

# Annotated Form Set for NIH Grant Applications

FORMS-E Series – Application due dates on/after January 25, 2018



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### NOTES:

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



# 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 Application for first submission attempt for due date.

4. a. Federal Identifier:   
b. Agency Routing Identifier:   
c. Previous Grants.gov Tracking ID:

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

2. DATE SUBMITTED:  Applicant Identifier:

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

Use Changed/Corrected when submitting again to Grants.gov for a due date (e.g., to correct eRA identified errors/warnings.)

5. APPLICANT INFORMATION  
Organizational DUNS:

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

Legal Name:   
Department:  Division:   
Street1:   
Street2:   
City:  County / Parish:   
State:  Province:   
Country:  USA: UNITED STATES ZIP / Postal Code:

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

Must provide zip+4 for all zip codes.

Person to be contacted on matters involving this application  
Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
Position/Title:   
Street1:   
Street2:   
City:  County / Parish:   
State:  Province:   
Country:  USA: UNITED STATES ZIP / Postal Code:   
Phone Number:  Fax Number:   
Email:

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

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):  Non-US organizations use 44444444.

7. TYPE OF APPLICANT:  Please select one of the following  
Other (Specify):   
Small Business Organization Type  Women Owned  Socially and Economically Disadvantaged

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

NIH will assign CFDA post-submission.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

12. PROPOSED PROJECT: Start Date:  Ending Date:   
13. CONGRESSIONAL DISTRICT OF APPLICANT:

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

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

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

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

15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts.

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

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

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

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

I agree

See the NIH Grants Policy Statement for more information: [https://grants.nih.gov/grants/policy/nihgps/html5/section\\_4/4.1\\_public\\_policy\\_requirements\\_and\\_objectives.htm](https://grants.nih.gov/grants/policy/nihgps/html5/section_4/4.1_public_policy_requirements_and_objectives.htm)

\*The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

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

[ ] Add Attachment Delete Attachment View Attachment

19. Authorized Representative

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

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

Signature of Authorized Representative

Date Signed

[ ] [ ]

20. Pre-application

21. Cover Letter Attachment

Cover letter is posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. Do not include assignment or review request information in your cover letter (use PHS Assignment Request Form for assignment and review information instead).

# PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 3/31/2020

## 1. Vertebrate Animals Section

Are vertebrate animals euthanized?

Yes  No

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

If "Yes" to euthanasia

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

Yes  No

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

Answer required if euthanasia is NOT consistent with AVMA guidelines. Up to 1000 characters.

## 2. \*Program Income Section

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

Yes  No

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

\*Budget Period    \*Anticipated Amount (\$)

\*Source(s)

Up to 150 characters.

Form accommodates up to 10 budget periods. The number of program income budget periods must be less than or equal to the number of periods included in the budget form.

## 3. Human Embryonic Stem Cells Section

\*Does the proposed project involve human embryonic stem cells?

Yes  No

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

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

Cell Line(s) (Example: 0004):

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

## 4. Inventions and Patents Section (for Renewal applications)

\*Inventions and Patents:    Yes     No

If "Yes" then answer the following:

\*Previously Reported:    Yes     No

# PHS 398 Cover Page Supplement

## 5. Change of Investigator/Change of Institution Section

Change of Project Director/Principal Investigator

Change of PD/PI is not allowed for Revision or Career Development (K) applications.

Name of former Project Director/Principal Investigator:

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

If change of PD/PI box is checked, you must provide the last name of the former PD/PI.

Change of Grantee Institution

Change of Grantee Institution is not allowed for Institution Training grant applications.

\*Name of former institution:

If change of Grantee Institution box is checked, you must provide the name of former institution.

# RESEARCH & RELATED Other Project Information

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

If Human Subjects = Yes, additional information may be required on the PHS Human Subjects and Clinical Trials Information form.

1. Are Human Subjects Involved?  Yes  No

Only answer Yes if all the proposed research human subject studies are exempt.

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations?  Yes  No

Exemptions 7 and 8 are not currently used.

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

If no, is the IRB review Pending?  Yes  No

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

IRB Approval Date:

Human Subject Assurance Number:

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

2. Are Vertebrate Animals Used?  Yes  No

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

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

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

IACUC Approval Date:

Animal Welfare Assurance Number:

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

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

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

4.b. If yes, please explain:  If 4a is Yes, then 4b is required. Up to 55 characters.

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

4.d. If yes, please explain:  If 4c is Yes, then 4d is required. Up to 55 characters.

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

5.a. If yes, please explain:  If 5 is Yes, then 5a is required. Up to 55 characters.

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

6.a. If yes, identify countries:  If 6 is Yes, then a list of countries is required in 6a. Abbreviations can be used. Up to 55 characters.

6.b. Optional Explanation:  Up to 55 characters.

7. Project Summary/Abstract

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

8. Project Narrative

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

9. Bibliography & References Cited

Required unless otherwise noted in opportunity. Not system enforced.

[View Attachment](#)

10. Facilities & Other Resources

Required unless otherwise noted in opportunity. Limited system enforcement.

[View Attachment](#)

11. Equipment

Required unless otherwise noted in opportunity. Limited system enforcement.

[View Attachment](#)

12. Other Attachments

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Only provide Other Attachments when requested in the funding opportunity announcement text or application guide. Field accommodates multiple attachments.

### Project/Performance Site Location(s)

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.

**Project/Performance Site Primary Location**

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

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

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

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

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.

**Project/Performance Site Location 1**

Organization Name:

DUNS Number:  Optional for non-primary sites. Helps facilitate application processing, so include if you have it.

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

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

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

**Additional Location(s)**

Form accommodates up to 300 sites. Use the Additional Locations attachment to include any sites over 300. See Additional Performance Site Format page at: <https://grants.nih.gov/grants/forms/additional-performance-site.htm>

# 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"/>               |
| * 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"/>                    | 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"/>                 | Degree Year: <input type="text"/>                     |
| * Attach Biographical Sketch <input type="text"/> | Attach Current & Pending Support <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 of interest.

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

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

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

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"/>               |
| Division: <input type="text"/>                  | * Street1: <input type="text"/>                       |
| * Street2: <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"/>                  | 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"/>               | Degree Year: <input type="text"/>                     |
| Attach Biographical Sketch <input type="text"/> | Attach Current & Pending Support <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 of interest.

