prefix:

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Senior/Key Person.

First Name:

Enter the first (given) name of the Senior/Key Person. This field is required.

Middle Name:

Enter the middle name of the Senior/Key Person, if applicable.

Last Name:

Enter the last (family) name of the Senior/Key Person. This field is required.

Suffix:

Enter the suffix (e.g., Jr., Sr., Ph.D.) for the name of the Senior/Key Person.

Position/Title:

Enter the title of the Senior/Key Person.

Department:

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

Organization Name:

Enter the name of organization of the Senior/Key Person. This is a required field for applications submitted to NIH and other PHS agencies.

Division:

Enter the name of primary organizational division, office, or major subdivision of the Senior/Key Person.

Street1:

Enter first line of the street address for the Senior/Key Person in the "Street 1" field. This field is required.

Street2:

Enter second line of the street address for the Senior/Key Person in the "Street 2" field. This field is optional.

City:

City for address of Senior/Key Person. This field is required.

County/Parish:

County/Parish for address of Senior/Key Person.

State:

Enter the State where the Senior/Key Person is located. This field is required if the senior/key person is located in the United States.

Province:

Enter the Province where the Senior/Key Person is located. If “Country” is not Canada, please leave blank.

Country:

Select the country for the Senior/Key Person address. This field is required.

ZIP Code:

Enter the Postal Code (e.g., ZIP code) of Senior/Key Person. This field is required if the Senior/Key Person is located in the United States. A nine-digit Zip code is required.

Phone Number:

Enter the daytime telephone number for the Senior/Key Person. This field is required.

Fax Number:

Enter the fax number for the Senior/Key Person.

E-mail:

Enter the e-mail address for the Senior/Key Person. This field is required for the Senior/Key Person.

Credential, e.g., agency login:

If you are submitting to an agency (e.g., NIH) where you have an established personal profile, enter the agency ID. If not, leave blank.

Project Role:

Select one. Use "Other" if a category is not listed in the pick list.

For applications reflecting Multiple PD/PIs, all such individuals 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 and other PHS agencies. Assigning an individual(s) the role of "Co-PD/PI" will not identify the application as a Multiple PD/PI application. If applicants wish to use a different role, select “Other” for the Project Role field and then insert the appropriate role descriptor in the Other Project Role Category field.

If including individuals classified as “Other Significant Contributors (OSCs),” use the “Other” category and indicate “Other Significant Contributor” as the role in the “Other Project Role Category.” OSCs should be listed last after all other senior/key persons have been listed.

Other Project Role Category:

Complete if you selected “Other Professional” or “Other” as a project role; e.g., Engineer, Chemist.

Degree Type:

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

Degree Year:

Enter the year the highest degree or other credential was obtained. This is optional information. Applicants should ensure that their degree information is current in their Commons Profile.

Attach Biographical Sketch:

Provide a biographical sketch for each senior/key person. Biographical sketches must follow the format described above.

Attach Current & Pending Support:

Unless otherwise required in a specific FOA, do not use this attachment upload for NIH and other PHS agency submissions. This information is no longer required at the time of application submission. This information may be requested later in the pre-award cycle. When this occurs refer to Supplemental Instructions, Part III Section 1.8.

Additional Senior/Key Person Profile(s)

If more than 99 senior/key person profiles are proposed, enter the information in a separate file and attach it here. A sample Additional Senior/Key Person Profiles format page for greater than 100 profiles can be found at: http://grants.nih.gov/grants/forms/additional-senior-key-person-profile.htm.

Additional Biographical Sketch(es) (Senior/Key Person):

Provide a biographical sketch for each senior/key person. Biographical sketches must follow the format described above.

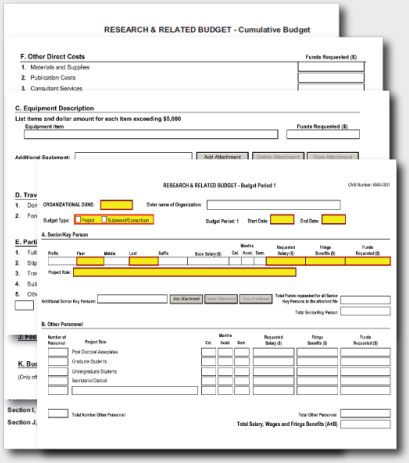
Additional Current and Pending Support(s):

Unless otherwise required in a specific FOA, do not use this attachment upload for NIH and other PHS agency submissions. This information is no longer required at the time of application submission. This information may be requested later in the pre-award cycle. When this occurs, refer to Supplemental Instructions, Part III Section 1.8.

T.300 - R&R Budget Form

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

Some application forms packages include two optional budget forms–(1) R&R Budget Form; and, (2) PHS 398 Modular Budget Form. However, applications must include only one of these forms, but not both.



View larger image

Quick Links

- A. Senior/Key Person
- B. Other Personnel
- C. Equipment Description
- D. Travel
- E. Participant/Trainee Support Costs
- F. Other Direct Costs
- G. Total Direct Costs (A through F)
- H. Indirect Costs
- I. Total Direct and Indirect Institutional Costs (G + H)
- J. Fee
- K. Budget Justification
- Cumulative Budget

Additional Instructions for Training:

This form is required for use in conjunction with the PHS 398 Training Budget for the R90 portion of T90/R90 applications, and is the only budget form that should be used for K12, D43, D71, and U2R applications. Otherwise this form should only be used when allowed or required in an FOA or IC-specific notice or announcement. Follow instructions in Section T.420 - PHS Training Program Plan and in the FOA.

Using the R&R Budget Form:

The R&R Budget form includes three separate data entry screens: (1) Sections A and B; (2) Sections C through E; and (3) Sections F through K. To navigate between the various screens, use the **Previous** and **Next** buttons at the top of the form or use the scroll bar on the side of the screen. Complete the R&R Budget form following the instructions provided. You must complete a separate detailed budget for each year of support requested. The form will generate a cumulative budget for the total project period. If no funds are requested for a required field, enter “0.”

While the dollar fields allow cents to be entered, all dollar fields should be presented in whole numbers. Please round to the nearest whole number.

Person Months:

NIH and other PHS agencies use the concept of person months as a metric for determining percent of effort. To assist applicants unfamiliar with this concept, resources are available on the web at: http://grants.nih.gov/grants/policy/person_months_faqs.htm. Frequently asked questions and a conversion calculator are available.

Additional Budget Periods:

If funds are being requested for more than one budget period, click the Next Period button at the top of the third budget screen (Sections F through K) to navigate to screens for the next budget period.

Revision (Supplemental) Application:

For a Revision application, show only those items for which additional funds are requested. If the initial budget period of the Revision application is less than 12 months, prorate the personnel costs and other appropriate items of the detailed budget.

Foreign Grantee Budget Guidelines:

All competing (new, renewal, resubmission, and revision) grant applications from foreign (non-U.S.) institutions must include only detailed (non-modular) budgets. For additional information, see NIH Guide Notice NOT-OD-06-096, http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-096.html. Applications from foreign organizations must request budgets in U.S. dollars.

