FORMS VERSION E SERIES

Released: September 25, 2017

TRAINING INSTRUCTIONS FOR NIH AND OTHER PHS AGENCIES

SF424 (R&R) APPLICATION PACKAGES

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

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T.100 - How to Use the Application Instructions

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

Take a tour of the Application Guide

Quick Links

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

Helpful Links

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

- OER Glossary
- Grants Policy Statement
- Guide to Grants and Contracts
- Frequently Asked Questions

Step 1. Become familiar with the application process.

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

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

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

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

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

Step 3. Choose an application instruction format.

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

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

Step 4. Complete the appropriate forms.

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

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

Step 5. Stay informed of policy changes and updates.

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

T.110 - Application Process

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

Quick Links

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

Prepare to Apply and Register

Systems and Roles

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

Register

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

Understand Funding Opportunities

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

Types of Applications

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

Submission Options

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

Obtain Software

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

Write Application

Write Your Application

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

Develop Your Budget

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

Format Attachments

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

Rules for Text Fields

Learn the rules for form text fields – allowable characters, cutting and pasting, character limits, and formatting.

Page Limits

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

Data Tables

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

Reference Letters

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

Biosketches

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

Submit

Submit, Track and View

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

How We Check for Completeness

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

Changed/Corrected Applications

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

Related Resources

Due Dates and Policies

Due Dates

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

Submission Policies

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

Dealing with System Issues

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

After Submission

Receipt and Referral

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

Peer Review

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

Pre-award Process

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

Post award Monitoring and Reporting

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

Resources

News - Items of Interest

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

Annotated Form Sets

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

Contacting NIH Staff

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

Contacting Staff at Other PHS Agencies

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

Systems

ASSIST

eRA Commons

Grants.gov

Information Collection

Authorization

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

Paperwork Burden

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

Collection of Personal Demographic Data

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

T.120 - Significant Changes

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

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

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

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

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

Release Notes - September 25, 2017

SF424 Research and Related (R&R) Form Changes

FORMS-E application packages incorporate the latest versions of the federal-wide forms managed by Grants.gov (OMB Number: 4040-0001, Expiration Date: 10/31/2019).

R&R Budget and associated R&R Subaward Budget Attachment(s) Form

- Added new "Total Costs and Fee" calculation to budget periods and cumulative budget
- Added instructions under the "Other Direct Costs" section about requesting direct costs related to the use of single Institutional Review Board (sIRB) for multi-site human subjects research in item "8-10 Other."

R&R Other Project Information Form

- Added exemption numbers 7 and 8 to question 1.a; however, these exemptions will not be used at this time.

Forms-E Changes

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

- Updated biosketch instructions so that scholastic performance requires only scientific/professional graduate courses to be listed

PHS 398 Cover Page Supplement Form

- Updated OMB Expiration Date to 03/31/2020
- Removed Human Subjects Section, including:
  - "Clinical Trial" question
  - "Agency Defined Phase III Clinical Trial" question
- Renumbered form fields
- Made minor text edits

PHS 398 Research Training Program Plan Form

- Updated OMB Expiration Date to 03/31/2020
- Removed the following attachments from the Other Training Program Section:
  - Human Subjects
  - Data Safety Monitoring Plan
- Renumbered form fields
- Made minor text edits
- Includes the updated appendix policy that goes into effect for applications due on or after January 25, 2018. This policy eliminates clinical trial-related materials. See the NIH Guide Notice on Allowable Appendix Materials for more information.

PHS 398 Training Budget Form

- Updated OMB Expiration Date to 03/31/2020

PHS 398 Training Subaward Budget Attachment(s) Form

- Updated OMB Expiration Date to 03/31/2020

PHS Assignment Request Form

- Updated OMB Expiration Date to 03/31/2020
- Clarifications made to instructions

PHS Human Subjects and Clinical Trials Information

- Introduced new form for consolidated human subjects, inclusion enrollment report, and clinical trial information
- Includes attachment to comply with NIH Policy on the Use of a Single Institutional Review Board for Multi-Site Research. See the NIH Guide Notice on Notice of Extension of Effective Date for more information.
- Added exemption numbers 7 and 8 to question 1.3; however, these exemptions will not be used at this time

Supplemental Instructions

- Discontinued use of Supplemental Instructions for all competing applications and progress reports
- All information has been folded into the Application Form Instructions and/or is contained in the appropriate policy website (e.g., NIH Grants Policy Statement)

T.130 - Program Overview

Quick Links

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

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

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

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

Additional Instructions for Training:

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

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

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

Payback Service Requirement: For NRSA programs that include postdoctoral trainees, the program director must explain the terms of the payback service requirement to all prospective postdoctoral training candidates. A complete description of the service payback obligation is available in the NIH Grants Policy Statement, Section 11.4: Payback Requirements.

Before Applying:

1. **Become familiar with Activity Code:** Applicants should become familiar with the activity code and the purpose of the specific program for which support is being requested. A listing of "T" series activity codes, with their descriptions, is available on the Institutional Training Grants page.
2. **Refer to your specific FOA:** Refer to your FOA for specific information associated with the award mechanism and the names of individuals who may be contacted for additional

or clarifying information prior to application submission.

- FOAs and other guidelines are available on the NIH T Kiosk.
- Announcements for various training programs are issued periodically in the NIH Guide for Grants and Contracts, a weekly electronic publication, that is available on NIH's Funding page.

3. **Contact Awarding Component:** Applicants are encouraged to consult with the NIH Scientific/Research contact of the appropriate awarding component prior to submitting an application, as eligibility criteria, support levels, and availability of awards may vary among NIH Institutes or Centers and other PHS agencies.

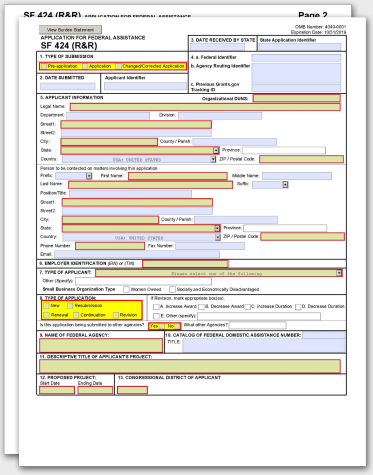
The following chart provides a summary of the existing training programs. Since this information is subject to change, prospective applicants are encouraged to review the T Kiosk for the most current program information.

Summary of Institutional Training Programs

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

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

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



View larger image

Quick Links

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

4a. Federal Identifier

4b. Agency Routing Identifier

4c. Previous Grants.gov Tracking ID

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

1. Type of Submission

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

Pre-application:

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

Application:

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

Changed/Corrected Application:

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

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

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

2. Date Submitted and Applicant Identifier

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

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

3. Date Received by State and State Application Identifier

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

4.a. Federal Identifier

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

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

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

4.b. Agency Routing Identifier

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

4.c. Previous Grants.gov Tracking ID

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

5. Applicant Information

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

Organizational DUNS:

This field is required.

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

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

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

Legal Name:

Enter the legal name of the organization.

Department:

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

Division:

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

Street1:

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

Street2:

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

City:

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

County/Parish:

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

State:

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

Province:

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

Country:

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

ZIP/Postal Code:

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

Person to be contacted on matters involving this application

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

Prefix:

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

First Name:

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

Middle Name:

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

Last Name:

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

Suffix:

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

Position/Title:

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

Street1:

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

Street2:

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

City:

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

County/Parish:

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

State:

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

Province:

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

Country:

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

ZIP/Postal Code:

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

Phone Number:

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

Fax Number:

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

E-mail:

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

6. Employer Identification

This field is required.

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

7. Type of Applicant

This field is required.

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

Other (Specify):

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

Women Owned:

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

Socially and Economically Disadvantaged:

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

8. Type of Application

This field is required.

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

- **New.** Check this option when submitting an application for the first time or in accordance with other submission policies. See the NIH Grants Policy Statement, Section 2.3.7.4: Submission of Resubmission Application.
- **Resubmission.** Check this option when submitting a revised (altered or corrected) or amended application. See also the NIH Application Submission Policies. If your application is both a "New/Revision/Renewal" and a "Resubmission," check only the "Resubmission" box.
- **Renewal.** Check this option if you are requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as if the applicant were applying for the first time.
- **Continuation.** The box for "Continuation" is used only for specific FOAs.
- **Revision.** Check this option for competing revisions and non-competing administrative supplements. For more information on competing revisions, see NIH Competing Revisions. For more information on administrative supplements, see NIH Administrative Supplements.

If Revision, mark appropriate box(es).

You may select more than one.

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

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

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

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

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

Otherwise, check "No."

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

9. Name of Federal Agency

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

10. Catalog of Federal Domestic Assistance Number and Title

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

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

11. Descriptive Title of Applicant's Project

This field is required.

Enter a brief descriptive title of the project.

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

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

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

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

12. Proposed Project

Start Date:

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

Additional Instructions for Training:

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

Ending Date:

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

13. Congressional District of Applicant

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

If outside the United States, enter 00-000.

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

For jurisdictions with no representative, enter "099."

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

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

14. Project Director/Principal Investigator Contact Information

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

In the eRA Commons profile, the person listed here in "14. Project Director/Principal Investigator Contact Information" must be affiliated with the applicant organization entered in "5. Applicant Information." If you are proposing research at an institute other than the one you are currently at, do not create a separate Commons account with the proposed applicant organization. For additional information on creating affiliations for users in the eRA Commons, see eRA Account Management System's Online Help.

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

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

Prefix:

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

First Name:

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

Middle Name:

Enter the middle name of the PD/PI.

Last Name:

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

Suffix:

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

Position/Title:

Enter the position/title of the PD/PI.

Organization Name:

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

Department:

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

Division:

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

Street1:

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

Street2:

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

City:

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

County/Parish:

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

State:

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

Province:

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

Country:

Select the country for the PD/PI.

ZIP/Postal Code:

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

Phone Number:

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

Fax Number:

Enter the fax number for the PD/PI.

E-mail:

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

15. Estimated Project Funding

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

a. Total Federal Funds Requested

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

b. Total Non-Federal Funds

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

c. Total Federal & Non-Federal Funds

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

d. Estimated Program Income

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

Additional Instructions for Training:

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

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

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

17. Certification

This field is required.

The list of NIH and other PHS agencies Certifications, Assurances, and other Policies is found in the NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates.

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

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

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

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

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

For more information:

See the NIH Grants Policy Statement, Section 4.1.17: Lobbying Prohibition, and the NIH Lobbying Guidance for Grantee Activities page.

19. Authorized Representative

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

Prefix:

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

First Name:

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

Middle Name:

Enter the middle name of the AOR/SO.

Last Name:

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

Suffix:

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

Position/Title:

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

Organization Name:

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

Department:

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

Division:

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

Street1:

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

Street2:

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

City:

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

County/Parish:

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

State:

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

Province:

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

Country:

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

ZIP/Postal Code:

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

Phone Number:

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

Fax Number:

Enter the fax number for the AOR/SO.

Email:

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

Signature of Authorized Representative:

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

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

Date Signed:

Grants.gov will generate this date upon application submission.

20. Pre-application

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

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

21. Cover Letter Attachment

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

Who must complete the "Cover Letter Attachment:"

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

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

Format:

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

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

Content:

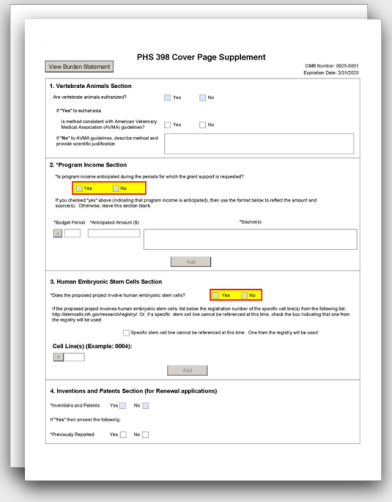
The letter should contain any of the following information, as applicable:

1. Application title.
2. Title of FOA (PA or RFA).
3. For late applications (see Late Application policy on NIH's Application Submission Policies) include specific information about the timing and nature of the delay.
4. For changed/corrected applications submitted after the due date, a cover letter is required, and it must explain the reason for late submission of the changed/corrected applications. If you already submitted a cover letter with a previous submission and are now submitting a late change/corrected application, you must include all previous cover letter text in the revised cover letter attachment. The system does not retain any previously submitted cover letters; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information.
5. Explanation of any subaward budget components that are not active for all budget periods of the proposed grant (see T.310 – R&R Subaward Budget Attachment(s) Form).

6. Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications that request $500,000 or more, approval for Conference Grant or Cooperative Agreement (R13 or U13), etc. It is recommended that you include the official communication from an NIH official as part of your cover letter attachment.
7. When intending to submit a video as part of the application, the cover letter must include information about the intent to submit it; if this is not done, the video will not be accepted. See NIH Grants Policy Statement, Section 2.3.7.7: Post Submission Grant Application Materials for additional information.
8. Include a statement in the cover letter if the proposed studies will generate large-scale human or non-human genomic data as detailed in the NIH Genomic Data Sharing Policy (see the NIH Grants Policy Statement, Section 2.3.7.10: NIH Genomic Data Sharing and Section 8.2.3.3: Genomic Data Sharing (GDS) Policy/Policy for Genome-Wide Association Studies (GWAS)).

T.210 - PHS 398 Cover Page Supplement Form

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



View larger image

Quick Links

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

1. Vertebrate Animals Section

Are vertebrate animals euthanized?

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

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

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

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

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

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

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

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

2. Program Income Section

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

This field is required.

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

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

> **Additional Instructions for Training:**
>
> Check "No" for the "Is program income anticipated during the periods for which the grant support is requested?" question.

Budget Period:

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

Anticipated Amount ($):

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

Source(s):

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

3. Human Embryonic Stem Cells Section

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

For additional guidance, see the NIH Grants Policy Statement, Section 4.1.13: Human Stem Cell Research.

Does the proposed project involve human embryonic stem cells?

This field is required.

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

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

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

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

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

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

Additional Instructions for Training:

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

Cell Line(s):

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

For more information:

See NIH's Stem Cell Information page for additional information on stem cells, Federal policy statements, and guidelines on federally funded stem cell research.

4. Inventions and Patents Section (for Renewal applications)

Who must complete the "Invention and Patents" section:

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

Inventions and Patents:

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

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

NIH recipient organizations must promptly report inventions to the Division of Extramural Inventions and Technology Resources (DEITR) Branch of the Office of Policy for Extramural Research Administration (OPERA), OER, NIH, 6705 Rockledge Drive, Bethesda, MD 20892-2750, (301) 435-1986. You must report inventions in compliance with regulations at 37 CFR 401.14, which are described at Interagency Edison (iEdison). The grantee is required to submit reports electronically using iEdison. See the NIH Grants Policy Statement, Section 8.4.1.6: Invention Reporting.

Additional Instructions for Training:

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

Previously Reported:

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

5. Change of Investigator/Change of Institution Section

Change of Project Director/Principal Investigator:

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

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

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

Prefix:

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

First Name:

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

Middle Name:

Enter the middle name of the former PD/PI.

Last Name:

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

Suffix:

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

Change of Grantee Institution:

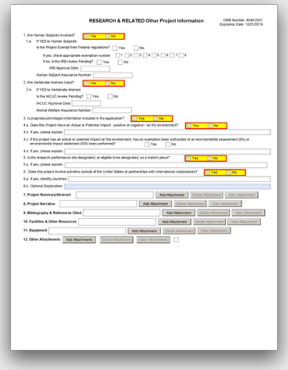
Check this box if your application reflects a change in grantee institution from that indicated on your previous application or award. This question is not applicable to new applications.

Name of Former Institution:

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

T.220 - R&R Other Project Information Form

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



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Quick Links

1. Are Human Subjects Involved?
1a. If YES to Human Subjects
2. Are Vertebrate Animals Used?
2a. If YES to Vertebrate Animals
3. Is proprietary/privileged information included in the application?
4. Environmental Questions
5. Is the research performance site designated, or eligible to be designated, as a historic place?
6. Does this project involve activities outside of the United States or partnerships with international Collaborators?
7. Project Summary/Abstract
8. Project Narrative
9. Bibliography & References Cited
10. Facilities & Other Resources
11. Equipment
12. Other Attachments

1. Are Human Subjects Involved?

This field is required.

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

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

Whether you answer "Yes" or "No" to the "Are Human Subjects Involved?" question here, your answer will populate the relevant field in the T.500 – PHS Human Subjects and Clinical Trials Information form. Follow the T.500 – PHS Human Subjects and Clinical Trials Information form instructions to complete the relevant questions in that form.

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

Note on the use of human specimens or data: Applications involving the use of human specimens or data may or may not be considered to be research involving human subjects, depending on the details of the materials to be used. If you check "No" to "Are Human Subjects Involved?" but your application proposes using human specimens or data, you will be required to provide a clear justification about why this use does not constitute human subjects research. Follow the T.500 – PHS Human Subjects and Clinical Trials Information form instructions.

For more information on human biospecimens or data: Refer to the NIH page on Frequently Asked Questions on Human Specimens, Cell Lines, or Data and the Research Involving Private Information or Biological Specimens flowchart.

Additional Instructions for Training:

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

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

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

Trainees may not design or conduct independent human subjects research as part of the training award unless the institution where the research will be conducted has an approved FWA on file with OHRP and IRB approval. The institution must also submit certification of the date of IRB approval and must comply with NIH requirements for human subjects protections (see the NIH Grants Policy Statement, Section 4.1.15: Human Subjects Protections).

