NIH Electronic Applications:  
Annotated SF424 (R&R) Form Set

FORMS CURRENTLY SUPPORTED BY ERA:

Federal-wide Forms
- SF424 (R&R) Cover Component [Page 2]
- Project/Performance Site Location(s) [Page 4]
- R&R Other Project Information [Page 5]
- R&R Senior/Key Person Profile (Expanded) [Page 6]
- R&R Budget [Page 7]
- R&R Subaward Budget Attachment(s) Form [Page 11]
- Construction Budget [Page 12]
- SBIR/STTR Information [Page 13]

Agency-specific (PHS) Forms
- PHS Cover Letter [Page 15]
- PHS 398 Cover Page Supplement [Page 16]
- PHS 398 Modular Budget [Page 18]
- PHS 398 Research Plan [Page 21]
- PHS 398 Checklist [Page 22]
- PHS 398 Career Development Award Supplemental Form [Page 24]
- PHS Fellowship Supplemental Form [Page 26]
- PHS 398 Training Budget [Page 29]
- PHS 398 Training Budget Attachment Form [Page 31]
- PHS 398 Research Training Program Plan [Page 32]

IMPORTANT NOTES:
- The Application Guides found at http://grants.nih.gov/grants/funding/424/index.htm and the announcement text for the target Funding Opportunity Announcement (FOA) remain the official documents for defining application requirements. This resource is meant to compliment, not replace, those documents.
- NIH electronic application packages include a subset of the forms included in this resource. The forms included for a specific FOA are dependent on the activity code used for that FOA.
- The yellow boxes with red outlines are required fields. The Application Guide and this resource describe NIH form field requirements above what is marked on the federal-wide forms.
- The light blue boxes throughout the document represent processing notes and eRA system validations. The purple boxes indicate changes from ADOBE-FORMS-A to ADOBE-FORMS-B form sets.
- The eRA system checks submitted applications against many of the business rules defined in the Application Guide. Not all system validations are contained in this resource. For a complete list of eRA eSubmission Validations see: http://grants.nih.gov/grants/ElectronicReceipt/files/SF424RR_Validation.pdf.
- General attachment tips:
  o Use simple PDF formatted files for all attachments
    ▪ Do not use Portfolio or similar feature to bundle multiple files into a single PDF
    ▪ Disable security features like password protection
  o Keep filenames to 50 characters or less and use only letters, numbers and underscore (_)
  o Follow guidelines for fonts, margins and avoid 2-column and “landscape” formats

** Footer not part of forms **
ADOBE-FORMS-B Page1 Updated: June 10, 2010 **
APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION
   - Pre-application
   - Application
   - Changed/Corrected Application

2. DATE SUBMITTED
   - Applicant Identifier
   - Use Application Identifier for first submission attempt.

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   - Agency Routing Identifier

5. APPLICANT INFORMATION
   * Legal Name:
   * Street1:
   * Street2:
   * City:
   * State:
   * ZIP / Postal Code:
   * Country:

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

7. * TYPE OF APPLICANT:
   - Please select one of the following:
   - Small Business Organization Type

8. * TYPE OF APPLICATION:
   - New
   - Resubmission
   - Renewal
   - Continuation
   - Revision

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
   * Start Date
   * Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

** Footer not part of forms

** ADOBE-FORMS-B Page2 Updated: June 10, 2010 **
15. ESTIMATED PROJECT FUNDING

Manually enter Estimated Project Funding Amounts.

a. Total Federal Funds Requested
b. Total Non-Federal Funds
Note: New field.
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)

   * First Name: __________________________  * Last Name: __________________________  * Prefix: __________
   * Middle 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

Completed on submission to Grants.gov

18. SFLLL or other Explanatory Documentation

Note: Used in place of Assurances/Certifications Explanation attachment on PHS 398 Checklist form and for disclosure of lobbying activities on the SFLLL form, when applicable.

19. Authorized Representative

Prefix: __________________________  * First 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

Completed on submission to Grants.gov

20. Pre-application

Do not use unless specifically noted in the opportunity.

