

NIH Multi-project Applications: Annotated SF424 (R&R) Form Set

Forms-D Series



Multi-project applications are comprised of overall application information, one or more sets of component information and system-generated summary information.

The data collected at the Overall application level are the same for all multi-project applications. The data items collected for components depend on the component type and may vary from one component to another.

Multi-project Component Forms

Page #	Form	Overall	Admin Core, Core, Project, Other named components	Indiv Career Dev	Career Dev	NRSA Training
Forms Common to Most Components						
2	SF424 R&R cover	✓	✓	✓	✓	✓
4	PHS 398 Cover Page Supplement	✓	✓	✓	✓	✓
6	R&R Other Project Information	✓	✓	✓	✓	✓
7	Project/Performance Sites	✓	✓	✓	✓	✓
8	R&R Sr/Key Person Profile (Expanded)	✓	✓	✓	✓	✓
9	PHS Inclusion Enrollment Report		Optional	Optional	Optional	
10	PHS Assignment Request Form	Optional				
Budget Forms						
12	R&R Budget		✓	✓	✓	
16	R&R Subaward Budget Attachment		Optional	Optional	Optional	
17	PHS 398 Training Budget					✓
19	Training Subaward Budget Attachment Form					Optional
20	PHS Additional Indirect Costs	Optional				
Research Plan and Equivalent Forms						
22	PHS 398 Research Plan	✓	✓			
23	PHS 398 Career Development Award Supplemental Form			✓		
25	PHS 398 Research Training Program Plan				✓	✓

NOTES:

- The Funding Opportunity Announcement (FOA), notices in the NIH Guide for Grants and Contracts, and associated [application guide](#) remain the official documents for defining application requirements. This resource is meant to complement, not replace, those documents.
- NIH application packages include a subset of the forms included in this resource. You will only need to complete the forms provided to you with a specific FOA.
- The actual display of the forms depends on your submission method (ASSIST or system-to-system solution). The same forms, form fields and guidance apply regardless of submission option display differences.
- This resource is for FORMS-D application packages, see [Do I Have the Right Forms for My Application?](#)
- Registration in multiple systems is needed prior to submission, see [Get Registered!](#) Can take 6 weeks – start early!
- The blue, pink and orange annotations throughout this resource represent processing notes and eRA system business rule checks (i.e., validations), new fields introduced with FORMS-D application packages and ASSIST notes respectively.



Notes & business rules

New with FORMS-D

ASSIST Notes

All SF424 R&R fields are collected in Overall Component. Only fields 5,7 (optional), 11 and 12 collected in other

SF 424 (R&R)

3. DATE RECEIVED BY STATE State Application Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

Organizational DUNS:

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

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

1. TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

Use Application for first submission attempt for due date.

2. DATE SUBMITTED Applicant Identifier

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

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

5. APPLICANT INFORMATION

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:

ASSIST: For Overall component, the Applicant information address fields are populated from the Commons institution Profile and are not editable.

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

Must provide zip+4 for all zip codes.

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?

See application guide for definitions.

9. NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

NIH will assign CFDA post-submission.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

12. PROPOSED PROJECT: Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

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

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

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [] First Name: [] Middle Name: [] Last Name: [] Suffix: [] 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: []

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

ASSIST: For Overall component, the PD/PI information is pulled from the PD/PI section of the R&R Sr/Key Person Profile form and must be changed on that form.

15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts.

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

a. Total Federal Funds Requested [] b. Total Non-Federal Funds [] c. Total Federal & Non-Federal Funds [] d. Estimated Program Income []

a. YES [] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: [] b. NO [] PROGRAM IS NOT COVERED BY E.O. 12372; OR [] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

I agree

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

*The list of certifications and assurances.

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

[] Add Attachment Delete Attachment View Attachment

19. Authorized Representative

Prefix: [] First Name: [] Middle Name: [] Last Name: [] Suffix: [] Position/Title: [] Organization: [] Department: [] Division: [] Street1: [] Street2: [] City: [] County / Parish: [] State: [] Province: [] Country: [] USA: UNITED STATES ZIP / Postal Code: [] Phone Number: [] Fax Number: [] Email: []

Authorized Organization Representative (AOR) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission. In eRA Commons individuals with signature authority are called Signing Officials (SOs).