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

These policies apply to all Performance Sites.

K12 and D43 applicants applying to FOAs that accept clinical trials (i.e., 'clinical trial required' or 'clinical trial optional'): Follow the instructions in your FOA to determine whether you must provide information in the T.500 - PHS Human Subjects and Clinical Trials Information form.

1.a. If YES to Human Subjects

Your answers here in question "1.a. If YES to Human Subjects" will populate the corresponding fields in the T.500 – PHS Human Subjects and Clinical Trials Information form.

Is the Project Exempt from Federal regulations? Yes/No

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

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

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

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

If yes, check appropriate exemption number 1, 2, 3, 4, 5, 6, 7, 8:

If you selected "Yes" to "Is the Project Exempt from Federal Regulations," select the appropriate exemption number. **Do not select exemption 7 or 8, as these are not yet being used.**

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

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

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

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

If IRB review is pending, check "Yes."

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

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

IRB Approval Date:

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

An IRB approval date is not required at the time of submission when IRB review is pending. This may be requested later in the pre-award cycle as a Just-In-Time requirement. See the NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures for more information.

Human Subject Assurance Number:

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

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

2. Are Vertebrate Animals Used?

This field is required.

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

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

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

Additional Instructions for Training:

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

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

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

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

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

These policies apply to all Performance Sites.

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?

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

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

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

IACUC Approval Date:

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

An IACUC approval date is not required at the time of submission. NIH does not require verification of review and approval of the proposed research by the IACUC before peer review of the application. However, this information is required under the NIH Grants Policy Statement Section 2.5.1: Just-in-Time Procedures.

Animal Welfare Assurance Number

Enter the federally approved assurance number, if available.

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

To determine whether the applicant organization holds an Animal Welfare Assurance with an associated number, see the lists of Domestic and Foreign Assured institutions. **Do not enter the Animal Welfare Assurance number for a Project/Performance Site of a collaborating institution.**

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

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

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

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

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

This field is required.

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

If the application includes such information, check "Yes" and clearly mark each line or paragraph on the pages containing the proprietary/privileged information with a statement similar to: "The following contains proprietary/privileged information that (name of applicant) requests not be

released to persons outside the government, except for purposes of review and evaluation." This statement can be included at the top of each page as applicable.

If a grant is awarded as a result of or in connection with the submission of this application, the government shall have the right to use or disclose the information to the extent authorized by law. Although the grantee institution and the PD/PI will be consulted about any such disclosure, the NIH and other PHS agencies will make the final determination. Any indication by the applicant that the application contains proprietary or privileged information does not automatically shield the information from release in response to a Freedom of Information Act (FOIA) request should the application result in an award (see 45 CFR 5). Additionally, if an applicant fails to identify proprietary information at the time of submission as instructed here, a significant substantive justification will be required to withhold the information if requested under FOIA.

4. Environmental Questions

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

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

This field is required.

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

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

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

4.b. If yes, please explain:

If you answered "Yes" to Question 4.a., you must provide an explanation here as to the actual or potential impact of the proposed research on the environment. Your entry is limited to 55 characters.

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

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

4.d. If yes, please explain:

Enter additional details about the EA or EIS here. Your entry is limited to 55 characters.

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

This field is required.

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

5.a. If yes, please explain:

If you checked "Yes" to indicate that any performance site is designated, or eligible to be designated, as a historic place, provide the explanation here. Your entry is limited to 55 characters.

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

This field is required.

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

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

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

6.a. If yes, identify countries:

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

You may use abbreviations. Your entry is limited to 55 characters.

6.b. Optional Explanation:

This field is optional. Enter an explanation for involvement with outside entities. Your entry is limited to 55 characters.

7. Project Summary/Abstract

The "Project Summary/Abstract" attachment is required.

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

Format:

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

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

Content:

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

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

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

Additional Instructions for Training:

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

8. Project Narrative

The "Project Narrative" attachment is required.

Content:

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

9. Bibliography & References Cited

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

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

Format:

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

Content:

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

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

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

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

You are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

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

10. Facilities & Other Resources

Format:

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

Content:

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

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

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

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

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

Additional Instructions for Training:

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

11. Equipment

The "Equipment" attachment is required.

Format:

Attach this information as a PDF file.

Content:

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

12. Other Attachments

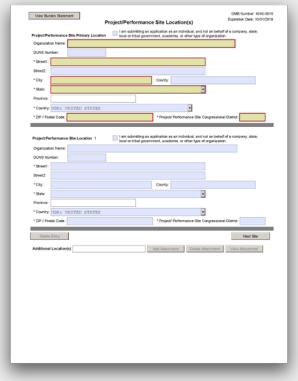
Attach a file to provide additional information only in accordance with the FOA and/or agency-specific instructions.

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

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

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

View larger image



Quick Links

- Project/Performance Site Primary Location
- Project/Performance Site Location 1
- Additional Location(s)

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

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

Project/Performance Site Primary Location

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

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

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

Human Subjects: If a project/performance site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the project/performance site operates under an appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR 46 and other NIH human subject related policies described in the NIH Grants Policy Statement, Section 4.1.15: Human Subjects Protections.

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

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

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

Additional Instructions for Training:

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

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

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

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

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

Do not check the box for "I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization" unless otherwise specified by the FOA.

Organization Name:

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

DUNS Number:

This field is required for the primary performance site.

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

Street1:

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

Street2:

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

City:

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

County:

Enter the county of the primary performance site location.

State:

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

Province:

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

Country:

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

ZIP/Postal Code:

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

Project/Performance Site Congressional District:

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

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

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

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

For jurisdictions with no representative, enter “099.”

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

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

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

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

Project/Performance Site Location 1

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

Organization Name:

Enter the organization name of the performance site location.

DUNS Number:

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

Street1:

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

Street2:

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

City:

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

County:

Enter the county of the performance site location.

State:

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

Province:

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

Country:

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

ZIP/Postal Code:

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

Project/Performance Site Congressional District:

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

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

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

For jurisdictions with no representative, enter "099."

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

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

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

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

Additional Location(s)

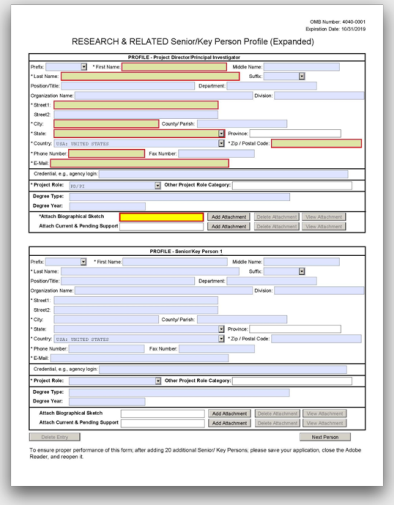
If you need to add more project/performance site locations than the form allows, enter the information in a separate file and add it to the "Additional Locations" section.

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

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

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

View larger image



Quick Links

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

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

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

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

Who qualifies as a Senior/Key Person?

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

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

Profile - Project Director/Principal Investigator

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

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

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

Additional Instructions for Training:

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

Prefix:

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

First Name:

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

Middle Name:

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

Last Name:

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

Suffix:

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

Position/Title:

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

Department:

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

Organization Name:

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

Division:

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

Street1:

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

Street2:

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

City:

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

County/Parish:

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

State:

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

Province:

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

Country:

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

ZIP/Postal Code:

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

Phone Number:

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

Fax Number:

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

E-mail:

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

Credential, e.g., agency login:

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

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

Project Role:

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

Other Project Role Category:

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

Degree Type:

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

Degree Year:

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

Attach Biographical Sketch

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

Attach Current & Pending Support:

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

While this information is not required at the time of application submission, it may be requested later in the pre-award cycle. If and when this occurs, refer to the NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures.

Instructions for a Biographical Sketch

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

Who must complete the "Biographical Sketch" section:

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

Format:

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

Figures, tables (other than those included in the provided format pages), or graphics are not allowed in the biosketch. Do not embed or attach files (e.g. video, graphics, sound, data).

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

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

Content:

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

Name:

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

eRA Commons User Name:

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

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

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

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

Position Title:

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

Education/Training

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

For each entry provide:

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

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

A. Personal Statement

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

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

You are allowed to cite interim research products. **Note:** interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

Note the following additional instructions for ALL applicants/candidates:

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

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

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

B. Positions and Honors

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

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

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

C. Contributions to Science

Who should complete the "Contributions to Science" section:

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

Format:

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

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

Content:

For each contribution, indicate the following:

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

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution. Research products can include audio or video products (see the NIH Grants Policy Statement, Section 2.3.7.7: Post-Submission Grant Application Materials); conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware.

You are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

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

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

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

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

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

Research Support

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

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

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

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

Scholastic Performance

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

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

Profile – Senior/Key Person 1

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

Format:

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

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

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

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

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

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

For more information:

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

Additional Instructions for Training:

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

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

Prefix:

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

First Name:

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

Middle Name:

Enter the middle name of the senior/key person.

Last Name:

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

Suffix:

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

Position/Title:

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

Department:

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

Organization Name:

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

Division:

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

Street1:

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

Street2:

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

City:

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

County/Parish:

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

State:

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

Province:

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

Country:

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

ZIP/Postal Code:

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

Phone Number:

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

Fax Number:

Enter the fax number for the senior/key person.

E-mail:

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

Credential, e.g., agency login:

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

Project Role:

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

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

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

Other Project Role Category:

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

Degree Type:

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

Degree Year:

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

Attach Biographical Sketch:

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

Attach Current & Pending Support:

Note: The terms "current and pending support," "other support," and "active and pending support" are used interchangeably.

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

While this information is not required at the time of application submission, it may be requested later in the pre-award cycle. If and when this occurs, refer to the NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures for instructions and use the Current and Pending Support Format Page.

Additional Senior/Key Person Profile(s)

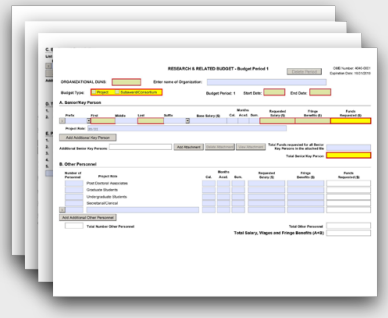
If you need to add more Senior/Key Person Profiles than the form allows, enter the information in a separate file and attach it as a PDF.

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

T.300 - R&R Budget Form

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

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



View larger image

Quick Links

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

Who should use the R&R Budget Form?

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

Note: The terms “detailed budget” and “R&R Budget” are used interchangeably.

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

Section 2.3.7.2: Acceptance for Review of Unsolicited Applications Requesting $500,000 or More in Direct Costs.

> **Special Instructions for Foreign Organizations (Non-domestic [non-U.S.] Entities):** All competing (new, renewal, resubmission, and revision) grant applications from foreign (non-U.S.) institutions must use the R&R Budget Form. Do not use the PHS 398 Modular Budget Form. For additional information, see NIH Guide Notice on the Requirement for Detailed Budget Submissions from Foreign Institutions and the NIH Grants Policy Statement, Section 13.3.1: Budget. Applications from foreign organizations must request budgets in U.S. dollars.

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

For more information:

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

Additional Instructions for Training:

Who should use the R&R Budget Form?

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

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

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

Using the R&R Budget Form:

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

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

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

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

Introductory Fields

Organizational DUNS:

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

Enter name of Organization:

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

Budget Type:

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

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

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

Budget Period:

This field is required.

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

Start Date:

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

End Date:

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

A. Senior/Key Person

Who to include in A. Senior/Key Person:

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

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

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

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

Personnel listed as other significant contributors who are not committing any specific measurable effort to the project should not be included in the Personnel section (sections "A. Senior/Key Person" and "B. Other Personnel") since no associated salary and/or fringe benefits can be requested for their contribution.

Prefix:

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

First Name:

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

Middle Name:

Enter the middle name of the senior/key person.

Last Name:

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

Suffix:

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

Base Salary ($):

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

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

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

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

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

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

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

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

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

Requested Salary ($):

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

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

Graduate student compensation: NIH grants also limit compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the time of the award. For more guidance on this policy, see the NIH Grants Policy Statement, Section 2.3.7.9: Graduate Student Compensation.

Fringe Benefits ($):

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

Funds Requested ($):

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

Project Role:

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

Additional Senior/Key Persons:

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

Total Funds requested for all persons in the attached file:

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

Total Senior/Key Persons:

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

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

pparent conflict of interest regarding such work. Additional information may be requested by the warding components.

B. Other Personnel

Number of Personnel:

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

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

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

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

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

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

Project Role:

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

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

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

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

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

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

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

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

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

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

Requested Salary ($):

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

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

Graduate student compensation: NIH grants also limit the compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the time of the award. For more guidance on this policy, see the NIH Grants Policy Statement, Section 2.3.7.9: Graduate Student Compensation.

Fringe Benefits ($):

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

Funds Requested ($):

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

Total Number of Other Personnel:

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

Total Other Personnel:

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

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

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

C. Equipment Description

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

Equipment Item:

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

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

Funds Requested:

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

Additional Equipment:

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

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

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

Total Equipment:

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

D. Travel

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

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

2. Foreign Travel Costs:

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

Total Travel Cost:

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

E. Participant/Trainee Support Costs

Unless specifically stated otherwise in a FOA, NIH and other PHS agencies applicants should skip Section E. Participant/Trainee Support Costs. **Note:** Tuition remission for graduate students

should be included in Section F. Other Direct Costs when applicable.

1. Tuition/Fees/Health Insurance:

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

2. Stipends:

List the total funds requested for Participant/Trainee stipends.

3. Travel:

List the total funds requested for Participant/Trainee travel.

4. Subsistence:

List the total funds requested for Participant/Trainee subsistence.

5. Other:

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

Number of Participants/Trainees:

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

Total Participant/Trainee Support Costs:

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

F. Other Direct Costs

1. Materials and Supplies:

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

2. Publication Costs:

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

3. Consultant Services:

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

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

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

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

5. Subawards/Consortium/Contractual Costs:

List the total funds requested for:

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

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

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

NIH policy provides for exclusion of consortium/contractual F&A costs when determining if an applicant is in compliance with a direct cost limitation. However, you must include the full cost of consortium/subawards in this field. See the NIH Grants Policy Statement, Section 2.3.7.1: Applications that Include Consortium/Contractual F&A Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

6. Equipment or Facility Rental/User Fees:

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

7. Alterations and Renovations:

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

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

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

8-10 Other:

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

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

Lines "8-10 Other" may also be used to request direct costs related to the use of single Institutional Review Board (sIRB) for multi-site human subjects research. For more information on charging direct and indirect costs for single IRB activities, see the Scenarios to Illustrate the Use of Direct and Indirect Costs for Single IRB Review under the NIH Policy on the Use of a Single IRB for Multi-Site Research. **Note:** If you intend to request an exception to the sIRB policy based on compelling justification, do not account for this exception in your proposed budget. the proposed budget must reflect all necessary sIRB costs without an exception (i.e. applicants should not assume that an exception will be granted when considering what sIRB costs to include in the budget). See the FAQs on Costs of the NIH Policy on the Use of a Single IRB for Multi-Site Research for more information.

Total Other Direct Costs:

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

G. Direct Costs

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

H. Indirect Costs

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

For more information:

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

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

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

Indirect Cost Type:

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

Indirect Cost Rate (%):

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

Indirect Cost Base ($):

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

Funds Requested ($):

Enter the funds requested for each indirect cost type.

Total Indirect Costs:

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

Cognizant Federal Agency:

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

I. Total Direct and Indirect Costs

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

J. Fee

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

K. Total Costs and Fee

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

L. Budget Justification

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

Use the Budget Justification to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. If you have a quote(s), you may include it here. The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support, and other direct cost categories.

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

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

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

Research & Related Budget - Cumulative Budget

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

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

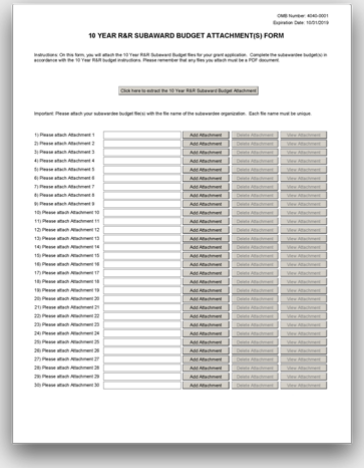
T.310 - R&R Subaward Budget Attachment(s) Form

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

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

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

View larger image


OMB Number: 4040-0001
Expiration Date: 10/31/2019

10 YEAR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the 10 Year R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the 10 Year R&R budget instructions. Please remember that any files you attach must be a PDF document.

Click here to extract the 10 Year 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
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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

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

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

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

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

Consortium/Contractual F&A Costs:

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

Refer to the NIH Grants Policy Statement, Section 2.3.7.1: Applications That Include Consortium/Contractual F&A Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

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

Note on Project Roles for Consortium Lead Investigators:

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

site.

Unless you are submitting your application under the multiple PD/PI policy, consortium lead investigators are NOT considered PD/PIs for the "Project Role" field. This individual should be assigned some other project role on the T.300 - R&R Budget Form and in the T.240 – R&R Senior/Key Person Profile (Expanded) Form. However, the project role of "PD/PI" should be used for a consortium lead investigator if they also serve as PD/PI for the entire application under the multiple PD/PI policy.

