A Walk Through The SF424 (R&R)

Presented by Scott Cooper & Emily Linde

Office of Policy for Extramural Research Administration
• Complete application includes combination of (R&R) components & PHS 398 components

• **Must** complete SF 424 (R&R) using package attached Funding Opportunity Announcement (*Information is drawn from specific FOA and auto-completed for use in the forms*)

• Complete data entry in all necessary components and upload appropriate attachments
SF424 (R&R) Components used for NIH grant applications include:

- SF424 (R&R)—An application cover component
- Research & Related Project/Performance Site Location(s)
- Research & Related Other Project Information
- Research & Related Senior/Key Person - Expanded
- Research & Related Budget
- R&R Subaward Budget Attachment Form
- SBIR/STTR Information
NIH requires agency-specific components:

- PHS Cover Letter
- PHS 398 Cover Page Supplement (*supplements R&R Cover*)
- PHS 398 Modular Budget
- PHS 398 Research Plan
- PHS 398 Checklist
- PHS 398 Career Development Award Supplemental Form
- PHS Fellowship Supplemental Form
- Letters of Reference
- PHS 398 Training Budget Forms
- PHS 398 Research Training Program Plan
SF424 (R&R) Application Guides

• NIH has developed three SF424 (R&R) Application Guides:
  1) General Instructions
  2) SBIR/STTR
  3) Fellowships

• Agency-specific instructions denoted with HHS Logo

• Application Guides are divided into three parts:
  – Part I: Instructions for Preparing and Submitting an Application
  – Part II: Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan
  – Part III: Policies, Assurances, Definitions And Other Information
Accessing Application Forms

- **Find** a grant opportunity in Grants.gov or NIH Guide to Grants and Contracts.
- Click on “Apply for Grant Electronically” button in the Funding Opportunity Announcement (FOA).
- FOA will link to Grants.gov where applications and instructions are available for download.
- In Grants.gov, use the FOA number to search and confirm you are responding to the correct announcement.
Navigating Application Forms

• **Grant Application Package** includes all appropriate forms, components that are required (mandatory) and those that are optional.
  
  – Some forms listed as optional are actually mandatory. Click on form and move it to submission box, then open to complete form.

• Fields highlighted in red and shaded in yellow are mandatory!
• Start with Cover Component

• **Item 1, Type of Submission**
  – Pre-application — do not use unless specifically noted in FOA.
  – Changed/Corrected Application — use only when correcting an application that failed NIH system validations. This is NOT a resubmission.

• **Item 4b, Agency Routing Identifier** do not use unless specifically noted in FOA

• **Item 5, Organizational DUNS** must match DUNS in eRA Commons profile.
SF424 (R&R)—A Cover Component: A Few Data Issues

• Item 8, Type of Application-
  – New is an application submitted for the first time
  – Resubmission is a revised or amended application to address reviewer feedback
  – Renewal is used when competing for additional years of funding to continue project.
  – Continuation NIH does not use SF424 R&R continuation applications.
  – Revision request for additional funds to expand scope

• Item 13, Congressional District for applicant organization only
## SF424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

### Page 2

#### 15. ESTIMATED PROJECT FUNDING

<table>
<thead>
<tr>
<th>a. Total Federal Funds Requested</th>
<th>b. Total Non-Federal Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Total Federal &amp; Non-Federal Funds</td>
<td>d. Estimated Program Income</td>
</tr>
</tbody>
</table>

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

- YES
- NO

**This Preapplication/Application Was Made Available to the State Executive Order 12372 Process for Review on:**

**DATE:**

- PROGRAM IS NOT COVERED BY E.O. 12372; OR
- PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

