

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



### FORMS CURRENTLY SUPPORTED BY ERA:

#### **Federal-wide Forms**

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### Agency-specific (PHS) Forms

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#### IMPORTANT NOTES:

- The Application Guides found at <a href="http://grants.nih.gov/grants/funding/424/index.htm">http://grants.nih.gov/grants/funding/424/index.htm</a> and the announcement text for the target Funding Opportunity Announcement (FOA) remain the official documents for defining application requirements. This resource is meant to compliment, not replace, those documents.
- NIH electronic application packages include a subset of the forms included in this resource. The forms included for a specific FOA are dependent on the activity code used for that FOA.
- The yellow boxes with red outlines are required fields. The Application Guide and this resource describe NIH form field requirements above what is marked on the federal-wide forms.
- The light blue boxes throughout the document represent processing notes and eRA system validations. The purple boxes indicate changes from ADOBE-FORMS-A to ADOBE-FORMS-B form sets.
- The eRA system checks submitted applications against many of the business rules defined in the Application Guide. Not all system validations are contained in this resource. For a complete list of eRA eSubmission Validations see: http://grants.nih.gov/grants/ElectronicReceipt/files/SF424RR\_Validation.pdf.

#### • General attachment tips:

- Use simple PDF formatted files for all attachments
  - Do not use Portfolio or similar feature to bundle multiple files into a single PDF
  - Disable security features like password protection
- Keep filenames to 50 characters or less and use only letters, numbers and underscore (\_)
- o Follow guidelines for fonts, margins and avoid 2-column and "landscape" formats

Fill out SF424 (R&R) form first. It populate	es fields in other forms. OMB Number: 4040-0001 Expiration Date: 06/30/2011
APPLICATION FOR FEDERAL ASSISTANCE	3. DATE RECEIVED BY STATE   State Application Identifier
SF 424 (R&R) Use Changed/Corrected when	If Application(box 1)+New(box 8), then
1. * TYPE OF SUBMISSION correcting eRA errors/warnings.	leave blank. If Changed/Corrected(box:
Pre-application Application Changed/Corrected Application	+New(box 8), use previous Grants.gov tracking #. Otherwise, use Institute and
2. DATE SUBMITTED Applicant Identifier	serial # of previous NIH grant/app # (e.
Use Application for first	Note: New field. NIH   use CA987654 from 1R01CA987654-0
5. APPLICANT INFORMATION submission attempt.	* Organizational DUNS: Must match DUNS used for Gran
* Legal Name Do not use Pre-application unless specifically no	gov and Commons registrations.
Department: Division:	
* Street1:	
Street2:	Note: County label changed to County/Parish
* City: County / Pari	throughout ADOBE-FORMS-B forms.
* State:	Province:
* Country: USA: UNITED STATES	* ZIP / Postal Code: Note: Must provide zip+4 for all zipcodes in ADOBE-FORMS-B forms
Person to be contacted on matters involving this application	Codes III ADOBE-I ONNO-B IOINI
Prefix: * First Name:	Middle Name:
* Last Name:	Suffix:
* Phone Number: Fax Number:	
Email: Contact email is required by NIH. Provide sing	le email address; can be a distribution list or group address.
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	
7. * TYPE OF APPLICANT: Pleas	se select one of the following
Other (Specify):	
	ally and Economically Disadvantaged
8. * TYPE OF APPLICATION: See Application Revision, mark a	appropriate box(es).
New Resubmission Guide for definitions. A. Increase A	Award B. Decrease Award C. Increase Duration D. Decrease Duration
Renewal Continuation Revision E. Other (spe	ecify):
* Is this application being submitted to other agencies? Yes No V	What other Agencies?
9. * NAME OF FEDERAL AGENCY: 10. CATA	LOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
National Institutes of Healt Pre-populated from o	oportunity info. NIH will assign CFD
	post-submission.
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	saves first 81 characters of Project Title. If Revision (box8), provide exact
	saves first 81 characters of Project Title. If Revision (box8), provide exact iding punctuation and spacing) as provided for awarded grant.
12. PROPOSED PROJECT:	T OF APPLICANT Note: Areas Affected by Project
	field (item #12 in ADOBE-FORMS-
	A) was removed and remaining
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFO Prefix: * First Name:	Middle Name:
* Last Name: PD/PI first/last name should m	atch name on file for
Commons ID provided in the C Position/Title: R&R Senior/Key Person Profil	redeficial field of the
* Organization Name:	C ISIM.
Department: Division:	
* Street1:	
Street2:	
* City: County / Pari	ish:
* State:	Province:
* Country	* ZIP / Postal Code:
* Phone Number: Fax Number:	
* Email:	
<del></del>	

