Annotated Form Set for NIH Small Business (SBIR/STTR) Grant Applications

FORMS-D Series

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NOTES:

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

National Institutes of Health
Office of Extramural Research

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

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

Use Application for first submission attempt for due date.

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

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.

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

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

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

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS:

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

Legal Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES

Small business must be in the U.S.

ZIP / Postal Code:

Must provide zip+4 for all zip codes.

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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

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

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

Must select "Small Business" for SBIR/STTR applications.

Other (Specify):

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

Once "Small Business" is selected, Organization Type is active.

8. TYPE OF APPLICATION:

See application guide for definitions.

☐ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

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

9. NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

NIH will assign CFDA post-submission.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Phase II should have the same title as awarded Phase I. If Revision (box 8), provide exact title (including punctuation and spacing) as seen in eRA Commons 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.

Generally, SBIR Phase I awards do not exceed 6 months and STTR Phase I awards do not exceed one year. Generally, SBIR and STTR Phase II awards do not exceed two years.

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

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.

Organization Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

Email:

15. ESTIMATED PROJECT FUNDING

Manually enter amounts.

Guideline: SBIR/STTR
Phase I - $150K
Phase II - $1M

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:

SBIR/STTR: Check "No - Program is not covered by E.O.

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☐ **I agree**

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

**The list of certifications and assurances,*

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

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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

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

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment

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

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

PHS 398 Cover Page Supplement

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

FORMS-D: Disclosure Permission Statement question removed.

1. Human Subjects Section

Clinical Trial? ☐ Yes ☐ No

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

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

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

2. Vertebrate Animals Section

FORMS-D: New section.

Are vertebrate animals euthanized? ☐ Yes ☐ No

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

If "**Yes**" to euthanasia

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

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

FORMS-D: Up to 1000 characters.

3. *Program Income Section

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

☐ Yes ☐ No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount ($)	*Source(s)

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

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

4. Human Embryonic Stem Cells Section

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

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

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

Cell Line(s) (Example: 0004):

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

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL)

SBIR/STTR: Only applies to Phase II applications.

*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

Change of Investigator not allowed for Revision applications.

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

☐ Change of Grantee Institution

*Name of former institution:

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001

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

1. Are Human Subjects Involved? ☐ Yes ☐ No

1.a. If YES to Human Subjects

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

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

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

IRB Approval Date:

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

Human Subject Assurance Number:

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

2. Are Vertebrate Animals Used? ☐ Yes ☐ No

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

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

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

Animal Welfare Assurance Number:

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

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

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

4.b. If yes, please explain:

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

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

4.d. If yes, please explain:

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

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

5.a. If yes, please explain:

If 5 is Yes, then 5a is required.

Generally, all SBIR and STTR work should be done in the U.S.

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

6.a. If yes, identify countries:

If 6 is Yes, then 6a is required.

6.b. Optional Explanation:

7. Project Summary/Abstract

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

8. Project Narrative

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

9. Bibliography & References Cited

Required unless otherwise noted in opportunity. Not system enforced.

View Attachment

10. Facilities & Other Resources

Required unless otherwise noted in opportunity. Not system enforced.

View Attachment

11. Equipment

Add Attachment | Delete Attachment | View Attachment

12. Other Attachments

Add Attachments | Delete Attachments | View Attachments

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

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

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

Organization Name:

DUNS Number:

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

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

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

Organization Name:

DUNS Number:

* Street1:

Street2:

List all performance 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.

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

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

Additional Location(s) Add Attachment Delete Attachment View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title: Department:

Organization Name:

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

* Street1:

Street2:

* City: County/ Parish:

* State: Province:

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

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

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

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

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

Degree Type:

Degree Year:

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

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

Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

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

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title: Department:

Organization Name:

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

* Street1:

Street2:

* City: County/ Parish:

* State: Province:

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

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

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

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

Degree Type:

Degree Year:

Attach Biographical Sketch Add Attachment Delete Attachment View Attachment

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

Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

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

Delete Entry

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

Next Person

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

SBIR/STTR Information

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

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

☐ SBIR ☐ STTR

Must select SBIR or STTR (not Both).