#### 18. SFLLL or other Explanatory Documentation

#### 19. Authorized Representative

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

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

#### 20. Pre-application

- Add Attachment
- Delete Attachment
- View Attachment

See Application Guide Section III
Project/Performance Site Locations

- More than 30 locations requires an attachment
- Available at http://grants.nih.gov/grants/funding/424/index.htm
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Human Subjects Involved?</td>
<td></td>
<td></td>
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<tr>
<td>If YES to Human Subjects</td>
<td></td>
<td></td>
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<tr>
<td>Is the Project Exempt from Federal regulations?</td>
<td></td>
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<tr>
<td>If no, is the IRB review Pending?</td>
<td></td>
<td></td>
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<tr>
<td>IRB Approval Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Subject Assurance Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are Vertebrate Animals Used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES to Vertebrate Animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the IACUC review Pending?</td>
<td></td>
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<tr>
<td>IACUC Approval Date:</td>
<td></td>
<td></td>
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<tr>
<td>Animal Welfare Assurance Number:</td>
<td></td>
<td></td>
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<tr>
<td>Is proprietary/privileged information included in the application?</td>
<td></td>
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<tr>
<td>Does this project have an actual or potential impact on the environment?</td>
<td></td>
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<tr>
<td>If yes, please explain:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
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<tr>
<td>Is the research performance site designated, or eligible to be designated, as a historic place?</td>
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<tr>
<td>Does this project involve activities outside of the United States or partnerships with international collaborators?</td>
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<tr>
<td>If yes, identify countries:</td>
<td></td>
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<tr>
<td>Optional Explanation:</td>
<td></td>
<td></td>
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<tr>
<td>Project Summary/Abstract</td>
<td></td>
<td></td>
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<tr>
<td>Project Narrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bibliography &amp; References Cited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities &amp; Other Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
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<tr>
<td>Other Attachments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• **Items 1 and 2, Human Subject Involvement and Vertebrate Animal Use** – Approval dates provided as JIT
  – Check yes to “Is the IRB Review Pending” and “Is the IACUC Review Pending” even if process has not begun at time of submission.
  – If IRB review is pending, Human Subject Assurance Number will be collected with JIT.

• **Item 8, Project Narrative** – Use for the public health relevance section

• **Item 12, Other Attachments** – complete only when requested in FOA
Senior/Key Person Profile - Expanded

• More than 40 Senior/Key Persons requires an attachment
Senior/Key Person Profile

• Captures personal profile information on PD/PI, key personnel, and other significant contributors.
• eRA Commons “Credential” mandatory for all individuals with PD/PI role
• For multiple PD/PI applications, individual designated as contact PD/PI must be affiliated with applicant organization in the eRA Commons
• Attach a Biographical sketch for all key personnel.
• Format and samples are available from the SF424 (R&R) Forms Page.
• Do not attach “Current & Pending Support” unless requested in FOA.
• Include organization for all senior/key personnel

• R&R Budget Form is one of two “optional” budget components. The other is the PHS 398 Modular Budget Form.
  – See FOA and SF424 (R&R) Instruction Guide for which type of budget component to use

• Complete components only for your own organization.

• Subawardees will complete components for their organization and provide to applicant organization.
• Applicant prepares a detailed budget for every budget period
• A detailed cumulative budget will be system-generated based on budget period data.
## R&R Budget Sections A & B

### A. Senior/Key Person

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

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

Additional Senior Key Persons: [Add Attachment] [Delete Attachment] [View Attachment]

### B. Other Personnel

- Post Doctoral Associates
- Graduate Students
- Undergraduate Students
- Secretarial/Clerical

<table>
<thead>
<tr>
<th>* Number of Personnel</th>
<th>* Project Role</th>
<th>Cal. Months</th>
<th>Acad. Sum.</th>
<th>* Requested Salary ($)</th>
<th>* Fringe Benefits ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Total Number Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)
Personnel separated into 2 sections:

- **A. Senior/Key Person**
  - Allows 8 named individuals
    - Information on additional Senior/Key persons provided in .pdf attachment
  - Provide time in “person-month” units, not percent effort
  - PD/PI field must be completed

- **B. Other Personnel**
  - Postdocs, Grad Students, Undergrads: Only the number of personnel is required (not specific names or responsibilities).
  - More detail provided in Budget Justification
  - NIH recommends providing actual “Base Salary”

Person-month FAQs: grants.nih.gov/grants/policy/person_months_faqs.htm
### R&R Budget Form

Include only personnel employed by (e.g., receiving salary from) your organization.