<sup>\*\*</sup> Footer not part of forms

15. ESTIMATED PROJECT FUNDING	16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
Manually enter Estimated Project Funding Amounts.	
a. Total Federal Funds Requested	a. YES
b. Total Non-Federal Funds Note: New field.	PROCESS FOR REVIEW ON:
c. Total Federal & Non-Federal Funds	DATE:
d. Estimated Program Income	b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR
	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
true, complete and accurate to the best of my knowledge. I also perms if I accept an award. I am aware that any false, fictitious. or administrative penalities. (U.S. Code, Title 18, Section 1001)	for full list of NIH policies & certifications.
* The list of certifications and assurances, or an Internet site where you may obtain	
18. SELLE or other Explanatory Documentation	place of Assurances/Certifications Explanation attachment on PHS 398 and for disclosure of lobbying activities on the SFLLL form, when applicable.
Official form	Add Attachment Delete Attachment View Attachment
19. Authorized Representative	
Prefix: * First Name:	Middle Name:
* Last Name:	Suffix:
* Position/Title:	Authorized Organization Representative
* Organization:	(AOR) in Grants.gov must have signature authority for the organization.
Department: Division:	The electronic signature of the
* Street1:	submitting AOR is recorded with submission.
Street2:	In eRA Commons this individual is
* City: County / Pai	
* State:	Province:
* Country: USA: UNITED STATES	* ZIP / Postal Code:
* Phone Number: Fax Number:	
* Email:	
	12 / 21
* Signature of Authorized Representative	* Date Signed  Completed on submission to Grants.gov
Completed on submission to Grants.gov	completed on submission to Grants.gov
20. Pre-application Do not use unless specifically not	ed in the opportunity.   Delete Attachment   View Attachment

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

Note: 'Research & Related' removed from the form title so that it can be used in all Grants.gov form families.

### **Project/Performance Site Location(s)**

OMB Number: 4040-0010
Expiration Date: 08/31/2011

Project/Performance Site Primary Location	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.
Organization Name:	DO NOT check box. NIH only accepts applications from organizations.
DUNS Number: Note: New field.	
* Street1:	
Street2:	
* City:	County:
* State:	
Province:	Note: Congressional District field and attachment removed from
* Country: USA: UNITED STATES	SF424 R&R cover and replaced withis field.
* ZIP / Postal Code:	* Project/ Performance Site Congressional District:
Project/Performance Site Location 1  Organization Name:  DUNS Number:  * Street1:	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.
Street2:	
* City:	County:
* State:	
Province:	
* Country: USA: UNITED STATES	
* ZIP / Postal Code:	* Project/ Performance Site Congressional District:
	up to 30 Project/Performance locations prior to using attachment for at Site button appears once Site Location 1 is completed.
Auditional Location(5)	Add Attachment Delete Attachment View Attachment

Updated: June 10, 2010 \*\*

### **RESEARCH & RELATED Other Project Information**

If Human Subjects = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.
1.a If YES to Human Subjects  1.a If YES to Human Subjects
Is the Project Exempt from Federal regulations?
Human Subject Assurance Number. Warning given if Note: New If yes, check appropriate exemption number. 1 2 3 4 5 6 Human Subject Assurance Number does not match
the number on file in eRA Commons Institution profile.
IRB Approval Date: If IRB Pending = Yes, the IRB Approval Date and Human Subject
Human Subject Assurance Number: Assurance Number are not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data.
2. * Are Vertebrate Animals Used?  Yes  No  If Vertebrate Animals = Yes, additional attachments are
2.a. If YES to Vertebrate Animals required in the PHS 398 Research Plan or equivalent form.
Is the IACUC review Pending? Yes IACUC Approval Date is not required at time of submission, but may
IACUC Approval Date: be requested later in the pre-award process as Just-In-Time data.
Animal Welfare Assurance Number or the text 'None' must be provided.
3. * Is proprietary/privileged information included in the application? Yes No
4.a. * Does this project have an actual or potential impact on the environment? Yes No
4.b. If yes, please explain:
4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No
4.d. If yes, please explain:
5. * Is the research performance site designated, or eligible to be designated, as a historic place?  Yes No Note: New
5.a. If yes, please explain: question.
6. * Does this project involve activities outside of the United States or partnerships with international collaborators?
6.a. If yes, identify countries:
6.b. Optional Explanation:
7. * Project Summary/Abstract Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page.  Attachment View Attachment
8. * Project Narrative Typically 2-3 sentence statement of public health relevance; system will give error if over 1 page.
9. Bibliography & References Cited  Note: See Application Guide for new instructions. Changed to require a description of how the
10. Facilities & Other Resources of the environment, and for Early Stage Investigators, the institutional investment in the success
of the investigator (e.g., resources, classes, etc.).
12. Other Attachments Add Attachments Delete Attachments View Attachments
Only provide Other Attachments when requested in the FOA.