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.

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

Delete Entry

Next Person

To ensure proper per application, close the Adobe Reader, and reopen it.

Can collect data for 100 Sr/Key personnel (including PD/PI). Option to provide attachment for additional Sr/Key info is available after the 100 entries are made. See Additional Senior/Key Person Profiles format page at: <https://grants.nih.gov/grants/forms/additional-senior-key-person-profile.htm>.



Form only included in small business funding opportunity announcements.

# SBIR/STTR Information

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

\* Agency to which you are applying (select only one)

DOE  HHS  USDA  Other:

Check HHS for all NIH, CDC, and FDA submissions.

\* SBC Control ID:  (This 9 digit code is obtained from the Small Business Administration)

The 9-digit code is included in the registry filename received from SBA upon registration (e.g., SBC\_123456789.pdf.)

\* Program Type (select only one)

SBIR  STTR

Must select SBIR or STTR (not Both).

Both (See agency-specific instructions to determine if agency allows a single submission for both SBIR and STTR)

\* Application Type (select only one)

Phase I  Phase II  Fast-Track  Direct Phase II  Phase IIA  Phase IIB

Congressional authority to accept Direct Phase II expired.

Not valid for HHS (NIH, CDC, FDA).

Commercialization Readiness Program (See agency-specific instructions to determine application type participation.)

Check opportunity for allowable Application Types.

Congressional authority to accept CRP expired.

Phase I Letter of Intent Number:

Leave blank. N/A for HHS (NIH, CDC, FDA) submissions. Workspace users: Enter 0.

\* Agency Topic/Subtopic:

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

|   |  |
|---|--|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?<br><b>Selection required. Must meet SBIR/STTR eligibility requirements at time of award (not submission).</b>   |
|   | * 1b. Anticipated Number of personnel to be employed at your organization at the time of award. <input type="text" value="Required."/>   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?<br><b>Selection required.</b>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 1d. Is your small business a Faculty or Student-Owned entity?<br><b>Selection required.</b>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?<br>* If yes, insert the names of the Federal laboratories/agencies:<br><b>Selection required.</b><br><input type="text" value="Required if Yes. Up to 250 characters. Cannot include if No."/>   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a><br><b>Selection required.</b>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 4. Will all research and development on the project be performed in its entirety in the United States?<br>If no, provide an explanation in an attached file.<br><b>Selection required.</b> Explanation: <input type="text" value="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"/>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work?<br>* If yes, insert the names of the other Federal agencies:<br><b>Selection required.</b><br><input type="text" value="Required if Yes. Up to 250 characters. Cannot include if No."/>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | * 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? <b>Selection required.</b>   |
|   | * 7. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase I/II Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.<br>* Attach File: <input type="text" value="Required for Phase II, Direct Phase II, Phase IIB, Phase I/Phase II Fast-Track and Commercialization Readiness Program applications. Limited to 12 pages."/> <input type="button" value="Attach"/> |

## SBIR/STTR Information

|  |  |
|--|--|
| <b>SBIR-Specific Questions:</b> <span style="border: 1px solid black; padding: 2px;">Answers only required for SBIR applications.</span>                                   |  |
| <i>Questions 8 and 9 apply only to SBIR applications. If you are submitting <b>ONLY</b> an STTR application, leave questions 8 and 9 blank and proceed to question 10.</i> |  |
| <input type="checkbox"/> Yes<br><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 style="width: 200px;" type="text"/>    <span style="border: 1px solid gray; padding: 2px 5px;">Add Attachment</span>    <span style="border: 1px solid gray; padding: 2px 5px;">Delete Attachment</span>    <span style="border: 1px solid gray; padding: 2px 5px;">View Attachment</span></p> |
| <input type="checkbox"/> Yes<br><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>   |

|   |   |
|---|---|
| <b>STTR-Specific Questions:</b> <span style="border: 1px solid black; padding: 2px;">Answers only required for STTR applications.</span>        |   |
| <i>Questions 10 - 12 apply only to STTR applications. If you are submitting <b>ONLY</b> an SBIR application, leave questions 10 - 12 blank.</i> |   |
| <input type="checkbox"/> Yes<br><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<br><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>   |
|   | <p>* 12. Provide DUNS Number of non-profit research partner for STTR.</p> <p><input style="width: 100px;" type="text"/>    <span style="border: 1px solid black; padding: 2px;">Enter the DUNS or DUNS+4 number of the non-profit research partner for the STTR applicant.</span></p>   |

## PHS Human Subjects and Clinical Trials Information

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved?  Yes  No

Is the Project Exempt from Federal regulations?  Yes  No

Exemption number:  1  2  3  4  5  6  7  8

Information populated from R&R Other Project Information form.

### If No to Human Subjects

Does the proposed research involve human specimens and/or data?  Yes  No

If Yes, provide an explanation of why the application does not involve human subjects research.

**Required if Yes to human specimens/data question.**

Add Attachment

Delete Attachment

View Attachment

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

Answer required and system enforced when human subjects is No.

When human subjects is No, applicants answer a single question, provide associated attachment (as applicable), and are done with the form unless instructed in announcement to include Other Requested Information attachment.

### If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study' or 'Add New Delayed Onset Study' as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

### Other Requested Information

Add Attachment

Delete Attachment

View Attachment

Check Application Guide and opportunity instructions to determine if attachment is needed.

Click here to extract the Human Subject Study Record Attachment

### Study Record(s)

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

Add Attachment

Delete Attachment

View Attachment

### Delayed Onset Study(ies)

Cannot add a Delayed Onset Study if you answer No to human subjects question on R&R Other Project Information form.

Multiple delayed onset studies can be grouped in a single record.

| Study Title          | Anticipated Clinical Trial? | Justification  |
|----------------------|-----------------------------|--|
| <input type="text"/> | <input type="checkbox"/>    | <input type="text"/><br>Add Attachment Delete Attachment View Attachment |

Required and system enforced for each delayed onset study. Up to 600 characters. Study title must be unique within the application. First 150 characters of title will show in application bookmark.

If Anticipated Clinical Trial box is checked, funding opportunity announcement must allow clinical trials. When multiple studies are included in the same delayed onset record, select Yes if it is anticipated that any study will be a clinical trial.