Consultants should be included in Section F Line 3 or Section A (if they are both senior/key and employed by the application organization).

Do not include other significant contributors in personnel section of R&R Budget.

### Senior/Key Personnel

Include all personnel considered senior or key, regardless of employer.

Include if considered senior or key, regardless of employer.

Effort commitments not relevant to this section.
### C. Equipment Description

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

<table>
<thead>
<tr>
<th>Equipment Item</th>
<th>* Funds Requested ($)</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11. Total funds requested for all equipment listed in the attached file</td>
<td>Total Equipment</td>
</tr>
</tbody>
</table>

Additional Equipment: [Add Attachment] [Delete Attachment] [View Attachment]

### D. Travel

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

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

Total Travel Cost

### E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other

<table>
<thead>
<tr>
<th>Number of Participants/Trainees</th>
<th>Total Participant/Trainee Support Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
• **Item C, Equipment** allows itemization of up to 10 pieces of equipment. If more, include total dollars in line 11 and provide details in the attachment.

• **Item D, Travel** separates Domestic and Foreign travel, but NIH continues to award as a single category.

• **Item E, Participant/Trainee Support Costs** not used unless requested in FOA.
R&R Budget Sections F - K

- Include tuition remission in **Item F**, Other Direct Costs

- **Item F(5), Consortium Costs** is not auto-populated.

- **Next Period Button** not available until all required data fields are completed, including the budget justification attachment.
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](image)

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

<table>
<thead>
<tr>
<th>Attachment Number</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Please attach Attachment 1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2) Please attach Attachment 2</td>
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<tr>
<td>3) Please attach Attachment 3</td>
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<tr>
<td>4) Please attach Attachment 4</td>
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<tr>
<td>5) Please attach Attachment 5</td>
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<tr>
<td>6) Please attach Attachment 6</td>
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<td></td>
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<tr>
<td>7) Please attach Attachment 7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8) Please attach Attachment 8</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9) Please attach Attachment 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Please attach Attachment 10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26
R&R Subaward Budget Attachment Form

- Used for detailed budget from consortia
- Subawardees must use correct Adobe Reader version
- Applicant sends R&R Subaward budget component to Subawardee(s); it is completed and returned; applicant attaches it in this component
- Allows up to 10 separate subaward budget attachments
  - Provide one budget for each consortium grantee
  - If more than 10 subawardees, include details for additional subawardees in budget justification (Section K)
### SBIR/STTR Information

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1b. Anticipated Number of personnel to be employed at your organization at the time of award.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>* If yes, insert the names of the Federal laboratories/agencies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Will all research and development on the project be performed in its entirety in the United States?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>* If no, provide an explanation in an attached file.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Explanation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>* If yes, insert the names of the other Federal agencies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Commercialization Plan: If you are submitting a Phase II or Phase II/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attach File: | Add Attachment | Delete Attachment | View Attachment*
### SBIR-Specific Questions:

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach File:</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
</tr>
</tbody>
</table>

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

### STTR-Specific Questions:

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Please indicate whether the answer to BOTH of the following questions is TRUE:</td>
<td></td>
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</tr>
<tr>
<td>(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</td>
<td></td>
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<tr>
<td>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?</td>
<td></td>
<td></td>
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</tbody>
</table>
• **Item 1a, Eligibility** – Applicants must meet SBIR/STTR eligibility requirements at time of award, not time of application.

• **Item 6, Disclosure Permission Statement** – Allows NIH to share contact information and project title to outside parties for possible collaborations or investments.