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# RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Inve	stigator
Prefix: * First Name:	Middle Name:
* Last Name:	Suffix:
Position/Title: Departmen	t:
Organization Name: Organization Name required by NIH. PD/PI Organiz	ation Division:
* Street1: Name is pre-populated from SF424 (R&R) cover.	
Street2:	
* City: County/ Parish:	
* State:	Province:
* Country: USA: UNITED STATES	* Zip / Postal Code:
* Phone Number: Valid oPA Commona Llearname must be sur	oplied. NIH required field. Contact PD/PI must be affiliated
	mmons account designated on this form should not have
Credential, e.g., agency login:	s as SO, use a separate account for SO functions.
Project Role will default to PD/PI and must i	
Note: New field: replaces Degrees fields from PHS 39	
Degree Type: Degree information in Commons profile is considered	official data source.
Format and complete bits //ww	each person. Limited to 4 pages.
7 titaon Biographical ottoton	ants.nih.gov/grants/funding/424/index.htm.
Attach Current & Pending Support	ing Support if specifically requested in
	in pre-award process as Just-In-Time data.
PROFILE - Senior/Key Person 1	
Prefix: * First Name:	Middle Name:
Prefix: * First Name: * Last Name:	Middle Name:
* Last Name:	Suffix:
* Last Name: Position/Title: Departmen	Suffix: t:
* Last Name:  Position/Title:  Organization Name:  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine note.	Suffix: t:
* Last Name:  Position/Title:  Organization Name:  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine potential.	Suffix: t:
* Last Name:  Position/Title:  Organization Name:  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine potes.  Street2:	Suffix: t:
* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  Departmen  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote  County/ Parish:	Suffix: t: r entries. This ential review conflicts.
* Last Name:  Position/Title:  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote  * Street1:  Street2:  * City:  * State:	Suffix: t: ventries. This ential review conflicts.  Province:
* Last Name:  Position/Title:  Organization Name:  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote  Street1:  Street2:  * City:  County/ Parish:  * State:  * Country: USA: UNITED STATES	Suffix: t: r entries. This ential review conflicts.
* Last Name:  Position/Title:  Organization Name:  * Street1:  Street2:  * City:  * State:  * Country:  USA: UNITED STATES  * Phone Number:  Departmen  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote  Fax Number:	Suffix: t: rentries. This ential review conflicts.  Province: * Zip / Postal Code:
* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  * State:  * Country: USA: UNITED STATES  * Phone Number:  * E-Mail:  For Multiple PD/PI applications you must us Username in the Credential field for all PD/PI	Suffix:  t:  rentries. This ential review conflicts.  Province:  * Zip / Postal Code:  et the PD/PI role and provide the eRA Commons
* Last Name:  Position/Title:  Organization Name:  * Street1:  Street2:  * City:  * County/ Parish:  * State:  * Country: USA: UNITED STATES  * Phone Number:  * E-Mail:  For Multiple PD/PI applications you must us	Suffix:  t:  rentries. This ential review conflicts.  Province:  * Zip / Postal Code:  et the PD/PI role and provide the eRA Commons Pls. If multiple PD/PIs are included, the Multiple PD/PI
* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  * Country:  USA: UNITED STATES  * Phone Number:  * E-Mail:  Credential, e.g., agency login:  * Project Role:  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote information is used by	Suffix:  t:  ventries. This ential review conflicts.  Province:  * Zip / Postal Code:  * Zip / Postal Code:  ee the PD/PI role and provide the eRA Commons Pls. If multiple PD/PIs are included, the Multiple PD/PI Plan form is required.  pry:
* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  * Country:  USA: UNITED STATES  * Phone Number:  * E-Mail:  Credential, e.g., agency login:  * Last Name:  Department  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote information i	Suffix:  t:  ventries. This ential review conflicts.  Province:  * Zip / Postal Code:  * Zip / Postal Code:  ee the PD/PI role and provide the eRA Commons Pls. If multiple PD/PIs are included, the Multiple PD/PI Plan form is required.  pry:
* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  * Country:  USA:  UNITED STATES  * Phone Number:  * E-Mail:  Credential, e.g., agency login:  * Project Role:  * Department  Organization Name required by NIH for all Sr/Key information is used by NIH staff to determine pote informa	Suffix:  t:  ventries. This ential review conflicts.  Province:  * Zip / Postal Code:  * Zip / Postal Code:  ee the PD/PI role and provide the eRA Commons Pls. If multiple PD/PIs are included, the Multiple PD/PI Plan form is required.  pry:
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* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  * Country:  USA: UNITED STATES  * Phone Number:  * E-Mail:  Credential, e.g., agency login:  * Project Role:  Degree Type:  Note: Postdoctoral Scholar and Co-Investigator additional posts of the project Role and Co-Investigator additional posts of the project Role and Additional posts of the posts of	Suffix:  t:  rentries. This ential review conflicts.  Province:  * Zip / Postal Code:  * Zip / Postal Code:  * Be the PD/PI role and provide the eRA Commons Pls. If multiple PD/PIs are included, the Multiple PD/PI Plan form is required.  Province:  * Zip / Postal Code:  * Zip / Postal
* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  * Country:  * State:  * Country:  USA: UNITED STATES  * Phone Number:  * E-Mail:  Credential, e.g., agency login:  * Project Role:  Degree Type:  Note: Postdoctoral Scholar and Co-Investigator additional post of the project Role of the project Ro	Suffix:  t:  rentries. This ential review conflicts.  Province:  * Zip / Postal Code:  * Zip / Postal Code:  * Be the PD/PI role and provide the eRA Commons Pls. If multiple PD/PIs are included, the Multiple PD/PI Plan form is required.  Province:  * Zip / Postal Code:  * Zip / Postal
* Last Name:  Position/Title:  Organization Name:  Street1:  Street2:  * City:  * Country:  USA: UNITED STATES  * Phone Number:  * E-Mail:  Credential, e.g., agency login:  * Project Role:  Degree Type:  Note: Postdoctoral Scholar and Co-Investigator additional parts of the project Role and Co-Investigator and Co-Investigator additional parts of the project Role and Co-Investigator and Co-Investigator additional parts of the project Role and Co-Investigator and Co-Inv	Suffix:  t: rentries. This ential review conflicts.  Province:  * Zip / Postal Code:  * Zip / Postal Code:  * Be the PD/PI role and provide the eRA Commons Pls. If multiple PD/PIs are included, the Multiple PD/PI Plan form is required.  Pory:    Delete Attachment   View Attachment