Required and system enforced for each delayed onset study. In addition to justification, must include information regarding how the study will comply with the NIH single Institutional Review Board (sIRB) policy prior to initiating any multi-site study, as well as, a plan for the dissemination of NIH-funded clinical trial information.

HS = Human Subjects  
CT = Clinical Trials

# Study Record: PHS Human Subjects and Clinical Trials Information

OMB Number: 0925-0001

Expiration Date: 03/31/2020

\* Always required field

## Section 1 - Basic Information

### 1.1. \* Study Title (each study title must be unique)

Required and system enforced. Up to 600 characters. Study title must be unique within the application. First 150 characters of title will show in application bookmark.

### 1.2. \* Is this Study Exempt from Federal Regulations?

Yes  No

← Answer required and system enforced.

### 1.3. Exemption Number

1  2  3  4  5  6  7  8

← If Study Exempt is Yes, must provide exemption number. Exemptions 7 and 8 are not currently used.

### 1.4. \* Clinical Trial Questionnaire

← Answers to questionnaire required and system enforced.

If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.

1.4.a. Does the study involve human participants?

Yes  No

1.4.b. Are the participants prospectively assigned to an intervention?

Yes  No

1.4.c. Is the study designed to evaluate the effect of the intervention on the participants?

Yes  No

1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome?

Yes  No

If four questions are all Yes AND FOA allows clinical trials, then study will be flagged as a Clinical Trial (CT) study.\*

### 1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable

Optional. Provide NCT# for this study, if available. Newly proposed studies do not need to be entered in ClinicalTrials.gov at time of application. If building on an existing study, enter NCT# for ancillary study (if available), not the parent study.

## Section 2 - Study Population Characteristics

### 2.1. Conditions or Focus of Study

Required and system enforced unless study is exemption 4. Up to 20 conditions at 255 characters each.

### 2.2. Eligibility Criteria

Required and system enforced unless study is exemption 4 or otherwise noted in opportunity.

Age limits are required and system enforced unless study is exemption 4 or otherwise noted in opportunity.

### 2.3. Age Limits

Minimum Age

Dropdown  
Years  
Months

Maximum Age

Dropdown  
Years  
Months  
Weeks  
Days  
Hours  
Minutes  
N/A (No limit)

### 2.4. Inclusion of Women, Minorities, and Children

Required and system enforced unless study is exemption 4.

Attachment View

### 2.5. Recruitment and Retention Plan

Required and system enforced unless study is exemption 4, 1.4.a=No, or otherwise noted in opportunity.

Delete Attachment View

### 2.6. Recruitment Status

Required and system enforced unless study is exemption 4, 1.4.a=No, or otherwise noted in opportunity.

Dropdown

### 2.7. Study Timeline

Required and system enforced unless study is exemption 4, 1.4.a=No, or otherwise noted in opportunity.

- Not yet recruiting
- Recruiting
- Rolling by invitation
- Active, not recruiting
- Completed
- Suspended
- Terminated (Halted Prematurely)
- Withdrawn (No Participants Enrolled)

If "N/A (No Limit)" selected, do not provide numerical min/max age.

### 2.8. Enrollment of First Subject

Dropdown

Required and system enforced unless study is exemption 4, 1.4.a=No, or otherwise noted in opportunity.

### Inclusion Enrollment Report(s)

Date: MM/DD/YYYY.

Anticipated  
Actual

Inclusion Enrollment Reports required and system enforced unless study is exemption 4 or otherwise noted in opportunity.

Add Inclusion Enrollment Report

Up to 20 Inclusion Enrollment Reports can be added.

\* Fellowship (F) and Career Development (K) applications to FOAs that do not allow clinical trials cannot propose independent clinical trial studies led by applicant PD/PI. However, proposing studies under the leadership of a sponsor/mentor that allows for clinical trials research experience is encouraged. Answering Yes to all four Clinical Trial Questionnaire questions will not flag the study as a clinical trial. These studies must include HS information, but will receive a system error if information is included in study fields in sections 4 or 5 of form.

# Inclusion Enrollment Report

1. \* Using an Existing Dataset or Resource

Yes  No

Answer required and system enforced.

2. \* Enrollment Location Type

Domestic  Foreign

Answer required and system enforced. Do not mix domestic and foreign enrollment data on the same inclusion enrollment report.

3. Enrollment Country(ies)

Multi-select from list of countries.

4. Enrollment Location(s)

5. Comments

Up to 500 characters.

**Planned**

Planned enrollment information is required and system enforced when answer to "Using an Existing Dataset or Resource" question is No. System enforcement relaxed if Comment is provided.

| Racial Categories                            | Ethnic Categories      |      |                    |      | Total |
|--|------------------------|------|--------------------|------|-------|
|  | Not Hispanic or Latino |      | Hispanic or Latino |      |       |
|  | Female                 | Male | Female             | Male |       |
| American Indian/<br>Alaska Native            | 0                      | 0    | 0                  | 0    | 0     |
| Asian  | 0                      | 0    | 0                  | 0    | 0     |
| Native Hawaiian or<br>Other Pacific Islander | 0                      | 0    | 0                  | 0    | 0     |
| Black or African<br>American                 | 0                      | 0    | 0                  | 0    | 0     |
| White  | 0                      | 0    | 0                  | 0    | 0     |
| More than One Race                           | 0                      | 0    | 0                  | 0    | 0     |
| <b>Total</b>                                 | 0                      | 0    | 0                  | 0    | 0     |

**Cumulative (Actual)**

Cumulative (Actual) enrollment information is required and system enforced when answer to "Using an Existing Dataset or Resource" question is Yes. System enforcement relaxed if Comment is provided.

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

Report 1 of 1

**Section 3 - Protection and Monitoring Plans**

**3.1. Protection of Human Subjects**

Required and system enforced.

Add Attachment

Delete Attachment

View Attachment

**3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?**

Yes  No  N/A

Answer required and system enforced. "N/A" is only a valid option for fellowship, and career development applications OR if study is exempt from federal regulations (i.e., Question 1.2a is Yes).

If yes, describe the single IRB plan

Required and system enforced if Yes. Can attach same plan (unique filenames) in multiple studies.