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

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

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

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

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

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

Format:

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

Content:

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

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

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

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

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

- period 1 - Jan 1, 2017 – Dec 31, 2017
- period 2 - Jan 1, 2018 – Dec 31, 2018
- period 3 - Jan 1, 2019 – Dec 31, 2019

- period 4 - Jan 1, 2020 – Dec 31, 2020
- period 5 - Jan 1, 2021 – Dec 31, 2021

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

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

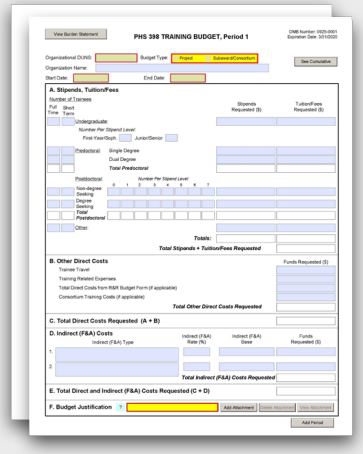
- Organization DUNS
- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- In Question "A: Senior/Key Person," provide a single entry including the following:
    - PD/PI or subaward lead First and Last names
    - Project Role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

T.330 - PHS 398 Training Budget Form

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

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

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



View larger image

Quick Links

- Introductory Fields
- A. Stipends, Tuition/Fees
- B. Other Direct Costs
- C. Total Direct Costs Requested (A+B)
- D. Indirect (F&A) Costs
- E. Total Direct and Indirect (F&A) Costs Requested (C+D)
- F. Budget Justification
- PHS 398 Training Budget, Cumulative Budget

Who should use the PHS 398 Training Budget Form?

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

If you are requesting a budget with $500,000 or more in direct costs for any budget period, contact the awarding component to determine whether you must obtain prior approval before submitting the application. Some NIH Institutes/Centers (IC) do not require prior approval. For more information on applications that request $500,000 or more in direct costs, see the NIH Grants Policy Statement, Section 2.3.7.2: Acceptance for Review of Unsolicited Applications Requesting $500,000 or More in Direct Costs.

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

Note on Subawards/Consortiums: If you have a subaward/consortium, you must use the PHS 398 Training Subaward Budget Attachment(s) Form in conjunction with the PHS 398 Training Budget Form. The prime must extract the PHS 398 Training Subaward Budgets from the PHS 398 Training Subaward Budget Attachment(s) Form and send the extracted file to the subaward/consortium. The consortium should complete the PHS 398 Training Subaward Budget, following the instructions here and in T.340 – PHS 398 Training Subaward Budget Attachment(s) Form.

Using the PHS 398 Training Budget Form:

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

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

Introductory Fields

Organizational DUNS:

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

Budget Type:

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

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

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

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

Organization Name:

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

Start Date:

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

End Date:

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

A. Stipends, Tuition/Fees

Number of Trainees

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

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

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

Stipends Requested ($)

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

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

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

Tuition/Fees Requested ($)

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

See the NIH Grants Policy Statement, Section 11.3.8: Allowable and Unallowable Costs for NIH policy regarding payment of tuition and fees.

Tuition at the postdoctoral level is limited to that required for specified courses that are to be described in Section F. Budget Justification and may depend on whether the program supports postdoctoral individuals in formal degree-granting training.

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

You should request full needs for tuition and fees. The awarding component will determine the amount of tuition and fees to be provided according to the policies current at the time of award. The formula currently in effect will be applied by the NIH awarding component at the time an award is calculated. Do not include health insurance in the tuition/fees fields.

Total Stipends + Tuition/Fees Requested

This total will be automatically calculated.

B. Other Direct Costs

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

Trainee Travel

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

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

Training Related Expenses

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

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

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

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

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

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

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

Consortium Training Costs (if applicable)

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

Total Other Direct Costs Requested

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

C. Total Direct Costs Requested (A+B)

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

D. Indirect (F&A) Costs

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

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

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

For more information:

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

Indirect (F&A) Type:

Enter "F&A."

Indirect (F&A) Rate (%):

Enter "8."

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

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

Indirect (F&A) Base ($):

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

Funds Requested ($):

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

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

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

F. Budget Justification

A Budget Justification attachment is required.

Attach one file for the entire project period.

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

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

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

PHS 398 Training Budget, Cumulative Budget

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

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

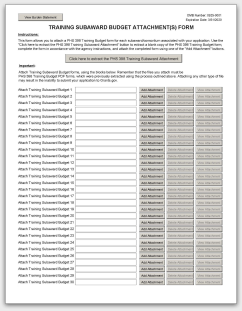
T.340 - PHS 398 Training Subaward Budget Attachment(s) Form

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

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

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

View larger image



TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

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

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

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

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

Consortium/Contractual F&A Costs:

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

See the NIH Grants Policy Statement, Section 2.3.7.1: Applications That Include Consortium/Contractual F&A Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

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

Note on Project Roles for Consortium Lead Investigators:

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

site.

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

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

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

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

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

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

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

Format:

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

Content:

On this PHS 398 Training Subaward Budget Attachment(s) Form, you will attach the Training Subaward Budget files for your application. Each subaward/consortium will complete the Subaward Budget in accordance with the T.330 - PHS 398 Training Budget Form instructions.

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

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

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

Example: The prime fills out a PHS 398 Training Budget Form with the following periods:

- period 1 - Jan 1, 2017 – Dec 31, 2017
- period 2 - Jan 1, 2018 – Dec 31, 2018

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

The budget period numbers and dates should be the same in all Training Subaward Budgets included in the PHS 398 Training Subaward Budget Attachment(s) Form.

The PHS 398 Training Subaward Budget Forms include several required fields which must be completed (even for inactive periods) in order to successfully submit the application. Provide the following information for inactive budget periods in subaward/consortium budgets:

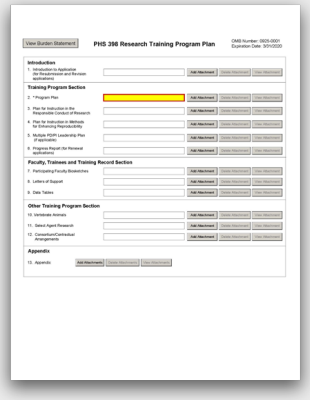
- Organization DUNS
- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- Explanation of the inactive budget periods in the Budget Justification (of the subaward/consortium's Training Subaward Budget)

T.420 - PHS 398 Research Training Program Plan Form

The PHS 398 Research Training Program Plan Form is used only for Training applications and Multi-project applications with an "NRSA Training" Component.

This form includes fields to upload several attachments including the Program Plan, Faculty Biosketches, and Data Tables.

The attachments in this form, together with the rest of your application, should include sufficient information needed for evaluation of the training plan, independent of any other documents (e.g., previous application). Be specific and informative, and avoid redundancies.



View larger image

Quick Links

1. Introduction to Application (for Resubmission and Revision applications)
2. Program Plan
3. Plan for Instruction in the Responsible Conduct of Research
4. Plan for Instruction in Methods for Enhancing Reproducibility
5. Multiple PD/PI Leadership Plan (if applicable)
6. Progress Report (for Renewal applications)
7. Participating Faculty Biosketches
8. Letters of Support
9. Data Tables
10. Vertebrate Animals
11. Select Agent Research
12. Consortium/Contractual Arrangements
13. Appendix

Who should use the PHS 398 Research Training Program Plan Form:

Use the PHS 398 Research Training Program Plan Form only if you are submitting a training application or a multi-project application that has an "NRSA Training" Component.

Read all the instructions in the FOA before completing this section to ensure that your application meets all IC-specific criteria.

Note on required tables: The instructions for the required Data Tables (1-8) are located on the NIH's Data Tables page. Please read the "Introduction to Data Tables" before beginning to prepare your data tables. The Introduction to Data Tables includes important definitions that should be used consistently both in the "Data Tables" attachment of your application and in all other parts of the application. The Data Tables must be included in the "Data Tables" attachment to avoid being counted against the page limits of other attachments.

Note on non-required tables: Additional tables (i.e., those that are generated by the applicant or not required by the FOA) should be identified by letter, rather than number, to avoid confusion with the sequentially numbered required tables.

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

- Format Attachments
- Page Limits
- NIH Grants Policy Statement, Section 2.3.11.2: Confidentiality of Information
- NIH Grants Policy Statement, Section 2.3.11.2.2: The Freedom of Information Act

Introduction

1. Introduction to Application (for Resubmission and Revision applications)

Who must complete the "Introduction to Application" attachment:

An "Introduction to Application" attachment is required only if the type of application is resubmission or revision or if the FOA specifies that one is needed. An introduction is not allowed for new or renewal applications.

Descriptions of different types of applications are listed here: NIH Types of Applications.

Format:

Follow the page limits for the Introduction in the NIH Table of Page Limits unless otherwise specified in the FOA. Note that page limits for the Introduction may differ based on the type of application (i.e., resubmission or revision).

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Resubmission Applications: See specific instructions on the content of the Introduction on the NIH's Resubmission Applications page.

Competing Revision Applications: See specific instructions on the content of the Introduction on the NIH's Competing Revisions page.

Training Program Section

2. Program Plan

Who must complete the "Program Plan" attachment:

The "Program Plan" attachment is required.

Format:

Follow the page limits for the Program Plan in the NIH Table of Page Limits unless otherwise specified in the FOA. The Program Plan (including sections "A. Background;" "B. Program Plan;" and "C. Recruitment Plan to Enhance Diversity," when applicable) must fit within the Program Plan page limit unless otherwise specified in the FOA.

Note that Data Tables may be referred to or summarized in this section; however, the actual tables are not to be included in this attachment.

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Organize the Program Plan attachment in the specified order and use the instructions provided below unless otherwise specified in the FOA. Start each section with the appropriate heading – Background, Program Plan, and Recruitment Plan to Enhance Diversity. In addition, start each subsection of the Program Plan with the appropriate subheading.

Check the FOA and the instructions for the Data Tables to determine which tables should be included in the application and discussed in the Program Plan subsection.

A. Background

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

Indicate how the proposed program relates to current training activities at the applicant institution.

Summarize the research training activities of the major participating unit(s) and department(s) represented in the proposed program.

If required, complete Tables 1-3 (these tables will be included in the Data Tables attachment), and summarize the data here using the guidance below. In your narrative, refer to specific tables as applicable.

Table 1. Census of Participating Departments and Interdepartmental Programs: Describe the organization of the proposed training program, the participating departments and interdepartmental programs, and the extent to which faculty, graduate students, and/or postdoctorates from those departments/interdepartmental programs participate in the programmatic activities to be supported by the training grant.

Table 2. Participating Faculty Members: Describe the distribution of participating faculty by academic rank, department or interdepartmental program and areas of research emphasis. Describe the rationale for the faculty selected to participate in the training grant. Analyze the data in terms of the overall experience of the faculty in training predoctorates and/or postdoctorates. Comment on the inclusion of faculty whose mentoring records may

suggest limited, recent training experience at either training level (predoctoral or postdoctoral).

Table 3. Federal Institutional Research Training Grant and Related Support Available to Participating Faculty Members: Summarize the level of research training support at the institution. Comment on instances where the tabular data indicate that there may be substantial overlap of participating faculty.

B. Program Plan

Note: Applicants for institutional career development awards (e.g., K12) must complete a Research Career Development Program Plan instead of the Training Program Plan. Refer to specific instructions in the FOA.

a. Program Administration

Program Director information: Describe the program director's qualifications for providing leadership of the program, including relevant scientific background, current research areas, and experience in research training. Indicate the program director's percent effort in the proposed program.

Administrative information: Describe the administrative structure of the program and the distribution of responsibilities within it, including the means by which the program director will obtain continuing advice with respect to the operation of the program.

> **Special Instructions for Multiple PD/PI:** If multiple PD/PIs are proposed, explain in this section your rationale for how this will facilitate program administration. In addition, you must complete the Multiple PD/PI Leadership Plan attachment in this form.

b. Program Faculty

Referring to the data presented in Table 2. Participating Faculty Members, describe each faculty member's research that is relevant to the program and indicate how trainees will participate in the research. Provide information on the extent to which participating faculty members have cooperated, interacted, and collaborated in the past, including joint publications and joint sponsorship of student research.

Use this section to document the ability of the faculty to support the research activities of the proposed trainees, the training record of the participating faculty members, and the success of their trainees in generating publishable research results. For any proposed participating faculty (i.e., program faculty) members lacking research training experience, describe a plan to ensure that they will successfully guide trainees. Describe the criteria used to appoint and remove faculty as program faculty and to evaluate their participation.

If required, complete Tables 4-5 (these Tables will be included in the Data Tables attachment), and summarize the data here using the guidance below. In your narrative, refer to specific tables, as applicable.

Table 4. Research Support of Participating Faculty Members: Analyze the data in terms of total and average grant support. Additionally, comment on the inclusion of faculty without research grant support and explain how the research of trainees who may work with these faculty members would be supported.

Table 5A-C. Publications of Those in Training: Summarize these data, including, for example, the average number of publications, and how many students have published their work. For pre- and postdoctoral training programs, indicate how many trainees are

published as first author, and how many completed their doctoral or postdoctoral training without any first-author publication.

Note for New Applications: List publications for students and/or postdoctorates who are representative of those who would be appointed if the grant is awarded.

c. Proposed Training

Describe the proposed training program. Indicate the training level(s) and number of trainees, the academic and research background needed to pursue the proposed training, and, as appropriate, plans to accommodate differences in preparation among trainees. For postdoctoral trainees, indicate the proposed distribution by degree (e.g., M.D., Ph.D.). Describe course work, research opportunities and the extent to which trainees will participate directly in research, activities designed to develop technical and/or professional skills, and the duration of training, i.e., usual period of time required to complete the training offered.

For multi-disciplinary and/or multi-departmental programs, indicate how the individual disciplinary and/or departmental components of the program are integrated and coordinated and how they will relate to an individual trainee's experience.

For training programs that emphasize research training for clinicians, describe the interactions with basic science departments and scientists. Include plans for ensuring that the training of these individuals will provide a substantive foundation for a competitive research career. Generally, a minimum of 2 years of research training is expected for all postdoctoral trainees with health professional degrees. Describe fully any trainee’s access to and responsibility for patients, including time commitment.

Provide representative examples of programs for individual trainees. Include curricula, degree requirements, didactic courses, laboratory experiences, qualifying examinations, and other training activities, such as seminars, journal clubs, etc. Describe how the mentor and research areas are chosen, how each trainee's program will be guided, and how the trainee's performance will be monitored and evaluated. Include detailed mentoring plans as appropriate.

d. Training Program Evaluation

Describe an evaluation plan to review and determine the quality and effectiveness of the training program. This should include plans to obtain feedback from current and former trainees to help identify weaknesses in the training program and to provide suggestions for program improvements. Specified evaluation metrics should be tied to the goals of the program. In addition, describe plans for assessing the career development and progression of trainees, including publications, degree completion, and post-training positions.

Renewal Applications: Discuss evaluation results, and indicate whether the program has been modified as a result.

e. Trainee Candidates

Describe, in general terms, the size and qualifications of the pool of trainee candidates, including information about the types of prior clinical and research training and the career level required for the program. Describe specific plans to recruit candidates and explain how these plans will be implemented (see also "Section C. Recruitment Plan to Enhance Diversity" within the Program Plan). Describe the nomination and selection process to be used to select candidates who will be offered admission to the program and criteria for trainees’ reappointment to the program.

If required, complete Tables 6A and/or 6B (these Tables will be included in the Data Tables attachment), and summarize the data here using the guidance below. In your narrative, refer to specific tables as applicable.

Tables 6A and/or 6B. Applicants, Entrants, and their Characteristics for the Past Five Years (Predoctoral and Postdoctoral). Summarize the data in terms of the overall numbers of potential trainees, their credentials, their characteristics, their eligibility for support, and enrollment trends.

f. Institutional Environment and Commitment to Training

Include information in the application that documents the support and commitment of the applicant organization and participating units and departments to the goals of the proposed program. This could include, for example, space, shared laboratory facilities and equipment, funds for curriculum development, release time for the PD/PI and participating faculty, support for additional trainees in the program, or any other creative ways to improve the environment for the establishment and growth of the research training program.

Include a signed letter, on institutional letterhead, that describes the applicant organization's commitment to the planned program (see instructions in the Letters of Support section). Institutions with ongoing research training, student development, or career development programs that receive external funding should explain what distinguishes the proposed program from existing ones at the same trainee level; how the programs will synergize, if applicable; whether trainees are expected to transition from one support program to another; and how the training faculty, pool of potential trainees, and resources are sufficiently robust to support the proposed program in addition to existing ones.

g. Qualifications of Trainee Candidates and Admissions and Completion Records

Describe the ability of the participating departments/programs to recruit and retain trainees through the completion of their training, the selectivity of the admissions process, and the success of the departments/programs in recruiting individuals from diverse backgrounds (see also Section C. Recruitment Plan to Enhance Diversity within the Program Plan).

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

Use all of this information to justify the number of positions requested.

If required, complete Tables 7-8 (these Tables will be included in the Data Tables attachment) and summarize the data using the guidance below. In your narrative, refer to specific tables as applicable.

Table 7. Appointments to the Training Grant for Each Year of the Current Project Period: Describe the utilization of awarded training positions. If any trainee positions were not filled, if any trainees terminated early, or if the distribution of appointed positions differs from the distribution of awarded positions, provide an explanation.