\*\* Footer not part of forms

ADOBE-FORMS-B Page6

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

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6. 5.

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RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

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

organization's DUNS and not DUNS of the applicant organization.

Clo	se Form				
	RESEARCH & RELATED BUDGET - SE	ECTION C, D	), & E, BUD	GET PERIOD 1	
* OR	GANIZATIONAL DUNS:				
* Bu	dget Type: Project Subaward/Consortium				
Ente	r name of Organization:				
	* Start Date: * End Date:	Budget Perio	od 1		
		_			
C. E	quipment Description				
List	items and dollar amount for each item exceeding \$5,000				
	Equipment item		* Funds Requ	uested (\$)	
1.					
2.					
3.	Itemize up to 10 pieces of equipment.				
4.	If more, include total dollars in line 11 and provide				
5.	details in the Additional Equipment Attachment.				
6.					
7.					
8.					
9.					
10.					
11.	Total funds requested for all equipment listed in the attached file				
	Tot	tal Equipment			
Ad	ditional Equipment:	Add A	ttachment	Delete Attachment	View Attachment
D. T	ravel		Funds Requ	ested (\$)	
1.	Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)				
2.	Foreign Travel Costs				
	To	otal Travel Cos	t		
E. P	articipant/Trainee Support Costs Only complete this section if requested to do so in the FO.	^	Funds Requ	ested (\$)	
1.	Tuition/Fees/Health Insurance	<u> </u>			
2.	Stipends				
3.	Travel		_		
4.	Subsistence				

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

Number of Participants/Trainees Total Participant/Trainee Support Costs

5. Other

Close Form **Next Period** button will appear after all fields in the RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1 budget period that are marked required (including \* ORGANIZATIONAL DUNS: the Budget Justification) are \* Budget Type: Project Subaward/Consortium completed. **Enter name of Organization:** \* Start Date: \* End Date: **Budget Period 1** F. Other Direct Costs Funds Requested (\$) 1. Materials and Supplies 2. Publication Costs 3. Consultant Services 4. ADP/Computer Services Subaward/Consortium/ Contractural Costs not auto-Subawards/Consortium/Contractual Costs populated. Include both Equipment or Facility Rental/User Fees 6. Direct and Indirect costs. 7. Alterations and Renovations 8. 9. 10. **Total Other Direct Costs G. Direct Costs** Funds Requested (\$) Total Direct Costs (A thru F) **H. Indirect Costs Indirect Cost Indirect Cost Indirect Cost Type** Rate (%) Base (\$) \* Funds Requested (\$) 1. 2. 3. 4. **Total Indirect Costs** 

RESEARCH & RELATED Budget {F-K} (Funds Requested)

**Cognizant Federal Agency** 

K. \* Budget Justification

J. Fee

I. Total Direct and Indirect Costs

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

Total Direct and Indirect Institutional Costs (G + H)

Required.