Note: Attachment for Project Congressional Districts (item #21 in ADOBE-FORMS-A) was removed.
### Project/Performance Site Primary Location

- **Organization Name:**
  
- **DUNS Number:** *Note: New field*
  
  - *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:

---

**Note: Form now allows up to 30 Project/Performance locations prior to using attachment for additional locations. Next Site button appears once Site Location 1 is completed.**
1. * Are Human Subjects Involved?
   - If YES to Human Subjects
     Is the Project Exempt from Federal regulations? □ Yes □ No
     If yes, check appropriate exemption number.
     If no, is the IRB review Pending? □ Yes □ No
     IRB Approval Date: ____________________________
     Human Subject Assurance Number: __________
     If IRB Pending = No, provide IRB Approval Date and
     Human Subject Assurance Number. Warning given if
     Human Subject Assurance Number does not match
     the number on file in eRA Commons Institution profile.
     If IRB Pending = Yes, the IRB Approval Date and Human Subject
     Assurance Number are not required at time of submission, but may
     be requested later in the pre-award process as Just-In-Time data.

2. * Are Vertebrate Animals Used?
   - If YES to Vertebrate Animals
     Is the IACUC review Pending? □ Yes □ No
     IACUC Approval Date: ____________________________
     Animal Welfare Assurance Number ______________________
     If Vertebrate Animals = Yes, the Animal Welfare Assurance Number
     or the text 'None' must be provided.
     If Vertebrate Animals = Yes, additional attachments are
     required in the PHS 398 Research Plan or equivalent form.
     IACUC Approval Date is not required at time of submission, but may
     be requested later in the pre-award process as Just-In-Time data.

3. * Is proprietary/privileged information included in the application?
   - If YES to Human Subjects
     If yes, please explain:

4.a. * Does this project have an actual or potential impact on the environment?
   - If Yes: □ Yes □ No
    If Yes, please explain:

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
    Note: New question.

4.d. If yes, please explain:

5. * Is the research performance site designated, or eligible to be designated, as a historic place?
   - If YES to Historic Site
     If yes, please explain:

6. * Does this project involve activities outside of the United States or partnerships with international collaborators?
   - If YES to International
     If yes, identify countries:
     If yes, check appropriate country.

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. * Project Summary/Abstract
   Succinct project summary of proposed work. Typically 30 lines or
   less; system will give error if over 1 page.

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

9. Bibliography & References Cited

10. Facilities & Other Resources
    Note: See Application Guide for new instructions. Changed to require a description of how the
    scientific environment will contribute to the probability of success of the project, unique features
    of the environment, and for Early Stage Investigators, the institutional investment in the success
    of the investigator (e.g., resources, classes, etc.).

11. Equipment

12. Other Attachments
    Only provide Other Attachments when requested in the FOA.
RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

A. Senior/Key Person

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>* Last Name</th>
<th>Suffix</th>
<th>* Project Role</th>
<th>Base Salary ($)</th>
<th>Cal. Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>* Requested Salary ($)</th>
<th>* Fringe Benefits ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PD/PI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Total Senior/Key Person

B. Other Personnel

<table>
<thead>
<tr>
<th>* Number of Personnel</th>
<th>* Project Role</th>
<th>Cal. Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>* Requested Salary ($)</th>
<th>* Fringe Benefits ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post Doctoral Associates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduate Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Undergraduate Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretarial/Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Aggregate information provided in section B. More detailed information should be provided in Budget Justification.

Total Number Other Personnel

Total Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)
C. Equipment Description

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

<table>
<thead>
<tr>
<th>Equipment item</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

11. Total funds requested for all equipment listed in the attached file

Total Equipment

Additional Equipment: ___________________________________________________________________________

D. Travel

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)</td>
</tr>
<tr>
<td>2. Foreign Travel Costs</td>
</tr>
</tbody>
</table>

Total Travel Cost

E. Participant/Trainee Support Costs

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tuition/Fees/Health Insurance Only complete this section if requested to do so in the FOA.</td>
</tr>
<tr>
<td>2. Stipends</td>
</tr>
<tr>
<td>3. Travel</td>
</tr>
<tr>
<td>4. Subsistence</td>
</tr>
<tr>
<td>5. Other</td>
</tr>
</tbody>
</table>

Number of Participants/Trainees

Total Participant/Trainee Support Costs
### 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. 
9. 
10. 