Introductory Fields

Organizational DUNS:

Enter the DUNS or DUNS+4 number of the applicant organization. For project applicant, this field is pre-populated from the SF 424 (R&R) form. For subaward applicants, this field is a required enterable field.

Enter name of Organization:

Pre-populated from the SF 424 (R&R) form. Enter the name of the organization.

Budget Type:

Project, Subaward/Consortium: Check the appropriate block. This field is required.

Project:

The budget requested for the primary applicant organization.

Subaward/Consortium:

The budget requested for subawardee/consortium organization(s). Note, separate budgets are required only for subawardee/consortium organizations that perform a substantive portion of the project.

If creating Subaward Budget, use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.

If you are preparing an application that includes a subaward/consortium, see Section T.310 - R&R Subaward Budget Attachment(s) Form.

Start Date:

Pre-populated from the SF424 (R&R). Enter the requested/proposed start date of each budget period. This field is required.

End Date:

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

Budget Period:

Identify the specific budget period (for example, 1, 2, 3, 4, 5). If submitting through Grants.gov, the system will automatically generate a cumulative budget for the total project period. This is a required field.

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

A. Senior/Key Person

This section should include the names of all senior/key persons at the applicant organization who are involved on the project in a particular budget year. Include all collaborating investigators, and other individuals meeting the senior/key person definition if they are from the applicant organization. Details of collaborators at other institutions 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 of the budget since no associated salary and/or fringe benefits should be requested for their contribution. Consultants designated as senior/key persons in the Senior/Key Person Profile Form can be included in Budget Section A only if they are also employees of the applicant organization. Otherwise, consultant costs should be included in Consultant Services.

Prefix:

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of each Senior/Key Person.

First Name:

Enter the first (given) name of each Senior/Key Person.

Middle Name:

Enter the middle name of each Senior/Key Person, if applicable.

Last Name:

Enter the last (family) name of each Senior/Key Person. This field is required.

Suffix:

Enter the suffix (e.g., Jr., Sr., PhD) of each Senior/Key Person.

Base Salary ($):

Enter the annual compensation paid by the employer for each Senior/Key Person. This includes all activities such as research, teaching, patient care, or other. You may choose to leave this column blank. An applicant organization may choose to leave this blank; however, PHS staff will request this information prior to award.

Cal. Months:

Identify the number of months devoted to the project for each senior/key person (i.e., calendar, academic, summer). 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. Please use either calendar months OR a combination of academic and summer months. Some measurable effort is required for every Senior/Key Person entry.

Acad. Months:

Identify the number of months devoted to the project for each senior/key person (for example, calendar, academic, summer). If your institution does not use a 9-month academic year, indicate your institution's definition of academic year in the budget justification. Some measurable effort is required for every Senior/Key Person entry.

Sum. Months:

Identify the number of months devoted to the project for each senior/key person (for example, calendar, academic, summer). If your institution does not use a 3-month summer period, indicate your institution's definition of summer in the budget justification. Some measurable effort is required for every Senior/Key Person entry.

Requested Salary ($):

Regardless of the number of months being devoted to the project, indicate only the amount of salary being requested for this budget period for each senior/key person. This field is required. 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 Salary Cap Summary on the NIH grants website or contact your office of sponsored programs.

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: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html.

Fringe Benefits ($):

Enter applicable fringe benefits, if any, for each senior/key person.

Funds Requested ($):

The requested salary and fringe benefits for each senior/key person. This field is auto-calculated.

Project Role:

Identify the project role of each senior/key person in this section. Roles should correspond to the roles included on the Section T.240 - R&R Senior/Key Person Profile (Expanded) Form.

Additional Senior/Key Persons:

If funds are requested for more than eight senior/key persons, include all pertinent budget information as identified in this section and attach as a file here. Enter the total funds requested for all additional senior/key persons in line 9 of Section A. This attachment is required if funds are entered in line 9 of Section A. Use the same format as the budget form and include all required information.

Total Funds requested for all persons in the attached file:

Enter the total funds requested for all senior/key persons. This is required information.

Total Senior/Key Persons:

The total funds requested for all senior/key persons.

Special Instructions: 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. 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.

In most circumstances, the salaries of administrative or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs. Examples, however, of situations where direct charging of administrative or clerical staff salaries may be appropriate may be found at: http://www.whitehouse.gov/omb/circulars/a021/a21_2004.html#exc. The circumstances for requiring direct charging of these services must be clearly described in the budget justification.

For all Postdoctoral Associates and Graduate Students not already named in Section A. Senior/Key Person, individually list names, roles (e.g., PostDoc or Graduate Student), associated months, and salary & fringe benefits requested in the Budget Justification.

The salaries of administrative and clerical personnel should normally be treated as F&A costs. 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 or Secretarial/Clerical Personnel (i.e., administrative and clerical staff) must be appropriately justified in the Budget Justification.

Project Role:

For each project role category identify the number of personnel proposed. List any additional project role(s) in the blank(s) provided, e.g., Engineer, IT Professionals, etc. Do not include consultants in this section. Consultants are included below in Section F. Other Direct Costs.

Cal. Months:

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

Acad. Months:

Identify the number of months devoted to the project in the applicable box for each project role category (i.e., calendar, academic, summer). If your institution does not use a 9-month academic year, indicate your institution's definition of academic year in the budget justification.

Sum. Months:

Identify the number of months devoted to the project in the applicable box for each project role category (i.e., calendar, academic, summer). If your institution does not use a 3-month summer period, indicate your institution's definition of summer in the 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 each project role. 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 Salary Cap Summary on the NIH grants website or contact your office of sponsored programs.

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: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html.

Fringe Benefits ($):

Enter applicable fringe benefits, if any, for this project role category.

Funds Requested ($):

This field is auto-calculated.

Total Number of Other Personnel:

This total will auto-calculate. Total Number of Personnel.

Total Other Personnel:

Total Funds requested for all other Personnel.

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

Total Funds requested for all Senior/Key persons and all Other Personnel. This total will auto-calculate.

To navigate to the next page (Sections C through E), click the Next button at the top of the form or use the scroll bar on the left-hand side of the screen.

C. Equipment Description

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

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 the budget justification section. Allowable items ordinarily will be limited to research equipment and apparatus not already available for the conduct of the work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research.

Funds Requested:

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

Additional Equipment:

If this section cannot accommodate all the equipment proposed, attach a file in the block provided. List each additional item and the funds requested. For all additional items in the attached file, list the total funds requested in the following field.

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

Total funds requested for all equipment listed in the attached file. Dollar amount for each item should exceed $5000.

Total Equipment:

Total Funds requested for all equipment.

D. Travel

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

Identify the total funds requested for domestic travel. Domestic travel includes Canada, Mexico, and U.S. possessions. In the budget justification section, include the purpose, destination, dates of travel (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).

Foreign Travel Costs:

Identify the total funds requested for foreign travel. Foreign travel includes any travel outside of North America and/or U.S. possessions. In the budget justification section, include the purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).

Total Travel Cost:

Total Funds requested for all travel.

