



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



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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:**
 - 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
 - Keep filenames to 50 characters or less and use only letters, numbers and underscore (_)
 - Follow guidelines for fonts, margins and avoid 2-column and “landscape” formats

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

Use Changed/Corrected when correcting eRA errors/warnings.

4. a. Federal Identifier

b. Agency Routing Identifier

Note: New field. NIH use not yet defined.

If Application(box 1)+New(box 8), then leave blank. If Changed/Corrected(box1)+New(box 8), use previous Grants.gov tracking #. Otherwise, use Institute and serial # of previous NIH grant/app # (e.g., use CA987654 from 1R01CA987654-01).

2. DATE SUBMITTED

Applicant Identifier

Use Application for first submission attempt.

5. APPLICANT INFORMATION

* Legal Names:

* Organizational DUNS:

Must match DUNS used for Grants.gov and Commons registrations.

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

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

Note: County label changed to County/Parish throughout ADOBE-FORMS-B forms.

Note: Must provide zip+4 for all zip codes in ADOBE-FORMS-B forms.

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Phone Number: Fax Number:

Email:

Contact email is required by NIH. Provide single email address; can be a distribution list or group address.

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

7. * TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

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

Revision, mark appropriate box(es). A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):

See Application Guide for definitions.

* 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:

Pre-populated from opportunity info.

NIH will assign CFDA post-submission.

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Project period should not exceed what is allowed in announcement.

NIH only saves first 81 characters of Project Title. If Revision (box8), provide exact title (including punctuation and spacing) as provided for awarded grant.

12. PROPOSED PROJECT: * Start Date * Ending Date

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

Note: Congressional District for Project moved to Project/Performance Site form.

Note: Areas Affected by Project field (item #12 in ADOBE-FORMS-A) was removed and remaining fields renumbered.

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

* Organization Name:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

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

* Phone Number: Fax Number:

* Email:

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

<p>15. ESTIMATED PROJECT FUNDING</p> <p>Manually enter Estimated Project Funding Amounts.</p> <p>a. Total Federal Funds Requested <input style="width:150px;" type="text"/></p> <p>b. Total Non-Federal Funds <input style="width:150px;" type="text"/> Note: New field.</p> <p>c. Total Federal & Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>d. Estimated Program Income <input style="width:150px;" type="text"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width:100px;" type="text"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree ← See Application Guide for full list of NIH policies & certifications.

* 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 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: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

*** Signature of Authorized Representative** *** Date Signed**

Authorized Organization Representative (AOR) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission. In eRA Commons this individual is called a Signing Official (SO).

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

DUNS Number: **Note: New field.**

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

Note: Congressional District field and attachment removed from SF424 R&R cover and replaced with this field.

* 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.

Additional Location(s)

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

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

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

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

4.a. * Does this project have an actual or potential impact 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

8. * Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

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

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.

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.

If Vertebrate Animals = Yes, the Animal Welfare Assurance Number or the text 'None' must be provided.

Note: New question.

Note: New question.

Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page.

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

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.).

Only provide Other Attachments when requested in the FOA.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>	Department: <input type="text"/>	
Organization Name: <input type="text"/>	Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF424 (R&R) cover.	
Division: <input type="text"/>		
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County/ Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* E-Mail: <input type="text"/>	Valid eRA Commons Username must be supplied. NIH required field. Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and SO roles (if PD/PI also serves as SO, use a separate account for SO functions).	
Credential, e.g., agency login: <input type="text"/>	Project Role will default to PD/PI and must remain PD/PI (do not edit.)	
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>	
Degree Type: <input type="text"/>	Note: New field; replaces Degrees fields from PHS 398 Cover Page Supplement form. Degree information in Commons profile is considered official data source.	
Degree Year: <input type="text"/>	Note: New field.	
* Attach Biographical Sketch <input type="text"/>	Attach Biographical sketch for each person. Limited to 4 pages. Format and samples: http://grants.nih.gov/grants/funding/424/index.htm .	
Attach Current & Pending Support <input type="text"/>	Note: New Personal Statement requirement (not system enforced).	
Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.		