• **Item 7, Commercialization Plan** – Include for Phase II or Fasttrack applications
Agency-specific Components (a.k.a. PHS 398 Components)

• Form pages required in addition to standard SF 424 R&R, and included in the NIH form set:
  – PHS Cover Letter File
  – PSH 398 Cover Page Supplement (*supplements the R&R Cover*)
  – PHS 398 Modular Budget
  – PHS 398 Research Plan
  – PHS 398 Checklist
  – PHS 398 Career Development Award Supplemental Form
  – PHS Fellowship Supplemental Form
  – PHS 398 Training Forms

• Allows NIH to collect information not provided to other research agencies.
A suggested format for cover letters is described in all SF424 (R&R) Application Guides
1. Project Director / Principal Investigator (PD/PI)

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>Middle Name:</th>
<th>* Last Name:</th>
<th>Suffix:</th>
</tr>
</thead>
</table>

2. Human Subjects

<table>
<thead>
<tr>
<th>Clinical Trial?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Agency-Defined Phase III Clinical Trial?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3. Applicant Organization Contact

Person to be contacted on matters involving this application

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>Middle Name:</th>
<th>* Last Name:</th>
<th>Suffix:</th>
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<table>
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<tr>
<th>* Phone Number:</th>
<th>Fax Number:</th>
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<tr>
<td>Email:</td>
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<table>
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<th>* Title:</th>
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<tr>
<th>* Street1:</th>
<th>Street2:</th>
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<tr>
<th>* City:</th>
<th>County/Parish:</th>
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<tr>
<th>* State:</th>
<th>Province:</th>
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<table>
<thead>
<tr>
<th>* Country: USA: UNITED STATES</th>
<th>* Zip / Postal Code:</th>
</tr>
</thead>
</table>
4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?  

☐ No  ☐ Yes

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

Cell Line(s): ☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.
• Companion forms to the (R&R) Cover Component providing NIH with additional needed information
• Item 2. Human Subjects - includes Clinical Trial and Agency-Defined Phase III Clinical Trial indicators
• Item 3. Applicant Organization Contact, includes complete contact information (title & mailing address missing from section 5 of the R&R Cover)
• Item 4. Human Embryonic Stem Cells
# PHS 398 Modular Budget

## Budget Period: 1

### A. Direct Costs

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

- Direct Cost less Consortium F&A
- Consortium F&A
- Total Direct Costs

### B. Indirect Costs

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

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

Indirect Cost Rate Agreement Date:

Total Indirect Costs:

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
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<tbody>
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## Budget Period: 2

### A. Direct Costs

<table>
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<th>Indirect Cost Base ($)</th>
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</table>

- Direct Cost less Consortium F&A
- Consortium F&A
- Total Direct Costs

### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
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</thead>
<tbody>
<tr>
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<td>4</td>
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</table>

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

Indirect Cost Rate Agreement Date:

Total Indirect Costs:

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
PHS 398 Modular Budget

• Alternative to the R&R Budget form that doesn’t require detailed categorical information.
• Available to certain applicants requesting Direct Costs of $250,000 or less per year.
• Consortium F&A costs are not included in the $250,000 limit.
• Applicants must request total direct costs in “modules” of $25,000.
• Cumulative Budget is system-generated
• Budget Justifications PDF text attachments
  – for Personnel, Consortium and Other
### PHS 398 Research Plan

#### 1. Application Type:

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

*Type of Application:*

- New
- Resubmission
- Renewal
- Continuation
- Revision

#### 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below:

1. **Introduction to Application**  
   (for Resubmission or Revision only)

2. **Specific Arms**

3. **Research Strategy**

4. **Inclusion Enrollment Report**

5. **Progress Report Publication List**

#### Human Subjects Section:

6. **Protection of Human Subjects**

7. **Inclusion of Women and Minorities**

8. **Targeted/Planned Enrollment Table**

9. **Inclusion of Children**

#### Other Research Plan Sections

10. **Vertebrate Animals**

11. **Select Agent Research**

12. **Multiple PD/PI Leadership Plan**

13. **Consortium/Contractual Arrangements**

14. **Letters of Support**

15. **Resource Sharing Plan(s)**

16. **Appendix**
PHS 398 Research Plan

• Same formatting requirements in the PHS 398 apply here—margins, page limits, etc.
• Separate PDF attachments for each section