Table 8A-D. Program Outcomes: Referring to relevant components of Table 8 (e.g. 8A, 8B, 8C and/or 8D, as appropriate), describe how training positions are used (i.e., distribution by mentor, year in program, years of support per trainee), and the success of the program in achieving its training objectives. For those who have completed their training, describe the extent of their current involvement in research, including research grant support received subsequent to completion of the training program.

Renewal applications: Discuss the selectivity of appointments to the training grant, and if any postdoctoral trainee with a health professional degree was appointed to a Kirschstein-NRSA training grant for less than 2 years of research training, explain why.

C. Recruitment Plan to Enhance Diversity

Who must complete the "Recruitment Plan to Enhance Diversity:"

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

Content:

History and Achievements

Describe efforts to recruit trainees from Diversity Groups A and B, as well as group C (when applicable), into the existing training program. Refer to the NIH Grants Policy Statement, Section 11.3.3.4: Recruitment Plan to Enhance Diversity for the descriptions of Diversity Groups. As applicable, refer to the data presented in Tables 6 and 7. Use these data to document the program's past record of recruiting trainees who are underrepresented and to provide information on their support.

Proposed plans

Describe steps to be taken during the proposed award period to identify and recruit graduate students and postdoctorates from Diversity Groups A and B, as well as group C (when applicable). Refer to the NIH Grants Policy Statement, Section 11.3.3.4: Recruitment Plan to Enhance Diversity for the descriptions of Diversity Groups. Consider the success and/or failures of recruitment strategies used in the past. In particular, describe the specific efforts to be undertaken by the training program and how these might relate to the recruitment efforts of the medical school, graduate school, and/or the university at large. In most cases, centralized institutional efforts alone will not satisfy the requirement to recruit individuals from underrepresented groups, and training grant faculty are expected to be actively involved in recruitment efforts.

New Applications: Include a description of plans to enhance recruitment, including the strategies that will be used to enhance the recruitment of trainees from underrepresented backgrounds.

Renewal Applications: Include a detailed account of experiences in recruiting individuals from underrepresented groups during the previous funding period, including successful and unsuccessful recruitment strategies. Information should be included on how the proposed plan reflects the program's past experiences in recruiting individuals from underrepresented groups.

For more information:

Refer to the NIH Grants Policy Statement, Section 11.3.3.4: Recruitment Plan to Enhance Diversity.

3. Plan for Instruction in the Responsible Conduct of Research

Who must complete the "Plan for Instruction in the Responsible Conduct of Research" attachment:

A "Plan for Instruction in the Responsible Conduct of Research (RCR)" attachment is required for all training grant activity codes except T36, unless otherwise noted in the FOA. Applications

lacking a Plan for Instruction in RCR will not be reviewed.

Format:

Follow the page limits for the Plan for Instruction in the Responsible Conduct of Research in the NIH Table of Page Limits unless otherwise specified in the FOA.

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

The plan must address the five required instructional components outlined in the NIH Policy on Instruction in RCR, as more fully described in the NIH Grants Policy Statement, Section 11.3.3.5: Training in the Responsible Conduct of Research:

1. **Format:** Describe the required format of instruction, i.e., face-to-face lectures, coursework, and/or real-time discussion groups. A plan with only on-line instruction is not acceptable.
2. **Subject Matter:** Describe the breadth of subject matter, e.g., conflict of interest, authorship, data management, human subjects and animal use, laboratory safety, research misconduct, and research ethics.
3. **Faculty Participation:** Describe the roles of mentor(s) and other faculty involvement in the instruction.
4. **Duration of Instruction:** Describe the total number of contact hours of instruction.
5. **Frequency of Instruction:** Instruction must occur during each career stage and at least once every four years. Document any prior instruction during the applicant's current career stage, including the inclusive dates instruction was last completed.

The plan must also describe how participation in RCR instruction will be monitored.

Renewal Applications: Describe any changes in formal instruction over the past project period and plans for the future that address any weaknesses in the current RCR instruction. All training faculty who served as course directors, speakers, lecturers, and/or discussion leaders during the past project period must be named in the application.

For more information:

See the NIH Grants Policy Statement, Section 11.3.3.5: Training in the Responsible Conduct of Research.

4. Plan for Instruction in Methods for Enhancing Reproducibility

Do not submit a "Plan for Instruction in Methods for Enhancing Reproducibility" attachment unless it is specifically required in the FOA.

5. Multiple PD/PI Leadership Plan (if applicable)

Who must complete the "Multiple PD/PI Leadership Plan" attachment:

Any applicant who designates multiple PD/PIs (on the T.240 - R&R Senior/Key Person Profile (Expanded) Form) must include a Multiple PD/PI Leadership Plan. For applications designating multiple PD/PIs, all such individuals must be assigned the PD/PI role on the T.240 - R&R Senior/Key Profile (Expanded) Form, even those at organizations other than the applicant organization.

Do not submit a leadership plan if you are not submitting a multiple PD/PI application.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

The emphasis in a training grant's Multiple PD/PI Leadership Plan should be on how multiple PD/PIs will benefit the program and the trainees. A single PD/PI must be designated as Contact PD/PI (in T.200 - SF 424 (R&R) Form, PD/PI Contact Information) for the purpose of communicating with the NIH, although other individuals may contact the NIH on behalf of the Contact PD/PI when necessary. Because training programs are intended to be coherent, NIH will not allocate the budget or training positions between multiple PD/PIs. A single award will be made. Multiple PD/PI plans should include reasonable numbers of PD/PIs and each should be included for a specific and clearly stated purpose.

A rationale for choosing a multiple PD/PI approach should be described. The governance and organizational structure of the leadership team and the training program should be described, including communication plans, processes for making decisions, and procedures for resolving conflicts. The roles and administrative, technical, and other responsibilities for the training program should be delineated for the PD/PIs and other collaborators.

For more information:

For background information on the multiple-PD/PI initiative, see NIH's Multiple Principal Investigators page.

6. Progress Report (for Renewal applications)

Who must complete the "Progress Report" attachment:

A "Progress Report" attachment is required only if the type of application is renewal.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Indicate the period covered since the last competitive review and briefly describe the accomplishments of the training program. Describe any specific effects of this training program on curriculum and/or research directions. Describe how the funds provided under Training Related Expenses were used to benefit the program.

For each trainee supported during the period covered, include the following information about his/her training, as applicable:

- Degrees working toward or held
- Mentor(s)
- Description of the trainee/scholar's research project and progress
- Coursework
- Conference presentations
- A description of the trainee's role in any planned or published papers resulting from research conducted while supported by this award (e.g., designed or conducted experiment, analyzed data, drafted paper)

- Fellowships or other support
- Workshops attended
- Career development activities

Indicate whether the institution utilizes Individual Development Plans (IDPs), and if so, describe how they were used in this reporting period to help manage the training and career development of the trainees. Do not include actual IDPs. **Neither IDPs nor information about IDPs is required for AHRQ trainees**.

Note that a My Bibliography report of publications arising from work conducted by trainees while supported by the training grant is not required at the time of submission, but will be requested as Just-in-time (JIT) information prior to award.

Faculty, Trainees, and Training Record Section

7. Participating Faculty Biosketches

Format:

Combine all participating faculty biosketches into a single PDF and attach this information here. Follow the attachment guidelines on NIH's Format Attachments page.

Content:

Faculty biosketches for participating faculty must follow the instructions for a biographical sketch (refer to T.240 - Senior/Key Person Profile (Expanded) Form) with the following exception: a personal statement, while encouraged, is not required.

Please note that the biosketches of the PD/PI and any other senior/key personnel (e.g., co-directors, if applicable, and program staff) should not be included here, but they should instead be included in the T.240 - R&R Senior/Key Person Profile (Expanded) Form.

8. Letters of Support

Format:

Combine all Letters of Support into a single PDF file and attach this information here. Do not place these letters in the Appendix. Follow the attachment guidelines on NIH's Format Attachments page.

Content:

Attach letters here from:

- Consultants, if applicable. Letters should include rate/charge for consulting services and confirm their role(s) in the project.
- Senior Administration Officials. This letter should be a signed letter on institutional letterhead, and it should describe the applicant institution's commitment to the planned program.

Check the FOA (particularly for non-NRSA programs) to determine whether any additional program-specific letters of support are required.

9. Data Tables

Format:

The information provided in the required data tables (Data Tables 1-8 described below) will not be counted toward the page limitation. These tables should be numbered consecutively and titled as instructed. Start each numbered table on a new page.

Bookmark each table separately in the PDF attachment. Many PDF generators will automatically create bookmarks from text formatted using predefined Heading styles in Word.

Combine all Data Tables into a single PDF file and attach it here. See NIH's Format Attachments page.

Content:

Instructions for Data Tables 1-8 are located on NIH's Data Tables page. These instructions include an Introduction to the Data Tables that provides instructions applicable to all tables, specific instructions for each table, and Sample Data Tables. The sample data tables illustrate the kind of data to include in each table for training grant applications.

If not using the Extramural Trainee Reporting and Career Tracking (xTRACT) system to prepare data tables, be sure to choose the Instruction and Blank Data Table set that correspond to both the type of application you are submitting (e.g., new application, renewal or revision application) and the kind of training to be provided (e.g., predoctoral only, postdoctoral only, pre and postdoctoral mixed, etc.).

Other Training Program Section

10. Vertebrate Animals

Who must complete the "Vertebrate Animals" attachment:

Include a "Vertebrate Animals" attachment if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the T.220 - R&R Other Project Information Form.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Do not use the Vertebrate Animals attachment to circumvent the page limits of the Program Plan.

Content:

Trainee Participation Only in Research Involving Vertebrate Animals that is Part of Other Research Project Grants: Describe how the institution will ensure that trainees participate only in IACUC-approved vertebrate animal research if the following two conditions apply:

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

Independent Trainee Research Involving Vertebrate Animals: In training programs where trainees will design and conduct their own independent vertebrate animal research, follow the instructions below:

Address each of the following criteria:

1. **Description of Procedures:** Provide a concise description of the proposed procedures to be used that involve live vertebrate animals in the work outlined in the "Program Plan" attachment. The description must include sufficient detail to allow evaluation of the procedures. Identify the species, strains, ages, sex, and total numbers of animals by species, to be used in the proposed work. If dogs or cats are proposed, provide the source of the animals.
2. **Justifications:** Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g. computational, human, invertebrate, in vitro).
3. **Minimization of Pain and Distress:** Describe the interventions, including analgesia, anesthesia, sedation, palliative care, and humane endpoints, that will be used to minimize discomfort, distress, pain, and injury.

Each of the criteria must be addressed. Failure to adequately address the criteria may negatively affect the application's impact score. In addition to the three criteria above, you should also:

- Identify all project performance (or collaborating) sites and describe the proposed research activities with vertebrate animals that will be conducted at those sites.
- Explain when and how animals are expected to be used if plans for the use of animals have not been finalized.

See the following pages for more information:

- NIH's Office of Laboratory Animal Welfare website
- NIH's Vertebrate Animals Section Worksheet
- NIH Grants Policy Statement, Section 4.1.1: Animal Welfare Requirement (an applicable Animal Welfare Assurance will be required if the grantee institution does not have one)

11. Select Agent Research

Who must complete the "Select Agent Research" attachment:

Include a "Select Agent Research" attachment if the proposed training activities will involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any performance site.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

For more information:

Select agents are hazardous biological agents and toxins that have been identified by HHS or the U.S. Department of Agriculture (USDA) as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. The Centers of Disease Control and Prevention (CDC) and the Animal APHIS Select Agent Programs jointly maintain a list of these agents. See the Federal Select Agent Program website.

See also the NIH Grants Policy Statement, Section 4.1.24.1: Public Health Security and Bioterrorism Preparedness and Response Act (Select Agents).

Content:

If participating faculty proposed in the training program are conducting or plan to conduct research involving select agents in which trainees may participate, follow the instructions below.

Excluded select agents: If the activities proposed in the application involve only the use of a strain(s) of select agents which has been excluded from the list of select agents and toxins as per 42 CFR 73, the select agent requirements do not apply. Use this "Select Agent Research" attachment to identify the strain(s) of the select agent that will be used and note that it has been excluded from this list. The CDC maintains a list of exclusions, which is available on the Select Agents and Toxins Exclusions website.

Applying for a select agent to be excluded: If the strain(s) is not currently excluded from the list of select agents and toxins but you have applied or intend to apply to HHS for an exclusion from the list, use this section to indicate the status of your request or your intent to apply for an exclusion and provide a brief justification for the exclusion.

All applicants proposing to use select agents: Address the following three points for each site at which select agent research will take place. Although no specific page limitation applies to this section, be succinct.

1. Identify the select agent(s) to be used in the proposed research.
2. Provide the registration status of all entities* where select agent(s) will be used.
    - If the performance site(s) is a foreign institution, provide the name(s) of the country or countries where select agent research will be performed.
    - *An "entity" is defined in 42 CFR 73.1 as "any government agency (federal, state, or local), academic institution, corporation, company, partnership, society, association, firm, sole proprietorship, or other legal entity."
3. Provide a description of all facilities where the select agent(s) will be used.
    - Describe the procedures that will be used to monitor possession, use and transfer of select agent(s).
    - Describe plans for appropriate biosafety, biocontainment, and security of the select agent(s).
    - Describe the biocontainment resources available at all performance sites.

12. Consortium/Contractual Arrangements

Who must complete the "Consortium/Contractual Arrangements" attachment:

Include the "Consortium/Contractual Arrangement" attachment if you have consortiums/contracts in your budget.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities

represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.

Note: The signature of the authorized organization representative on the T.200 - SF 424 (R&R) Form, Authorized Representative signifies that the applicant and all proposed consortium participants understand and agree to the following statement:

> *The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.*

For more information:

Refer to the NIH Grants Policy Statement, Section 15: Consortium Agreements for more information.

Appendix

13. Appendix

The appendix policy will be changing, effective January 25, 2018. Please note that there are two sets of instructions below, based on the application due dates.

For applications submitted for due dates on or before January 24, 2018:

Refer to the FOA to determine whether there are any special appendix instructions for your application.

Format:

A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 allowable appendix attachments are needed, combine the remaining information into attachment #10.

As a reminder, tables *other* than the required Data Tables 1-8 must be incorporated into the Program Plan (and will count toward the Program Plan's page limits), and must not be included in the Appendix. Follow the page limits for Institutional Training Grants specified in the NIH Table of Page Limits, unless otherwise specified in the FOA.

Only limited items are allowed in the Appendix. Use file names for attachments that are descriptive of the content.

A summary sheet listing all of the items included in the Appendix is encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment.

Content:

The only allowable appendix materials are:

For applications proposing clinical trials (unless the FOA provides other instructions for these materials):

- Clinical trial protocols
- Investigator's brochure from an Investigational New Drug (IND) application, as appropriate for the goals of the research proposed in the application

For all applications:

- Blank informed consent/assent forms
- Blank surveys, blank questionnaires, blank data collection instruments
- FOA-specified items
  - If appendix materials are required in the FOA, review criteria for that FOA will address those materials, and applications submitted without those appendix materials will be considered incomplete and will not be reviewed.

Note: Applications that do not follow the appendix requirements will not be reviewed. Applications will be withdrawn and not reviewed if they are submitted with appendix materials that are not specifically listed in this section.

For applications submitted for due dates on or after January 25, 2018:

Refer to the FOA to determine whether there are any special appendix instructions for your application. See the updated NIH Guide Notice on the Appendix Policy.

Format:

A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 appendix attachments are needed, combine the remaining information into attachment #10.

As a reminder, tables *other* than the required Data Tables 1-8 must be incorporated into the Program Plan (and will count toward the Program Plan's page limits), and must not be included in the Appendix. Follow the page limits for Institutional Training Grants specified in the NIH Table of Page Limits, unless otherwise specified in the FOA.

Use file names for attachments that are descriptive of the content.

A summary sheet listing all of the items included in the Appendix is encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment.

Content:

The only allowable appendix materials are:

- Blank data collection forms, blank survey forms, and blank questionnaire forms - or screenshots thereof
- Simple lists of interview questions

  Note: In your blank forms and lists, do not include items such as: data, data compilations, lists of variables or acronyms, data analyses, publications, manuals, instructions, descriptions or drawings/figures/diagrams of data collection methods or machines/devices.
- Blank informed consent/assent forms
- Other items *only if* they are specified in the FOA as allowable appendix materials

No other items are allowed in the Appendix. Simply relocating disallowed materials to other parts of the application will result in a noncompliant application

Some FOAs may have different instructions for the Appendix. Always follow the instructions in your FOA if they conflict with these instructions

Note: Applications will be withdrawn and not reviewed if they do not follow the appendix requirements in these instructions or in your FOA.

Information that expands upon or complements information provided in any section of the application - even if it is not required for the review - is not allowed in the Appendix unless it is

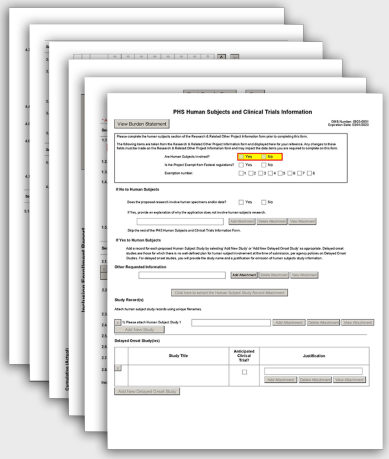
listed in the allowed appendix materials above or in your FOA. For example, do not include material transfer agreements (MTA) in the Appendix unless otherwise specified in the FOA.