PROFILE - Senior/Key Person 1			
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	Suffix: <input type="text"/>		
Position/Title: <input type="text"/>	Department: <input type="text"/>		
Organization Name: <input type="text"/>	Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts.		
* Street1: <input type="text"/>			
Street2: <input type="text"/>			
* City: <input type="text"/>	County/ Parish: <input type="text"/>		
* State: <input type="text"/>	Province: <input type="text"/>		
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>		
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>		
* E-Mail: <input type="text"/>	For Multiple PD/PI applications you must use the PD/PI role and provide the eRA Commons Username in the Credential field for all PD/PIs. If multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the PHS 398 Research Plan form is required.		
Credential, e.g., agency login: <input type="text"/>			
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>		
Degree Type: <input type="text"/>	Note: Postdoctoral Scholar and Co-Investigator added to Project Role list of values.		
Degree Year: <input type="text"/>			
* Attach Biographical Sketch <input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

See Application Guide for Biographical Sketch format instructions. Limited to 4 pages (except limited to 2 pages for DP1, DP2).

Up to 39 formatted Sr/Key entries can be made in addition to PD/PI. Option to provide Attachment with additional Sr/Key info is available after 39 entries are made.

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.

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: []

* Budget Type: Project Subaward/Consortium

Enter name of Organization: []

* Start Date: [] * End Date: [] Budget Period 1

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
1.	[]	[]
2.	[]	[]
3.	[]	[]
4.	[]	[]
5.	[]	[]
6.	[]	[]
7.	[]	[]
8.	[]	[]
9.	[]	[]
10.	[]	[]
11.	Total funds requested for all equipment listed in the attached file	[]
	Total Equipment	[]

Itemize up to 10 pieces of equipment. If more, include total dollars in line 11 and provide details in the Additional Equipment Attachment.

Additional Equipment: []

Add Attachment

Delete Attachment

View Attachment

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

Only complete this section if requested to do so in the FOA.

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	[]
2.	Stipends	[]
3.	Travel	[]
4.	Subsistence	[]
5.	Other []	[]
[]	Number of Participants/Trainees	Total Participant/Trainee Support Costs []

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

Next Period button will appear after all fields in the budget period that are marked required (including the Budget Justification) are completed.

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: [input field]

* Budget Type: Project Subaward/Consortium

Enter name of Organization: [input field]

* Start Date: [input field] * End Date: [input field] Budget Period 1

F. Other Direct Costs

Funds Requested (\$)

- 1. Materials and Supplies [input field]
- 2. Publication Costs [input field]
- 3. Consultant Services [input field]
- 4. ADP/Computer Services [input field]
- 5. Subawards/Consortium/Contractual Costs [input field]
- 6. Equipment or Facility Rental/User Fees [input field]
- 7. Alterations and Renovations [input field]
- 8. [input field]
- 9. [input field]
- 10. [input field]

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

Total Other Direct Costs [input field]

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F) [input field]

H. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	[input field]	[input field]	[input field]	[input field]
2.	[input field]	[input field]	[input field]	[input field]
3.	[input field]	[input field]	[input field]	[input field]
4.	[input field]	[input field]	[input field]	[input field]

Total Indirect Costs [input field]

Cognizant Federal Agency [input field]

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H) [input field]

J. Fee

Funds Requested (\$)

[input field]

K. * Budget Justification [input field] Required. [input field]

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

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

RESEARCH & RELATED BUDGET - Cumulative Budget

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

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

[Click here to extract the R&R Subaward Budget Attachment](#)

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

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

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.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
3. Relocation expenses and payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
4. Architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
5. Other architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
6. Project inspection fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
7. Site work	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
8. Demolition and removal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
9. Construction	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
10. Equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
11. Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
12. SUBTOTAL (sum of lines 1-11)	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
13. Contingencies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
14. SUBTOTAL	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
15. Project (program) income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X <input type="text"/> %		\$ <input type="text" value="0.00"/>
Be sure to include the multiplier or the Total will calculate to zero.			

SBIR/STTR Information

OMB Number: 4040-0001
Expiration date: 06/30/2011

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

<input type="checkbox"/> SBIR	<input type="checkbox"/> STTR	Must select SBIR or STTR (not Both). Program Type must match announcement.
<input type="checkbox"/> 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)**

<input type="checkbox"/> Phase I	<input type="checkbox"/> Phase II
<input type="checkbox"/> 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:

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? ← Must meet SBIR/STTR eligibility requirements at time of award (not submission).</p>
	<p>* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Required if Yes. Cannot include if No.</div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: Required if No. Cannot include if Yes. <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Required if Yes. Cannot include if No.</div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?</p>
	<p>* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>

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

SBIR/STTR Information

SBIR-Specific Questions:

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 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.</p> <p>* Attach File: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?</p>

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.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 10. Please indicate whether the answer to BOTH of the following questions is TRUE:</p> <p>(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</p> <p>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 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?</p>

PHS Cover Letter

OMB Numbers: 0925-0001
0925-0002

*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

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)

Section is pre-populated from SF424 (R&R) cover.