E. Participant/Trainee Support Costs

Unless specifically stated otherwise in an announcement, NIH and other PHS agencies applicants should leave blank Section E. Note: Tuition remission for graduate students should continue to be included in Section F. Other Direct Costs when applicable.

Tuition/Fees/Health Insurance:

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

Stipends:

List total funds requested for Participant/Trainee stipends.

Travel:

List total funds requested for Participant/Trainee travel.

Subsistence:

List total funds requested for Participant/Trainee subsistence.

Other:

Describe any other participant trainee funds requested. List total funds requested for any other Participant/Trainee costs described.

Number of Participants/Trainees:

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

Total Participant/Trainee Support Costs:

Total Funds requested for all trainee costs. This field is required if any data has been entered in section E.

F. Other Direct Costs

1. Materials and Supplies:

List total funds requested for materials and supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than $1,000 are not required to be itemized.

2. Publication Costs:

List the total publication funds requested. 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. In the budget justification include supporting information.

3. Consultant Services:

List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and the total estimated costs. In the budget justification also provide the names and organizational affiliations of all consultants, other than those involved in consortium/contractual arrangements. Include consultant 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. ADP/Computer Services:

List 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 the budget justification, include the established computer service rates at the proposing organization if applicable.

5. Subawards/Consortium/ Contractual Costs:

List 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 the 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 the 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. Please see the Supplemental Instructions, Part III Section 1.1.

6. Equipment or Facility Rental/User Fees:

List total funds requested for equipment or facility Rental/Use fees. In the budget justification, identify each rental user fee and justify.

7. Alterations and Renovations:

List total funds requested for alterations and renovations. In the budget justification, itemize by category and justify the costs of alterations and renovations including repairs, painting, 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. Please refer to the NIH Grants Policy Statement section on "Construction Grants - Public Policy Requirements and Objectives" for more information.

Note, costs for any Alterations and Renovations (A&R) were previously unallowable on applications from foreign institutions, international organizations and domestic applications with foreign subawards. However, an HHS policy change now allows for minor A&R (≤$500,000) on these applications. Not applicable for SBIR/STTR.

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 text to describe any "other" direct costs not requested above. Use the budget justification to further itemize and justify.

List total funds requested for items 8-10 "Other." Use lines 8-10 for such costs 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:

Total Funds requested for all other direct costs.

G. Total Direct Costs (A through F)

Total funds requested for all direct costs.

H. Indirect Costs

Indirect Cost Type:

Indicate the type of cost (e.g., Salary & Wages, Modified Total Direct Costs, or Other [explain]). Also indicate if Off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect rate(s) approved by a Federal agency, indicate, "None--will negotiate" and include information for a proposed rate. Use the budget justification if additional space is needed.

Indirect Cost Rate ($):

Indicate the most recent indirect cost rate(s) (also known as Facilities & Administrative Costs [F&A]) 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 that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency. If this

field does not allow a figure greater than 100% to be entered, use two lines to show the entire calculation. 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 funds requested for each indirect cost type. Enter the funds requested for the indirect cost type.

Total Indirect Costs:

Total funds requested for indirect costs.

Cognizant Federal Agency:

Enter the name of the cognizant Federal Agency, name and phone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter “None.”

Special Instructions: Foreign Organizations (Non-domestic [non-U.S. Entities]):

Foreign institutions and international organizations may request funds for limited F&A costs (8 percent of modified total direct costs less equipment) to support the costs of compliance with HHS and NIH requirements including, but not limited to, 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.

I. Total Direct and Indirect Institutional Costs (G + H)

Total Funds requested for direct and indirect costs.

J. Fee

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a “fee” (e.g., SBIR/STTR). If a fee is allowable, enter the requested fee.

K. Budget Justification

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. Only one file may be attached. The attachment is required.

Use this section to list the names, role (e.g., PostDoc or Graduate Student), associated months, salary and fringe benefits for all Postdoctoral Associates and Graduate Students included in Budget Section B. Other Personnel.

The salaries of administrative and clerical personnel should normally be treated as F&A costs. 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.

For all individuals classified as administrative/secretarial/clerical, provide a justification documenting how they meet all four conditions. NIH ICs may request additional information for these positions in order to assess allowability.

Include a justification for any significant increases or decreases from the initial year budget. Justify budgets with more than a standard escalation from the initial to the future year(s) of support. Also use this section to explain any exclusions applied to the F&A base calculation.

If the application includes a subaward/consortium budget, a separate budget justification is submitted for that budget. See Section T.310 - R&R Subaward Budget Attachment(s) Form.

Completing Budget Periods 2-5:

If funds are being requested for more than one budget period, you must complete a separate detailed budget for each year of support requested. To navigate to screens for the next budget period, click the **Next Period** button at the top of the 3rd budget screen (Sections F through K). You must complete all the required information (i.e., those fields that are highlighted and outlined in red) and/or confirm/update any pre-populated information before the **Next Period** button is activated. If no funds are requested for a required field, enter "0." Note the Budget Justification is also a required item and must be attached before the **Next Period** button is activated.

Supplemental/Revision Application:

For a supplemental/revision application, show only those items for which additional funds are requested. 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.

When authorized or requested by the appropriate NIH IC, applicants may submit applications with more than 5 budget periods. In these situations complete the detailed budget for periods 1-5 as usual. However, include the same level of detail for Period 6 in the Budget Justification along with an explanation of the situation. Also, be sure to include a cover letter that addresses these extra budget periods, and include the IC Program Official's preapproval as part of the Cover Letter PDF.

Cumulative Budget

All values on this form are calculated automatically. They present the summations of the amounts that you have entered previously, under Sections A through K, for each of the individual budget periods. Therefore, no data entry is allowed or required, in order to complete this "Cumulative Budget" section.

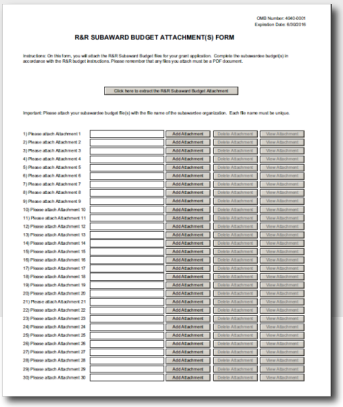
If any of the amounts displayed on this form appears to be incorrect, you may correct it by adjusting one or more of the values that contribute to that total. To make any such adjustments, you will need to revisit the appropriate budget period form(s), to enter corrected values.

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 only required when the prime grantee is submitting a detailed budget using the R&R Budget Form.

Do not use this subaward/consortium budget form for applications using the PHS 398 Modular Budget Form.



R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

View larger image

A complete subaward/consortium budget form (including the budget justification section) should be completed by each consortium grantee organization. Separate budgets are required only for subawardee/consortium organizations that perform a substantive portion of the project.