For more information:

- The NIH Guide Notice on Reminder: NIH Applications Must Be Complete and Compliant With NIH Policy and Application Instructions At Time of Submission.
- Failure of reviewers to address non-required appendix materials in their reviews is not an acceptable basis for an appeal of initial peer review. For more information, see the NIH Grants Policy Statement, Section 2.4.2: Appeals of Initial Scientific Review.
- Appendix Policy Frequently Asked Questions

T.500 - PHS Human Subjects and Clinical Trials Information

The PHS Human Subjects and Clinical Trials Information form is used to collect information on human subjects research, clinical research, and/or clinical trials, including study population characteristics, protection and monitoring plans, and a protocol synopsis.



This form accommodates the full spectrum of all types of clinical trials, including, but not limited to, behavioral, exploratory/development, mechanistic, pilot/feasibility, early phase, efficacy, effectiveness, group-randomized, and others.

Read all the instructions in the Funding Opportunity Announcement (FOA) before completing this form to ensure your application meets all IC-specific criteria. If you are proposing a clinical trial, make sure your FOA accepts clinical trials (i.e., 'clinical trial required' or 'clinical trial optional').

The PHS Human Subjects and Clinical Trials Information form, together with the rest of your application, should include sufficient information for the evaluation of the project, independent of any other documents (e.g., previous application). Be specific, describe each study clearly, and avoid redundancies. Be especially careful to avoid redundancies with your research strategy.

View larger image

Quick Links

- PHS Human Subjects and Clinical Trials Information
- If No to Human Subjects
- If Yes to Human Subjects
- Other Requested Information
- Study Record(s)
- Delayed Onset Study(ies)
- Study Record: PHS Human Subjects and Clinical Trials Information
- Section 1 - Basic Information

1.1 Study Title (each study title must be unique)

1.2 Is this Study Exempt from Federal Regulations?

1.3 Exemption Number

1.4 Clinical Trial Questionnaire
1.5 Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable.
- Section 2 - Study Population Characteristics
2.1 Conditions or Focus of Study
2.2 Eligibility Criteria
2.3 Age Limits
2.4 Inclusion of Women, Minorities, and Children
2.5 Recruitment and Retention Plan
2.6 Recruitment Status
2.7 Study Timeline
2.8 Enrollment of First Subject
- Inclusion Enrollment Report(s)
- Section 3 - Protection and Monitoring Plans
3.1 Protection of Human Subjects
3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?
3.3 Data and Safety Monitoring Plan
3.4 Will a Data and Safety Monitoring Board be appointed for this study?
3.5 Overall Structure of the Study Team
- Section 4 - Protocol Synopsis
4.1 Brief Summary
4.2 Study Design
4.3 Outcome Measures
4.4 Statistical Design and Power
4.5 Subject Participation Duration
4.6 Will the study use an FDA-regulated intervention?
4.7 Dissemination Plan
- Section 5 - Other Clinical Trial-related Attachments
5.1 Other Clinical Trial-related Attachments

Complete the PHS Human Subjects and Clinical Trials Information form after you have completed the T.220 - R&R Other Project Information Form.

This form accommodates the full spectrum of all types of clinical trials, including, but not limited to, exploratory/development, mechanistic, pilot/feasibility, early phase, efficacy, effectiveness, group-randomized, and others.

Who should use the PHS Human Subjects and Clinical Trials Information form:

All applicants must use the PHS Human Subjects and Clinical Trials Information form regardless of your answer to the question "Are human subjects involved?" on the T.220 - R&R Other Project Information Form.

If you answered "Yes" to the question "Are human subjects involved?" on the T.220 - R&R Other Project Information Form, see the "If Yes to Human Subjects" section for instructions.

If you answered "No" to the question "Are human subjects involved?" on the T.220 - R&R Other Project Information Form, see the "If No to Human Subjects" section for instructions.

Additional Instructions for Training:

K12 and D43 applicants applying to FOAs that accept clinical trials (i.e., 'clinical trial required' or 'clinical trial optional'): Use the PHS Human Subjects and Clinical Trials Information form to submit delayed onset studies if you are proposing any human subject studies in your application. Do not fill in Study Records. Follow the instructions in your FOA.

All other Training applicants: This form is not applicable and will not be available to you.

Note for studies involving only the secondary use of identifiable biospecimens or data: For studies where the only involvement of human subjects is the use of identifiable biospecimens or data originally collected for another purpose, complete the PHS Human Subjects and Clinical Trials Information form with information specific to the current study and not the original collection unless the information associated with the original collection is pertinent to the proposed study. If information about the original collection is necessary, provide context and clearly distinguish between the current study and historical information.

Using the PHS Human Subjects and Clinical Trials Information form:

Follow instructions on the PHS Human Subjects and Clinical Trials Information form that are specific to your answer to the "Are Human Subjects Involved?" question on the T.220 - R&R Other Project Information Form. The PHS Human Subjects and Clinical Trials Information form allows you to add study record(s) and/or delayed onset study(ies), as applicable.

Within each Study Record: PHS Human Subjects and Clinical Trials Information, you will add detailed information at the study level. Add a separate study record for each protocol involving human subjects proposed in your application. Do not duplicate studies within your application. Each study within the application should be unique and should have a unique study title. Each study record is divided into numbered sections:

- Section 1 - Basic Information
- Section 2 – Study Population Characteristics (includes Inclusion Enrollment Report)
- Section 3 – Protection and Monitoring Plans
- Section 4 – Protocol Synopsis
- Section 5 – Other Clinical Trial-related Attachments

Note: The PHS Human Subjects and Clinical Trials Information form will capture detailed information at the study level. Although you are encouraged to refer to information in the PHS Human Subjects and Clinical Trials Information form in your discussion of the Research Strategy, do not duplicate

information between the Research Strategy attachment and the PHS Human Subjects and Clinical Trials Information form.

The PHS Human Subjects and Clinical Trials Information form is dynamic and may eliminate sections that are not relevant to your application. The dynamic form behavior may not be enabled on all submission methods.

Applicants must follow all policies and requirements related to formatting, proprietary information, human subjects, and clinical trials. See the following pages for more information:

- Format Attachments
- Rules for Text Fields
- NIH Grants Policy Statement, Section 2.3.11.2: Confidentiality of Information
- NIH Grants Policy Statement, Section 2.3.11.2.2: The Freedom of Information Act
- Research Involving Human Subjects
- NIH's Clinical Trials website

Note: There are no page limits for any attachments in the PHS Human Subjects and Clinical Trials Information form.

PHS Human Subjects and Clinical Trials Information

Applicants must complete the human subjects questions on the T.220 - R&R Other Project Information Form prior to completing this form.

Are Human Subjects Involved? Yes/No

This field is pre-populated from the T.220 - R&R Other Project Information Form. If the value in this field appears to be incorrect, you may correct it by adjusting it on the T.220 - R&R Other Project Information Form.

Is the Project Exempt from Federal regulations? Yes/No

This field is pre-populated from the T.220 - R&R Other Project Information Form. If the value in this field appears to be incorrect, you may correct it by adjusting it on the T.220 - R&R Other Project Information Form.

Exemption number: 1, 2, 3, 4, 5, 6, 7, 8

This field is pre-populated from the T.220 - R&R Other Project Information Form. If the value in this field appears to be incorrect, you may correct it by adjusting it on the T.220 – R&R Other Project Information Form. **You should not have selected exemption 7 or 8, as these are not yet being used.**

Note: If you change your answer to the "Are Human Subjects Involved" question on the T.220 - R&R Other Project Information Form after you have started entering information into the PHS Human Subjects and Clinical Trials Information form, your data in the PHS Human Subjects and Clinical Trials Information form may be lost.

If No to Human Subjects

If you answered "No" to the question "Are Human Subjects Involved?" on the T.220 - R&R Other Project Information Form, answer the following question(s) about the use of human specimens and/or human data.

Does the proposed research involve human specimens and/or data?

Select "Yes" or "No" to indicate whether the proposed research involves human specimens and/or data.

Applications involving the use of human specimens or data may not be considered to be research involving human subjects, depending on the details of the materials to be used. To help determine whether your research is classified as human subjects research, refer to the Research Involving Private Information or Biological Specimens flowchart.

Note: If you answered "No" to the "Does the proposed research involve human specimens and/or data?" question, skip the rest of the PHS Human Subjects and Clinical Trials Information form unless otherwise directed by your FOA.

If Yes, provide an explanation of why the application does not involve human subjects research.

If you answered "Yes" to the "Does the proposed research involve human specimens and/or data?" question, you must provide a justification for your claim that no human subjects are involved.

Attach the justification as a PDF file. See NIH's Format Attachments page.

This justification should include:

- information on who is providing the data/biological specimens and their role in the proposed research;
- a description of the identifiers that will be associated with the human specimens and data;
- a list of who has access to subjects' identities; and
- information about the manner in which the privacy of research participants and confidentiality of data will be protected.

Note: Once you have attached the justification, skip the rest of the PHS Human Subjects and Clinical Trials Information form unless otherwise directed by your FOA.

If Yes to Human Subjects

If you answered "Yes" to the question "Are Human Subjects Involved?" on the T.220 - R&R Other Project Information Form, add a study record for each proposed study involving human subjects by selecting "Add New Study" or "Add New Delayed Onset Study," as appropriate.

Other Requested Information

Who may provide Other Requested Information:

Follow the instructions below and any instructions in your FOA to determine whether you are permitted to include the "Other Requested Information" attachment.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Content is limited to what is described in your FOA or in these instructions. Do not use the "Other Requested Information" attachment to include any other information.

Renewal applications: When preparing a renewal (or resubmission of a renewal), you can provide a list of ongoing studies or ClinicalTrials.gov identifiers (e.g., NCT87654321).

Study Record(s)

Adding Study Record Attachment(s):

Add a study record for each proposed study involving human subjects. If your study is a delayed onset study, see the instructions for Delayed Onset Study(ies).

For all submission methods, the Study Record is used to collect human subjects study data. **Note: The steps to add a Study Record attachment(s) may vary with the submission method**. For example, from the ASSIST Human Subjects and Clinical Trials tab, use the 'Add New Study' button to access the data entry screens to enter study record information directly into ASSIST. With other submission methods, you may have to extract a blank copy of the Study Record, complete it offline, and then attach it to your application.

The PHS Human Subjects and Clinical Trials Information form accommodates up to 150 separate Study Records.

Format:

All attachments must be PDF files. The study records are already fillable PDFs when extracted. Do not alter the format of the study record file. Use unique file names for each human subject study record.

Content:

Follow the instructions in the "Study Record: PHS Human Subjects and Clinical Trials Information" section below.

Delayed Onset Study(ies)

Additional Instructions for Training:

K12 and D43 applicants applying to FOAs that accept clinical trials (i.e., 'clinical trial required' or 'clinical trial optional'): Use the PHS Human Subjects and Clinical Trials Information form to submit delayed onset studies if you are proposing any human subject studies in your application. Do not fill in Study Records. Follow the instructions in your FOA.

If any of your human subjects studies meet the agency definition of "delayed onset human subject study," enter the information as instructed below. For any study that you include as a delayed onset study in this section, do not fill out a full study record, as the delayed onset record is sufficient.

Notes on delayed onset studies:

- Delayed onset does NOT apply to a study that can be described but will not start immediately (i.e., delayed start).
- If you have multiple delayed onset studies, you can include them together in a single Delayed Onset Study.

Study Title

This field is required.

The Study Title can have a maximum of 600 characters.

Enter a brief, unique title that describes the study the participants will be involved in. Each study within your application must have a unique Study Title. The first 150 characters will display in the application image bookmarks.

Note on multiple delayed onset studies: If you are including multiple delayed onset studies in one delayed onset study entry, you may enter "Multiple Delayed Onset Studies" as the title of this record.

Anticipated Clinical Trial?

This field is required.

Check this box if you anticipate that this study will be a clinical trial. For help determining whether your study meets the definition of clinical trial, see the Clinical Trial Questionnaire below.

Read your FOA carefully to determine whether clinical trials are allowed in your application.

Note on multiple delayed onset studies: If you are including multiple delayed onset studies in one delayed onset study entry, and you anticipate that any of these studies will be a clinical trial, check the "Anticipated Clinical Trial?" checkbox.

Justification Attachment

This attachment is required.

Attach the justification as a PDF file. See NIH's Format Attachments page.

- All delayed onset studies must provide a justification explaining why human subjects study information is not available at the time of application.

- If NIH's Single Institutional Review Board (sIRB) policy will apply to your study, this justification must also include information regarding how the study will comply with the policy and state that you will provide a single IRB plan prior to initiating any multi-site study.
- If NIH's Policy on the Dissemination of NIH-Funded Clinical Trial Information will apply to your study, this justification must also include the dissemination plan.

Note on multiple delayed onset studies: If you are including more than one delayed onset study in any given delayed onset study entry, address all the included studies in a single justification attachment.

Study Record: PHS Human Subjects and Clinical Trials Information

Section 1 - Basic Information

Who must complete "Section 1 – Basic Information:"

"Section 1 – Basic Information" is required for all studies involving human subjects.

1.1 Study Title (each study title must be unique)

The "Study Title" field is required.

The Study Title can have a maximum of 600 characters.

Enter a brief title that describes the study the participants will be involved in. If there is more than one study (i.e., you are including more than one study record and/or delayed onset study in your application), each one must have a unique study title. The first 150 characters will display in the bookmarks of the application image.

Note: When registering a clinical trial in ClinicalTrials.gov, all study titles across your organization must be unique.

1.2 Is this Study Exempt from Federal Regulations?

An answer to the "Is this Study Exempt from Federal Regulations?" question is required.

Indicate whether the study is exempt from Federal regulations for the Protection of Human Subjects.

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

1.3 Exemption Number

The "Exemption Number" field is required if you selected "Yes" to the "Is this Study Exempt from Federal Regulations?" question.

Select the appropriate exemption number(s) for this particular study. Multiple selections are permitted. **Do not select exemption 7 or 8, as these are not yet being used.** Regardless of

whether these exemptions may apply to you in the future, you must fill out your application following the instructions below. The instructions do not take exemption 7 and 8 into account.

For more information:

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

Need help determining the appropriate exemption number?

- Refer to NIH's Research Involving Human Subjects Frequently Asked Questions.
- See the Frequently Asked Questions from Applicants section on Exemptions.

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

1.4 Clinical Trial Questionnaire

The Clinical Trial Questionnaire is required.

Note for mechanistic studies: Many mechanistic studies (i.e., those designed to understand a biological or behavioral process, the pathophysiology of a disease, or the mechanism of action of an intervention) meet the NIH definition of a clinical trial.

Answer "Yes" or "No" to the following questions to determine whether this study involves a clinical trial. Answer the following questions based only on the study you are describing in this study record.

1.4.a. Does the study involve human participants? Yes/No

1.4.b. Are the participants prospectively assigned to an intervention? Yes/No

1.4.c. Is the study designed to evaluate the effect of the intervention on the participants? Yes/No

1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome? Yes/No

If you answered "Yes" to all the questions in the Clinical Trial Questionnaire, this study meets the definition of a clinical trial.

Refer to the table below for information about what sections of this form are required, based on your answers to Question 1.4 "Clinical Trial Questionnaire."

Form Section	If you answered "yes" to all the questions in the Clinical Trial Questionnaire	If you answered "no" to any of the questions in the Clinical Trial Questionnaire
Section 2 - Study Population Characteristics	Required	Required
Section 3 - Protection and Monitoring Plans	Required	Required
Section 4 - Protocol Synopsis	Required	Do not complete
Section 5 - Other Clinical Trial-related Attachments	Required if specified in the FOA	Do not complete

For more information:

- NIH Glossary's definition of an NIH-defined clinical trial
- NIH's Definition of a Clinical Trial page
- NIH Definition of Clinical Trials Case Studies page
- FAQs on the NIH Clinical Trial Definition
- NIH's decision tool will help determine whether your human subjects research study is an NIH-defined clinical trial
- Your study may also be subject to additional regulations. Read NIH's Requirements for Registering & Reporting NIH-funded Clinical Trials in ClinicalTrials.gov.

1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable

If a clinical trial has already been entered into ClinicalTrials.gov, enter the ClinicalTrials.gov identifier (e.g., NCT87654321) for this trial.

If you are building on an existing study (e.g., ancillary study), enter the ClinicalTrials.gov identifier only for the ancillary study, not the parent study.

Section 2 - Study Population Characteristics

Who must complete "Section 2 - Study Population Characteristics:"

All of "Section 2 – Study Population Characteristics" is required for all human subjects studies unless either or both of the following apply to you:

- If you selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question, then "Section 2 – Study Population Characteristics" is not required.

- If you selected "**No**" to the "1.4.a. Does the study involve human participants?" question, then certain questions in "Section 2 – Study Population Characteristics" are not required, as noted in the individual field instructions below.

2.1 Conditions or Focus of Study

At least 1 entry is required, and up to 20 entries are allowed. Each entry is limited to 255 characters.

Identify the name(s) of the disease(s) or condition(s) you are studying, or the focus of the study. If available, use appropriate descriptors from NLM's Medical Subject Headings (MeSH) so the application can be categorized. Include an entry for each condition.

2.2 Eligibility Criteria

List the study's inclusion and exclusion criteria. To provide a bulleted list, use a dash (or other character) followed by a space ("- ") at the start of each bullet. Be sure to check the formatting in the assembled application image. Further explanation or justification should be included in the Recruitment and Retention plan.