(Only attach one file.)

View Attachment

Funds Requested (\$)

Funds Requested (\$)

Add Attachment

Delete Attachment

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

### **RESEARCH & RELATED BUDGET - Cumulative Budget**

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

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### R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

Click here to extract the R&R Subaward Budget Attachment

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

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

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

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

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

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

### Common use scenarios:

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

#### OR

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

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**BUDGET INFORMATION - Construction Programs** 

OMB Approval No. 4040-0008 Expiration Date 07/30/2010

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.

i	COST CLASSIFICATION		a. Total Cost by Costs Not Allowable c.	c. Total Allowable Costs
<u> </u>	Administrative and legal expenses	9	S S	(0.00)
2.	Land, structures, rights-of-way, appraisals, etc.	\$	\$	00.00
ن	Relocation expenses and payments	₩	•	00.00
4.	Architectual and engineering fees	49	•	00.00
5.	Other architectural and engineering fees	\$	₩	00.00
9.	Project inspection fees	9	9	00.00
7.	Site work	9	Ф.	00.00
œ.	Demolition and removal	9	9	00.00
6	Construction	\$	8	00.00
10.	Equipment	\$	•	00.00
1.	Miscellaneous	\$	\$	\$
12.	SUBTOTAL (sum of lines 1-11)	00.00	00.00	\$
13.	Contingencies	\$	\$	\$
14.	SUBTOTAL	00.00	00.00	00.00
15.	Project (program) income	\$	8	00.00
16.	TOTAL PROJECT COSTS (subtract #15 from #14)	00.00	00.0	00.00
		FEDERAL FUNDING	JING	
17.	Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share. Enter the resulting Federal share.	7.7	Enter eligible costs from line 16c Multiply X ———————————————————————————————————	\$

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Standard Form 424C (Rev. 7-97) Prescribed by OMB Circular A-102

### **SBIR/STTR Information**

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

Updated: June 10, 2010 \*\*

* Program T	ype (select only one)
SBIR	Must select SBIR or STTR (not Both). Program Type must match announcement.
Both (Se	ee agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)
	R Type (select only one)
Phase I	Phase II
Fast-Tra	ack (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)
Que	estions 1-7 must be completed by all SBIR and STTR Applicants:
Yes 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?  Must meet SBIR/STTR eligibility requirements at time of award (not submission).
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.
Yes	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?
No	* If yes, insert the names of the Federal laboratories/agencies:
	Required if Yes. Cannot include if No.
Yes	* 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
No	Administration at its web site: http://www.sba.gov
Yes	* 4. Will all research and development on the project be performed in its entirety in the United States?
No No	If no, provide an explanation in an attached file.
	* Explanation: Required if No. Cannot include if Yes. Add Attachment Delete Attachment View Attachment
Yes	* 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?
No	* If yes, insert the names of the other Federal agencies:
	Required if Yes. Cannot include if No.
Vac	
Yes 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 e-mail address of the official signing for the applicant organization,
140	to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a
	Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.
	* Attach File: Add Attachment Delete Attachment View Attachment
	Dequired for Dhose II and Fact Treely submissions
	Required for Phase II and Fast Track submissions.  Limited to 12 pages.

### **SBIR/STTR Information**

1	Decific Questions: s 8 and 9 apply only to SBIR applications. If you are submitting <u>ONLY</u> an STTR application, leave questions 8 and 9 blank and proceed to 10.
Yes No	* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.  * Attach File: Add Attachment Delete Attachment View Attachment
Yes No	* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?
STTR-S	pecific Questions:
Questions	s 10 and 11 apply only to STTR applications. If you are submitting <u>ONLY</u> an SBIR application, leave questions 10 and 11 blank.
Yes	* 10. Please indicate whether the answer to BOTH of the following questions is TRUE:
☐ No	<ul> <li>(1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly</li> <li>(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</li> <li>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?</li> </ul>
Yes No	* 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?

Updated: June 10, 2010 \*\*

### **PHS Cover Letter**

OMB Numbers: 0925-0001

0925-0002

andatory Cover Letter Filename:
Add Cover Letter File Delete Cover Letter File View Cover Letter File
Cover letter is only for internal Agency use and will not be shared with peer reviewers.
Used to convey information to Receipt & Referral staff (e.g., request of assignment to a particular awarding component or Scientific Review Group, individuals/competitors that should not review application or reason for late submission.)
Required for any submission made after the submission deadline, including submissions to correct errors/warnings within the "error correction window" that follows the submission deadline.
If revising the cover letter for a Changed/Corrected application, include all previous submitted cover letter information. The system only retains the last cover letter submitted.
See Application Guide for suggested cover letter format.