Signature of Authorized Representative

Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application

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

21. Cover Letter Attachment

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

PHS 398 Cover Page Supplement

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

FORMS-D: Disclosure Permission Statement question removed.

1. Human Subjects Section

Clinical Trial?

Yes

No

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

If Yes on any components, then must be Yes on the Overall component.

If No on all components, then must be No on the Overall component for new and renewal applications.

*Agency-Defined Phase III Clinical Trial?

Yes

No

If Clinical Trial = Yes, then an answer to Phase III Clinical Trial is required.

If No on all components, then must be No on the Overall component for new and renewal applications.

2. Vertebrate Animals Section

FORMS-D: New section.

Are vertebrate animals euthanized?

Yes

No

If Yes on any components, then must be Yes on the Overall component.

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

If "Yes" to euthanasia

If Yes on any component, then must be Yes on the Overall component.

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?

Yes

No

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

FORMS-D: Up to 1000 characters.

3. *Program Income Section

If Yes on any component, then must be Yes on the Overall component.

*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)

FORMS-D: The Budget Period, Anticipated Amount, and Source information provided in the Overall should summarize the information provided in other components.

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

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

4. Human Embryonic Stem Cells Section

If Yes, then must enter cell line entries or check the "cannot be referenced" box. If Yes on any component, then must be Yes on Overall component.

*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):

Only check 'cell line cannot be referenced' in Overall component if no cell lines are referenced on any component.

Error if provided human embryonic stem cell lines (e.g., 0024, 0139) are not listed at <http://stemcells.nih.gov/research/registry/> at time of submission.

Overall component must include any stem cell lines listed in other components.

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents: Yes No

If "Yes" then answer the following:

*Previously Reported: Yes No

6. Change of Investigator / Change of Institution Section

Change of Project Director / Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Change of Grantee Institution

*Name of former institution:

RESEARCH & RELATED Other Project Information

If Human Subjects = Yes, additional attachments may be required in the PHS 398 Research Plan or equivalent form. If Yes on any component, then must be Yes on Overall component.

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:

If Overall exemption number is 4, then no other exemption number can be set for any other component. For E4 requirements, see http://grants.nih.gov/grants/policy/hs/faqs_specimens.htm#259

Overall: Future date not allowed. Date is not required at time of submission, but may be requested later as Just-In-Time data. Other components: not collected.

Overall: If Human Subjects = Yes, then Human Subject Assurance Number or the text 'None' must be provided. Other components: not collected.

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:

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

Overall: Future date not allowed. Date is not required at time of submission, but may be requested later as Just-In-Time data. Other components: not collected.

Overall: If Vertebrate Animals = Yes, then Animal Welfare Assurance Number or the text 'None' must be provided. Other components: not collected.

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

Yes No

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

Yes No

4.b. If yes, please explain: If 4a is Yes, then 4b is required.

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

4.d. If yes, please explain: If 4c is Yes, then 4d is required.

5. Is the research performance site designated, or eligible to be designated, as a historic place?

Yes No

5.a. If yes, please explain: If 5 is Yes, then 5a is required.

If Yes on any component, then must be Yes on Overall

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

Yes No

6.a. If yes, identify countries: If 6 is Yes, then 6a is required.

6.b. Optional Explanation: Required for all components: Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page. If awarded this information becomes public. Do not include proprietary or confidential information.

7. Project Summary/Abstract

8. Project Narrative

Typically 2-3 sentence statement of public health relevance; system will give error if over 1 page. Overall: Required. Other components: optional - see funding opportunity announcement for instructions.

9. Bibliography & References Cited

User-defined bookmarks are included with the bookmarks for the assembled application image in eRA Commons. Choice to include in Overall, other components or both unless noted otherwise in the FOA.

10. Facilities & Other Resources

Choice to include in Overall, other components or both unless noted otherwise in the FOA.