Your text entry is limited to 15,000 characters.

For more information about formatting text entry fields, see NIH's Rules for Text Fields page.

2.3 Age Limits

Minimum Age

Enter the numerical value for the minimum age a potential participant can be to be eligible for the study. Provide the relevant units of time (i.e., years, months, weeks, days, hours, or minutes). If there is no lower limit or no lower limit is known, enter "N/A (No Limit)" and do not enter a unit of time.

Maximum Age

Enter the numerical value for the maximum age a potential participant can be to be eligible for the study. Provide the relevant units of time (i.e., years, months, weeks, days, hours, or minutes). If there is no upper limit or no upper limit is known, enter "N/A (No Limit)" and do not enter a unit of time.

2.4 Inclusion of Women, Minorities, and Children

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Organize your attachment into two sections, following the headings and specified order below, and discuss each of the points listed below. Start each section with the appropriate section heading – "Inclusion of Women and Minorities" and "Inclusion of Children." Also include any additional information requested in the FOA.

You will also have to complete an Inclusion Enrollment Report (IER). Note that you may need to include multiple IERs for each study. Refer to the instructions for the IER below for more information.

1. Inclusion of Women and Minorities

Address the following points:

- Describe the planned distribution of subjects by sex/gender, race, and ethnicity.
- Describe the rationale for selection of sex/gender, racial, and ethnic group members in terms of the scientific objectives and proposed study design. The description may include, but is not limited to, information on the population characteristics of the disease or condition under study.
- Describe proposed outreach programs for recruiting sex/gender, racial, and ethnic group members.
- Inclusion and Excluded Groups: Provide a reason for limiting inclusion of any group by sex/gender, race, and/or ethnicity. In general, the cost of recruiting certain groups and/or geographic location alone are not acceptable reasons for exclusion of particular groups. See the Inclusion of Women and Minorities as Participants in Research Involving Human Subjects - Policy Implementation Page for more information.

Existing Datasets or Resources. If you will use an existing dataset, resource, or samples that may have been collected as part of a different study, you must address inclusion, following the instructions above. Generally, you must provide details about the sex/gender, race, and ethnicity of the existing dataset/resource and justify the details as appropriate to the scientific goals of the proposed study.

For more information about what is considered an existing dataset or resource for inclusion policy, see the NIH FAQs on Monitoring Inclusion When Working with Existing Datasets and/or Resources.

NIH-Defined Phase III Clinical Trials. If the proposed research includes an NIH-Defined Phase III Clinical Trial, the "Inclusion of Women, Minorities, and Children" attachment MUST address plans for how sex/gender, race, and ethnicity will be taken into consideration in the design and valid analysis of the trial. See the instructions for "Valid Analysis" and "Plans to test for Differences in Effect among Sex/gender, Racial, and/or Ethnic Groups" below.

Additional information about valid analysis is available on the NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research page.

Valid Analysis (for NIH-Defined Phase III Clinical Trials only):

Address the following issues for ensuring valid analyses:

- Inclusive eligibility criteria – in general, the cost of recruiting certain groups and/or geographic location alone are not acceptable reasons for exclusion of particular groups;
- Allocation of study participants of both sexes/genders and from different racial and/or ethnic groups to the intervention and control groups by an unbiased process such as randomization;
- Unbiased evaluation of the outcome(s) of study participants; and

- Use of unbiased statistical analyses and proper methods of inference to estimate and compare the intervention effects by sex/gender, race, and/or ethnicity, particularly if prior evidence strongly suggests that such differences exist.

Plan to Test for Differences in Effect among Sex/gender, Racial, and/or Ethnic Groups (for NIH-Defined Phase III Clinical Trials only):

Applicants also should address whether they plan to test for differences in effect among sex/gender, racial, and/or ethnic groups and why such testing is or is not appropriate.

This plan must include selection and discussion of one of the following analysis plans:

- Plans to conduct analyses to detect significant differences in intervention effect among sex/gender, racial, and/or ethnic subgroups when prior studies strongly support these significant differences among one or more subgroups, or
- Plans to include and analyze sex/gender, racial, and/or ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups. (Representation of sex/gender, racial, and ethnic groups is not required as subject selection criteria, but inclusion is encouraged.), or
- Plans to conduct valid analyses of the intervention effect in sex/gender, racial, and/or ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect among subgroups.

2. Inclusion of Children

For the purposes of the Inclusion of Children, individuals under 18 are defined as a child; however, exclusion of any specific age or age range group (e.g., older adults) should be justified in this section. In addition, address the following points:

- Children are expected to be included in all NIH-defined clinical research unless there are scientific or ethical reasons not to include them. Discuss whether children (as a whole or a subset of individuals under 18) will be included or excluded. If children will be included, include a rationale for selecting a specific age range of children, if relevant. If children will be excluded, provide a rationale for exclusion. See the NIH Policy and Guidelines on the Inclusion of Children as Participants in Research Involving Human Subjects for additional information about circumstances that may justify the exclusion of children.
- Include a description of the expertise of the investigative team for working with children of the ages included, of the appropriateness of the available facilities to accommodate the children, and the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose of the study.
- When children are involved in research, the policies under HHS' 45 CFR 46, Subpart D - Additional Protections for Children Involved as Subjects in Research apply and must be addressed in the Protection of Human Subjects attachment.

For more information, see:

- NIH's Policy Implementation Page on the Inclusion of Women and Minorities
- NIH's Policy Implementation Page on the Inclusion of Children

- HHS' 45 CFR 46 Subpart B – Additional Protections for Pregnant Women, Fetuses, and Neonates
- HHS' 45 CFR 46 Subpart D – Additional Protections for Children
- NIH Grants Policy Statement, Section 4.1.15.7: Inclusion of Children as Subjects in Clinical Research
- NIH Grants Policy Statement, Section 4.1.15.8: Inclusion of Women and Minorities as Subjects in Clinical Research and Reporting Sex/Gender, Racial, and Ethnic Participation

2.5 Recruitment and Retention Plan

Who must complete the "Recruitment and Retention Plan" attachment:

The "Recruitment and Retention Plan" attachment is required unless either or both of the following apply to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.
- You selected "**No**" to the "1.4.a. Does the study involve human participants?" question.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Describe how you will recruit and retain participants in your study. You should address both planned recruitment activities as well as proposed engagement strategies for retention.

2.6. Recruitment Status

Who must complete the "Recruitment Status" question:

The "Recruitment Status" question is required unless either or both of the following apply to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.
- You selected "**No**" to the "1.4.a. Does the study involve human participants?" question.

Content:

From the dropdown menu, select a single "Recruitment Status" that best describes the proposed study, based upon the status of the individual sites. If any facility in a multi-site study has an individual site status of "recruiting," then choose "recruiting" for this question. Only one selection is allowed. Choose from the following options:

- Not yet recruiting
- Recruiting
- Enrolling by invitation
- Active, not recruiting

- Completed
- Suspended
- Terminated (Halted Prematurely)
- Withdrawn (No Participants Enrolled)

2.7. Study Timeline

Who must complete the "Study Timeline" attachment:

The "Study Timeline" attachment is required unless either or both of the following apply to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.
- You selected "**No**" to the "1.4.a. Does the study involve human participants?" question.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Provide a description or diagram describing the study timeline. The timeline should be general (e.g., "one year after notice of award"), and should not include specific dates.

Note: Additional milestones or timelines may be requested as just-in-time information or post-award.

2.8. Enrollment of First Subject

Who must complete the "Enrollment of First Subject" question:

The "Enrollment of First Subject" question is required unless either or both of the following apply to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.
- You selected "**No**" to the "1.4.a. Does the study involve human participants?" question.

Content:

Enter the date (MM/DD/YYYY) of the enrollment of the first subject into the study. From the dropdown menu, select whether this date is anticipated or actual.

Inclusion Enrollment Report(s)

Who must complete the Inclusion Enrollment Report(s):

An Inclusion Enrollment Report is required for all human subjects studies unless, on Question 1.3 "Exemption Number," you selected only Exemption 4 and no other exemptions.

Using the Inclusion Enrollment Report:

Each proposed study, unless it falls under Exemption 4, must contain at least one Inclusion Enrollment Report (IER). However, more than one IER per study is allowed.

Once you have added an IER for a given study, you may edit, remove, or view it.

Note: The IER format should NOT be used for collecting data from study participants.

Note: You can add a maximum of 20 IERs per study record. These can be a combination of planned and cumulative reports.

Multi-site studies: Generally, if the application includes a study recruiting subjects at more than one site/location, investigators may create one IER or separate, multiple IERs to enable reporting by study or by site, depending on the scientific goals of the study and whether monitoring of inclusion enrollment would benefit from being combined or separated. At a minimum, participants enrolled at non-U.S. sites must be reported separately from participants enrolled at U.S. sites, even if they are part of the same study. Please review the FOA to determine whether there are any other specific requirements about how to complete the IER.

Duplicative Inclusion Reports: It is important that the IER for a given study be associated with only one application and be provided only once in a given application (e.g., do not submit the same IER on both the data coordinating center and the research site). If submitting individual application(s) as part of a network or set of linked applications, please provide the IER with the individual site applications unless otherwise directed by the FOA.

Renewal applications: When preparing a renewal (or resubmission of a renewal), investigators should provide a narrative description regarding the cumulative enrollment from the previous funding period (s) as part of the progress report section of the research strategy attachment in the application. The IER should NOT be used for this purpose. If a given study will continue with the same enrollment or additional enrollment, or if new studies are proposed, provide a new IER for each as described in the instructions below.

Resubmission applications: If IERs were provided in the initial submission application, and if those studies will be part of the resubmission application, complete the IER and submit again with the resubmission application, regardless of whether the enrollment has changed or not. Also, provide any new (additional) IERs.

Revision applications: Provide an IER if new studies are planned as part of the Revision and they meet the NIH definition for clinical research.

For more information:

Refer to the Inclusion of Women and Minorities as Participants in Research Involving Human Subjects - Policy Implementation Page.

1. Using an Existing Dataset or Resource?

The "Using an Existing Dataset or Resource" question is required.

Indicate whether this study involves the use of an existing dataset or resource.

For additional guidance on what is considered an existing dataset, refer to the NIH FAQs on Monitoring Inclusion When Working with Existing Datasets and/or Resources.

2. Enrollment Location Type (Domestic/Foreign)

The "Enrollment Location Type" field is required.

Select whether the participants described in the IER are based at a U.S. (Domestic) or at a non-U.S. (Foreign) site. At a minimum, participants at U.S. and non-U.S. sites must be reported separately (i.e., on separate IERs), even if it is for the same study.

For additional guidance on how to complete the IER if you will be working with non-U.S. populations, refer to these FAQs on Monitoring Inclusion in Non-US Research Participants.

3. Enrollment Country(ies)

The "Enrollment Country(ies)" field is optional.

Indicate the enrollment country or countries for the participants. Multiple U.S. sites can be reported together in one IER. Foreign countries can be reported together in one IER. However, you must use separate IERs for U.S. and non-U.S. sites. You can add up to 200 countries per IER.

4. Enrollment Location(s)

The "Enrollment Location(s)" field is optional.

Indicate the type of enrollment location (e.g., hospital, university, or research center), not the name of the enrollment location.

Enrollment locations are typically where the research is conducted, and can be different from the recruitment site.

5. Comments

Your comments are limited to 500 characters.

Enter information you wish to provide about this IER. This includes, but is not limited to, addressing information about distinctive subpopulations if relevant to the scientific hypotheses being studied. If inclusion monitoring is conducted on another study or NIH grant (e.g., data coordinating center or research site), please indicate here.

Revision applications: If there are no updates to the IER(s) in your original grant application, do not include an IER in your Revision application. Instead, provide a comment in this field to the effect that previous IER(s) are still applicable. If you are revising the IER(s) in your original grant application, provide a comment here to that effect.

Planned

Who must complete planned enrollment tables:

You must enter planned enrollment counts if your proposed study will **not** use an existing dataset or resource. Planned enrollment generally means that individuals will be recruited into the study and/or that individuals have already been recruited and continue to be part of the study.

For more information about what is considered an existing dataset or resource for inclusion policy, see the NIH FAQs on Monitoring Inclusion When Working with Existing Datasets and/or Resources.

For more information on racial categories, see the NIH Glossary definition of Racial Categories.

For more information on ethnic categories, see the NIH Glossary definition of Ethnic Categories.

Racial Categories

American Indian/Alaska Native:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Hispanic or Latino.

Asian:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both Asian **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Asian **and** Hispanic or Latino.

Native Hawaiian or Other Pacific Islander:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Hispanic or Latino.

Black or African American:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both Black or African American **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Black or African American **and** Hispanic or Latino.

White:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both White **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both White **and** Hispanic or Latino.

More than One Race:

These fields are required.

Enter the expected number of females and males (in the respective fields) who both identify with more than one racial category **and** are Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who both identify with more than one racial category **and** are Hispanic or Latino.

Total:

The total fields at the bottom will be automatically calculated and reflect the totals of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Not Hispanic or Latino and of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Hispanic or Latino. The "Total" fields in the right column will be automatically calculated to total all individuals.

Cumulative (Actual)

Who must complete cumulative (actual) enrollment tables:

You must enter cumulative enrollment counts if your proposed study will use an existing dataset or resource.

For more information about what is considered an existing dataset or resource for inclusion policy, see the NIH FAQs on Monitoring Inclusion When Working with Existing Datasets and/or Resources.

For more information on racial categories, see the NIH Glossary definition of Racial Categories.

For more information on ethnic categories, see the NIH Glossary definition of Ethnic Categories.

Racial Categories

American Indian/Alaska Native:

These fields are required.

Enter the number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Not Hispanic or Latino. Enter the number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Asian:

These fields are required.

Enter the number of females and males (in the respective fields) who are both Asian **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Asian **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Native Hawaiian or Other Pacific Islander:

These fields are required.

Enter the number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Black or African American:

These fields are required.

Enter the number of females and males (in the respective fields) who are both Black or African American **and** Not Hispanic or Latino. Enter the expected number of females and males (in the

respective fields) who are both Black or African American **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

White:

These fields are required.

Enter the number of females and males (in the respective fields) who are both White **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both White **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

More than One Race:

These fields are required.

Enter the number of females and males (in the respective fields) who both identify with more than one racial category **and** are Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who both identify with more than one racial category **and** are Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Unknown or Not Reported:

These fields are required.

Enter the number of females, males, and individuals of unknown/not reported sex/gender (in the respective fields) whose race is unknown/not reported **and** who are Not Hispanic or Latino. Enter the number of females, males, and individuals of unknown/not reported sex/gender (in the respective fields) whose race is unknown/not reported **and** who are Hispanic or Latino. Enter the number of females, males, and individuals of unknown/not reported sex/gender (in the respective fields) who are both of unknown/not reported race and of unknown/not reported ethnicity. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Total:

The total fields at the bottom will be automatically calculated and reflect the totals of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Not Hispanic or Latino and of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown). The "Total" fields in the right column will be automatically calculated to total all individuals.

Section 3 – Protection And Monitoring Plans

Who must complete "Section 3 – Protection and Monitoring Plans:"

All of "Section 3 – Protection and Monitoring Plans" is required for all studies involving human subjects, unless otherwise noted.

3.1 Protection of Human Subjects

The "Protection of Human Subjects" attachment is required.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Do not use the "Protection of Human Subjects" attachment to circumvent the page limits of the Research Strategy.

For Human Subjects Research Claiming Exemptions: If you are claiming that your human subjects research falls under any exemptions, justify why the research meets the criteria for the exemption(s) that you have claimed. This justification should explain how the proposed research meets the criteria for the exemption claimed. Do not merely repeat the criteria or definitions themselves.

For Studies that involve Non-Exempt Human Subjects Research: For any proposed non-exempt study involving human subjects, NIH requires a Protection of Human Subjects attachment that is commensurate with the risks of the study, its size, and its complexity. Organize your attachment into four sections, following the headings and specified order below, and discuss each of the points listed below. Start each section with the appropriate section heading – Risks to Human Subjects, Adequacy of Protection Against Risks, Potential Benefits of the Proposed Research to Research Participants and Others, and Importance of the Knowledge to be Gained. Also include any additional information requested in the FOA.

1. Risks to Human Subjects

a. Human Subjects Involvement, Characteristics, and Design

- Briefly describe the overall study design.
- Describe the subject population(s) to be included in the study; the procedures for assignment to a study group, if relevant; and the anticipated numbers of subjects for each study group.
- List any collaborating sites where human subjects research will be performed, and describe the role of those sites and collaborating investigators in performing the proposed research.

b. Study Procedures, Materials, and Potential Risks

- Describe all planned research procedures (interventions and interactions) involving study subjects; how research material, including biospecimens, data, and/or records, will be obtained; and whether any private identifiable information will be collected in the proposed research project.
- For studies that will include the use of previously collected biospecimens, data or records, describe the source of these materials, whether these can be linked with living individuals, and who will be able to link the materials.
- Describe all the potential risks to subjects associated with each study intervention, procedure or interaction, including physical, psychological, social, cultural, financial, and legal risks; risks to privacy and/or confidentiality; or other risks. Discuss the risk level and the likely impact to subjects.
- Where appropriate, describe alternative treatments and procedures, including their risks and potential benefits. When alternative treatments or procedures are possible, make the rationale for the proposed approach clear.