Prefix: * First Name:

Middle 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number: Fax Number:

Email:

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

* Title:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: * Zip / Postal Code:

PHS 398 Cover Page Supplement

4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?

No Yes

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.

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.

OMB Number: 0925-0001

Budget Period: 1 <input type="button" value="Reset Entries"/> Start Date: <input style="width: 100px;" type="text"/> End Date: <input style="width: 100px;" type="text"/>				
A. Direct Costs	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.	* Direct Cost less Consortium F&A <input style="width: 100px;" type="text"/> Consortium F&A <input style="width: 100px;" type="text"/> * Total Direct Costs <input style="width: 100px;" type="text"/>	* Funds Requested (\$) <input style="width: 100px;" type="text"/>	
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 90%;" type="text"/>		
Indirect Cost Rate Agreement Date <input style="width: 100px;" type="text"/>		Total Indirect Costs <input style="width: 100px;" type="text"/>		
C. Total Direct and Indirect Costs (A + B)				Funds Requested (\$) <input style="width: 100px;" type="text"/>
Budget Period: 2 <input type="button" value="Reset Entries"/> Start Date: <input style="width: 100px;" type="text"/> End Date: <input style="width: 100px;" type="text"/>				
A. Direct Costs		* Direct Cost less Consortium F&A <input style="width: 100px;" type="text"/> Consortium F&A <input style="width: 100px;" type="text"/> * Total Direct Costs <input style="width: 100px;" type="text"/>	* Funds Requested (\$) <input style="width: 100px;" type="text"/>	
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 90%;" type="text"/>		
Indirect Cost Rate Agreement Date <input style="width: 100px;" type="text"/>		Total Indirect Costs <input style="width: 100px;" type="text"/>		
C. Total Direct and Indirect Costs (A + B)				Funds Requested (\$) <input style="width: 100px;" type="text"/>

PHS 398 Modular Budget, Periods 3 and 4

Budget Period: 3

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: 4

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 5 and Cumulative

Budget Period: 5

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

1. Total Costs, Entire Project Period

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	<input type="text"/>
Section A, Total Consortium F&A for Entire Project Period	\$	<input type="text"/>
*Section A, Total Direct Costs for Entire Project Period	\$	<input type="text"/>
*Section B, Total Indirect Costs for Entire Project Period	\$	<input type="text"/>
*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	<input type="text"/>

2. Budget Justifications

Personnel Justification	<input type="text" value="Warning if not attached."/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

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
<small>(for RESUBMISSION or REVISION only)</small> | <input type="text"/> ← Limited to 1 page (except R25 Resubmissions can be 3 pages). <input type="button" value="View Attachment"/> |
| 2. Specific Aims | <input type="text"/> ← Note: Specific Aims remains a separate required attachment. Limited to 1 page. See Application Guide for new language about the impact of the proposed research. |
| 3. *Research Strategy | <input style="background-color: yellow;" type="text"/> ← Note: Background and Significance, Preliminary Studies/Progress Report and Research Design and Methods attachments combined into single required Research Strategy attachment. Adhere to page limits specified in announcement. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages. |
| 4. Inclusion Enrollment Report | <input type="text"/> |
| 5. Progress Report Publication List | <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |

- Human Subjects Sections Attachments typically required Human Subjects is Yes on the Other Project Information form.
- | | |
|--------------------------------------|---|
| 6. Protection of Human Subjects | <input type="text"/> Required for all apps (except S10), if Human Subjects is Yes. <input type="button" value="View Attachment"/> |
| 7. Inclusion of Women and Minorities | <input type="text"/> Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4. |
| 8. Targeted/Planned Enrollment Table | <input type="text"/> Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4. |
| 9. Inclusion of Children | <input type="text"/> Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4. |

Other Research Plan Sections

- | | |
|---|--|
| 10. Vertebrate Animals | <input type="text"/> Required for all apps (except S10), if Vertebrate Animals Used is Yes. |
| 11. Select Agent Research | <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 12. Multiple PD/PI Leadership Plan | <input type="text"/> Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form. <input type="button" value="View Attachment"/> |
| 13. Consortium/Contractual Arrangements | <input type="text"/> Required for S11 applications. <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 14. Letters of Support | <input type="text"/> Required for S11 and R36 applications. <input type="button" value="View Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 15. Resource Sharing Plan(s) | <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |

- | | |
|--------------|--|
| 16. Appendix | <input type="button" value="Add Attachments"/> <input type="button" value="Remove Attachments"/> <input type="button" value="View Attachments"/> |
|--------------|--|

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

Appendices are stored separately in 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.