**Total Other Direct Costs**

### G. Direct Costs

**Total Direct Costs (A thru F)**

### H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Indirect Costs**

**Cognizant Federal Agency**

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

### I. Total Direct and Indirect Costs

**Total Direct and Indirect Institutional Costs (G + H)**

### J. Fee

**Funds Requested ($)**

### K. * Budget Justification

*Budget Justification* | Required | Add Attachment | Delete Attachment | View Attachment
-----------------------|----------|----------------|-------------------|-------------------

(Only attach one file.)
# RESEARCH & RELATED BUDGET - Cumulative Budget

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

### Totals ($)

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Senior/Key Person</td>
</tr>
<tr>
<td>Section B, Other Personnel</td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
</tr>
<tr>
<td>Section C, Equipment</td>
</tr>
<tr>
<td>Section D, Travel</td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
</tr>
<tr>
<td>Section F, Other Direct Costs</td>
</tr>
<tr>
<td>Section G, Direct Costs (A thru F)</td>
</tr>
<tr>
<td>Section H, Indirect Costs</td>
</tr>
<tr>
<td>Section I, Total Direct and Indirect Costs (G + H)</td>
</tr>
<tr>
<td>Section J, Fee</td>
</tr>
</tbody>
</table>

**Footer not part of forms**
R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

Click here to extract the R&R Subaward Budget Attachment

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

1) Please attach Attachment 1
2) Please attach Attachment 2
3) Please attach Attachment 3
4) Please attach Attachment 4
5) Please attach Attachment 5
6) Please attach Attachment 6
7) Please attach Attachment 7
8) Please attach Attachment 8
9) Please attach Attachment 9
10) Please attach Attachment 10

If submitting an application with >10 subaward budgets, budgets 11 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section K of the R&R Budget form. This form should only be used in conjunction with the R&R Budget form.

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

When submitting subaward budgets that are not active for all periods of the project, fill out the subaward R&R Budget form and include only the number of periods for which the subaward is active. The budget period start/end dates reflected in each period of the subaward should match the project budget period start/end dates that correspond to the active periods.

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

Common use scenarios:
1. Applicant extracts and sends the R&R Budget form to the subaward organization for completion.
2. Subaward organization completes form and returns it to the applicant organization.
3. Applicant attaches the completed form within project application package.

OR

1. Applicant requests budget information from subaward organization, extracts R&R Budget form, completes it with provided information and attaches it to the project application package.
### BUDGET INFORMATION - Construction Programs

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

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

<table>
<thead>
<tr>
<th>FEDERAL FUNDING</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Federal assistance requested, calculate as follows:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Consult Federal agency for Federal percentage share.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter eligible costs from line 16c Multiply X □ □ %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter the resulting Federal share.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be sure to include the multiplier or the Total will calculate to zero.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424C (Rev. 7-97)

Prescribed by OMB Circular A-102

** Footer not part of forms
### SBIR/STTR Information

<table>
<thead>
<tr>
<th>OMB Number: 4040-0001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration date: 06/30/2011</td>
</tr>
</tbody>
</table>