Appendix Material
  – Allows up to 10 separate attachments
1. Application Type:
From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:
- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

Federal Identifier: [ ]

2. Change of Investigator / Change of Institution Questions
- [ ] Change of principal investigator / program director

Name of former principal investigator / program director:
- Prefix: [ ]
- * First Name: [ ]
- Middle Name: [ ]
- * Last Name: [ ]
- Suffix: [ ]

- [ ] Change of Grantee Institution

* Name of former institution:
[ ]

3. Inventions and Patents  (For renewal applications only)

Inventions and Patents: [ ] Yes [ ] No

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

* Previously Reported: [ ] Yes [ ] No
4. * Program Income

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

- Yes
- No

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

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

5. * Disclosure Permission Statement

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

- Yes
- No
<table>
<thead>
<tr>
<th><strong>PHS 398 Career Development Award Supplemental Form</strong></th>
<th><strong>OMB Number: 0925-0001</strong></th>
</tr>
</thead>
</table>

### 1. Application Type:
From SF-424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.

<table>
<thead>
<tr>
<th><strong>1. Application Type:</strong></th>
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<tbody>
<tr>
<td>[ ] Initial Application</td>
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<tr>
<td>[ ] Resubmission</td>
</tr>
<tr>
<td>[ ] Renewal</td>
</tr>
<tr>
<td>[ ] Continuation</td>
</tr>
<tr>
<td>[ ] Revision</td>
</tr>
</tbody>
</table>

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

#### Candidate Information
- **2. Candidate's Background**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **3. Career Goals and Objectives**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **4. Career Development/Training Activities During Award Period**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **5. Training in the Responsible Conduct of Research**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **6. Mentoring Plan**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

#### Statements of Support
- **7. Statements by Mentor, Co-Mentors, Consultants, Contributors**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

#### Environment and Institutional Commitment to Candidate
- **8. Description of Institutional Environment**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **9. Institutional Commitment to Candidate's Research Career Development**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

#### Research Plan
- **10. Specific Aim**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **11. * Research Strategy**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **12. Inclusion Enrollment Report**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **13. Progress Report Publication List**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

#### Human Subject Sections
- **14. Protection of Human Subjects**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **15. Inclusion of Women and Minorities**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **16. Targeted/Planned Enrollment**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

- **17. Inclusion of Children**
  - [ ] Add Attachment
  - [ ] Delete Attachment
  - [ ] View Attachment

---

**Career Development Award Attachments**

- **Candidate Info**
- **Statements of Support**
- **Environ/Inst Commitment**
- **Research Plan**
- **Human Subjects**
### 2. Career Development Award Attachments (continued):

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

#### Appendix (if applicable)

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

#### *3. Citizenship:*

- [ ] U.S. Citizen or noncitizen national
- [ ] Permanent Resident of U.S.
  - (If a permanent resident of the U.S., a notarized statement must be provided by the time of award)
- [ ] Non-U.S. Citizen with temporary U.S. visa
# PHS Fellowship Supplemental Form

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

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

## B. Research Training Plan

1. **Introduction to Application**
   (for RESUBMISSION applications only)

2. *Specific Aims*

3. *Research Strategy*

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

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

### Human Subjects

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

- Are Human Subjects Involved? [ ] Yes [ ] No

- *Human Subjects Involvement Indefinite? [ ] Yes [ ] No

- Clinical Trial? [ ] Yes [ ] No

- Agency-Defined Phase III Clinical Trial? [ ] Yes [ ] No

- Protection of Human Subjects

- Inclusion of Women and Minorities

- Targeted/Planned Enrollment

- Inclusion of Children
### Fellowship Supplemental Form (cont…)