PHS 398 Checklist

OMB Number: 0925-0001

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

Used to specify change of PD/PI or change of institution.

Change of Investigator not allowed for Revision applications.

Name of former principal investigator / program director:

Change of Investigator not allowed for Career Development (Ks, except K12) applications.

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.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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).

PHS 398 Career Development Award Supplemental Form

OMB Number: 0925-0001

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.

Introduction (if applicable)

1. Introduction to Application <i>(for RESUBMISSION applications only)</i>	Required for Resubmissions.	Add Attachment	Delete Attachment	View Attachment
---	-----------------------------	----------------	-------------------	-----------------

Candidate Information

2. Candidate's Background	Required for all K's except K12.	Add Attachment	Delete Attachment	View Attachment
3. Career Goals and Objectives	Required for all K's except K12.	Add Attachment	Delete Attachment	View Attachment
4. Career Development/Training Activities During Award Period	Required for all K's except K12.	Add Attachment	Delete Attachment	View Attachment
5. Training in the Responsible Conduct of Research	Required for all K's except K12.	Add Attachment	Delete Attachment	View Attachment
6. Mentoring Plan <i>(when applicable)</i>	Required for K05 and K24. Do not include for mentored K's.	Add Attachment	Delete Attachment	View Attachment

Statements of Support

7. Statements by Mentor, Co-Mentors, Consultants, Contributors <i>(as appropriate)</i>	Required for all mentored K's.	Add Attachment	Delete Attachment	View Attachment
---	--------------------------------	----------------	-------------------	-----------------

Environment and Institutional Commitment to Candidate

8. Description of Institutional Environment	Required for all K's except K12.	Add Attachment	Delete Attachment	View Attachment
9. Institutional Commitment to Candidate's Research Career Development	Required for all K's except K12.	Add Attachment	Delete Attachment	View Attachment

Research Plan

10. Specific Aims	← Note: Specific Aims remains a separate attachment. Limited to 1 page.	Add Attachment	Delete Attachment	View Attachment
11. * Research Strategy	Note: The total number of pages for Items 2-5 (Candidate's Background, Career Goals and Objectives, Career Development/Training Activities During Award Period, and Training in the Responsible Conduct of Research) and Item 11 (Research Strategy) combined may not exceed 12 pages.			
12. Inclusion Enrollment Report <i>(for RENEWAL applications only)</i>				
13. Progress Report Publication List <i>(for RENEWAL applications only)</i>		Add Attachment	Delete Attachment	View Attachment

Human Subject Sections

14. Protection of Human Subjects	Required if Human Subjects is Yes.	Add Attachment	Delete Attachment	View Attachment
15. Inclusion of Women and Minorities	Required if Human Subjects is Yes and Exemption is not E4.	Add Attachment	Delete Attachment	View Attachment
16. Targeted/Planned Enrollment	Required if Human Subjects is Yes and Exemption is not E4.	Add Attachment	Delete Attachment	View Attachment
17. Inclusion of Children	Required if Human Subjects is Yes and Exemption is not E4.	Add Attachment	Delete Attachment	View Attachment

PHS 398 Career Development Award Supplemental Form

2. Career Development Award Attachments (continued):

Other Research Plan Sections

18. Vertebrate Animals	<input type="text" value="Required if Vertebrate Animals Used is Yes."/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
19. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
20. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
21. Resource Sharing Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

Appendix (if applicable)

22. 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. See NIH Guide notice NOT-OD-10-077.

*3. Citizenship:

- | | |
|--|--|
| <input type="checkbox"/> U.S. Citizen or noncitizen national | <input type="checkbox"/> Permanent Resident of U.S.
<i>(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)</i> |
| <input type="checkbox"/> Non-U.S. Citizen with temporary U.S. visa | |

PHS Fellowship Supplemental Form

OMB Number: 0925-0002

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.