#### Program Type (select only one)
- [ ] SBIR
- [ ] STTR
- [ ] Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

#### SBIR/STTR Type (select only one)
- [ ] Phase I
- [ ] Phase II
- [ ] Fast-Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>[ ] Yes</td>
<td>Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? <strong>Must meet SBIR/STTR eligibility requirements at time of award (not submission).</strong></td>
</tr>
<tr>
<td>1b.</td>
<td></td>
<td>Anticipated Number of personnel to be employed at your organization at the time of award.</td>
</tr>
<tr>
<td>2.</td>
<td>[ ] Yes</td>
<td>Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? <strong>Required if Yes. Cannot include if No.</strong></td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>[ ] Yes</td>
<td>Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a></td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>[ ] Yes</td>
<td>Will all research and development on the project be performed in its entirety in the United States? <strong>If no, provide an explanation in an attached file.</strong></td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td><strong>Required if No. Cannot include if Yes.</strong></td>
</tr>
<tr>
<td>5.</td>
<td>[ ] Yes</td>
<td>Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? <strong>If yes, insert the names of the other Federal agencies:</strong></td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td><strong>Required if Yes. Cannot include if No.</strong></td>
</tr>
<tr>
<td>6.</td>
<td>[ ] Yes</td>
<td>Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?</td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>[ ] Yes</td>
<td>Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. <strong>Required for Phase II and Fast Track submissions. Limited to 12 pages.</strong></td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td></td>
</tr>
</tbody>
</table>

---

**Footer not part of forms**

ADobe-FORMS-B  Page13  Updated: June 10, 2010 **
### SBIR-Specific Questions:

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment. 
* Attach File: | Add Attachment | Delete Attachment | View Attachment |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?</td>
<td></td>
</tr>
</tbody>
</table>

### STTR-Specific Questions:

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 10. Please indicate whether the answer to BOTH of the following questions is TRUE:

1. Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND
2. Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project? |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?</td>
<td></td>
</tr>
</tbody>
</table>
Cover letter is only for internal Agency use and will not be shared with peer reviewers.

Used to convey information to Receipt & Referral staff (e.g., request of assignment to a particular awarding component or Scientific Review Group, individuals/competitors that should not review application or reason for late submission.)

Required for any submission made after the submission deadline, including submissions to correct errors/warnings within the "error correction window" that follows the submission deadline.

If revising the cover letter for a Changed/Corrected application, include all previous submitted cover letter information. The system only retains the last cover letter submitted.

See Application Guide for suggested cover letter format.
1. Project Director / Principal Investigator (PD/PI)

Prefix: 
Middle Name: 
* First Name: 
* Last Name: 
Suffix: 

Note: New Investigator question and Degree fields were removed.

2. Human Subjects

Clinical Trial? 
☐ No ☐ Yes

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

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: 
Middle Name: 
* First Name: 
* Last Name: 
Suffix: 

* Phone Number: 
Fax Number: 
Email: 

* Title: 

Provides additional Business Official contact information not included on SF424 (R&R) cover.

* Street1: 
Street2: 
* City: 
County/Parish: 
* State: 
Province: 
* Country: USA: UNITED STATES 
* Zip / Postal Code:
4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?

If Yes, then "cannot be referenced" box must be checked or approved cell line entries must be included.

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

Cell Line(s):

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

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission.
### Budget Period: 1

**Start Date:** [ ]  **End Date:** [ ]

#### A. Direct Costs

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

#### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Indirect Cost Rate Agreement Date: [ ]
- Total Indirect Costs: [ ]

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

- Funds Requested ($) [ ]

### Budget Period: 2

**Start Date:** [ ]  **End Date:** [ ]

#### A. Direct Costs

- * Direct Cost less Consortium F&A
- Consortium F&A

#### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Indirect Cost Rate Agreement Date: [ ]
- Total Indirect Costs: [ ]

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

- Funds Requested ($) [ ]

---

**PHS 398 Modular Budget, Periods 1 and 2**

** Sometimes used in place of R&R Budget when detailed categorical information is not required. See Application Guide and/or announcement to determine appropriate use. **

**Reset Entries**

**OMM Number: 0925-0001**

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

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

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

- Indirect Cost Rate Agreement Date: [ ]
- Total Indirect Costs: [ ]

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

- Funds Requested ($) [ ]

---

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

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

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

- Indirect Cost Rate Agreement Date: [ ]
- Total Indirect Costs: [ ]