#### Other Research Training Plan Sections

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

**Are Vertebrate Animals Used?**

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Section</th>
<th>Action Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. * Vertebrate Animals Use Indefinite?</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>14. Vertebrate Animals</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>15. Select Agent Research</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>16. Resource Sharing Plan</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>17. * Respective Contributions</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>18. * Selection of Sponsor and Institution</td>
<td>Add Attachment</td>
</tr>
<tr>
<td>19. * Responsible Conduct of Research</td>
<td>Add Attachment</td>
</tr>
</tbody>
</table>
C. Additional Information  (continued)

Institution

11. □ Change of Sponsoring Institution

   Name of Former Institution:

D. Budget

   All Fellowship Applicants:

   1. "Tuition and Fees:

      None Requested  Funds Requested:

      Year 1
      Year 2
      Year 3
      Year 4
      Year 5
      Year 6 (when applicable)

      Total Funds Requested:

   Senior Fellowship Applicants Only:

   2. Present Institutional Base Salary:

   Amount  Academic Period  Number of Months

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

      a. Federal Stipend Requested:

         Amount  Number of Months

      b. Supplementation from other sources:

         Type (sabbatical leave, salary, etc.)
         Source

E. Appendix

Add Attachments  Delete Attachments  View Attachments
• Item B. - Research Training Plan includes: specific aims and a research strategy
• Item B. 1 - Introduction to application required for resubmissions – only
• Item B. 17 – Respective Contributions: describe collaboration between fellow and sponsor.
• Item C. 10 - Applicants must meet citizenship requirements at time of award, not time of application.
### A. Stipends, Tuition/Fees

**Number of Trainees**

<table>
<thead>
<tr>
<th>Full Time</th>
<th>Short Term</th>
<th>Undergraduate</th>
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<tbody>
<tr>
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<td>Number Per Stipend Level:</td>
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<tr>
<td></td>
<td></td>
<td>First-Year/Soph.</td>
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<tr>
<td>Predoctoral</td>
<td>Single Degree</td>
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<tr>
<td></td>
<td>Dual Degree</td>
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<td></td>
<td>Total Predoctoral</td>
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<tr>
<td>Postdoctoral</td>
<td>Non-degree Seeking</td>
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<tr>
<td></td>
<td>Degree Seeking</td>
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<td></td>
<td>Total Postdoctoral</td>
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<td></td>
<td>Other:</td>
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</tbody>
</table>

**Stipends Requested ($)**

<table>
<thead>
<tr>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
</table>

### B. Other Direct Costs

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

**Total Other Direct Costs Requested**

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

### D. Indirect Costs

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

**Total Indirect Costs Requested**

### E. Total Direct and Indirect Costs Requested (C + D)
# PHS 398 TRAINING BUDGET, Cumulative Budget

## A. Stipends, Tuition/Fees

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

## B. Other Direct Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Funds Requested ($)</th>
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<tbody>
<tr>
<td>Trainee Travel</td>
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<tr>
<td>Training Related Expenses</td>
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<tr>
<td>Total Direct Costs from R&amp;R Budget Form</td>
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<tr>
<td>(If applicable)</td>
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<tr>
<td>Consortium Training Costs (if applicable)</td>
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<tr>
<td><strong>Total Other Direct Costs Requested</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

## D. Total Indirect Costs Requested

## E. Total Direct and Indirect Costs Requested (C + D)
PHS 398 Training Budget

- Mandatory for NRSA grant programs.
- 3 Types of Training Budgets
  - Appropriate one will be defined for you by FOA
- Consult FOA for non-NRSA programs to determine, which budget form pages to use.
<table>
<thead>
<tr>
<th>1. Application Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From SF424 (R&amp;R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the appropriate sections of the research training program plan.</td>
</tr>
<tr>
<td>New</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Research Training Program Plan Attachments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please attach applicable sections of the research training program plan, below.</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>2. Background</th>
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<table>
<thead>
<tr>
<th>3. Program Plan</th>
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</table>