# **PHS 398 Cover Page Supplement**

1. Project Director / Principal Investigator (PD/PI)  Section is pre-populated from SF424 (R&R) cover.		
Prefix: * First Name:		
Middle Name:		
* Last Name:		
Suffix:		
Note: New Investigator question and Degree fields were removed.		
2. Human Subjects		
Clinical Trial? No Yes		
* Agency-Defined Phase III Clinical Trial? No Yes		
3. Applicant Organization Contact		
Person to be contacted on matters involving this application		
Prefix: * First Name:		
Middle Name:		
* Last Name:		
Suffix:		
* Plane Namber		
* Phone Number: Fax Number:		
Email:		
Provides additional Business Official contact information not included on SF424 (R&R) cover.  * Title:		
* Street1: Street2:		
* City:		
County/Parish:		
* State:		
Province:		
* Country: USA: UNITED STATES * Zip / Postal Code:		

# **PHS 398 Cover Page Supplement**

4. Human Emb	ryonic Stem Cells		If Yes, then "cannot be
* Does the propose	d project involve human embryonic stem cells?	No Y	referenced" box must be checked or approved cell line entries must be included.
specific cell line(s) f	ect involves human embryonic stem cells, list below the following list: http://stemcells.nih.gov/researcht be referenced at this time, please check the box ind it:	n/registry/. Or, if a spec	ific
Cell Line(s):	Specific stem cell line cannot be referenced at  Error if provided human embryonic stem cell http://stemcells.nih.gov/research/registry/ at ti	ines are not listed at	_

PHS 398 Modular Budget, Periods 1 and 2

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

Budget Period: 1	
Reset Entries Start Date: End Date:	
A. Direct Costs Direct costs requested must be \$250K or less per year to	* Funds Requested (\$)
use Modular budget form. Request in "modules" of \$25K. *	Direct Cost less Consortium F&A
Some grant programs have limits on Total Direct Costs.	Consortium F&A
Check announcement.	* Total Direct Costs
B. Indirect Costs Indirect Cost Type	Indirect Cost Rate (%)  Indirect Cost Base (\$)  * Funds Requested (\$)
1.	
2.	
3.	
4.	
Cognizant Agency (Agency Name, POC Name and Phone Number)	
Indirect Cost Rate Agreement Date	Total Indirect Costs
C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)
Budget Period: 2	
Reset Entries Start Date: End Date:	
A. Direct Costs	* Funds Requested (\$)
* [	Direct Cost less Consortium F&A
	Consortium F&A
	* Total Direct Costs
B. Indirect Costs	Indirect Cost Indirect Cost
	Rate (%) Base (\$) * Funds Requested (\$)
1.	
2.	
3.	
4.	
Cognizant Agency (Agency Name, POC Name and Phone Number)	
Indirect Cost Rate Agreement Date	Total Indirect Costs
C. Total Direct and Indirect Costs (A + B)	Total Indirect Costs  Funds Requested (\$)

# PHS 398 Modular Budget, Periods 3 and 4

Budget Period: 3		
Reset Entries Start Date: End Date:		
A. Direct Costs	_	* Funds Requested (\$)
*1	Direct Cost less Consortium F&A	
	Consortium F&A	
	* Total Direct Costs	
B. Indirect Costs Indirect Cost Type	Indirect Cost Rate (%) Indirect Cost Base (\$)	* Funds Requested (\$)
1.		
2.		
3.		
	]	][
4.		
Cognizant Agency (Agency Name, POC Name and Phone Number)		
Indirect Cost Rate Agreement Date	Total Indirect Costs	
C. Total Direct and Indirect Coats (A.L. D)	Funds Requested (\$)	
C. Total Direct and Indirect Costs (A + B)	Tulius Requesteu (#)	
Budget Period: 4  Reset Entries Start Date: End Date:		
A. Direct Costs		* Funds Requested (\$)
*[	Direct Cost less Consortium F&A	
	Consortium F&A	
	* Total Direct Costs	
B. Indirect Costs	In disease Coase	
Indirect Cost Type	Indirect Cost Rate (%) Base (\$)	* Funds Requested (\$)
1.		
2.		
3.		
4.		
Cognizant Agency (Agency Name, POC Name and Phone Number)		
Indirect Cost Rate Agreement Date	Total Indirect Costs	
C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)	