For any subaward or consortium sites, it is appropriate and expected that someone may be designated as the consortium lead investigator responsible for ensuring proper conduct of the project or program at that site. However, when completing the Project Role for the consortium lead investigator, the project role of “PD/PI” should only be used if the entire application is being submitted under the Multiple PI policy. Otherwise, this individual should be assigned some other project role in the senior/key personnel section of the application. Also, the role of Co-PD/PI is not currently used by NIH and other PHS agencies. Assigning an individual(s) the role of "Co-PD/PI" will not identify the application as a Multiple PD/PI application. Although NIH now recognizes the role of “Co-Investigator,” if applicants wish to use the role of “Consortium PI” or some other similar role, select “Other” for the Project Role field and then insert the appropriate role descriptor in the Other Project Role Category field.

Consortium/Contractual F&A Costs:

NIH continues to support the policy established in April 2004, (revised in November 2004) regarding applications that involve consortium/contractual F&A costs (See NOT-OD-05-004). This policy allows applicants to exclude consortium/contractual F&A costs when determining compliance for any application where a direct cost limit applies. The use of the SF424 (R&R) application with separately submitted subaward/consortium budgets allows NIH to take advantage of a system validation for this policy. When an application is submitted in response to a program with a direct cost limit, the eRA system will perform the calculation by taking the total direct costs requested by the prime/parent organization in their detailed budget, and subtracting all subaward/consortium F&A from each and every subaward budget attached. When the validation calculation equals or exceeds the respective direct cost limit, the application will receive a warning. There are circumstances, when the system does not have sufficient information to exclude all allowable F&A costs. Applicants should document in their budget justification, how their budget falls below the direct cost limit (not applicable for SBIR/STTR).

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

This form accommodates a set number of separate subaward budgets (30). If you are submitting an application with more subaward budgets than the form allows, the remaining budgets should be converted to PDF and included as part of Section K. Budget Justification of the parent budget.

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

To start the process, the applicant organization should:

- Select the Subaward Budget Attachment Form from the Optional Documents in the Grant Application Package.
- Open the form, and click the **Click here to extract the R&R Subaward Budget Attachment** button in the middle of the form. A “SAVE” dialog box appears.
- Save the file locally using the first ten letters of the consortium organization’s name and use “.pdf” as the file extension. (The extracted file is an Adobe PDF file.) Once you have saved the file there is no need to extract another budget attachment. Doing so may cause you to lose any data already stored in the saved file.
- E-mail the extracted, saved form to the consortium grantee. Note: consortium grantees must have installed a compatible version of Adobe Reader before they can complete the form. The consortium grantee should complete all the budget information as instructed in Section T.300 - R&R Budget Form. The Budget Type should be set to Subaward/Consortium. Organizational DUNS and Name of Organization fields must reflect that of the subaward/consortium grantee.
- The consortium grantee must complete the budget form and e-mail it back to the applicant organization.
- Return to the Subaward Budget Attachment Form and attach the consortium grantee’s budget to one of the blocks provided on the form.

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

Complete all budget periods in the R&R Budget form for your 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, 2016 - Dec 31, 2016
- period 2 - Jan 1, 2017 - Dec 31, 2017
- period 3 - Jan 1, 2018 - Dec 31, 2018
- period 4 - Jan 1, 2019 - Dec 31, 2019
- period 5 - Jan 1, 2020 - Dec 31, 2020

The budget period numbers and dates should be the same in the R&R Budget forms for the subawards.

The R&R Budget forms do not allow for "empty" budget periods. They include several required fields which must be completed (even for inactive periods) in order to successfully submit.

- Provide the following information for inactive budget periods:
- Organization DUNS

- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- In section 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

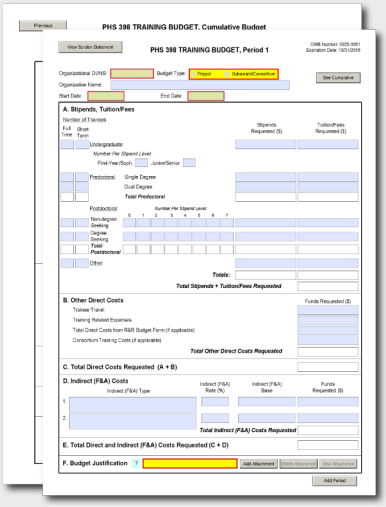
Note this approach may cause a validation warning regarding the NIH $500,000 per year limit on direct costs, therefore you should document in both the cover letter and the subaward budget justification that the subaward is only active for specific periods of the prime. Appropriate NIH staff has access to the cover letter and reviewers have access to the budget justification. This documentation will make the date correlation immediately apparent and will help avoid any confusion.

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.

For current stipend levels and allowable costs, refer to the relevant FOA or consult the PHS awarding component.

Note that the PHS 398 Training Budget form is not applicable for K12, T37, D43, D71, and U2R. Applicants to these grant programs should follow the instructions for the R&R Budget Form (Section T.300 R&R Budget Form) and the FOA (if applicable).



View larger image

Quick Links

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

If you are requesting a budget of $500,000 direct costs or more for any year, contact the awarding component to determine whether you must obtain prior approval before submitting the application. Some Institutes/Centers do not require prior approval. (See Supplemental Instructions, Part III Section 1.4.)

Complete the following for each budget period:

Part A. Stipends, Tuition/Fees

Enter the number of trainees, total stipend amount and total tuition/fees for each trainee category as appropriate.

Stipends:

Use the current Institutional Kirschstein-NRSA stipend schedule, (http://grants.nih.gov/training/nrsa.htm). If a category contains different stipend levels, e.g., for varying levels of postdoctoral experience and/or varying appointment periods, itemize in the appropriate blocks. Enter the total stipends for all categories.

Tuition/Fees:

See http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-073.html 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 the Budget Justification (Part F.).

Tuition and fees may be requested only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported students and postdoctoral fellows. Where applicable, trainees should be divided into non-degree-seeking and degree-seeking categories.

Note that health insurance is not included as part of this budget category. See the Training Related Expenses category below. Grantees should request full needs. The formula currently in effect will be applied by the NIH awarding component at the time an award is calculated.

Part B. Other Direct Costs

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

Trainee Travel

Some NIH awarding components pay a flat rate per trainee for trainee travel for all long-term trainees. See the appropriate FOA and/or contact the awarding component to determine the amount provided for travel. In the budget justification, state 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 foreign travel in detail, describing its importance to the training experience. Enter the total amount requested in the Trainee Travel column.

Training Related Expenses (TRE)

Funds to defray other costs of training, such as health insurance (self-only or family), 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 at http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-073.html for each predoctoral and postdoctoral trainee. Based on the number of trainees at the predetermined rate, enter the total dollar figure.

Health insurance (self-only or family, as applicable) is an allowable cost that may be requested as part of training related expenses, but only to the extent that the same health insurance fees are charged to regular non-Federally-supported students and postdoctoral fellows. The allowable TRE amount will be awarded as a lump sum. No further itemization or explanation is required.

The awarding Institute/Center will apply the Training Related Expenses 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 costs for items other than those specified above. Use Research & Related Budget Pages, Sections A through I and K, to submit those costs. Total Direct Costs from the Research & Related Budget page should be inserted here. This line should not include any applicant indirect costs.