11. Equipment

User-defined bookmarks are included with the bookmarks for the assembled application image in eRA Commons. Choice to include in Overall, other components or both unless noted otherwise in the FOA.

12. Other Attachments

Add Attachments Delete Attachments View Attachments

Only provide Other Attachments when requested in the funding opportunity announcement text or related guide notices.

Overall: Include Primary Site only.
Other components: Include sites relevant to each component.

Project/Performance Site Location(s)

ASSIST: Option to populate from SF424 (R&R) cover.

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

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

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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

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

Additional Location(s)

A summary of Project/Performance Sites in the Overall section of the assembled application image in eRA Commons compiled from data collected in the other components is generated upon submission.

ASSIST: Summary Performance Site information is available using "Preview Application".

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator ASSIST: PD/PI profile information used to populate PD/PI information on SF424 (R&R) form.

Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
 Position/Title: Department:
 Organization Name: Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.
 * Street1:
 Street2:
 * City: County/ Parish:
 * State: Province:
 * Country: USA: UNITED STATES * Zip / Postal Code:
 * Phone Number: Fax Number:
 * E-Mail: VALID ERA COMMONS USERNAME MUST BE SUPPLIED. Overall: Contact PD/PI must be affiliated in Commons with applicant organization.
 Credential, e.g., agency login:
 * Project Role: PD/PI Other Project Role Category: ASSIST: For other components. Project Role defaults to Other with an Other Project Role Category of Project Lead.
 Degree Type: Overall: Project Role must be PD/PI. Other components: Project Role can't be PD/PI.
 Degree Year:
 * Attach Biographical Sketch Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. Limited to 5 pages. Format and samples: <http://grants.nih.gov/grants/forms/biosketch.htm>.
 Attach Current & Pending Support

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

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
 Position/Title: Department:
 Organization Name: Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.
 * Street1:
 Street2:
 * City: County/ Parish:
 * State: Province:
 * Country: USA: UNITED STATES * Zip / Postal Code:
 * Phone Number: Fax Number:
 * E-Mail: Overall: For multiple PD/PI applications, you must use the PD/PI role and provide the eRA Commons username in the Credential field for all PD/PIs. When multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the Research Plan form is required.
 Credential, e.g., agency login:
 * Project Role: Other Project Role Category:
 Degree Type:
 Degree Year:
 Attach Biographical Sketch Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. Limited to 5 pages. Format and samples: <http://grants.nih.gov/grants/forms/biosketch.htm>.
 Attach Current & Pending Support Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.

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

A summary of Sr/Key persons starting with PD/PI(s) then listing all others in alphabetical order will appear in the Overall section of the assembled application image in eRA Commons upon submission. The Sr/Key persons summary is followed by all biosketched in the same order. ASSIST: Sr/Key personnel and biosketch summaries available using "Preview Application".

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

***Study Title (must be unique):**

Limited to 250 characters.

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

* Delayed Onset Study? Yes No

FORMS-D: New questions added.

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

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

Enrollment Type

Planned Cumulative (Actual)

Using an Existing Dataset or Resource

Yes No

Enrollment Location

Domestic Foreign

Clinical Trial

Yes No

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

NIH-Defined Phase III Clinical Trial Yes No

Comments:

Limited to 500 characters.

Row totals automatically calculated.

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

Column totals automatically calculated.

Report 1 of 1

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

PHS Assignment Request Form

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

Funding Opportunity Number:

Pre-populated from announcement information.

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#AwardingComponents

	1	2	3
Assign to Awarding Component:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do Not Assign to Awarding Component:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Study Section Assignment Request *(optional)*

If you have a preference for a study section assignment, please use the link below to identify the most appropriate study section then enter the short abbreviation for that study section in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

For example, you would enter "CAMP" if you wish to request assignment to the Cancer Molecular Pathobiology study section or enter "ZRG1 HDM-R" if you wish to request assignment to the Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

Information about Study Sections can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

	1	2	3
Assign to Study Section:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Only 20 characters allowed</i>			
Do Not Assign to Study Section:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Only 20 characters allowed</i>			

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

R&R Budget form will NOT be used in the Overall component. NIH will summarize budget information from other components and include the summaries in the assembled application in eRA Commons post submission.