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

- Funds Requested ($) [ ]

---

**Sometimes used in place of R&R Budget when detailed categorical information is not required. See Application Guide and/or announcement to determine appropriate use.**

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

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

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

- Indirect Cost Rate Agreement Date: [ ]
- Total Indirect Costs: [ ]

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

- Funds Requested ($) [ ]

---

**Reset Entries**

**OMM Number: 0925-0001**

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

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

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

- Indirect Cost Rate Agreement Date: [ ]
- Total Indirect Costs: [ ]

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

- Funds Requested ($) [ ]

---

Sometimes used in place of R&R Budget when detailed categorical information is not required. See Application Guide and/or announcement to determine appropriate use.

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

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

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

- Indirect Cost Rate Agreement Date: [ ]
- Total Indirect Costs: [ ]

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

- Funds Requested ($) [ ]
# PHS 398 Modular Budget, Periods 3 and 4

## Budget Period: 3

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
</table>

**A. Direct Costs**

<table>
<thead>
<tr>
<th>* Direct Cost less Consortium F&amp;A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consortium F&amp;A</td>
</tr>
<tr>
<td>* Total Direct Costs</td>
</tr>
</tbody>
</table>

**B. Indirect Costs**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
</table>

1. [Indirect Cost Type]

2. [Indirect Cost Type]

3. [Indirect Cost Type]

4. [Indirect Cost Type]

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

<table>
<thead>
<tr>
<th>Indirect Cost Rate Agreement Date</th>
<th>Total Indirect Costs</th>
</tr>
</thead>
</table>

## Budget Period: 4

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
</table>

**A. Direct Costs**

<table>
<thead>
<tr>
<th>* Direct Cost less Consortium F&amp;A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consortium F&amp;A</td>
</tr>
<tr>
<td>* Total Direct Costs</td>
</tr>
</tbody>
</table>

**B. Indirect Costs**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
</table>

1. [Indirect Cost Type]

2. [Indirect Cost Type]

3. [Indirect Cost Type]

4. [Indirect Cost Type]

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

<table>
<thead>
<tr>
<th>Indirect Cost Rate Agreement Date</th>
<th>Total Indirect Costs</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

**Footer not part of forms**
**PHS 398 Modular Budget, Periods 5 and Cumulative**

### A. Direct Costs

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Budget Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

* Direct Cost less Consortium F&A

<table>
<thead>
<tr>
<th>Consortium F&amp;A</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Total Direct Costs

### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1.                    |                        |                        |                        |
| 2.                    |                        |                        |                        |
| 3.                    |                        |                        |                        |
| 4.                    |                        |                        |                        |

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested ($)

### Cumulative Budget Information

Cumulative Budget is system generated.

#### 1. Total Costs, Entire Project Period

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period

$ 

Section A, Total Consortium F&A for Entire Project Period

$ 

*Section A, Total Direct Costs for Entire Project Period

$ 

*Section B, Total Indirect Costs for Entire Project Period

$ 

*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period

$ 

#### 2. Budget Justifications

Personnel Justification

Warning if not attached.

Add Attachment | Delete Attachment | View Attachment

Consortium Justification

Add Attachment | Delete Attachment | View Attachment

Additional Narrative Justification

Add Attachment | Delete Attachment | View Attachment

** Footer not part of forms **

ADOBEB-FFORMS-B Page20 Updated: June 10, 2010 **
PHS 398 Research Plan

1. Application Type:
From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

*Type of Application:

- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

2. Research Plan Attachments:
Please attach applicable sections of the research plan, below.

- 1. Introduction to Application (for RESUBMISSION or REVISION only)
- 2. Specific Aims
- 4. Inclusion Enrollment Report
- 5. Progress Report Publication List

Human Subjects Sections
- 6. Protection of Human Subjects
- 7. Inclusion of Women and Minorities
- 8. Targeted/Planned Enrollment Table
- 9. Inclusion of Children

Other Research Plan Sections
- 10. Vertebrate Animals
- 11. Select Agent Research
- 12. Multiple PD/PI Leadership Plan
- 13. Consortium/Contractual Arrangements
- 14. Letters of Support
- 15. Resource Sharing Plan(s)

16. Appendix

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

- Required for all apps (except S10), if Human Subjects is Yes.
- Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4.