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

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

☐ Phase I ☐ Phase II

Select one.

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

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

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

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

SBIR/STTR Information

SBIR-Specific Questions:

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

Required for SBIR applications only.

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

Required for SBIR applications only.

STTR-Specific Questions:

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

Required for STTR applications only.

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

Required for STTR applications only.

PHS Inclusion Enrollment Report

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

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

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

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

* Delayed Onset Study? ☐ Yes ☐ No

FORMS-D: New questions added.

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

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

Enrollment Type ☐ Planned ☐ Cumulative (Actual)

Using an Existing Dataset or Resource ☐ Yes ☐ No

Enrollment Location ☐ Domestic ☐ Foreign

Clinical Trial ☐ Yes ☐ No

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

NIH-Defined Phase III Clinical Trial ☐ Yes ☐ No

Comments: Limited to 500 characters.

Row totals automatically calculated.

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

Column totals automatically calculated.

Report 1 of 1

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

To ensure proper performance, please save frequently.

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

PHS Assignment Request Form

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

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

Funding Opportunity Number:

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:			
Do Not Assign to Awarding Component:			

Study Section Assignment Request *(optional)*

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

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

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

	1	2	3
Assign to Study Section: *Only 20 characters allowed*			
Do Not Assign to Study Section: *Only 20 characters allowed*			

PHS Assignment Request Form

List Individuals who should not review your application and why *(optional)* *Only 1000 characters allowed*

Identify Scientific areas of expertise needed to review your application *(optional)*
Note: Please do not provide names of individuals

	1	2	3	4	5
Expertise: *Only 40 characters allowed*					

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

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

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:**

For STTR, there must be at least one Research Institution budget with type Subaward/Consortium for each year of the Project budget.

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

A. Senior/Key Person

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

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

Project Role:

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

STTR: If the PD/PI is an employee of the Research Institution (RI), then their information should be entered on the RI subaward budget page and the amounts on the Project budget can be blank or $0.

SBIR: There must be a Sr/Key entry with a role of PD/PI for each budget year of the Project budget.

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

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

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

Total Senior/Key Person

B. Other Personnel

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

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

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

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item		Funds Requested ($)
	Once equipment data is entered, you will be able to add up to 9 more rows to this section for a total of 10 equipment items.	

Additional Equipment: Add Attachment | Delete Attachment | View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

		Funds Requested ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs — Generally, Foreign Travel Costs do not apply to SBIR/STTR applications.	
	Total Travel Cost	

E. Participant/Trainee Support Costs

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

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

F. Other Direct Costs

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

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

G. Direct Costs

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

H. Indirect Costs

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

Applicants without a NIH-negotiated Indirect Cost Rate can request up to 40% in both Phase I and Phase II.

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 ($)
A Fee cannot be entered for a Subaward/Consortium budget.	

K. Budget Justification

(Only attach one file.)

Budget Justification is required and must cover all budget periods.

ttachment | Delete Attachment | View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

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

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

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

OMB Number: 4040-0001

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a PDF document.

Click here to extract the R&R Subaward Budget Attachment

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

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

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

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

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

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

PHS 398 Research Plan

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

Introduction

1. Introduction to Application (Resubmission and Revision) — Limited to 1 page. Required for Resubmission and Revision applications. [Add Attachment] [Delete Attachment] [View Attachment]

Research Plan Section

2. Specific Aims — Required. Limited to 1 page. [Add Attachment] [Delete Attachment] [View Attachment]
3. *Research Strategy — Required: Phase I SBIR/STTR: limited to 6 pages. Phase II: SBIR/STTR and Fast Track SBIR/STTR: limited to 12 pages. [Add Attachment] [Delete Attachment] [View Attachment]
4. Progress Report Publication List [Add Attachment] [Delete Attachment] [View Attachment]

Human Subjects Section

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

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

Other Research Plan Section

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

Appendix

16. Appendix [Add Attachments] [Delete Attachments] [View Attachments]

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

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

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