ASSIST: Budget summary information is available using "Preview Application".

Provide DUNS for the organization whose budget is reflected on this form. DUNS is used to differentiate applicant and subaward budgets.

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

Use Project when providing data for the budget associated with the component's lead organization.

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

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input type="text"/>	<input type="text"/>	<input type="text"/>									

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

Role should reflect the Sr/Key persons role on the specific component.

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

If more than 100 Sr./Key, use attachment and enter total funds requested for additional Sr/Key persons.

Total Senior/Key Person

B. Other Personnel

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

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Total Number Other Personnel Total Other Personnel

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

C. Equipment Description

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

Equipment item	Funds Requested (\$)
<input type="text"/> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Once equipment data is entered, you will be able to add up to 99 more rows to this section for a total of 100 equipment items. </div>	<input type="text"/>

Additional Equipment:

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)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

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

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

F. Other Direct Costs

Funds Requested (\$)

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

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

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)



Budget Justification is required and must cover all budget periods.

Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

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

Totals (\$)

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

ASSIST: Add to your application using "Add Optional Form" available from the Summary tab for the component.

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	<p>If submitting an application with >30 subaward budgets in a single component, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the main component budget in Section K of the R&R Budget form.</p> <p>When subaward budgets are added to a component, the sum all subawards must be included in Line F.5 Subawards/Consortium/Contractual Costs of the budget marked Project within the component.</p>			
7) Please attach Attachment 7				
8) Please attach Attachment 8				
9) Please attach Attachment 9				
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18		Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19		Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20		Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21		Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22		Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23		Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24		Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25		Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26		Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27		Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28		Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29		Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30		Add Attachment	Delete Attachment	View Attachment

PHS 398 TRAINING BUDGET, Period 1

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

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

Use Project when providing data for the budget associated with the component's lead organization.

Organizational DUNS: Budget Type: Project Subaward/Consortium

Organization Name:
Start Date: End Date:

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

A. Stipends, Tuition/Fees

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

Number of Trainees

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

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

Totals:

B. Other Direct Costs

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

Warning if not provided.

Do not use.

Include sum of all attached Training Subaward Budget forms.

C. Total Direct Costs Requested (A + B)

D. Indirect (F&A) Costs

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

Indirect Cost Rate is typically 8%.

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

F. Budget Justification

Budget justification is required and must cover all budget periods.

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

PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated.

A. Stipends, Tuition/Fees		Stipends Requested (\$)	Tuition/Fees Requested (\$)
Undergraduate:		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Predoctoral:	Single Degree	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Dual Degree	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Total Predoctoral	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postdoctoral:	Non-Degree Seeking	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Degree Seeking	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Total Postdoctoral	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other:		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Totals:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total Stipends + Tuition/Fees Requested			<input style="width: 100%;" type="text"/>

B. Other Direct Costs	Funds Requested (\$)
Trainee Travel	<input style="width: 100%;" type="text"/>
Training Related Expenses	<input style="width: 100%;" type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)	<input style="width: 100%;" type="text"/>
Consortium Training Costs (if applicable)	<input style="width: 100%;" type="text"/>
Total Other Direct Costs Requested	<input style="width: 100%;" type="text"/>

C. Total Direct Costs Requested (A + B)	<input style="width: 100%;" type="text"/>
--	---

D. Total Indirect (F&A) Costs Requested	<input style="width: 100%;" type="text"/>
--	---

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

E. Total Direct and Indirect (F&A) Costs Requested (C + D)	<input style="width: 100%;" type="text"/>
---	---

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

FORMS-D: Streamlined instructions.

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

Click here to extract the PHS 398 Training Subaward Attachment

Important:

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

Attach Training Subaward Budget 1		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 2		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 3		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 4		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 5		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 6		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 7	The sum of all training subaward budget forms (e.g., those attached separately on this form and those provided as part of the budget justification), must be included in the Consortium Training Costs field in the Other Direct Costs (Section B) of the PHS 398 Training Budget form.			
Attach Training Subaward Budget 8	If submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification n Section F of the PHS 398 Training Budget form.			
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

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

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

ASSIST: Add to your application using "Add Optional Form".