Other Research Plan Sections

- Required for all apps (except S10), if Vertebrate Animals Used is Yes.
- Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.
- Required for S11 applications.
- Required for S11 and R36 applications.

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. See NIH Guide notice NOT-OD-10-077.
1. Application Type:
From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

- New
- Resubmission
- Renewal
- Continuation
- Revision

Federal Identifier: ______________________

2. Change of Investigator / Change of Institution Questions

- Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix: ______________________

* First Name: ______________________

Middle Name: ______________________

* Last Name: ______________________

Suffix: ______________________

- Change of Grantee Institution

* Name of former institution: ______________________

3. Inventions and Patents  (For renewal applications only)

* Inventions and Patents: Yes ☐  No ☐

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes ☐  No ☐
4. * Program Income

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

[ ] Yes  [ ] No

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

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.

**Table: Anticipated Amount and Source(s)**

<table>
<thead>
<tr>
<th>*Budget Period</th>
<th>*Anticipated Amount ($)</th>
<th>*Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New section.

Note: This item is similar to the pre-existing question on the SBIR/STTR Information form (item #6).

5. * Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

[ ] Yes  [ ] No

New section.

Note: This item is similar to the pre-existing question on the SBIR/STTR Information form (item #6).
### 1. Application Type:
From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.

- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

### 2. Career Development Award Attachments:
Please attach applicable sections, below.

<table>
<thead>
<tr>
<th>Introduction (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to Application</td>
</tr>
<tr>
<td>(for RESUBMISSION applications only)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Candidate Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Candidate’s Background</td>
</tr>
<tr>
<td>3. Career Goals and Objectives</td>
</tr>
<tr>
<td>4. Career Development/Training Activities During Award Period</td>
</tr>
<tr>
<td>5. Training in the Responsible Conduct of Research</td>
</tr>
<tr>
<td>6. Mentoring Plan (when applicable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statements of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Statements by Mentor, Co-Mentors, Consultants, Contributors (as appropriate)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment and Institutional Commitment to Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Description of Institutional Environment</td>
</tr>
<tr>
<td>9. Institutional Commitment to Candidate’s Research Career Development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Specific Aims</td>
</tr>
<tr>
<td>11. * Research Strategy</td>
</tr>
<tr>
<td>12. Inclusion Enrollment Report (for RENEWAL applications only)</td>
</tr>
<tr>
<td>13. Progress Report Publication List (for RENEWAL applications only)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Human Subjects Sections</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Protection of Human Subjects</td>
</tr>
<tr>
<td>15. Inclusion of Women and Minorities</td>
</tr>
<tr>
<td>16. Targeted/Planned Enrollment</td>
</tr>
<tr>
<td>17. Inclusion of Children</td>
</tr>
</tbody>
</table>
## 2. Career Development Award Attachments (continued):

<table>
<thead>
<tr>
<th>Other Research Plan Sections</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Vertebrate Animals <strong>Required if Vertebrate Animals Used is Yes.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Select Agent Research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Consortium/Contractual Arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Resource Sharing Plan(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Appendix (if applicable)

<table>
<thead>
<tr>
<th>22. Appendix</th>
<th>Add Attachments</th>
<th>Delete Attachments</th>
<th>View Attachments</th>
</tr>
</thead>
</table>

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. See NIH Guide notice NOT-OD-10-077.