2. Adequacy of Protection Against Risks

a. Informed Consent and Assent

- Describe the process for obtaining informed consent. Include a description of the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. When appropriate, describe how potential adult subjects' capacity to consent will be determined and the plans for obtaining consent from a legally authorized representative for adult subjects not able to consent.
    - **For research involving children:** If the proposed studies will include children, describe the process for meeting HHS regulatory requirements for parental permission and child assent (45 CFR 46.408). See the HHS page on Research with Children FAQs and the NIH page on Requirements for Child Assent and Parent/Guardian Permission.
- If a waiver of some or all of the elements of informed consent will be sought, provide justification for the waiver. Do not submit informed consent document(s) with your application unless you are requested to do so.

b. Protections Against Risk

- Describe planned strategies for protecting against or minimizing all potential risks identified, including strategies to manage and protect the privacy of participants and confidentiality of research data.
- Where appropriate, discuss plans for ensuring necessary medical or professional intervention in the event of adverse effects on participants.
- Describe plans for handling incidental findings, such as those from research imaging, screening tests, or paternity tests.

c. Vulnerable Subjects, if relevant to your study

Explain the rationale for the involvement of special vulnerable populations, such as fetuses, neonates, pregnant women, children, prisoners, institutionalized individuals, or others who may be considered vulnerable populations. 'Prisoners' includes all subjects involuntarily incarcerated (for example, in detention centers).

Pregnant Women, Fetuses, and Neonates or Children

If the study involves vulnerable subjects subject to additional protections under Subparts B and D (pregnant women, fetuses, and neonates or children), provide a clear description of the risk level and additional protections necessary to meet the HHS regulatory requirements.

- HHS' Subpart B - Additional Protections for Pregnant Women, Fetuses, and Neonates
- HHS' Subpart D - Additional Protections for Children
- OHRP Guidance on Subpart D Special Protections for Children as Research Subjects and the HHS 407 Review Process

Prisoners

If the study involves vulnerable subjects subject to additional protections under Subpart C (prisoners), describe how proposed research meets the additional regulatory requirements, protections, and plans to obtain OHRP certification for the involvement of prisoners in research.

Refer to HHS regulations, and OHRP guidance:

- HHS' Subpart C - Additional Protections Pertaining to Prisoners as Subjects
- OHRP Subpart C Guidance on Involvement of Prisoners in Research

3. Potential Benefits of the Proposed Research to Research Participants and Others

- Discuss the potential benefits of the research to research participants and others.
- Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to research participants and others.
- **Note:** Financial compensation of subjects should not be presented as a benefit of participation in research.

4. Importance of the Knowledge to be Gained

- Discuss the importance of the knowledge to be gained as a result of the proposed research.
- Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that reasonably may be expected to result.

For more information:

Refer to the NIH's Research Involving Human Subjects site.

3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?

Select "Yes" or "No" to indicate whether this is a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site.

Select "N/A" only if any of the following apply (do not select "N/A" if none of the following apply):

- You answered "Yes" to "Question 1.2 Is this Study Exempt from Federal Regulations? (Yes/No)"
- You are a career development applicant
- You are a training applicant
- You are a fellowship applicant

Applicants who check "Yes" are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research.

Note: The NIH sIRB policy applies to participating domestic sites. Foreign sites participating in NIH-funded, multi-site studies are not expected to follow this policy.

Additional Instructions for Training:

Check "N/A," as the sIRB policy does not apply to training awards.

For more information:

- HHS regulations and requirements for the Protections of Human Subjects can be found at 45 CFR 46.

- See NIH's Single IRB Policy for Multi-site Research for more information.

If yes, describe the single IRB plan

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Although one sIRB attachment per application is sufficient, you must include a file for each study within your application. All file names within your application must be unique. You may either attach the same sIRB plan (with different file names) to different studies or attach a file that refers to the sIRB plan in another study within your application. For example, you may attach a file that says "See sIRB plan in the 'My Unique Study Name' study."

Content:

The sIRB plan should include the following elements:

- Describe how you will comply with the NIH Policy on the Use of sIRB for Multi-Site Research.
- Provide the name of the IRB that will serve as the sIRB of record.
- Indicate that all identified participating sites have agreed to rely on the proposed sIRB and that any sites added after award will rely on the sIRB.
- Briefly describe how communication between sites and the sIRB will be handled.
- Indicate that all participating sites will, prior to initiating the study, sign an authorization/reliance agreement that will clarify the roles and responsibilities of the sIRB and participating sites.
- Indicate which institution or entity will maintain records of the authorization/reliance agreements and of the communication plan.
- **Note:** Do not include the authorization/reliance agreement(s) or the communication plan(s) documents in your application.
- **Note:** If your human subjects study meets the agency definition of "Delayed Onset," include information regarding how the study will comply with the NIH single Institutional Review Board (sIRB) policy prior to initiating any multi-site study in the delayed onset study justification.

For Studies with Legal-, Regulatory-, or Policy-based Claims for Exception as described by the sIRB Policy: Indicate that review by an sIRB will not be possible for all or some sites (specify which sites) because local IRB review is required by an existing federal/state/tribal law or policy. Include a specific citation to the relevant law, policy, or regulation.

For sites requesting an exception based on compelling justification: Indicate which site(s) is requesting an exception to the use of the sIRB and provide compelling justification based on ethical or human subjects protection issues or other well-justified reasons. NIH will determine whether to grant an exception following an assessment of the need. **Note:** If you intend to request an exception to the sIRB policy based on compelling justification, do not account for this exception in your proposed budget. The proposed budget must reflect any necessary sIRB costs without an exception (i.e., applicants should not assume that an exception will be granted when considering what sIRB costs to include in the budget).

For more information:

- NIH Office of Science Policy Clinical Research IRB Review page
- FAQs on NIH Policy on the Use of a Single IRB for Multi-Site Research Costs
- FAQs on Implementation of the sIRB policy
- NIH Guide Notice on the Final NIH Policy on sIRB

3.3 Data and Safety Monitoring Plan

A "Data and Safety Monitoring Plan" attachment is required if you answered "Yes" to all the questions in the "Clinical Trial Questionnaire." The "Data and Safety Monitoring Plan" attachment is optional for all other human subjects research.

For human subjects research that does not involve a clinical trial: Your study, although it is not a clinical trial, may have significant risks to participants, and it may be appropriate to include a data and safety monitoring plan. If you choose to include a data and safety monitoring plan, you may follow the content criteria listed below, as appropriate.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

For any proposed clinical trial, NIH requires a data and safety monitoring plan (DSMP) that is commensurate with the risks of the trial, its size, and its complexity. Provide a description of the DSMP, including:

- The overall framework for safety monitoring and what information will be monitored.
- The frequency of monitoring, including any plans for interim analysis and stopping rules (if applicable).
- The process by which Adverse Events (AEs), including Serious Adverse Events (SAEs) such as deaths, hospitalizations, and life threatening events and Unanticipated Problems (UPs), will be managed and reported, as required, to the IRB, the person or group responsible for monitoring, the awarding IC, the NIH Office of Biotechnology Activities, and the Food and Drug Administration.
- The individual(s) or group that will be responsible for trial monitoring and advising the appointing entity. Because the DSMP will depend on potential risks, complexity, and the nature of the trial, a number of options for monitoring are possible. These include, but are not limited to, monitoring by a:
    - PD/PI: While the PD/PI must ensure that the trial is conducted according to the approved protocol, in some cases (e.g., low risk trials, not blinded), it may be acceptable for the PD/PI to also be responsible for carrying out the DSMP.
    - Independent safety monitor/designated medical monitor: a physician or other expert who is independent of the study.
    - Independent Monitoring Committee or Safety Monitoring Committee: a small group of independent experts.

- Data and Safety Monitoring Board (DSMB): a formal independent board of experts including investigators and biostatisticians. NIH requires the establishment of DSMBs for multi-site clinical trials involving interventions that entail potential risk to the participants, and generally, for all Phase III clinical trials, although Phase I and Phase II clinical trials may also need DSMBs. If a DSMB is used, please describe the general composition of the Board without naming specific individuals.

For more information:

- NIH Grants Policy Statement, Section 4.1.15.6: Data and Safety Monitoring

3.4 Will a Data and Safety Monitoring Board be appointed for this study?

The "Data Safety and Monitoring Board" question is required if you answered "Yes" to all the questions in the "Clinical Trial Questionnaire." This question is optional for all other human subjects research.

Check the appropriate box to indicate whether a Data Safety and Monitoring Board (DSMB) will be appointed for this study.

3.5 Overall Structure of the Study Team

The "Overall Structure of the Study Team" attachment is required if you answered "Yes" to all the questions in the "Clinical Trial Questionnaire." This question is optional for all other human subjects research.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Provide a brief overview of the organizational structure of the study team, particularly the administrative sites, data coordinating sites, enrollment/participating sites, and any separate laboratory or testing centers.

Note: Do not include study team members' individual professional experiences (i.e., biosketch information).

Section 4 – Protocol Synopsis

Who must complete "Section 4 – Protocol Synopsis:"

If you answered "Yes" to all the questions in the "Clinical Trial Questionnaire:" All the questions in the "Protocol Synopsis" section are required.

If you answered "No" to any question in the "Clinical Trial Questionnaire:" Do not provide information in this section. Inputting information in this section will result in errors and will prevent your application from being accepted.

4.1 Brief Summary

Enter a brief description of objectives of the protocol, including the primary and secondary endpoints. The Brief Summary is limited to 5,000 characters.

For more information about formatting text entry fields, see NIH's Rules for Text Fields page.

4.2. Study Design

4.2.a. Narrative Study Description

Enter a narrative description of the protocol. Studies differ considerably in the methods used to assign participants and deliver interventions. Describe your plans for assignment of participants and delivery of interventions. You will also need to show that your methods for sample size and data analysis are appropriate given those plans. For trials that randomize groups or deliver interventions to groups, special methods are required; additional information is available at the Research Methods Resources webpage.

The narrative description is limited to 32,000 characters.

For more information about formatting text entry fields, see NIH's Rules for Text Fields page.

4.2.b. Primary Purpose

Enter or select from the dropdown menu a single "Primary Purpose" that best describes the clinical trial. Choose from the following options:

- Treatment
- Prevention
- Diagnostics
- Supportive Care
- Screening
- Health Services Research
- Basic Science
- Device Feasibility
- Other (If you select “Other,” provide a description in the space provided. Your response is limited to 255 characters.)

4.2.c. Interventions

Complete the “Interventions” fields for each intervention to be used in your proposed protocol. If an arm of the study to which subjects will be assigned (as discussed in 4.2.a. Narrative Study Description) includes more than one intervention (e.g., drug plus educational intervention), complete this section for each intervention. You can add up to 20 interventions.

Intervention Type: Enter or select from the dropdown menu the intervention type the clinical trial will administer during the proposed award. Choose from the following options:

- Drug (including placebo)
- Device (including sham)
- Biological/Vaccine

- Procedure/Surgery
- Radiation
- Behavioral (e.g., Psychotherapy, Lifestyle Counseling)
- Genetic (including gene transfer, stem cell, and recombinant DNA)
- Dietary Supplement (e.g., vitamins, minerals)
- Combination Product
- Diagnostic Test
- Other

Name: Enter the name of the intervention. The name must be unique within each study record. The name is limited to 200 characters.

Description: Enter a description of the intervention. The description is limited to 1,000 characters.

4.2.d. Study Phase

Enter or select from the dropdown menu a "Study Phase" that best describes the clinical trial. If your study involves a device, choose "Other."

Choose from the following options:

- Early Phase 1 (or Phase 0)
- Phase 1
- Phase 1/2
- Phase 2
- Phase 2/3
- Phase 3
- Phase 4
- Other (If you select "Other," provide a description in the space provided. Your response is limited to 255 characters.)

Is this an NIH-defined Phase III clinical trial? Yes/No

Select "Yes" or "No" to indicate whether the study includes an NIH-defined Phase III clinical trial.

4.2.e. Intervention Model

Enter or select from the dropdown menu a single "Intervention Model" that best describes the clinical trial. If you select "Other," provide a description in the space provided. Choose from the following options:

- Single Group
- Parallel
- Cross-Over
- Factorial
- Sequential

- Other (If you select “Other,” provide a description in the space provided. Your response is limited to 255 characters.)

4.2.f. Masking

Select "Yes" or "No" to indicate whether the protocol uses masking. Note that masking is also referred to as “blinding.”

If you answered “Yes” to the “Masking” question, select one or more types of masking that best describes the protocol. Choose from the following options:

- Participant
- Care Provider
- Investigator
- Outcomes Assessor

4.2.g. Allocation

Enter or select from the dropdown menu a single "Allocation" that best describes how subjects will be assigned in your protocol. If allocation is not applicable to your clinical trial, select “N/A” (e.g., for a single-arm trial). Choose from the following options:

- N/A
- Randomized
- Non-randomized

4.3. Outcome Measures

Complete the “Outcome Measures” fields for each primary, secondary, and other important measures to be collected during your proposed clinical trial. You may have more than one primary outcome measure, and you can add up to 50 outcome measures.

Name: Enter the name of the individual outcome measure. The outcome measure must be unique within each study record.

Type: Enter or select from the dropdown menu the type of the outcome measure. Choose from the following options:

- Primary – select this option for the outcome measures specified in your protocol that are of greatest importance to your study
- Secondary – select this option for outcome measures specified in your protocol that are of lesser importance to your study than your primary outcomes
- Other – select this option for additional key outcome measures used to evaluate the intervention.

Time Frame: Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment).

Brief Description: Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Your description is limited to 999 characters.

4.4. Statistical Design and Power

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Specify the number of subjects you expect to enroll, the expected effect size, the power, and the statistical methods you will use with respect to each outcome measure you listed in 4.3 Outcome Measures.

You will need to show that your methods for sample size and data analysis are appropriate given your plans for assignment of participants and delivery of interventions. For trials that randomize groups or deliver interventions to groups, special methods are required; additional information is available at the Research Methods Resources webpage.

4.5 Subject Participation Duration

Enter the time (e.g., in months) it will take for each individual participant to complete all study visits. If the participation duration is unknown or not applicable, write "unknown" or "not applicable." The subject participation duration is limited to 255 characters.

4.6 Will the study use an FDA-regulated intervention?

Select "Yes" or "No" to indicate whether the study will use an FDA-regulated intervention (see the definition of "FDA Regulated Intervention" under the Oversight section of the ClinicalTrials.gov Protocol Registration Data Element Definitions for Interventional and Observational Studies page).

4.6.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status:

This attachment is required if you answered "Yes" to the "Will the study use an FDA-regulated intervention?" question.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Describe the availability of study agents and support for the acquisition and administration of the study agent(s). Please indicate the IND/IDE status of the study agent, if applicable, and whether the investigators have had any interactions with the FDA. If the study agent currently has an IND/IDE number, provide that information. **Note:** The awarding component may request consultation with the FDA and the IND/IDE sponsor about the proposed clinical trial after peer review and prior to award.

4.7 Dissemination Plan

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Although one Dissemination Plan per application is sufficient, you must include a file for each study within your application. All file names within your application must be unique. You may either attach the same Dissemination Plan to different studies or attach a file that refers to the Dissemination Plan in another study within your application. For example, you may attach a file that says "See Dissemination Plan in the 'My Unique Study Name' study."

Content:

Explain briefly your plan for the dissemination of NIH-funded clinical trial information and address how the expectations of the policy will be met. The plan must contain sufficient information to assure the following:

- the applicant will ensure that clinical trial(s) under the award are registered and results information is submitted to ClinicalTrials.gov as outlined in the policy and according to the specific timelines stated in the policy;
- informed consent documents for the clinical trial(s) will include a specific statement relating to posting of clinical trial information at ClinicalTrials.gov; and
- the recipient institution has an internal policy in place to ensure that clinical trials registration and results reporting occur in compliance with policy requirements.

Note: Do not include informed consent documents in your application.

Note: If your human subjects study meets the definition of "Delayed Onset," include the dissemination plan in the delayed onset study justification.

For more information:

See the NIH Policy on the Dissemination of NIH-Funded Clinical Trial Information.

Section 5 – Other Clinical Trial-related Attachments

Who must complete "Section 5 – Other Clinical Trial-related Attachments:"

If you answered "Yes" to all the questions in the "Clinical Trial Questionnaire:" Include an attachment only if your FOA specifies that an attachment(s) is required or permitted; otherwise, do not include any Other Clinical Trial-related attachments.

If you answered "No" to any question in the "Clinical Trial Questionnaire:" Do not provide information in this section. Inputting information in this section will result in errors and will prevent your application from being accepted.

5.1 Other Clinical Trial-related Attachments

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

A maximum of 10 PDF attachments is allowed in the “Other Clinical Trial-related Attachments” section.

Content:

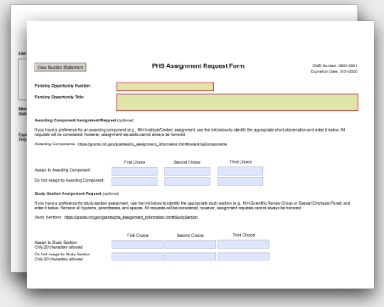
Provide additional trial-related information only if your FOA specifically requests it. Include only attachments requested in the FOA, and use requested file names. If a specific file name is not given in the FOA, use a meaningful file name since it will become a bookmark in the assembled application image.

T.600 - PHS Assignment Request Form

The PHS Assignment Request Form may be used to communicate specific application assignment and review requests to the Division of Receipt and Referral (DRR) and to Scientific Review Officers (SROs).