Consortium Training Costs (if applicable)

If training is occurring at more than one institution, and any transfer of funds between institutions occurs, Section T.340 - PHS 398 Training Subaward Budget Attachment(s) Form should be used. Total the direct costs from the Subaward Budget Attachment Forms and insert here. The applicant institution is responsible and accountable for any arrangements, expenditures, and submission of all required forms when more than one institution is involved in the research training program.

Part C. Total Direct Costs Requested

Total dollar amount of other direct costs requested (automatically calculated).

Part D. Indirect (F&A) Costs

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%, excluding tuition/fees, equipment, and sub-grants and contracts in excess of $25,000.

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

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

Indirect (F&A) Type:

Enter “F&A”

Indirect (F&A) Rate (%):

Enter “8”

Indirect (F&A) Base ($):

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

Funds Requested ($):

Enter the product of Indirect Cost Rate multiplied by Indirect Cost Base.

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

The sum of Total Direct Costs Requested and Total Indirect Costs Requested will be calculated automatically.

Part F. Budget Justification

A detailed justification is to be attached only for the first budget period, but should reflect the entire budget period. Explain in detail the composition of any of the above items, as necessary.

- Itemize tuition and individual fees. If tuition varies, (e.g., in-state, out-of-state, student status) identify these separately.
- If tuition is requested for postdoctoral trainees, the specific courses must be described in the application.
- If trainee travel is not paid at a flat rate per trainee by the awarding component, state the purpose of any travel, giving the number of trips involved, the destinations, and the number of individuals for whom funds are requested, bearing in mind that PHS policy requires coach class air travel be used.
- Justify the number of training slots (predoctoral and/or postdoctoral) requested. For postdoctoral training slots, justify the stipend levels requested.
- Any foreign travel must be justified in detail, describing its importance to the training experience and considering the type of opportunities available for training, how those opportunities differ from and complement those offered by the grantee institution, and the relationship of the proposed off-site training experience to the career stage of the grantee.

This budget justification should apply only to funds requested on the PHS 398 Training Budget form. When the Research & Related Budget Form is also used, two separate budget justifications are required, each covering the costs required in the particular budget form. Combining the information into a single upload is acceptable; however, each budget form requires a budget justification attachment so the same budget justification will need to be included in both budget forms.

PHS 398 Training Budget, Cumulative Budget

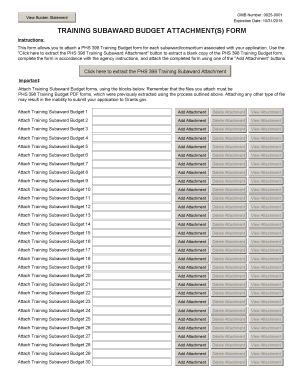
All values on this form are calculated automatically. They present the summations of the amounts that you have entered previously, for each of the individual budget periods. Therefore, no data entry is allowed or required.

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

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

This form should be used with the PHS 398 Training Budget Form when proposing subawards to other institutions. For applications that require the use of the SF 424 R&R Budget, see instructions in Section 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
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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

Complete the Subaward Budget for each contractor or collaborating institution. 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 grantee institution via a collaborative or consortium arrangement. In such situations, the grantee institution is responsible and accountable for acceptable training arrangements, expenditure of funds and the submission of all required forms.

Using the Training Subaward Budget Attachment(s) Form:

This form accommodates up to 30 separate subaward budgets. If you are submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of Section T.330 - PHS 398 Training Budget, Budget Justification, of the parent budget (PHS 398 Training Budget). Reminder, the sum of all subaward budgets; e.g., those attached separately and those provided as part of the budget justification, must be included in Section T.330 - PHS 398 Training Budget, Part B. Consortium Training Costs.

To start the process, the applicant organization should:

- Select the Subaward Budget Attachment Form from the Optional Documents in the Grant Application Package.
- Open the form, and click the "**Select to Extract a Training Subaward Budget Attachment**" button in the middle of the form. A "SAVE" dialog box appears.
- Save the file locally using the first ten letters of the consortium organization's name and use ".pdf" as the file extension. (The extracted file is an Adobe PDF file.) Once you have saved the file there is no need to extract another budget attachment. Doing so may cause you to lose any data already stored in the saved file.
- E-mail the extracted, saved form to the consortium grantee. Note: consortium grantees must have installed Adobe Reader before they can complete the form. The consortium grantee should complete all the budget information as instructed in Section T.300 - R&R Budget Form. Note:

Organizational DUNS and Name of Organization fields must reflect that of the subaward/consortium grantee.

- The consortium grantee must complete the budget form and e-mail it back to the applicant organization.
- Return to the Subaward Budget Attachment Form and attach the consortium grantee's budget to one of the blocks provided on the form.

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

Complete all budget periods in the R&R Budget form for your 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, 2016 – Dec 31, 2016
- period 2 - Jan 1, 2017 – Dec 31, 2017
- period 3 - Jan 1, 2018 – Dec 31, 2018
- period 4 - Jan 1, 2019 – Dec 31, 2019
- period 5 - Jan 1, 2020 – Dec 31, 2020

The budget period numbers and dates should be the same in the R&R Budget forms for the subawards.

The R&R Budget forms do not allow for "empty" budget periods. They include several required fields which must be completed (even for inactive periods) in order to successfully submit.

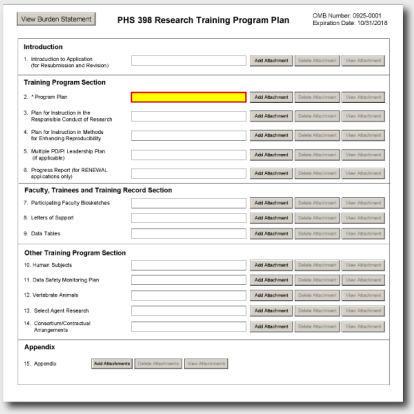
Provide the following information for inactive budget periods:

- Organization DUNS
- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- In section 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

Note this approach may cause a validation warning regarding the NIH $500,000 per year limit on direct costs, therefore you should document in both the cover letter and the subaward budget justification that the subaward is only active for specific periods of the prime. Appropriate NIH staff has access to the cover letter and reviewers have access to the budget justification. This documentation will make the date correlation immediately apparent and will help avoid any confusion.

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 Training component. This form includes fields to upload several attachments including the program plan, faculty biosketches, and data tables.



View larger image

Quick Links

1. Introduction to Application (for Resubmission or 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
6. Progress Report (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

Before preparing the Research Training Program Plan, be sure to check the specific instructions in the Funding Opportunity Announcement (FOA) to which you are responding. Contact the appropriate PHS awarding component, which may have further advice or suggestions on completing your application, including the data tables mentioned below.

Note that there are page limits for certain sections. Follow the page limits for the Institutional Research Training and Career Development Applicants, Including Ruth L. Kirschstein NRSA Applications in the Table of Page Limits at http://grants.nih.gov/grants/forms_page_limits.htm, unless specified otherwise in the FOA. Please see NOT-OD-11-039 and NOT-OD-11-076.