### *3. Citizenship:*

- [ ] U.S. Citizen or noncitizen national
- [ ] Permanent Resident of U.S. *(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)*
- [ ] Non-U.S. Citizen with temporary U.S. visa
## A. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

<table>
<thead>
<tr>
<th>New</th>
<th>Resubmission</th>
<th>Renewal</th>
<th>Continuation</th>
<th>Revision</th>
</tr>
</thead>
</table>

## B. Research Training Plan

1. Introduction to Application
   (for RESUBMISSION applications only)

2. * Specific Aims

3. * Research Strategy
   
4. Inclusion Enrollment Report
   (for RENEWAL applications only)

5. Progress Report Publication List
   (for RENEWAL applications only)

### Human Subjects

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

**Are Human Subjects Involved?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

6. * Human Subjects Involvement Indefinite?

7. Clinical Trial?

8. Agency-Defined Phase III Clinical Trial?

9. Protection of Human Subjects
   Required if Human Subjects is Yes.

10. Inclusion of Women and Minorities
    Required if Human Subjects is Yes and Exemption is not E4.

11. Targeted/Planned Enrollment
    Required if Human Subjects is Yes and Exemption is not E4.

12. Inclusion of Children
    Required if Human Subjects is Yes and Exemption is not E4.

### Other Research Training Plan Sections

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

**Are Vertebrate Animals Used?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

13. * Vertebrate Animals Use Indefinite?

14. Vertebrate Animals
   Required if Vertebrate Animals Used is Yes.

15. Select Agent Research

16. Resource Sharing Plan

17. * Respective Contributions
    Limited to 1 page.

18. * Selection of Sponsor and Institution
    Limited to 1 page.

19. * Responsible Conduct of Research
    Limited to 1 page.
C. Additional Information

Human Embryonic Stem Cells

1. * 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), using the registry information provided within the agency instructions. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the Registry will be used:

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

   Cell Line(s):

<table>
<thead>
<tr>
<th>Cell Line 1</th>
<th>Cell Line 2</th>
<th>Cell Line 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Alternate Phone Number: ____________________________

3. Degree Sought During Proposed Award:
   
   Degree: ____________________________
   
   If "other", please indicate degree type: ____________________________

   If "other", please indicate expected completion date:
   
   Expected Completion Date (month/year): ____________________________

4. * Field of Training for Current Proposal: ____________________________

5. * Current Or Prior Kirschstein-NRSA Support? [ ] Yes [ ] No
   
   If yes, please identify current and prior Kirschstein-NRSA support below:

<table>
<thead>
<tr>
<th>Level</th>
<th>Type</th>
<th>Start Date (if known)</th>
<th>End Date (if known)</th>
<th>Grant Number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. * Applications for Concurrent Support? [ ] Yes [ ] No
   
   If yes, please describe in an attached file:

7. * Goals for Fellowship Training and Career

8. * Activities Planned Under This Award

9. Doctoral Dissertation and Other Research Experience

10. * Citizenship:
    
    [ ] U.S. Citizen or noncitizen national
    
    [ ] Permanent Resident of U.S.
    
    [ ] Permanent Resident of U.S.
    
    [ ] Non-U.S. Citizen with temporary U.S. visa
    
    [ ] Non-US Citizen w/ temp visa only valid for F05.
    
    Applicants must meet citizenship requirements at time of award (not time of application submission.)
C. Additional Information  (continued)

11. ☐ Change of Sponsoring Institution

Name of Former Institution: ____________________________

D. Budget

All Fellowship Applicants:

1. * Tuition and Fees:

☐ None Requested  ☐ Funds Requested:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Academic Period</th>
<th>Number of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 6 (when applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Funds Requested: ____________________________

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Academic Period</th>
<th>Number of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

a. Federal Stipend Requested:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Number of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Supplementation from other sources:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Number of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type (sabbatical leave, salary, etc.):

__________________________

Source:

__________________________

E. Appendix

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-10-077.
** A. Stipends, Tuition/Fees **