# PHS 398 Modular Budget, Periods 5 and Cumulative

Budget Period: 5		
Reset Entries Start Date: End Date:		
A. Direct Costs		* Funds Requested (\$)
*	Direct Cost less Consortium	
	Consortium  * Total Direct 0	
B. Indirect Costs		
Indirect Costs  Indirect Cost Type	Indirect Cost Indirect C Rate (%) Base (\$)	* Funds Requested (\$)
1.		
2.		
3.		
3.		
4.		
Cognizant Agency (Agency Name, POC Name and Phone Number)	_	
Indirect Cost Rate Agreement Date	Total Indirect 0	Costs
0. Tatal Biranta and Line 4.0 and 4.4 a. B.	Funda Daguast	od (C)
C. Total Direct and Indirect Costs (A + B)	Funds Request	ed (\$)
Cumulative Budget Information Cumulative Budget is system get	nerated.	
Total Costs, Entire Project Period		
*Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	
Section A, Total Consortium F&A for Entire Project Period	\$	
*Section A, Total Direct Costs for Entire Project Period	\$	
*Section B, Total Indirect Costs for Entire Project Period	\$	
*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	
2. Budget Justifications		
	11.44 1 4 5 14 44	achment View Attachment
Personnel Justification   IWarning it not attached I   I A	dd Attachment I Delete Aff	
	dd Attachment Delete Att	

<sup>\*\*</sup> Footer not part of forms

PHS 398 Research Plan	
1. Application Type:  From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.  *Type of Application:  New Resubmission Renewal Continuation Revision	
2. Research Plan Attachments:  Please attach applicable sections of the research plan, below.  1. Introduction to Application  (for RESUBMISSION or REVISION only)  2. Specific Aims  Note: Specific Aims remains a separate required attachment. Limited to 1 page  See Application Guide for new language about the impact of the proposed research plan, below.  Note: Specific Aims remains a separate required attachment. Limited to 1 page  See Application Guide for new language about the impact of the proposed research plan, below.	
3. *Research Strategy  4. Inclusion Enrollment Report  5. Progress Report Publication List  Note: Background and Significance, Preliminary Studies/Progress Report and Research Design and Methods attachments combined into single required Research Strategy attachment. Adhere to page limits specified in announceme Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.  Add Attachment Delete Attachment View Attachment	
Attachments typically required Human Subjects is Yes on the Other Project Information form.  6. Protection of Human Subjects  7. Inclusion of Women and Minorities  8. Targeted/Planned Enrollment Table  9. Inclusion of Children  Attachments typically required Human Subjects is Yes on the Other Project Information form.  Required for all apps (except S10), if Human Subjects is Yes.  Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4.  Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4.  Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4.	
Other Research Plan Sections  10. Vertebrate Animals  Required for all apps (except S10), if Vertebrate Animals Used is Yes.  11. Select Agent Research  12. Multiple PD/PI Leadership Plan  Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.  13. Consortium/Contractual Arrangements  Required for S11 applications.  Add Attachment  Delete Attachment  View Attachment  View Attachment  14. Letters of Support  Required for S11 and R36 applications. achment  Delete Attachment  View Attachment  View Attachment  View Attachment  Delete Attachment  View Attachment  Delete Attachment  View Attachment  Delete Attachment  View Attachment	
Add Attachments  Remove Attachments  View Attachments  Allows for up to 10 appendices. See Application Guide and announcement for restrictions.  Appendices are stored separately in eRA Grant Folder (not as part of application image) and are accessible to appropriate Agency staff and peer reviewers.  DO NOT use Appendix attachments to circumvent page limits in other sections of the application. See NIH Guide notice NOT-OD-10-077.	

Close Form Next Print Page About

### **PHS 398 Checklist**

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 Continua	ation Revision	
New Meadonission Menewal Continue	TREVISION .	
Federal Identifier:		
2. Change of Investigator / Change of Institution	on Questions	
Change of principal investigator / program director	Used to specify change of PD/PI or change of institution.	
	Change of Investigator not allowed for Revision applications.	
Name of former principal investigator / program director:	Change of Investigator not allowed for Career Development	
	(Ks, except K12) applications.	
Prefix:		
* First Name:		
* Last Name:		
Suffix:		
Callin		
Change of Grantee Institution		
Change of Grantee Institution		
* Name of former institution:		
3. Inventions and Patents (For renewal ap	plications only)	
* Inventions and Patents: Yes No		
100		
If the answer is "Yes" then please answer the following:		
* Previously Reported: Yes No		
* Previously Reported: Yes No No		

	The number of program income budget periods must be less than or equal to the number of periods included in the budget form.  Igram income is anticipated), then use the format below to reflect the amount and	
*Budget Period *Anticipated Amount (\$)	*Source(s)	
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		