Add Attachment

View Attachment

**3.3. Data and Safety Monitoring Plan**

Required and system enforced for CT study. Optional for HS study.

Add Attachment

View Attachment

**3.4. Will a Data and Safety Monitoring Board be appointed for this study?**

Yes  No

Answer required and system enforced for CT study unless otherwise noted in opportunity. Optional for HS study.

**3.5. Overall Structure of the Study Team**

Optional.

Add Attachment

Delete Attachment

View Attachment

**Section 4 - Protocol Synopsis**

You are not allowed to complete fields in Section 4 (i.e., will receive system error) if FOA does not allow clinical trials and/or you answered No to one of the Clinical Trial Questionnaire questions in Section 1.

**4.1. Brief Summary**

Up to 5000 characters. Required and system enforced for CT studies unless otherwise noted in opportunity.

**4.2. Study Design**

All Study Design fields (4.2.a thru 4.2.g) are required and system enforced for CT studies unless otherwise noted in opportunity.

**4.2.a. Narrative Study Description**

Up to 32,000 characters.

**4.2.b. Primary Purpose**

Dropdown list: Treatment; Prevention; Diagnostics; Supportive Care; Screening; Health Services Research; Basic Science; Device Feasibility; and Other

**4.2.c. Interventions**

Up to 20 Interventions allowed.

Health Services Research  
Basic Science  
Device Feasibility  
Other

| Intervention Type |                         |
|-------------------|-------------------------|
| Name              | Up to 200 characters.   |
| Description       | Up to 1,000 characters. |

Dropdown list: Drug (including placebo); Device (including sham); Biological/Vaccine; Procedure/Surgery; Radiation; Behavioral (e.g., Psychotherapy, Lifestyle Counseling); Genetic (including gene transfer, stem cell and recombinant DNA); and Dietary Supplement (e.g., vitamins, minerals)

Dietary Supplement (e.g., vitamins, minerals)  
Combination Product  
Diagnostic Test  
Other

**4.2.d. Study Phase**

Dropdown list: Early Phase 1 (or Phase 0); Phase 1; Phase 1/2; Phase 2; Phase 2/3; Phase 3; Phase 4; and Other

Early Phase 1 (or Phase 0)  
Phase 1  
Phase 1/2

Is this an NIH-defined Phase III clinical trial?  Yes  No

**4.2.e. Intervention Model**

Dropdown list: Single Group; Parallel; Cross-Over; Factorial; Sequential; and Other.

Factorial  
Sequential  
Other

If Masking is Yes, you must select at least 1 of the Participant/Care Provider/Investigator/Outcomes Assessor check boxes.

**4.2.f. Masking**

Yes  No  
 Participant  Care Provider  Investigator  Outcomes Assessor

4.2.g. Allocation

Dropdown list: N/A; Randomized; and Non-randomized

- N/A
- Randomized
- Non-randomized

4.3. Outcome Measures

At least one Outcome Measure required and system enforced for CT studies unless otherwise noted in opportunity. Up to 50 Outcome Measures allowed.

|                   |   |
|-------------------|---|
| Name              | Up to 255 characters.   |
| Type              | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">             Primary<br/>Secondary<br/>Other           </div> <div>Dropdown list: Primary; Secondary; and Other</div> </div> |
| Time Frame        | Up to 255 characters.   |
| Brief Description | Up to 999 characters.   |

4.4. Statistical Design and Power

Required and system enforced for CT study unless otherwise noted in opportunity.

Add Attachment

Delete Attachment

View Attachment

4.5. Subject Participation Duration

Up to 255 characters. Required and system enforced for CT studies unless otherwise noted in opportunity.

4.6. Will the study use an FDA-regulated intervention?

Yes

No

Answer required and system enforced for CT study unless otherwise noted in opportunity.

4.6.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status

Required and system enforced if Yes.

Add Attachment

Delete Attachment

View Attachment

4.7. Dissemination Plan

Required and system enforced for CT study. Generally one Dissemination Plan per application is sufficient. Can attach same plan (unique filenames) in multiple studies.

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments

Add Attachments

Delete Attachments

View Attachments

Form supports up to 10 attachments. Attachments only allowed for CT studies. Only include attachments requested in opportunity.



Optional form in most grant application packages.

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

The Division of Receipt & Referral (DRR) assigns applications based on the most appropriate match between it, the terms of the FOA, and the mission of each possible awarding component, with your preferences taken into consideration when possible. Watch for typos - automated tools may look for specific strings.

## PHS Assignment Request Form

OMB Number: 0925-0001  
Expiration Date: 3/31/2020

Funding Opportunity Number:

Pre-populated from announcement information.

Funding Opportunity Title:

### Awarding Component Assignment Request *(optional)*

If you have a preference for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation and enter it below. All requests will be considered; however, assignment requests cannot always be honored.

Awarding Components: [https://grants.nih.gov/grants/phs\\_assignment\\_information.htm#AwardingComponents](https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents)

|                                      | First Choice         | Second Choice        | Third Choice         |
|--------------------------------------|----------------------|----------------------|----------------------|
| Assign to Awarding Component:        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do Not Assign to Awarding Component: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If DRR's best match is on your list, then it will go with it, even if not your first choice.

DRR may still assign to listed IC if they determine it is the best match.

### Study Section Assignment Request *(optional)*

If you have a preference for study section assignment, use the link below to identify the appropriate study section (e.g., NIH Scientific Review Group or Special Emphasis Panel) and enter it below. Remove all hyphens, parentheses, and spaces. All requests will be considered; however, assignment requests cannot always be honored.

Study Sections: [https://grants.nih.gov/grants/phs\\_assignment\\_information.htm#StudySection](https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection)

|  | First Choice         | Second Choice        | Third Choice         |
|--|----------------------|----------------------|----------------------|
| Assign to Study Section:<br><i>Only 20 characters allowed</i>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do Not Assign to Study Section:<br><i>Only 20 characters allowed</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If DRR's best match is on your list, then it will go with it, even if not your first choice.

DRR may still assign to listed study section if they determine it is the best match.

# PHS Assignment Request Form

List individuals who should not review your application and why *(optional)*

*Only 1000 characters allowed*

Provide sufficient information (e.g., name organization affiliation) to correctly identify each individual.  
Provide specific reason why an individual should not review your application.