The information provided in 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 shown. Additional tables required by the FOA or generated by the applicant may be included in the Research

Training Program Plan, however, these tables will count as part of the page limit. Additional tables not specified in these instructions should be identified by letter, rather than number to avoid confusion with the sequentially numbered required tables.

The instructions for Data Tables 1-8 are located on the OER website at http://grants.nih.gov/grants/forms/datatables/forms-d.htm. Please read the Introduction to the Data Tables before beginning to prepare your application. This section includes important definitions that should be used consistently both in the Data Tables and in all other parts of the application. The Data Tables should be included in the application at the point indicated and should not be inserted in the narrative.

The Research Training Program Plan should include sufficient information to evaluate the proposed program, independent of any other document (e.g., previous application). Be specific and informative, and avoid redundancies.

Applicants must follow all policies and requirements related to proprietary information, page limits and formatting. See the following pages for more information:

- **Proprietary Information:** Sections 2.3.11.2 and 2.3.11.2.2 of the NIH Grants Policy Statement
- **Page Limits:** http://grants.nih.gov/grants/forms_page_limits.htm
- **Formatting Attachments:**http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm

Introduction

1. Introduction to Application (for Resubmission or Revision)

NIH policy allows a thirty-seven month window for resubmissions (A1 applications). The NIH will not accept a resubmission (A1) application that is submitted later than 37 months after submission of the new (A0) application that it follows. See NIH Notice NOT-OD-12-128 and NOT-OD-14-074 for additional information/clarification of NIH policy.

Required only if Type of Application is Resubmission or Revision. See specific instructions on the content of the introduction at http://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/type-of-application-submission.htm. First time (new) applications should not include an Introduction unless specified in the FOA.

The Introduction is a required attachment for Resubmissions and Revisions. Follow the page limits for the Introduction in the Table of Page limits at http://grants.nih.gov/grants/forms_page_limits.htm unless otherwise specified in the FOA.

Attach this information as a PDF file..

Training Program Section

2. Program Plan

The Program Plan must fit within the page limit for Institutional Research Training and Career Development Applicants, Including Ruth L. Kirschstein NRSA Applications in the Table of Page Limits at http://grants.nih.gov/grants/forms_page_limits.htm.

A. Background

Provide the rationale for the proposed research training program, relevant background history, and the need for the research training proposed.

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 by the FOA, complete and refer to the data reported in Tables 1-3, following the guidance below:

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.

Use this data to document the environment in which the proposed training program will take place.

B. Program Plan

NOTE: Applicants for institutional career development awards (e.g., K12s) must complete a Research Career Development Program Plan instead of the Training Program Plan. Refer to specific instructions in the FOA.

a. Program Administration.

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.

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.

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.

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 faculty members, and the success of their trainees in generating publishable research results. For any proposed Program Faculty lacking research training experience, describe a plan to ensure successful trainee guidance by these individuals. Describe the criteria used to appoint and remove faculty as Program Faculty and to evaluate their participation

If required by the FOA, complete and refer to the data in Tables 4-5, following the guidance below:

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 in the proposed training program and explain how the research of trainees who may work with these faculty members would be supported.

Table 5A. Publications of Those in Training: Predoctoral

Summarize these data, including, for example, the average number of publications, how many students published as first author, and how many students completed doctoral training without any first-author publication resulting from their graduate research.

Table 5B. Publications of Those in Training: Postdoctoral

Summarize these data, including, for example, the average number of papers published by postdoctorates, the number as first author, and the number of postdoctorates who completed training without any peer-reviewed publications.

Table 5C. Publications of Those in Training: Undergraduate

Summarize these data, including, for example, the average number of publications and how many students published their work.

For new applications, and if required by the FOA, see the instructions for Table 5A, 5B and/or 5C, as applicable, and list publications for trainees who are representative of those who would be appointed if the grant is awarded. For Renewal applications, these data constitute part of the Progress Report (see Progress Report below).

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 problems 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 trainee’s career development and progression, including publications, degree completion, and post-training positions. Evaluation results are to be included in renewal (competing continuation) applications and as part of the Final Progress Report.

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 career level required for the program. Describe specific plans to recruit candidates and explain how these plans will be implemented (see also section on Recruitment Plan to Enhance Diversity). Describe the nomination and selection process to be used to select candidates who would be offered admission to the program and criteria for trainees’ reappointment to the program. If required by the FOA, complete Tables 6A and/or 6B Applicants, Entrants, and their Characteristics for the Past Five Years, and summarize the data in terms of the overall numbers of potential trainees, their credentials, characteristics, and 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 institution 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 institution's commitment to the planned program (see instructions for Letters of Support, below). 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.

Discuss the quality and depth of the applicant pools, including both training grant eligible and non-training-grant eligible individuals; and the competitiveness of the program, referring to the data in Tables 6A and/or 6B, if applicable.

Report the number and characteristics of current program participants and their distribution by department and mentor. For renewal/revision applications, describe the selectivity of appointments to the training grant, as represented by the current program participants.

Use all of this information to justify the number of positions requested. If required by the FOA, complete and refer to the data in Tables 7-8:

Table 7, Appointments to the Training Grant for Each Year of the Current Project Period

Table 8A-D, Program Outcomes

C. Recruitment Plan to Enhance Diversity

The Recruitment Plan to Enhance Diversity must fit within the page limits for Institutional Research Training Applications in the Table of Page Limits at http://grants.nih.gov/grants/forms_page_limits.htm.

Refer to Supplemental Instructions, Part III Section 1.19.

A Recruitment Plan to Enhance Diversity is required for all training grant activity codes except T34, T36, U2R, and all D-series activity codes Applications without a Recruitment Plan to Enhance Diversity will be considered incomplete and will not be reviewed.

New applications must include a description of plans to enhance recruitment, including the strategies that will be used to enhance the recruitment of trainees from underrepresented backgrounds and may wish to include data in support of past accomplishments. Renewal applications must include a detailed account of experiences in recruiting individuals from underrepresented groups during the previous funding period (see also the Progress Report instructions, below).

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. If required by the FOA, refer to the data presented in Tables 6 and 7, as applicable, and use these data to document the success of the program in recruiting trainees who are under-represented and provide information on their support.

Proposed plans.

Describe steps to be taken during the proposed award period regarding the identification and recruitment of graduate students and postdoctorates from Diversity groups A and B, as well as group C (when applicable). 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, institutional efforts alone will not satisfy the requirement to recruit individuals from underrepresented groups.

Attach this information as a PDF file.

3. Plan for Instruction in the Responsible Conduct of Research

Follow the page limits for Plan for Instruction in the Responsible Conduct of Research in the Table of Page Limits at http://grants.nih.gov/grants/forms_page_limits.htm.

A plan for Instruction in the Responsible Conduct of Research (RCR) is required for all training grant activity codes except T36. Applications lacking a Plan for Instruction in the Responsible Conduct of Research will not be reviewed. Every trainee must receive instruction in the responsible conduct of research. See Supplemental Instructions, Part III Section 1.16 for information on the NIH Policy on Training in the Responsible Conduct of Research (RCR).