New
 Resubmission
 Renewal
 Continuation
 Revision

B. Research Training Plan

- | | | | | |
|---|--|----------------|-------------------|-----------------|
| 1. Introduction to Application
<i>(for RESUBMISSION applications only)</i> | Required for Resubmissions. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment |
| 2. * Specific Aims | ← Note: Specific Aims remains a separate, required attachment. Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment |
| 3. * Research Strategy | ← Note: Background and Significance, Preliminary Studies/Progress Report and Research Design and Methods attachments combined into single required Research Strategy attachment. Limited to 6 pages. | Add Attachment | Delete Attachment | View Attachment |
| 4. Inclusion Enrollment Report
<i>(for RENEWAL applications only)</i> | | Add Attachment | Delete Attachment | View Attachment |
| 5. Progress Report Publication List
<i>(for RENEWAL applications only)</i> | | Add Attachment | Delete Attachment | View Attachment |

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? Yes No

Must go to Other Project Information form to edit.

- | | | | | |
|---|--|-------------------|-------------------|-----------------|
| 6. * Human Subjects Involvement Indefinite? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 7. Clinical Trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. Agency-Defined Phase III Clinical Trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Protection of Human Subjects | Required if Human Subjects is Yes. | Add Attachment | Delete Attachment | View Attachment |
| 10. Inclusion of Women and Minorities | Required if Human Subjects is Yes and Exemption is not E4. | Delete Attachment | View Attachment | |
| 11. Targeted/Planned Enrollment | Required if Human Subjects is Yes and Exemption is not E4. | Delete Attachment | View Attachment | |
| 12. Inclusion of Children | Required if Human Subjects is Yes and Exemption is not E4. | Delete Attachment | View Attachment | |

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? Yes No

Must go to Other Project Information form to edit.

- | | | | | |
|--|--|----------------|-------------------|-----------------|
| 13. * Vertebrate Animals Use Indefinite? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 14. Vertebrate Animals | Required if Vertebrate Animals Used is Yes. | Add Attachment | Delete Attachment | View Attachment |
| 15. Select Agent Research | | Add Attachment | Delete Attachment | View Attachment |
| 16. Resource Sharing Plan | | Add Attachment | Delete Attachment | View Attachment |
| 17. * Respective Contributions | Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment |
| 18. * Selection of Sponsor and Institution | Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment |
| 19. * Responsible Conduct of Research | Limited to 1 page. | Add Attachment | Delete Attachment | View Attachment |

PHS Fellowship Supplemental Form

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):

Fellowship Applicant

2. Alternate Phone Number:

Note: Graduate Degree Earned fields removed in ADOBE-FORMS-B.

3. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

Expected Completion Date (month/year):

Reset Entry

4. * Field of Training for Current Proposal:

Note: Field of Training values in form dropdown menu have been updated in ADOBE-FORMS-B.

5. * Current Or Prior Kirschstein-NRSA Support? Yes No

If yes, please identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)
---------	--------	-----------------------	---------------------	-------------------------

Reset Entry

Reset Entry

Reset Entry

Reset Entry

6. * Applications for Concurrent Support? Yes No

If yes, please describe in an attached file:

Add Attachment

Delete Attachment

View Attachment

7. * Goals for Fellowship Training and Career

Add Attachment

Delete Attachment

View Attachment

8. * Activities Planned Under This Award

Add Attachment

Delete Attachment

View Attachment

9. Doctoral Dissertation and Other Research Experience

Add Attachment

Delete Attachment

View Attachment

10. * Citizenship:

U.S. Citizen or noncitizen national

Permanent Resident of U.S. Pending

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

Applicants must meet citizenship requirements at time of award (not time of application submission.)

Non-US Citizen w/ temp visa only valid for F05.

PHS Fellowship Supplemental Form

C. Additional Information (continued)

Institution

11. Change of Sponsoring Institution

Name of Former Institution:

D. Budget

All Fellowship Applicants:

1. * Tuition and Fees:

None Requested

Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

Total Funds Requested:

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount

Academic Period

Number of Months

Reset Entry

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

a. Federal Stipend Requested:

Amount

Number of Months

b. Supplementation from other sources:

Amount

Number of Months

Type (sabbatical leave, salary, etc.)