| 4. Recruitment and Retention |
| Plan to Enhance Diversity |

| 5. Plan for Instruction in the |
| Responsible Conduct of Research |

<table>
<thead>
<tr>
<th>6. Progress Report</th>
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<tbody>
<tr>
<td>(for RENEWAL applications only)</td>
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<table>
<thead>
<tr>
<th>7. Human Subjects</th>
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<th>8. Vertebrate Animals</th>
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<tbody>
<tr>
<td>(if applicable)</td>
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</table>

| 11. Consortium/Contractual |
| Arrangements |

<table>
<thead>
<tr>
<th>12. Participating Faculty Biosketches</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>13. Data Tables</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>14. Letters of Support</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15. Appendix</th>
</tr>
</thead>
</table>
• Item 2.2-2.5 – combined page limit is 25 pages
• Item 2.5 – Plan for Instruction in Responsible Conduct of Research is required for all training grant activity codes (except T36).
• Item 2.13 Data Tables – the attachment for the user defined bookmarks will be pulled into the NIH application image.
• **Do not** include headers or footers
• **Do** include a section heading as part of the text; e.g., Use heading of Significance, Innovation, and Approach in Research Strategy
PDF Attachment Hints

• Do not scan paper documents.
• Use meaningful titles for file names.
• Only use standard characters in file names: A-Z, 0-9, Underscore ( _ ).
• Disable write-protection features.
• A zero-byte attachment is an invalid PDF.

Grant Application Package

- **Offering Agency:** National Institutes of Health
- **CFDA Number:**
- **CFDA Description:**
- **Opportunity Number:** PA-10-067
- **Competition ID:** ADOBE-FORMS-B
- **Opportunity Open Date:** 01/05/2010
- **Opportunity Close Date:** 01/07/2013
- **Agency Contact:**
  - Grants Info
  - Grants Information
  - E-mail: GrantsInfo@nih.gov
  - Phone: 301-435-0714

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

### Mandatory Documents for Submission
- SF424 (R & R)
- Project/Performance Site Location(s)
- Research And Related Other Project Information
- Research And Related Senior/Key Person Profile
- PHS 398 Cover Page Supplement
- PHS 398 Research Plan
- PHS 398 Checklist

### Optional Documents for Submission
- PHS Cover Letter
- PHS 398 Modular Budget
- Research & Related Budget
- R & R Subaward Budget Attachment(s) Form

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.
Application Submission

• Save final application document and click “Check Package for Errors” on Grant Application Package Screen.

• Once all documents are properly completed “Save & Submit” button becomes active.

• After clicking “Save & Submit,” Application Submission Verification and Signature screen will appear.

• Confirm you are responding to correct FOA.

• After clicking “Sign and Submit Application” applicants will receive a Grants.gov Tracking Number.
Click **Sign and Submit Application**.
Grants.gov Tracking #

Print/Save your Confirmation screen info

Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Over the next 24 to 48 hours, your application by the Grants.gov system either been successfully validated or been rejected due to errors.

To contact the Contact Center, please call 1-800-730-0200. Contact Center hours of operation are Monday-Friday 7:00 am to 9:00 pm (ET). The National Grants.gov Help Desk can be reached by email at support@grants.gov. You may also monitor the status of your application by clicking on the “Track My Application” link.

Note: Once the grantor agency has retrieved your application, you may contact them directly for any subsequent questions regarding your application.

IMPORTANT NOTICE: If you do not receive a confirmation email regarding your submission, the Contact Center can be reached by email at support@grants.gov. Include your Grants.gov tracking number on all correspondence. The Grants.gov tracking number will look like GRANT000523075.