Identify scientific areas of expertise needed to review your application *(optional)*

*Note: Please do not provide names of individuals*

Limit your answers to expertise. - DO NOT enter the names of individuals you'd like to review your application.

1

2

3

4

5

Expertise:  
*Only 40 characters allowed*

# PHS 398 Modular Budget

OMB Number: 0925-0001  
Expiration Date: 3/31/2020

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Budget Period: 1</b>   |  |  |  | Form allows for up to 5 Budget Periods.    |  |
| Start Date:   |  | <input style="width: 100px;" type="text"/> | End Date:                                  |  | <input style="width: 100px;" type="text"/> |
| <b>A. Direct Costs</b>  |  |  | Funds Requested (\$)                       |  |  |
| Direct costs requested must be \$250K or less per period to use Modular Budget form. Request in "modules" of \$25K. |  |  | Direct Cost less Consortium Indirect (F&A) |  | 0.00                                       |
| Some grant programs have limits on Total Direct Costs. Check announcement.  |  |  | Consortium Indirect (F&A)                  |  | <input style="width: 100px;" type="text"/> |
|   |  |  | Total Direct Costs                         |  | 0.00                                       |
| <b>B. Indirect (F&amp;A) Costs</b>  |  |  | Indirect (F&A)                             |  | Funds Requested (\$)                       |
| Indirect (F&A) Type   |  | Indirect (F&A)<br>Rate (%)                 | Indirect (F&A)<br>Base (\$)                |  |  |
| Form allows for up to for four F&A entries.   |  | <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%; height: 50px;" type="text"/>    |  |  |  |  |  |
| Indirect (F&A) Rate Agreement Date <input style="width: 100px;" type="text"/>                                       |  |  | Total Indirect (F&A) Costs                 |  | <input style="width: 100px;" type="text"/> |
| <b>C. Total Direct and Indirect (F&amp;A) Costs (A + B)</b>   |  |  |  | Funds Requested (\$)                       |  |
|   |  |  |  | 0.00                                       |  |

|   |  |   |   |
|---|--|---|---|
| <b>Cumulative Budget Information</b>  |  | System calculated.                            |   |
| <b>1. Total Costs, Entire Project Period</b>  |  |   |   |
| Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period |  | \$  | 0.00  |
| Section A, Total Consortium Indirect (F&A) for Entire Project Period                  |  | \$  | <input style="width: 100px;" type="text"/>  |
| Section A, Total Direct Costs for Entire Project Period                               |  | \$  | 0.00  |
| Section B, Total Indirect (F&A) Costs for Entire Project Period                       |  | \$  | <input style="width: 100px;" type="text"/>  |
| Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period      |  | \$  | 0.00  |
| <b>2. Budget Justifications</b>   |  |   |   |
| Personnel Justification   | <input style="width: 200px;" type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| Consortium Justification  | <input style="width: 200px;" type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| Additional Narrative Justification  | <input style="width: 200px;" type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |

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

**RESEARCH & RELATED BUDGET - Budget Period 1**

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

ORGANIZATIONAL DUNS:  Enter name of Organization:

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

**A. Senior/Key Person**

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

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

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

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

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

Role must be PD/PI for the PD/PI (enter carefully eRA will look for exact string match to PD/PI).

Additional Senior Key Persons:  Add Attachment Delete Attachment View Attachment Total Funds requested for all Senior Key Persons in the attached file

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

Total Senior/Key Person

**B. Other Personnel**

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

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

You can name up to 6 additional Project Role categories. Once data for the first user-defined Project Role is entered, you will have the option to add another. If you run out of additional categories combine categories in a single row and explain what was included in the Budget Justification.

Total Number Other Personnel Total Other Personnel

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

**C. Equipment Description**

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

| Equipment item       |  | Funds Requested (\$) |
|----------------------|--|----------------------|
| <input type="text"/> | Once equipment data is entered, you will be able to add up to 9 more rows to this section for a total of 10 equipment items. | <input type="text"/> |

Additional Equipment:

Total funds requested for all equipment listed in the attached file

Total Equipment

**D. Travel**

|   | Funds Requested (\$) |
|---|----------------------|
| 1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions) | <input type="text"/> |
| 2. Foreign Travel Costs   | <input type="text"/> |
| Total Travel Cost   | <input type="text"/> |

**E. Participant/Trainee Support Costs**

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

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

**F. Other Direct Costs**

Funds Requested (\$)

|   |  |
|---|--|
| 1. Materials and Supplies                 |  |
| 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. <input type="text"/>                   |  |
| 9. <input type="text"/>                   |  |
| 10. <input type="text"/>                  |  |
| <b>Total Other Direct Costs</b>           |  |

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

**G. Direct Costs**

Funds Requested (\$)

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

**H. Indirect Costs**

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

**Total Indirect Costs**

**Cognizant Federal Agency**

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

**I. Total Direct and Indirect Costs**

Funds Requested (\$)

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

**J. Fee**

Funds Requested (\$)

**K. Total Costs and Fee**

Funds Requested (\$)

**Total Costs and Fee (I + J)**

**L. Budget Justification**

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

Budget Justification is required and must cover all budget periods.

**RESEARCH & RELATED BUDGET - Cumulative Budget**

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

Totals (\$)

|   |                      |                      |
|---|----------------------|----------------------|
| <b>Section A, Senior/Key Person</b>                       |                      | <input type="text"/> |
| <b>Section B, Other Personnel</b>                         |                      | <input type="text"/> |
| Total Number Other Personnel                              | <input type="text"/> |                      |
| <b>Total Salary, Wages and Fringe Benefits (A+B)</b>      |                      | <input type="text"/> |
| <b>Section C, Equipment</b>                               |                      | <input type="text"/> |
| <b>Section D, Travel</b>                                  |                      | <input type="text"/> |
| 1. Domestic   | <input type="text"/> |                      |
| 2. Foreign  | <input type="text"/> |                      |
| <b>Section E, Participant/Trainee Support Costs</b>       |                      | <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"/> |                      |
| <b>Section F, Other Direct Costs</b>                      |                      | <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"/> |                      |
| <b>Section G, Direct Costs (A thru F)</b>                 |                      | <input type="text"/> |
| <b>Section H, Indirect Costs</b>                          |                      | <input type="text"/> |
| <b>Section I, Total Direct and Indirect Costs (G + H)</b> |                      | <input type="text"/> |
| <b>Section J, Fee</b>                                     |                      | <input type="text"/> |
| <b>Section K, Total Costs and Fee (I + J)</b>             |                      | <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   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9   | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 11) Please attach Attachment 11 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 12) Please attach Attachment 12 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 13) Please attach Attachment 13 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 14) Please attach Attachment 14 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 15) Please attach Attachment 15 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 16) Please attach Attachment 16 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 17) Please attach Attachment 17 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 18) Please attach Attachment 18 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 19) Please attach Attachment 19 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 20) Please attach Attachment 20 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 21) Please attach Attachment 21 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 22) Please attach Attachment 22 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 23) Please attach Attachment 23 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 24) Please attach Attachment 24 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 25) Please attach Attachment 25 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 26) Please attach Attachment 26 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 27) Please attach Attachment 27 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 28) Please attach Attachment 28 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 29) Please attach Attachment 29 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 30) Please attach Attachment 30 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |

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.

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

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



# PHS 398 TRAINING BUDGET, Period 1

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

Only the applicant organization should use 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 SF 424 (R&R) cover.

## A. Stipends, Tuition/Fees

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

Number of Trainees

Full Time  Short Term

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

Predoctoral: Single Degree   
 Dual Degree   
**Total Predoctoral**

Error if any Predoctoral or Postdoctoral information is provided for T34.

Postdoctoral:  Non-degree Seeking  Degree Seeking   
 Number Per Stipend Level:  
 0 1 2 3 4 5 6 7  
**Total Postdoctoral**

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

**Totals:**

**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)

Funds Requested (\$)

Warning if not provided.

Must be manually entered.

Include sum of all attached Training Subaward Budget forms.

**Total Other Direct Costs Requested**

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

## D. Indirect (F&A) Costs

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

Indirect Cost Rate must be 8 for all Ts.

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

## F. Budget Justification

Budget justification is required and must cover all budget periods.

Attachment

View Attachment

## PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated.

| <b>A. Stipends, Tuition/Fees</b>               |                           | Stipends<br>Requested (\$)                | Tuition/Fees<br>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"/> |
|  | <b>Total Predoctoral</b>  | <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"/> |
|  | <b>Total Postdoctoral</b> | <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"/> |
|  | <b>Totals:</b>            | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <b>Total Stipends + Tuition/Fees Requested</b> |                           |   | <input style="width: 100%;" type="text"/> |

  

| <b>B. Other Direct Costs</b>                            | Funds<br>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"/> |
| <b>Total Other Direct Costs Requested</b>               | <input style="width: 100%;" type="text"/> |

  

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

  

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

  

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

## TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

**Instructions:**

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

[Click here to extract the PHS 398 Training Subaward Attachment](#)

**Important:**

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

|                                    |   |                |                   |                 |
|------------------------------------|---|----------------|-------------------|-----------------|
| Attach Training Subaward Budget 1  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 2  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 3  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 4  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 5  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 6  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 7  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 8  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 9  |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 10 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training                    | The sum of all training subaward budget forms (e.g., those attached separately on this form and those provided as part of the budget justification), must be included in the Consortium Training Costs field in the Other Direct Costs (Section B) of the PHS 398 Training Budget form. |                |                   | View Attachment |
| Attach Training                    |   |                |                   | View Attachment |
| Attach Training Subaward Budget 15 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training                    | If submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section F of the PHS 398 Training Budget form.   |                |                   | View Attachment |
| Attach Training                    |   |                |                   | View Attachment |
| Attach Training Subaward Budget 16 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 17 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 18 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 19 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 20 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 21 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 22 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 23 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 24 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 25 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 26 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 27 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 28 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 29 |   | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 30 |   | Add Attachment | Delete Attachment | View Attachment |

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

OMB Number: 0925-0001  
Expiration Date: 3/31/2020

### PHS Additional Indirect Costs - Budget Period 1

ORGANIZATIONAL DUNS:  Enter name of Organization:

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

#### Indirect Costs

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

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

Total Indirect Costs

#### Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

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

**PHS Additional Indirect Costs - Cumulative Budget**

Totals (\$)

System calculated.

Indirect Costs

**BUDGET INFORMATION - Construction Programs**

OMB Approval No. 4040-0008  
Expiration Date 01/31/2019

*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.*

Totals (Columns 1-b) are system verified.

| 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"/>   |
| <b>FEDERAL FUNDING</b>  |                                      |  |  |
| 17. Federal assistance requested, calculate as follows:<br>(Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X <input type="text"/> %<br>Enter the resulting Federal share. <span style="border: 1px solid black; padding: 2px;">Be sure to include the multiplier or the total will calculate to zero.</span> |                                      |  | \$ <input type="text" value="0.00"/>   |

# PHS 398 Research Plan

OMB Number: 0925-0001  
Expiration Date: 3/31/2020

| Introduction  |   |
|---|---|
| 1. Introduction to Application (for Resubmission and Revision applications) | <input type="checkbox"/> Limited to 1 page (except R25 Resubmission can be 3 pages). Required for Resubmission and Revision applications. <input type="button" value="View Attachment"/>                        |
| Research Plan Section   |   |
| 2. Specific Aims  | <input type="checkbox"/> Required (except DP1, DP2, DP4, R35, R50 and X02). Limited to 1 page. <input type="button" value="Attachment"/>  |
| 3. *Research Strategy   | <input type="checkbox"/> Adhere to page limits specified in Application Guide and/or FOA. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages. <input type="button" value="View Attachment"/> |
| 4. 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"/>  |
| Other Research Plan Section   |   |
| 5. Vertebrate Animals   | <input type="checkbox"/> Required for all apps. (except S10), if Vertebrate Animals is Yes on the Other Project Information form. <input type="button" value="View Attachment"/>                                |
| 6. Select Agent Research  | <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>  |
| 7. Multiple PD/PI Leadership Plan   | <input type="checkbox"/> Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form. <input type="button" value="View Attachment"/>   |
| 8. Consortium/Contractual Arrangements                                      | <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>  |
| 9. Letters of Support   | <input type="checkbox"/> Required for R36 applications. <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>           |
| 10. 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"/>  |
| 11. Authentication of Key Biological and/or Chemical Resources              | <input type="checkbox"/> Required if project involves key biological and/or chemical resources. Recommend 1 page. No system validation enforcement. <input type="button" value="View Attachment"/>              |
| Appendix  |   |
| 12. Appendix  | <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>  |

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Applications will be withdrawn and not reviewed if they are submitted with appendix material that are not specifically listed in notice NOT-OD-17-098 or the FOA as allowed or required.