This information will not be part of your assembled application, and it will neither be made available to program staff nor provided to reviewers. It is used specifically to convey additional, optional information about your preference(s) for assignment and review of your application to DRR and SROs.

This information was previously collected in the Cover Letter Attachment, but must now be provided in the PHS Assignment Request Form.



View larger image

Completing the PHS Assignment Request Form:

This form is optional. Use it only if you wish to make specific assignment or review requests. There is no requirement that all fields or all sections be completed. You have the flexibility to enter a single request or to provide extensive information using this form.

Note on Application Assignments: The Division of Receipt and Referral (DRR), Center for Scientific Review (CSR) is responsible for assigning applications to awarding components such as NIH Institutes/Centers (ICs) and other PHS agencies for funding consideration. DRR also assigns applications to NIH Scientific Review Groups (SRGs) and Special Emphasis Panels (SEPs).

Awarding Component Assignment Request (optional)

To facilitate accurate communication of your request to NIH referral and review staff, use the short abbreviation (e.g., NCI for the National Cancer Institute).

While NIH staff will consider all assignment requests, in some cases the award component is pre-determined and assignment requests cannot be honored. Applications are assigned based on relevance of your application to an individual awarding component mission and scientific interests in addition to administrative requirements such as IC participation in the funding opportunity announcement used to submit your application.

Descriptions of the scientific areas covered by all NIH ICs and links to other PHS agency information can be found on the PHS Assignment Information website.

You do not need to make entries in all six boxes of the "Awarding Component Assignment Request" section.

Assign to Awarding Component:

You may enter up to three preferences for primary assignment in the boxes in the “Assign to Awarding Component” row. Use the column labeled “First Choice” to enter your first choice. Your first choice will be considered first, followed by your second choice, etc. Any of your choices may be assigned.

Do Not Assign to Awarding Component:

You may enter up to three preferences to which you do not want your application assigned. Enter your preferences in the boxes in the “Do Not Assign to Awarding Component” row. Use the column labeled “First Choice” to enter your first choice.

Study Section Assignment Request (optional)

To facilitate accurate communication of your request to NIH referral and review staff, use the short abbreviation of the SRG/SEP you wish to request. For example, enter “CAMP” for the Cancer Molecular Pathobiology study section or enter text formatted like “ZRG1 HDM-R (11) B” for an SBIR/STTR panel. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request. All parts of the short abbreviation are important for accuracy. Freeform text (such as "special emphasis panel" or "member conflict SEP") should not be entered.

More information about how to identify CSR and NIH SRGs and SEPs, including their short abbreviations, can be found on CSR Study Sections and Special Emphasis Panel. A list of all NIH SRGs and SEPs is also available.

While the majority of NIH research grant and fellowship applications are reviewed by CSR, some are assigned to individual IC review groups and some are clustered for review in SRGs/SEPs without flexibility for honoring review requests. However, it is standard practice to honor such requests whenever possible, depending on existing locus of review agreements within NIH and other PHS agencies.

You do not need to make an entry in all six boxes of the "Study Section Assignment Request" section.

Assign to Study Section:

You may enter up to three preferences for SRGs/SEPs in the boxes in the “Assign to Study Section” row. Use one box per individual SRG/SEP request. Use the column labeled “First Choice” to enter your first choice. Your first choice will be considered first, followed by your second choice, etc. Any of your choices may be assigned.

Note: this information is not applicable if you are submitting an application to an RFA.

Do Not Assign to Study Section:

You may enter up to three preferences for SRGs/SEPs to which you do not want your application assigned. Enter your preferences in the boxes in the “Do Not Assign to Study Section” row. Use the column labeled “First Choice” to enter your first choice.

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

You may list specific individuals, if any, who should not review your application and why they should not review your application. Provide sufficient information (e.g., name, organizational affiliation) so that the SRO can correctly identify the individual. Be prepared to provide additional

information to the SRO if needed. Simply stating "Dr. John Smith is in conflict with my application" is not helpful.

Your answer can have a maximum of 1000 characters.

Identify scientific areas of expertise needed to review your application (optional)

You may list up to five general or specific types of expertise needed for the review of your application. Limit your answers to areas of expertise – do not enter names of individuals you would like to review your application.

Each field can have a maximum of 40 characters.

Form Screenshots

Quick Links

- SF 424 (R&R) Form
- PHS 398 Cover Page Supplement Form
- R&R Other Project Information Form
- Project/Performance Site Location(s) Form
- R&R Senior/Key Person Profile (Expanded) Form
- R&R Budget Form
- R&R Subaward Budget Attachment(s) Form
- PHS 398 Training Budget Form
- PHS 398 Training Subaward Budget Attachment(s) Form
- PHS 398 Research Training Program Plan Form
- PHS Human Subjects and Clinical Trials Information
- PHS Assignment Request Form

SF 424 (R&R) Form

View Burden Statement

OMB Number: 4040-0001
Expiration Date: 10/31/2019

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE
State Application Identifier

1. TYPE OF SUBMISSION
Pre-application Application Changed/Corrected Application

4. a. Federal Identifier
b. Agency Routing Identifier
c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED
Applicant Identifier

5. APPLICANT INFORMATION
Organizational DUNS:
Legal Name:
Department: Division:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: USA: UNITED STATES ZIP / Postal Code:

Person to be contacted on matters involving this application
Prefix: First Name: Middle Name:
Last Name: Suffix:
Position/Title:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: USA: UNITED STATES ZIP / Postal Code:
Phone Number: Fax Number:
Email:

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

7. TYPE OF APPLICANT: Please select one of the following
Other (Specify):
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
New Resubmission
Renewal Continuation Revision

If Revision, mark appropriate box(es).
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
E. Other (specify):

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE **Page 2**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

15. ESTIMATED PROJECT FUNDING

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

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

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

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

☐ **I agree**

**The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

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

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

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

Signature of Authorized Representative **Date Signed**

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment Add Attachment | Delete Attachment | View Attachment

PHS 398 Cover Page Supplement Form

PHS 398 Cover Page Supplement

View Burden Statement

OMB Number: 0925-0001
Expiration Date: 3/31/2020

1. Vertebrate Animals Section

Are vertebrate animals euthanized? ☐ Yes ☐ No

If "**Yes**" to euthanasia

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

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

2. *Program Income Section

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

☐ Yes ☐ No

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

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

Add

3. 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, check the box indicating that one from the registry will be used:

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

Cell Line(s) (Example: 0004):

X

Add

4. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents: Yes ☐ No ☐

If "**Yes**" then answer the following:

*Previously Reported: Yes ☐ No ☐

PHS 398 Cover Page Supplement

5. 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:

R&R Other Project Information Form

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 10/31/2019

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 ☐ 7 ☐ 8

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

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used? ☐ Yes ☐ No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

Animal Welfare Assurance Number:

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

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

4.b. If yes, please explain:

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

4.d. If yes, please explain:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract Add Attachment | Delete Attachment | View Attachment

8. Project Narrative Add Attachment | Delete Attachment | View Attachment

9. Bibliography & References Cited Add Attachment | Delete Attachment | View Attachment

10. Facilities & Other Resources Add Attachment | Delete Attachment | View Attachment

11. Equipment Add Attachment | Delete Attachment | View Attachment

12. Other Attachments Add Attachments | Delete Attachments | View Attachments

Project/Performance Site Location(s) Form

View Burden Statement

OMB Number: 4040-0010
Expiration Date: 10/31/2019

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Delete Entry

Next Site

Additional Location(s)

Add Attachment | Delete Attachment | View Attachment

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

OMB Number: 4040-0001
Expiration Date: 10/31/2019

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County/ Parish:
* State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:

Credential, e.g., agency login:

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

Degree Type:
Degree Year:

***Attach Biographical Sketch** Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County/ Parish:
* State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:

Credential, e.g., agency login:

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

Degree Type:
Degree Year:

Attach Biographical Sketch Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

Delete Entry Next Person

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

R&R Budget Form

RESEARCH & RELATED BUDGET - Budget Period 1

Delete Period

OMB Number: 4040-0001
Expiration Date: 10/31/2019

ORGANIZATIONAL DUNS: Enter name of Organization:

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

A. Senior/Key Person

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

Project Role: PD/PI

Add Additional Key Person

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

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

Total Senior/Key Person

B. Other Personnel

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

Add Additional Other Personnel

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 ($)
X	

Add Additional Equipment

Additional Equipment: Add Attachment Delete Attachment View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

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

E. Participant/Trainee Support Costs

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

F. Other Direct Costs — Funds Requested ($)

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

Total Other Direct Costs

G. Direct Costs — Funds Requested ($)

Total Direct Costs (A thru F)

H. Indirect Costs

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

Add Additional Indirect Cost

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. Total Costs and Fee — Funds Requested ($)

Total Costs and Fee (I + J)

L. Budget Justification

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

Add Period

RESEARCH & RELATED BUDGET - Cumulative Budget

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

R&R Subaward Budget Attachment(s) Form

OMB Number: 4040-0001
Expiration Date: 10/31/2019

10 YEAR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the 10 Year R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the 10 Year R&R budget instructions. Please remember that any files you attach must be a PDF document.

Click here to extract the 10 Year R&R Subaward Budget Attachment

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

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

PHS 398 Training Budget Form

View Burden Statement

PHS 398 TRAINING BUDGET, Period 1

OMB Number: 0925-0001
Expiration Date: 3/31/2020

Organizational DUNS: Budget Type: Project Subaward/Consortium

See Cumulative

Organization Name:

Start Date: End Date:

A. Stipends, Tuition/Fees

Number of Trainees: Full Time	Short Term		Stipends Requested ($)	Tuition/Fees Requested ($)
		Undergraduate:		
		Number Per Stipend Level: First-Year/Soph. Junior/Senior		
		Predoctoral: Single Degree		
		Dual Degree		
		Total Predoctoral		
		Postdoctoral: *Number Per Stipend Level:* 0 1 2 3 4 5 6 7		
		Non-degree Seeking		
		Degree Seeking		
		Total Postdoctoral		
		Other:		
		Totals:		
		Total Stipends + Tuition/Fees Requested		

B. Other Direct Costs

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

C. Total Direct Costs Requested (A + B)

D. Indirect (F&A) Costs

	Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base	Funds Requested ($)
1.				
2.				
			Total Indirect (F&A) Costs Requested	

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

F. Budget Justification ? Add Attachment Delete Attachment View Attachment

Add Period

Previous

PHS 398 TRAINING BUDGET, Cumulative Budget

A. Stipends, Tuition/Fees

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

B. Other Direct Costs

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

C. Total Direct Costs Requested (A + B)

D. Total Indirect (F&A) Costs Requested

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

PHS 398 Training Subaward Budget Attachment(s) Form

View Burden Statement

OMB Number: 0925-0001
Expiration Date: 3/31/2020

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

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

Click here to extract the PHS 398 Training Subaward Attachment

Important:

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

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

PHS 398 Research Training Program Plan Form

View Burden Statement

PHS 398 Research Training Program Plan

OMB Number: 0925-0001
Expiration Date: 3/31/2020

Introduction

1. Introduction to Application (for Resubmission and Revision applications)		Add Attachment	Delete Attachment	View Attachment

Training Program Section

2. * Program Plan		Add Attachment	Delete Attachment	View Attachment
3. Plan for Instruction in the Responsible Conduct of Research		Add Attachment	Delete Attachment	View Attachment
4. Plan for Instruction in Methods for Enhancing Reproducibility		Add Attachment	Delete Attachment	View Attachment
5. Multiple PD/PI Leadership Plan (if applicable)		Add Attachment	Delete Attachment	View Attachment
6. Progress Report (for Renewal applications)		Add Attachment	Delete Attachment	View Attachment

Faculty, Trainees and Training Record Section

7. Participating Faculty Biosketches		Add Attachment	Delete Attachment	View Attachment
8. Letters of Support		Add Attachment	Delete Attachment	View Attachment
9. Data Tables		Add Attachment	Delete Attachment	View Attachment

Other Training Program Section

10. Vertebrate Animals		Add Attachment	Delete Attachment	View Attachment
11. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
12. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment

Appendix

13. Appendix	Add Attachments	Delete Attachments	View Attachments

PHS Human Subjects And Clinical Trials Information

PHS Human Subjects and Clinical Trials Information

View Burden Statement

OMB Number: 0925-0001
Expiration Date: 03/31/2020

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved? ☐ Yes ☐ No

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

Exemption number: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

If No to Human Subjects

Does the proposed research involve human specimens and/or data? ☐ Yes ☐ No

If Yes, provide an explanation of why the application does not involve human subjects research.

Add Attachment | Delete Attachment | View Attachment

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study' or 'Add New Delayed Onset Study' as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

Other Requested Information

Add Attachment | Delete Attachment | View Attachment

Click here to extract the Human Subject Study Record Attachment

Study Record(s)

Attach human subject study records using unique filenames.

x 1) Please attach Human Subject Study 1 — Add Attachment | Delete Attachment | View Attachment

Add New Study

Delayed Onset Study(ies)

	Study Title	Anticipated Clinical Trial?	Justification
x		☐	Add Attachment | Delete Attachment | View Attachment

Add New Delayed Onset Study

Check Form for Errors | Save

Study Record: PHS Human Subjects and Clinical Trials Information

OMB Number: 0925-0001
Expiration Date: 03/31/2020

* Always required field

Section 1 - Basic Information

1.1. * Study Title (each study title must be unique)

1.2. * Is this Study Exempt from Federal Regulations? ☐ Yes ☐ No

1.3. Exemption Number ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

1.4. * Clinical Trial Questionnaire

If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.

1.4.a. Does the study involve human participants? ☐ Yes ☐ No

1.4.b. Are the participants prospectively assigned to an intervention? ☐ Yes ☐ No

1.4.c. Is the study designed to evaluate the effect of the intervention on the participants? ☐ Yes ☐ No

1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome? ☐ Yes ☐ No

1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable

Section 2 - Study Population Characteristics

2.1. Conditions or Focus of Study

x

Add New Condition

2.2. Eligibility Criteria

2.3. Age Limits **Minimum Age** **Maximum Age**

2.4. Inclusion of Women, Minorities, and Children Add Attachment | Delete Attachment | View Attachment

2.5. Recruitment and Retention Plan Add Attachment | Delete Attachment | View Attachment

2.6. Recruitment Status

2.7. Study Timeline Add Attachment | Delete Attachment | View Attachment

2.8. Enrollment of First Subject

Inclusion Enrollment Report(s)

Add Inclusion Enrollment Report

Inclusion Enrollment Report

Remove Inclusion Enrollment Report

1. * Using an Existing Dataset or Resource ☐ Yes ☐ No

2. * Enrollment Location Type ☐ Domestic ☐ Foreign

3. Enrollment Country(ies)

Add New Country

4. Enrollment Location(s)

5. Comments

Planned

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

Cumulative (Actual)

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

< Previous Report | Report 1 of 1 | Next Report >

|<< First Report | Delete Report | Last Report >>|

Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects Add Attachment Delete Attachment View Attachment

3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?

☐ Yes ☐ No ☐ N/A

If yes, describe the single IRB plan Add Attachment Delete Attachment View Attachment

3.3. Data and Safety Monitoring Plan Add Attachment Delete Attachment View Attachment

3.4. Will a Data and Safety Monitoring Board be appointed for this study?

☐ Yes ☐ No

3.5. Overall Structure of the Study Team Add Attachment Delete Attachment View Attachment

Section 4 - Protocol Synopsis

4.1. Brief Summary

4.2. Study Design

4.2.a. Narrative Study Description

4.2.b. Primary Purpose

4.2.c. Interventions

X	Intervention Type	
	Name	
	Description	

Add New Intervention

4.2.d. Study Phase

Is this an NIH-defined Phase III clinical trial? ☐ Yes ☐ No

4.2.e. Intervention Model

4.2.f. Masking ☐ Yes ☐ No

☐ Participant ☐ Care Provider ☐ Investigator ☐ Outcomes Assessor

4.2.g. Allocation

4.3. Outcome Measures

X	Name	
	Type	
	Time Frame	
	Brief Description	

Add New Outcome

4.4. Statistical Design and Power — Add Attachment | Delete Attachment | View Attachment

4.5. Subject Participation Duration

4.6. Will the study use an FDA-regulated intervention? Yes No

4.6.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status — Add Attachment | Delete Attachment | View Attachment

4.7. Dissemination Plan — Add Attachment | Delete Attachment | View Attachment

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments — Add Attachments | Delete Attachments | View Attachments

PHS Assignment Request Form

View Burden Statement

PHS Assignment Request Form

OMB Number: 0925-0001
Expiration Date: 3/31/2020

Funding Opportunity Number:

Funding Opportunity Title:

Awarding Component Assignment Request *(optional)*

If you have a preference for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation and enter it below. All requests will be considered; however, assignment requests cannot always be honored.

Awarding Components: https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents

	First Choice	Second Choice	Third Choice
Assign to Awarding Component:			
Do Not Assign to Awarding Component:			

Study Section Assignment Request *(optional)*

If you have a preference for study section assignment, use the link below to identify the appropriate study section (e.g., NIH Scientific Review Group or Special Emphasis Panel) and enter it below. Remove all hyphens, parentheses, and spaces. All requests will be considered; however, assignment requests cannot always be honored.

Study Sections: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

	First Choice	Second Choice	Third Choice
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*					