The following application tracking information was generated by the system:

Grants.gov Tracking Number: GRANT000523075
Applicant DUNS: 00-000-0000
Submitter’s Name: NIH Test
CFDA Number: 93.838
CFDA Description: Lung Diseases Research
Funding Opportunity Number: PA-8B-801
Funding Opportunity Description: G. A. A. T. O. and NIH Ext-UAT Test POA (R01)
Agency Name: National Institutes of Health Stage
Application Name of this Submission: Sheri R01 test submission B-2
Date/Time of Receipt: 2010.02.11 6:41 PM, EST

TRACK MY APPLICATION - To check the status of this application, please click the link below:

It is suggested you Save and/or Print this response for your records.
Handy Tools and Final Thoughts
Applying Electronically

Most competing grant applications to NIH require electronic submission. Organizations submit applications via Grants.gov, the online portal to find and apply for grants across all Federal agencies. Applicants must follow their application through to the eRA Commons, NIH’s electronic system for grants administration, to complete the submission process. If you can’t view the application in the Commons, we can’t review it!

Important Reminder: Organizations must register in both Grants.gov and eRA Commons to apply for most NIH grants. Registration can take four weeks or more to complete. Start now!

Electronic Application Process

1. Prepare to Apply & Register
2. Find Opportunity
3. Prepare Application
4. Submit, Track & View

Tips
- PI (PDF - 122 KB)
- Small Biz (PDF - 23 KB)
- Reviewers (PDF - 343 KB)

History of move from paper to electronic applications. (PDF - 31 KB)

News

- Major Electronic Submission Changes for due dates on or after January 25, 2010!
  - New Application Packages and Shorter Page Limits
  - Training Grants Transition from Paper to Electronic Submission
  - Error-Correction Window Temporarily Extended for Electronic Applications

- Latest eSubmission/eRA Commons news from NIH
- Latest News From Grants.gov

http://grants.nih.gov/grants/ElectronicReceipt/
SF424 (R&R) Application and Electronic Submission Information

This page provides application guides for preparing electronic grant applications using the SF424 (R&R) application forms. Free Adobe Reader software is required. For minimum system requirements and download instructions, go to http://www.grants.gov/help/download_software.jsp. See the Electronic Submission of Grant Applications page for more information on the NIH electronic submission process.

Table of Contents for this Page:

- SF424 (R&R) Application Guides
- Additional Format Pages
- Data Tables (for Institutional Training Grant Applications)
- Other Information (eRA Assembly guides and Person-Months information)
- Notable Changes Made to SF424 (R&R) Application Guides

Latest News:

- Now Available: SF424 (R&R) Individual Fellowship Application for NIH and AHRQ (02/05/2010)

Instructions During Transition to Restructured Application Forms

NIH and other PHS agencies are transitioning to Restructured Application Forms with new page limits. For a period of time between November, 2009 and the beginning of February, 2010, applicants must carefully select which version of the FOA and application package they should be using, and during this period all active funding opportunities will be clearly noted in the "Competition ID" field of the forms package. All applications intended for due dates January 25, 2010 must use the current application packages and instructions (Competition ID of ADOBE-FORMS-A). All applications intended for due dates after January 25, 2010 must use the new application package.
Tools

• Training

• Other
  – Frequently Asked Questions
    http://grants.nih.gov/grants/ElectronicReceipt/faq.htm
  – Avoiding Common Errors
  – Communications Resources (brochures, presentations, drop-in newsletter articles)
    http://grants.nih.gov/grants/ElectronicReceipt/communication.htm
Finding Help:

• Review application instruction guide(s)

• Grants Info
  – Phone: 301-435-0714
  – 301-451-0088 (TTY)
  – Email GrantsInfo@nih.gov

• eRA Commons Help Desk
  – Phone: 301-402-7469/866-504-9552
  – 301-451-5939 (TTY)
  – Email commons@od.nih.gov
  – http://itservicedesk.nih.gov/era/

Enter your own help ticket!
Contact Information

Scott Cooper – cooper@sa2@mail.nih.gov
Emily Linde – lindee@mail.nih.gov

Grant Policy Inbox – GrantsPolicy@OD.nih.gov

THANK YOU!
Questions?