PHS Additional Indirect Costs - Budget Period 1

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

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

Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Total Indirect Costs

Budget Justification

(Only attach one file.)

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

PHS Additional Indirect Costs - Cumulative Budget

Totals (\$)

Indirect Costs

System calculated.

PHS 398 Research Plan

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

Introduction	
1. Introduction to Application (Resubmission and Revision)	<input type="checkbox"/> Limited to 1 page. Overall: Required for resubmission and revision applications. Other components: optional unless otherwise stated in funding opportunity announcement.
Research Plan Section	
2. Specific Aims	<input type="checkbox"/> Required for all components. Limited to 1 page. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3. *Research Strategy	<input checked="" type="checkbox"/> Required for all components. See Section IV of the funding opportunity announcement for Overall and component page limits. Typically 6, 12 or 30 pages.
4. Progress Report Publication List	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
Human Subjects Section	
5. Protection of Human Subjects	<input type="checkbox"/> FORMS-D: Rule change. Overall: Optional unless otherwise stated in FOA. Other components: Required if Human Subjects is Yes.
6. Data Safety Monitoring Plan	<input type="checkbox"/> FORMS-D: New attachment. Overall: Optional unless otherwise stated in FOA. Other components: Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement.
7. Inclusion of Women and Minorities	<input type="checkbox"/> FORMS-D: Rule change. Overall: Optional unless otherwise stated in FOA. Other components: Required if Human Subjects is Yes and exemption number is not 4.
8. Inclusion of Children	<input type="checkbox"/> FORMS-D: Rule change. Overall: Optional unless otherwise stated in FOA. Other components: Required if Human Subjects is Yes and exemption number is not 4.
Other Research Plan Section	
9. Vertebrate Animals	<input type="checkbox"/> FORMS-D: Rule change. Overall: Not collected. Other components: Required if Vertebrate Animals is Yes on the Other Project Information form.
10. Select Agent Research	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
11. Multiple PD/PI Leadership Plan	<input type="checkbox"/> Overall: Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.
12. Consortium/Contractual Arrangements	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
13. Letters of Support	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
14. Resource Sharing Plan(s)	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
15. Authentication of Key Biological and/or Chemical Resources	<input type="checkbox"/> FORMS-D: New attachment. Overall: Optional unless otherwise stated in FOA. Other components: Required if project involves key biological and/or chemical resources. Recommend 1 page, but no system validation enforcement of page limit.
Appendix	
16. Appendix	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>

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

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

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

PHS 398 Career Development Award Supplemental Form

FORMS-D: Fields/attachments reorganized.

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

Introduction	
1. Introduction to Application (RESUBMISSION)	<input type="checkbox"/> Optional for Resubmission and Revision applications. Must not be included for new or renewal applications. Limited to 1 page. <input type="button" value="New Attachment"/>
Candidate Section	
2. Candidate Information and Goals for Career Development	<input type="checkbox"/> FORMS-D: New required attachment combining "Candidate's Background", "Career Goals and Objectives" and "Candidate's Plan for Career Development/ Training Activities during Award Period" attachments from FORMS-C. This attachment and the Research Strategy attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement. <input type="button" value="New Attachment"/>
Research Plan Section	
3. Specific Aims	<input type="text" value="Required. Limited to 1 page."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. * Research Strategy	<input type="text" value="This attachment and the Candidate Information and Goals for Career Development attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement."/>
5. Progress Report Publication List (for RENEWAL applications only)	<input type="text" value="Optional for renewal applications."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Training in the Responsible Conduct of Research	<input type="text" value="Required. Limited to 1 page."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Other Candidate Information Section	
7. Candidate's Plan to Provide Mentoring	<input type="text" value="Limited to 6 pages."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Mentor, Co-Mentor, Consultant, Collaborators Section	
8. Plans and Statements of Mentor and Co-Mentor(s)	<input type="text" value="Required. Limited to 6 pages."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
9. Letters of Support from Collaborators, Contributors, and Consultants	<input type="text" value="Limited to 6 pages."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Environment and Institutional Commitment to Candidate Section	
10. Description of Institutional Environment	<input type="text" value="Required. Limited to 1 page."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
11. Institutional Commitment to Candidate's Research Career Development	<input type="text" value="Required. Limited to 1 page."/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Human Subject Sections	
12. Protection of Human Subjects	<input type="checkbox"/> Required if Human Subjects is Yes on R&R Other Project Information form. <input type="button" value="New Attachment"/>
13. Data Safety Monitoring Plan	<input type="checkbox"/> FORMS-D: New attachment. Overall: Optional unless otherwise stated in FOA. Other components: Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement. <input type="button" value="New Attachment"/>
14. Inclusion of Women and Minorities	<input type="checkbox"/> Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form. <input type="button" value="New Attachment"/>
15. Inclusion of Children	<input type="checkbox"/> Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form. <input type="button" value="New Attachment"/>