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

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

# PHS 398 Career Development Award Supplemental Form

OMB Number: 0925-0001  
Expiration Date: 3/31/2020

|  |                          |   |   |
|--|--------------------------|---|---|
| <b>Introduction</b>  |                          |   |   |
| 1. Introduction to Application<br>(for Resubmission and Revision applications) | <input type="checkbox"/> | <b>Required for Resubmission and Revision applications. Must not be included for New or Renewal applications. Limited to 1 page.</b>  | Attachment  |
| <b>Candidate Section</b>   |                          |   |   |
| 2. Candidate Information and Goals for Career Development                      | <input type="checkbox"/> | <b>Required. This attachment and the Research Strategy attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.</b>                            | Attachment  |
| <b>Research Plan Section</b>   |                          |   |   |
| 3. Specific Aims   | <input type="checkbox"/> | <b>Required. Limited to 1 page.</b>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 4. * Research Strategy   | <input type="checkbox"/> | <b>This attachment and the Candidate Information and Goals for Career Development attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.</b> |   |
| 5. Progress Report Publication List<br>(for Renewal applications)              | <input type="checkbox"/> |   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 6. Training in the Responsible Conduct of Research                             | <input type="checkbox"/> | <b>Required. Limited to 1 page.</b>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>Other Candidate Information Section</b>                                     |                          |   |   |
| 7. Candidate's Plan to Provide Mentoring                                       | <input type="checkbox"/> | <b>Required for K05 and K24. Do not include for K01, K07, K08, K18, K22, K23, K25, K76, K99, K99/R00. Limited to 6 pages.</b>   | Attachment  |
| <b>Mentor, Co-Mentor, Consultant, Collaborators Section</b>                    |                          |   |   |
| 8. Plans and Statements of Mentor and Co-Mentor(s)                             | <input type="checkbox"/> | <b>Required for K01, K08, K18, K23, K25, K76, K99, K99/R00. Warning if not included for K07 or K22. Limited to 6 pages.</b>   | Attachment View Attachment  |
| 9. Letters of Support from Collaborators, Contributors, and Consultants        | <input type="checkbox"/> | <b>Limited to 6 pages.</b>  | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>Environment and Institutional Commitment to Candidate Section</b>           |                          |   |   |
| 10. Description of Institutional Environment                                   | <input type="checkbox"/> | <b>Required. Limited to 1 page.</b>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 11. Institutional Commitment to Candidate's Research Career Development        | <input type="checkbox"/> | <b>Required. Limited to 1 page.</b>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>Other Research Plan Sections</b>  |                          |   |   |
| 12. Vertebrate Animals   | <input type="checkbox"/> | <b>Required if Vertebrate Animals Used is Yes on the R&amp;R Other Project Information form.</b>  | Attachment  |
| 13. Select Agent Research  | <input type="checkbox"/> |   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 14. Consortium/Contractual Arrangements  | <input type="checkbox"/> |   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 15. Resource Sharing   | <input type="checkbox"/> |   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 16. Authentication of Key Biological and/or Chemical Resources                 | <input type="checkbox"/> | <b>Required if project involves key biological and/or chemical resources. No system validation enforcement.</b>   | Attachment View Attachment  |



# PHS 398 Career Development Award Supplemental Form

## Appendix

17. Appendix

Add

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Applications will be withdrawn and not reviewed if they are submitted with appendix material that are not specifically listed in notice NOT-OD-17-098 or the FOA as allowed or required.

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

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

## \* Citizenship

18. \* U.S. Citizen or Non-Citizen National?

Yes  No

Not allowed for K43.

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

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

Not allowed for K43.

With a Permanent U.S. Resident Visa

Not allowed for K43.

With a Temporary U.S. Visa

Not Residing in the U.S.

Non-U.S. Citizen national with temporary U.S. Visa' is not typically a valid option, though it may be accepted for K99/R00 applications.

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here:

# PHS 398 Research Training Program Plan

OMB Number: 0925-0001  
Expiration Date: 3/31/2020

| Introduction  |  |   |   |
|---|--|---|---|
| 1. Introduction to Application (for Resubmission and Revision applications) | <input type="checkbox"/>                       | Required for Resubmission applications; limited to 3 pages.<br>Required for Revision applications; limited to 1 page.   | <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>   |
| Training Program Section  |  |   |   |
| 2. * Program Plan   | <input type="checkbox"/>                       | Required. Limited to 25 pages.  | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 3. Plan for Instruction in the Responsible Conduct of Research              | <input type="checkbox"/>                       | Required. Limited to 3 pages.   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 4. Plan for Instruction in Methods for Enhancing Reproducibility            | <input type="checkbox"/>                       | Rigor & transparency changes for training applications delayed (NOT-OD-16-034).<br>Until further notice, do not use this attachment unless specifically indicated in your funding opportunity announcement. | <input type="button" value="Delete Attachment"/>  |
| 5. Multiple PD/PI Leadership Plan (if applicable)                           | <input type="checkbox"/>                       | Required when multiple Sr/Key entries with the role of PD/PI are included on the R&R Sr/Key Person form.  | <input type="button" value="View Attachment"/>  |
| 6. Progress Report (for Renewal applications)                               | <input type="checkbox"/>                       | Required for Renewal applications.  | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| Faculty, Trainees and Training Record Section                               |  |   |   |
| 7. Participating Faculty Biosketches  | <input type="checkbox"/>                       | Warning if not included.  | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 8. Letters of Support   | <input type="checkbox"/>                       |   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 9. Data Tables  | <input type="checkbox"/>                       | Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.   | <input type="button" value="View Attachment"/>  |
| Other Training Program Section  |  |   |   |
| 10. Vertebrate Animals  | <input type="checkbox"/>                       | Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.   | <input type="button" value="View Attachment"/>  |
| 11. Select Agent Research   | <input type="checkbox"/>                       |   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 12. Consortium/Contractual Arrangements                                     | <input type="checkbox"/>                       |   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| Appendix  |  |   |   |
| 13. Appendix  | <input type="button" value="Add Attachments"/> | <input type="button" value="Delete Attachments"/>   | <input type="button" value="View Attachments"/>   |

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Applications will be withdrawn and not reviewed if they are submitted with appendix material that are not specifically listed in notice NOT-OD-17-098 or the FOA as allowed or required.