New applications must include a plan for instruction in the responsible conduct of research. The plan must address the five, required instructional components outlined in the NIH policy:

1. Format - 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 - the breadth of subject matter, e.g., conflict of interest, authorship, data management, human subjects and animal use, laboratory safety, research misconduct, research ethics;
3. Faculty Participation - the role of the mentor(s) and other faculty involvement in the instruction;
4. Duration of Instruction - the total number of contact hours of instruction; and
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.

In addition, the plan must describe how participation in RCR instruction will be monitored.

Note that Senior Fellows may fulfill requirements for instruction in responsible conduct of research by participating as lecturers and discussion leaders.

In addition, Renewal applications must 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.

Attach this information as a PDF file.

This is a required attachment unless the FOA specifies otherwise.

4. Plan for Instruction in Methods for Enhancing Reproducibility

Do not include an attachment in this field; this plan is not yet required.

5. Multiple PD/PI Leadership Plan

If you wish to submit a multiple PD/PI application, you must provide a Leadership Plan. Do not submit a leadership plan if you are not submitting a Multiple PD/PI application.

For applications designating multiple PD/PIs, all such individuals must be assigned the PD/PI role on the Senior/Key Profile form, even those at organizations other than the applicant organization

The emphasis in a training grant multiple PD leadership plan should be on how it will benefit the program and the trainees. A single Contact PD must be designated for the purpose of communicating with the NIH, although other individuals may contact the NIH on behalf of the Contact PD when necessary. Because training programs are intended to be coherent, NIH will not allocate the budget or training positions between multiple PDs. A single award will be made. Multiple PD plans should include reasonable numbers of PDs and each should be included for a specific purpose. Multiple-PD applications should not include all mentors of the training grant as PDs, except in unusual cases.

For applications designating multiple PD/PIs, a leadership plan must be included. For applications designating multiple PD/PIs, all such individuals must be assigned the PD/PI role on the Senior/Key Profile form, even those at organizations other than the applicant organization. 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, process 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. Do not submit a leadership plan if you are not submitting a Multiple PD/PI application.

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 Leadership Plan. In the event of an award, the requested allocations may be reflected in a footnote on the Notice of Grant Award.

For background information on the Multi-PD/PI initiative, see: http://grants.nih.gov/grants/multi_pi/index.htm.

Attach this information as a PDF file.

6. Progress Report (Renewal Applications Only)

Indicate the period covered 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, 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/scholar'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/scholars (do not include actual IDPs). **This information is not required for AHRQ grantees.**

If required by the FOA, complete required Data Tables, following the guidance below:

- For current trainees and previous trainees appointed to the training grant and still in training, complete Table 5, Publications of Those in Training, and summarize the data presented in this table in the application. 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
- Referring to Table 7, describe the utilization of awarded training positions. If any trainee positions were not filled, provide an explanation.
- Referring to relevant versions 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 the training objectives of the prior award period(s). 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. For past trainees, describe the extent of their current involvement in research, including research grant support received subsequent to completion of the training program.

Use the progress report narrative to provide information that is not readily presented in the required tables.

Renewal applications must include a detailed account of experiences in recruiting individuals from underrepresented groups during the previous funding period. Information should be included on both successful and unsuccessful recruitment strategies.

Attach this information as a PDF file.

Faculty, Trainees, And Training Record

7. Participating Faculty Biosketches

Faculty Biosketches for participating faculty must follow the Instructions for a Biographical Sketch (refer Section T.240 - Senior/Key Person Profile (Expanded) Form), except that a personal statement

is not required for participating faculty. These should be attached as a single document to avoid having to upload large numbers of separate documents. However, the Biosketches of the Program Director and other Senior/Key Personnel should also be entered as described under SF424 (R&R) Section T.240 - Senior/Key Person Profile (Expanded) Form.

Attach this information as a PDF file.

8. Letters of Support

Attach appropriate letters here from all individuals confirming their roles in the project. Include a signed letter on institutional letterhead from a senior administration official that describes the applicant institution's commitment to the planned program. For consultants, letters should include rate/charge for consulting services.

The Program Director should check the FOA (particularly for non-NRSA programs) to determine if any program-specific letters of support are required.

Attach this information as a PDF file.

9. Data Tables

Instructions for Data Tables 1-8 mentioned above are located on the OER website at the following URL http://grants.nih.gov/grants/forms/datatables/forms-d.htm. 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 Kirschstein-NRSA training grant applications. Be sure to choose the Instruction and Blank Data Table set that corresponds to the type of application you are submitting, e.g., New, Renewal, or Revision Application, and the kind of training to be provided, e.g., predoctoral only, postdoctoral only, pre and postdoctoral mixed, postdoctoral and short-term mixed. Instructions for use in other training grant, institutional career development, and research education grant applications will be included in relevant FOAs.

User-defined bookmarks in the Data Tables attachment will be retained in the assembled application image after submission to facilitate easy navigation between tables. Start each numbered table on a new page, and separately bookmark each table in the PDF attachment. Many PDF generators will automatically create bookmarks from text formatted using predefined Heading styles in Word.

Attach this information as a PDF file.

Other Training Program Section

10. Human Subjects

Complete this section if you answered "yes" to the question "are human subjects involved?" on the R&R Other Project Information Form.

If trainee participation in research involving human subjects is solely as part of other research projects and no portion of the Training Grant Award 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.

In training programs where trainees will design and conduct their own independent human subjects research, follow the instructions in Supplemental Instructions, Part II.

Attach this information as a PDF file.

11. Data Safety Monitoring Plan

Refer to Supplemental Instructions, Part II, and the FOA, if applicable. Complete this section if you answered "yes" to Item 2, Clinical Trials of the Cover Page Supplement Form.

Attach this information as a PDF file.

12. Vertebrate Animals

Complete this section if you answered "yes" to the question "Are Vertebrate Animals Used?" on the R&R Other Project Information Form, Vertebrate Animals.

Describe how the institution will ensure that trainees only participate in IACUC approved vertebrate animal research when:

- the training program uses live vertebrate animals only as part of other research project grants, and
- the Training Grant Award does not support the purchase, use, or husbandry of live vertebrate animals for this research.

In training programs where trainees will design and conduct their own independent vertebrate animal research, follow the instructions below:

If Vertebrate Animals are involved in the project, address each of the following criteria listed below.

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 "Research Strategy" section. 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 to minimize discomfort, distress, pain, and injury.

For additional information, see http://grants.nih.gov/grants/olaw/VAChecklist.pdf. Do not use the Vertebrate Animals section to circumvent the page limits of the Research Strategy.

Provide a concise, complete description of the animals and proposed procedures.