PHS 398 Career Development Award Supplemental Form

Other Research Plan Sections

- 16. Vertebrate Animals Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.
- 17. Select Agent Research Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
- 18. Consortium/Contractual Arrangements Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
- 19. Resource Sharing Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.
- 20. Authentication of Key Biological and/or Chemical Resources FORMS-D: New attachment. Required if component involves key biological and/or chemical resources. No system validation enforcement.

Appendix

21. Appendix

Allows for up to 10 appendices. See Application Guide and announcement for restrictions. Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate Agency staff and peer reviewers. DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.

* Citizenship

FORMS-D: Citizenship selections updated.

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

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

- With a Permanent U.S. Resident Visa
- With a Temporary U.S. Visa
- Not Residing in the U.S.

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

Non-U.S. Citizen national with temporary U.S. Visa' is not typically a valid option.

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

PHS 398 Research Training Program Plan

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

FORMS-D: Fields/attachments reorganized.

Introduction	
1. Introduction to Application (for Resubmission and Revision)	<input type="checkbox"/> Optional for Resubmission applications; limited to 3 pages. Optional for Revision applications; limited to 1 page. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Training Program Section	
2. * Program Plan	<input type="checkbox"/> Required. Limited to 25 pages. <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;">FORMS-D: Program plan now includes information previously included in "Background" and "Recruitment Plan to Enhance Diversity" attachments.</div>
3. Plan for Instruction in the Responsible Conduct of Research	<input type="checkbox"/> Required. Limited to 3 pages. <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. Plan for Instruction in Methods for Enhancing Reproducibility	<input type="checkbox"/> FORMS-D: New attachment. Rigor & transparency changes for training applications delayed (NOT-OD-16-034). Until further notice, do not use this attachment unless specifically indicated in your funding opportunity announcement. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
5. Multiple PD/PI Leadership Plan (if applicable)	<input type="checkbox"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Progress Report (for RENEWAL applications only)	<input type="checkbox"/> Optional for renewal applications. <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Faculty, Trainees and Training Record Section	
7. Participating Faculty Biosketches	<input type="checkbox"/> Warning if not included. <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
8. Letters of Support	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
9. Data Tables	<input type="checkbox"/> Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Other Training Program Section	
10. Human Subjects	<input type="checkbox"/> Required if Human Subjects is Yes on the R&R Other Project Information form. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
11. Data Safety Monitoring Plan	<input type="checkbox"/> FORMS-D: New attachment. Overall: Optional unless otherwise stated in FOA. Other components: Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
12. Vertebrate Animals	<input type="checkbox"/> Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
13. Select Agent Research	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
14. Consortium/Contractual Arrangements	<input type="checkbox"/> Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Appendix	
15. Appendix	<input type="button" value="Add Attachments"/> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;"> <p>Allows for up to 10 appendices. See Application Guide and announcement for restrictions.</p> <p>Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate Agency staff and peer reviewers.</p> <p>DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.</p> </div>