Source

E. 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. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-10-077.

PHS 398 TRAINING BUDGET, Period 1

If Project budget, use applicant organization DUNS. If Subaward/ Consortium, use Subaward organization's DUNS.

Only the applicant organization should specify Project.

Organizational DUNS: Budget Type: Project Subaward/Consortium

Organization Name:
 Start Date: End Date:

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

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.

A. Stipends, Tuition/Fees

Number of Trainees

Full Time Short Term

Error if information for Undergraduate Trainees is not provided for T34 applications and if it is provided for T15, T32 or T35 applications.

Undergraduate:
 Number Per Stipend Level:
 First-Year/Soph. Junior/Senior

Stipends Requested (\$) Tuition/Fees Requested (\$)

Predocutorial: Single Degree Dual Degree
Total Predocutorial

Error if any Predocutorial or Postdoctoral info is provided for T34.

Postdoctoral: Number Per Stipend Level:
 0 1 2 3 4 5 6 7

Non-degree Seeking

Degree Seeking

Total Postdoctoral

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

Totals:

Total Stipends + Tuition/Fees Requested

B. Other Direct Costs

Trainee Travel Funds Requested (\$)

Training Related Expenses Warning if not provided.

Total Direct Costs from R&R Budget Form (if applicable) Error if R&R Budget form included and it's Total Direct Cost not provided here.

Consortium Training Costs (if applicable)

Total Other Direct Costs Requested

C. Total Direct Costs Requested (A + B)

Warning if over \$500K.

D. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1. <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs Requested			<input type="text"/>

Indirect Cost Rate must be 8 for all Ts.

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

F. Budget Justification

PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated by form.

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

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

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

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

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

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

On this form, you will attach the PHS 398 Training Budget forms for all subawards in your grant application.

The means to obtain a training subaward budget attachment is provided here on this form, using the button below. In order to extract, fill, and attach each additional training subaward budget form, simply follow these steps:

- Select the button labeled "Select to Extract a Training Subaward Budget Attachment", which appears below.
- Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Training_Subaward_Budget_MyOrganization.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using your Adobe Acrobat Reader software.
- Using the Open icon in Adobe Acrobat Reader, open the new form that you have just saved.
- Enter the subawardee's training budget information, in this supplemental form. It is essentially the same as the PHS 398 Training Budget form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save it and close it.
- Return to this "PHS 398 Training Subaward Budget Attachment(s)" form.
- Attach the saved supplemental form, that you just filled in, to one of the "Attach Training Subaward" blocks provided below.

Select to Extract a Training Subaward Budget Attachment

Important: Please attach Training Subaward Budget forms, using the blocks below. Please 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	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 2	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 3	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 4	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 5	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 6	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 7	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 8	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 9	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Training Subaward Budget 10	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

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 F of the PHS 398 Training 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 the Consortium Training Costs field in Other Direct costs (Section B) of the parent PHS 398 Training Budget form.

Common use scenarios:

1. Applicant extracts and sends the Training Subaward 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 Training Subaward Budget form, completes it with provided information and attaches it to the project application package.

PHS 398 Research Training Program Plan

OMB Number: 0925-0001

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 <i>(for REVISION or RESUBMISSION applications only)</i>	← Required for resubmission applications; error if greater than 3 pages. Required for revision applications; error if greater than 1 page.	Attachment
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.) Error if attachments 2-5 together are greater than 28 pages.
3. Program Plan	Required.	
4. Recruitment and Retention Plan to Enhance Diversity	Required - except D43, D71, U2R, T34 and T36.	
5. Plan for Instruction in the Responsible Conduct of Research	Required except T36.	
6. Progress Report <i>(for RENEWAL applications only)</i>	Required for Renewal applications.	
7. Human Subjects	Required if Human Subjects is Yes.	Add Attachment Delete Attachment View Attachment
8. Vertebrate Animals	Required if Vertebrate Animals Used is Yes.	Add Attachment Delete Attachment View Attachment
9. Select Agent Research		Add Attachment Delete Attachment View Attachment
10. Multiple PD/PI Leadership Plan <i>(if applicable)</i>	Required when multiple Sr/Key entries with the role PD/PI are included.	Attachment View Attachment
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.	View Attachment
13. Data Tables	Warning if not included. User defined bookmarks will be pulled into NIH application image Table of Contents.	Delete Attachment View Attachment
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.

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