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

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

# PHS Fellowship Supplemental Form

OMB Number: 0925-0001  
Expiration Date: 03/31/2020

|   |  |   |
|---|--|---|
| <b>Introduction</b>   |  |   |
| 1. Introduction to Application<br>(for Resubmission applications)   | <input type="text" value="Required for Resubmission applications. Limited to 1 page."/>                                  | <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>   |
| <b>Fellowship Applicant Section</b>   |  |   |
| 2. * Applicant's Background and Goals<br>for Fellowship Training  | <input type="text" value="Required. Limited to 6 pages."/>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>Research Training Plan Section</b>   |  |   |
| 3. * Specific Aims  | <input type="text" value="Required. Limited to 1 page."/>  | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 4. * Research Strategy  | <input type="text" value="Required. Limited to 6 pages."/>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 5. * Respective Contributions   | <input type="text" value="Required. Limited to 6 pages."/>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 6. * Selection of Sponsor and Institution   | <input type="text" value="Required. Limited to 1 page."/>  | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 7. Progress Report Publication List<br>(for Renewal applications)   | <input type="text"/>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 8. * Training in the Responsible Conduct of<br>Research   | <input type="text" value="Required. Limited to 1 page."/>  | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>Sponsor(s), Collaborator(s), and Consultant(s) Section</b>   |  |   |
| 9. Sponsor and Co-Sponsor Statements  | <input type="text" value="Required. Limited to 6 pages."/>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 10. Letters of Support from Collaborators,<br>Contributors, and Consultants   | <input type="text" value="Limited to 6 pages."/>   | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>Institutional Environment and Commitment to Training Section</b>   |  |   |
| 11. Description of Institutional Environment<br>and Commitment to Training  | <input type="text" value="Limited to 2 pages. Includes Additional Education Information for F30 and F31 applications."/> | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>Other Research Training Plan Section</b>   |  |   |
| <b>Vertebrate Animals</b>   |  |   |
| <p>The following item is taken from the Research &amp; Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research &amp; Related Other Project Information form.</p> <p>Are Vertebrate Animals Used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |  |   |
| 12. Are vertebrate animals euthanized?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="text" value="Answer required if Vertebrate Animals Used is Yes on the R&amp;R Other Project Information form."/>                 |
| If "Yes" to euthanasia  |  |   |
| Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  |  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| If "No" to AVMA guidelines, describe method and provide scientific justification  |  |   |
| <input type="text" value="Up to 1000 characters."/>   |  |   |
| 13. Vertebrate Animals  | <input type="text" value="Required if Vertebrate Animals Used is Yes on the R&amp;R Other Project Information form."/>   |   |

# PHS Fellowship Supplemental Form

## Other Research Training Plan Information

14. Select Agent Research

15. Resource Sharing Plan

16. Authentication of Key Biological and/or Chemical Resources

Rigor & transparency changes for individual fellowship applications delayed (NOT-OD-16-034). Until further notice, do not use this attachment unless specifically indicated in your funding opportunity announcement.

## Additional Information Section

17. Human Embryonic Stem Cells

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

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

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

Cell Line(s):

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

18. Alternate Phone Number:

19. Degree Sought During Proposed Award:

Degree:  If "other", indicate degree type:  Expected Completion Date (MM/YYYY):

20. \* Field of Training for Current Proposal:

Enter appropriate 3-digit code from drop-down list.

21. \* Current or Prior Kirschstein-NRSA Support?  Yes  No

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

| * Level              | * Type               | Start Date (if known) | End Date (if known)  | Grant Number (if known) |
|----------------------|----------------------|-----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>    |

At least one entry is required if 'Current Or Prior Kirschstein-NRSA Support' is Yes. Can provide up to 4 support items.

22. \* Applications for Concurrent Support  Yes  No

If yes, describe in an attached file:

Limited to 1 page. Answer must be No for F05.

23. \* Citizenship:

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

**Non-U.S. Citizen**

With a Permanent U.S. Resident Visa

With a Temporary U.S. Visa

Non-U.S. Citizen with temporary U.S. Visa only required for F05.

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

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here:

24.  Change of Sponsoring Institution Name of Former Institution:

Required if 'Change of Sponsoring Institution' box is checked.

# PHS Fellowship Supplemental Form

## Budget Section

All Fellowship Applicants:

25. \* Tuition and Fees:

None Requested  Funds Requested:

|                               |                      |
|-------------------------------|----------------------|
| Year 1                        | <input type="text"/> |
| Year 2                        | <input type="text"/> |
| Year 3                        | <input type="text"/> |
| Year 4                        | <input type="text"/> |
| Year 5                        | <input type="text"/> |
| Year 6 (when applicable)      | <input type="text"/> |
| <b>Total Funds Requested:</b> | <input type="text"/> |

Senior Fellowship Applicants Only:

Fields in this section are required for F33.

|  |                             |                                      |                                       |
|--|-----------------------------|--------------------------------------|---------------------------------------|
| 26. Present Institutional Base Salary: | Amount <input type="text"/> | Academic Period <input type="text"/> | Number of Months <input type="text"/> |
|--|-----------------------------|--------------------------------------|---------------------------------------|

Reset Entry

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

|                               |                             |                                       |
|-------------------------------|-----------------------------|---------------------------------------|
| a. Federal Stipend Requested: | Amount <input type="text"/> | Number of Months <input type="text"/> |
|-------------------------------|-----------------------------|---------------------------------------|

|  |                             |                                       |
|--|-----------------------------|---------------------------------------|
| b. Supplementation from Other Sources: | Amount <input type="text"/> | Number of Months <input type="text"/> |
|--|-----------------------------|---------------------------------------|

Type (e.g., sabbatical leave, salary)

Source

## Appendix

28. Appendix

Add Attachments

Delete Attachments

View Attachments

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