<table>
<thead>
<tr>
<th>Full Time</th>
<th>Short Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate:</td>
<td></td>
</tr>
<tr>
<td>Number Per Stipend Level:</td>
<td></td>
</tr>
<tr>
<td>First-Year/Soph.</td>
<td>Junior/Senior</td>
</tr>
<tr>
<td>Predoctoral:</td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
</tr>
<tr>
<td>Total Predoctoral</td>
<td></td>
</tr>
<tr>
<td>Postdoctoral:</td>
<td></td>
</tr>
<tr>
<td>Non-degree Seeking</td>
<td></td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
</tr>
<tr>
<td>Total Postdoctoral</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>If Number of Trainees info is provided then corresponding Stipends Requested info must also be provided and vice versa.</td>
<td></td>
</tr>
</tbody>
</table>

| Total Stipends + Tuition/Fees Requested | |

** B. Other Direct Costs **

- Trainee Travel
- Training Related Expenses
- Total Direct Costs from R&R Budget Form (if applicable)
- Consortium Training Costs (if applicable)

** C. Total Direct Costs Requested (A + B) **

** D. Indirect Costs **

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** E. Total Direct and Indirect Costs Requested (C + D) **

** F. Budget Justification **

---

For New and Resubmission applications, the start date for the first budget period must be the same as the start date listed on the SF424 (R&R) cover. The start date in subsequent periods must be greater than or equal to the start date on the SF424 (R&R) cover.

The end date for each budget period must be later than the budget start date and less than or equal to the proposed project end date listed on the SF424 (R&R) cover.

Indirect Cost Rate must be 8% for all Ts.

Warning if over $500K.
### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th></th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Undergraduate:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Predoctoral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Predoctoral:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Postdoctoral:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Postdoctoral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Stipends + Tuition/Fees Requested**

### B. Other Direct Costs

**Funds Requested ($)**

- Trainee Travel
- Training Related Expenses
- Total Direct Costs from R&R Budget Form (if applicable)
- Consortium Training Costs (if applicable)

**Total Other Direct Costs Requested**

### C. Total Direct Costs Requested (A + B)

### D. Total Indirect Costs Requested

### E. Total Direct and Indirect Costs Requested (C + D)
** Footer not part of forms **
# PHS 398 Research Training Program Plan

## 1. Application Type:
From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the appropriate sections of the research training program plan.

- New
- Resubmission
- Renewal
- Continuation
- Revision

Read only - pulled from SF424 R&R cover.

## 2. Research Training Program Plan Attachments:
Please attach applicable sections of the research training program plan, below.

1. **Introduction to Application**
   - Required for resubmission applications; error if greater than 3 pages.
   - Required for revision applications; error if greater than 1 page.

2. **Background**
   - Required.
   - Warning if attachments 2-5 together are greater than 25 and less than or equal to 28 pages. (Need to allow for "white" space introduced when separating plan into sections.)

3. **Program Plan**
   - Required.

4. **Recruitment and Retention Plan to Enhance Diversity**
   - Required except D43, D71, U2R, T34 and T36.
   - Error if attachments 2-5 together are greater than 28 pages.

5. **Plan for Instruction in the Responsible Conduct of Research**
   - Required except T36.

6. **Progress Report**
   - Required for Renewal applications.

7. **Human Subjects**
   - Required if Human Subjects is Yes.

8. **Vertebrate Animals**
   - Required if Vertebrate Animals Used is Yes.

9. **Select Agent Research**
   - Add Attachment
   - Delete Attachment
   - View Attachment

10. **Multiple PD/PI Leadership Plan**
    - Required when multiple Sr/Key entries with the role PD/PI are included.

11. **Consortium/Contractual Arrangements**
    - Add Attachment
    - Delete Attachment
    - View Attachment

12. **Participating Faculty Biosketches**
    - Error if not included for K12; Warning if not included for all other programs.

13. **Data Tables**
    - Warning if not included. User defined bookmarks will be pulled into NIH application image Table of Contents.

14. **Letters of Support**
    - Add Attachment
    - Delete Attachment
    - View Attachment

15. **Appendix**
    - Add Attachments
    - Delete Attachments
    - View Attachments

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

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

**DO NOT use Appendix attachments to circumvent page limits in other sections of the application. See NIH Guide notice NOT-OH-10-077.**