- The responses to the criteria below must be well-integrated with the other sections. There should be sufficient detail in the responses for peer reviewers and NIH staff to evaluate. Additional details, if any, may be included in the Research Strategy.
- Identify all project/performance or collaborating site(s) and describe activities of proposed research with vertebrate animals in those sites.
- An incomplete application will not be considered for review. It will be considered incomplete if the above criteria are not addressed.
- If plans for the use of animals have not been finalized, explain when and how animals are expected to be used.
- If an award is made, the grantee must provide detailed information on the criteria above, and verification of IACUC approval. These must be submitted to the NIH awarding office prior to the involvement of animals.

An applicable Animal Welfare Assurance will be required if the grantee institution does not have one (see Supplemental Instructions, Part III Section 2.2 for more information).

Attach this information as a PDF file.

13. Select Agent Research

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

Select agents are hazardous biological agents and toxins that have been identified by HHS or 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. CDC and the Animal APHIS Select Agent Programs jointly maintain a list of these agents. See http://www.selectagents.gov/.

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 73.3, the select agent requirements do not apply. Use this section 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 at http://www.selectagents.gov/SelectAgentsandToxinsExclusions.html.

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.

If any of the activities proposed in your application involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any other performance site, 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.

If you are responding to a specific funding opportunity announcement (e.g., PA or RFA), address any requirements specified by the FOA.

Reviewers will assess the information provided in this Section, and any questions associated with select agent research will need to be addressed prior to award.

Attach this information as a PDF file.

14. Consortium and Contractual Arrangements

If applicable, describe any programmatic, fiscal, or administrative arrangements between the applicant organization and other participating organizations. See below:

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. The signature of the Authorized Organization Representative on the (Section T.200 - SF 424 (R&R), Item 19) 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.*

Attach this information as a PDF file.

Appendix

15. Appendix

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.

Do not use the appendix to circumvent the page limitations of the Training Plan. For additional information regarding appendix material and page limits, please refer to NOT-OD-11-080.

Use filenames for attachments that are descriptive of the content. A summary sheet listing all of the items included in the appendix is also encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment. Applications that do not follow the appendix requirements will not be reviewed.

Research publications of trainees and mentors are not normally included as part of the training grant applications, but are allowed. Note that only publications reflecting on the activities of the program as a whole may be included. When publications are allowed, appendix materials should be limited to those which are not publicly available, such as:

- Manuscripts and/or abstracts accepted for publication but not yet published.
- Published manuscripts and/or abstracts where a free, online, publicly available journal link is not available.

Publications that are publicly accessible must not be included in the appendix. For such publications, the URL or PMC submission identification numbers along with the full reference should be included as appropriate in the Progress Report section of the Research Training Program Plan, and/or in the Biographical Sketch.

Do not include unpublished theses or abstracts/manuscripts submitted but not yet accepted for publication.

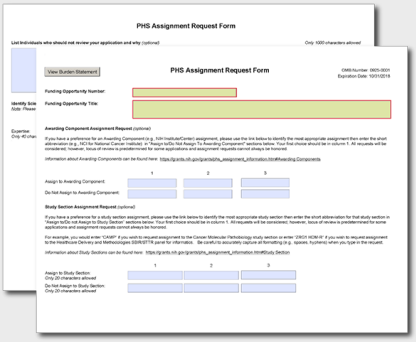
Some materials other than publications that are unique to training grant applications (but not typically included in research grant applications) may be included in the appendix. In general, the appendix may be used to provide samples of materials that are referred to in the body of the application, but are too cumbersome to include in the Research Training Program Plan without disrupting the narrative flow. Examples include:

- Syllabi for key courses, core courses and electives, including courses in Responsible Conduct of Research;
- Retreat, seminar series, and other program activity agendas, and schedules;
- Examples of forms used to document trainee progress and monitoring by the program;
- Examples of materials used in recruitment and particularly recruitment to enhance diversity of the applicant pool;
- Lists of meetings attended by students and their presentations; and
- Student biosketches.

As a reminder, tables other than the required Data Tables 1-8, must be incorporated into the page limit of the Research Training Program Plan. Follow the page limits for institutional training grants specified in the Table of Page Limits at http://grants.nih.gov/grants/forms_page_limits.htm, unless specified otherwise in the FOA. These additional tables must not be included in the appendix materials.

T.600 - PHS Assignment Request Form

The optional 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 application, and it will not be made available to program staff or 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 now, this optional information must be provided on the Assignment Request Form and not in the Cover Letter Attachment.

View larger image

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 application to NIH scientific review groups (SRGs) and special emphasis panels (SEPs).

This form is optional and may be omitted from your application submission if you do not wish to make any specific assignment or review requests. There is no requirement that all fields in the form are completed; you have the flexibility to enter a single request or provide extensive information using this form.

Awarding Component Assignment Request (optional)

This section of the form is optional. You may request up to three institutes/centers for assignment of your application

Assign to Awarding Component:

Enter preferences for NIH IC assignment in the boxes in the “Assign to” row. Use the column labeled “1” to enter your first choice.

Do Not Assign to Awarding Component:

You may request that your application not be assigned to a specific NIH IC by entering that information in the boxes in the “Do Not Assign To” row.

In most cases, you will only want to make one or two requests; there is no need to make an entry in all six boxes. The hyperlink in this section of the form (http://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents) will take you to a web site where descriptions of the science covered by all NIH institute/centers can be found, including links to other PHS agency information.

To facilitate accurate communication of your request to NIH referral and review staff, please use the short abbreviation for the requested NIH IC (e.g., NCI for the National Cancer Institute). While NIH staff will seriously consider all assignment requests, in some cases the locus of review is pre-determined and assignment requests cannot be honored.

Study Section Assignment Request (optional)

This section of the form is optional. You may request up to three SRGs or SEPs for assignment of your application.

For this section, you will need to accurately type in the short abbreviation of the SRG / SEP you wish to request. The hyperlink in this section of the form (http://grants.nih.gov/grants/phs_assignment_information.htm#StudySection) will take you to a site where you can find more information about how to identify CSR and NIH SRGs and SEPs, including their short abbreviations. 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.

Assign to Study Section:

Enter the short abbreviations(s) for SRGs / SEPs to which you would like your application assigned in the "Assign to" row. Use one box per individual SRG/ SEP request. Type your first choice in the column labeled "1".

Do Not Assign to Study Section:

If you wish to request that your application not be assigned to a particular SRG/SEP, enter that information in the boxes found in the "Do Not Assign To" row.

In most cases, you will only want to make one or two requests; there is no need to make an entry in all six boxes.

Please note that while the majority of NIH research grant and fellowship applications are reviewed by the Center for Scientific Review (CSR), some are assigned to individual institute/center review groups and some applications 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.

List individuals who should not review your application and why (optional)

Provide sufficient information (e.g., name, organizational affiliation) so that the SRO can correctly identify the individual, and provide sufficient information so that the SRO can confirm a conflict of interest for the review. Simply stating "Dr. John Smith is in conflict with my application" is not helpful. Maximum 1000 characters.

Identify expertise needed to review your application (optional)

Five fields are provided if you wish to identify general or specific types of expertise needed for the review of your application. Maximum 40 characters/field. Do not enter names of individuals you would like to review your application.

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 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 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 Inclusion Enrollment Report

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*					