### PHS 398 Career Development Award Supplemental Form

1. Application Type: From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.  New Resubmission Renewal Continuation Revision		
Career Development Award Attached Please attach applicable sections, below		
Introduction (if applicable)  1. Introduction to Application  (for RESUBMISSION applications only)	Required for Resubmissions.	Add Attachment Delete Attachment View Attachment
Candidate Information		
Candidate's Background	Required for all K's except K12.	Add Attachment Delete Attachment View Attachment
3. Career Goals and Objectives	Required for all K's except K12.	Add Attachment Delete Attachment View Attachment
Career Development/Training     Activities During Award Period	Required for all K's except K12.	Add Attachment Delete Attachment View Attachment
<ol><li>Training in the Responsible Conduct of Research</li></ol>	Required for all K's except K12.	Add Attachment Delete Attachment View Attachment
6. Mentoring Plan (when applicable)	Required for K05 and K24. Do not inclu	de for mentored K's. ete Attachment View Attachment
Statements of Support  7. Statements by Mentor, Co-Mentors, Consultants, Contributors (as appropriate)	Required for all mentored K's.	Add Attachment Delete Attachment View Attachment
Environment and Institutional Commitment to	o Candidate	
8. Description of Institutional Environment	Required for all K's except K12.	Add Attachment Delete Attachment View Attachment
Insitutional Commitment to Candidate's Research Career Development	Required for all K's except K12.	Add Attachment Delete Attachment View Attachment
Research Plan		
10. Specific Aims		eparate attachment. Limited to 1 page. Attachment
<ul><li>11. * Research Strategy</li><li>12. Inclusion Enrollment Report (for RENEWAL applications only)</li></ul>	Objectives, Career Development/T	or Items 2-5 (Candidate's Background, Career Goals a raining Activities During Award Period, and Training in arch) and Item 11 (Research Strategy) combined may
13. Progress Report Publication List (for RENEWAL applications only)		Add Attachment Delete Attachment View Attachment
Human Subject Sections		
14. Protection of Human Subjects	Required if Human Subjects is Yes.	Add Attachment Delete Attachment View Attachment
15. Inclusion of Women and Minorities	Required if Human Subjects is Yes and E	Exemption is not E4. plete Attachment View Attachment
16. Targeted/Planned Enrollment	Required if Human Subjects is Yes and E	xemption is not E4. elete Attachment View Attachment
17. Inclusion of Children	Required if Human Subjects is Yes and E	xemption is not E4. plete Attachment View Attachment

# PHS 398 Career Development Award Supplemental Form

2. Career Development Award Attachments (continued):	
Other Research Plan Sections	
18. Vertebrate Animals Required if Vertebrate Anim	als Used is Yes. Add Attachment Delete Attachment View Attachment
19. Select Agent Research	Add Attachment Delete Attachment View Attachment
20. Consortium/Contractual Arrangements	Add Attachment Delete Attachment View Attachment
21. Resource Sharing Plan(s)	Allows for up to 10 appendices. See Application Guide and
Appendix (if applicable)  22. Appendix  Add Attachments  Delete Attachments  View Attachments  *3. Citizenship:	announcement for restrictions.  Appendices are stored separately in eRA Grant Folder (not as part application image) and are accessible to appropriate Agency staff a peer reviewers.  DO NOT use Appendix attachments to circumvent page limits in otl sections of the application. See NIH Guide notice NOT-OD-10-077.
U.S. Citizen or noncitizen national  Non-U.S. Citizen with temporary U.S. visa  Permanent Resignation (If a permanent resignation)  Non-U.S. Citizen with temporary U.S. visa	dent of U.S., a notarized statement must be provided by the time of award)  sident of the U.S., a notarized statement must be provided by the time of award)

### **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		
Introduction to Application     (for RESUBMISSION applications only)	Required for Resubmissions. Limited to 1 page. Add Attachment Delete Attachment View Attachment	
2. * Specific Aims	Note: Specific Aims remains a separate, required attachment. Limited to 1 page.	
3. * Research Strategy	Note: Background and Significance, Preliminary Studies/Progress	
4. Inclusion Enrollment Report (for RENEWAL applications only)	Report and Research Design and Methods attachments combined into single required Research Strategy attachment. Limited to 6 pages.	
5. Progress Report Publication List (for RENEWAL applications only)	single required Research Strategy attachment. Limited to 6 pages.	
Human Subjects		
involvement of human subjects, is repeat	from the Research & Related Other Project Information form. The response provided on that page, regarding the ated here for your reference as you provide related responses for this Fellowship application. If you wish to change ease do so on the Research & Related Other Project Information form; you will not be able to edit the response here.  Are Human Subjects Involved?  Yes  No	
	Must go to Other Project Information form to edit.	
6. * Human Subjects Involvement Indefinite?	Yes No	
7. Clinical Trial?	Yes No	
8. Agency-Defined Phase III Clinical Trial?	Yes No	
9. Protection of Human Subjects	Required if Human Subjects is Yes.  Add Attachment  Delete Attachment  View Attachment	
10. Inclusion of Women and Minorities	Required if Human Subjects is Yes and Exemption is not E4.	
11. Targeted/Planned Enrollment	Required if Human Subjects is Yes and Exemption is not E4.	
12. Inclusion of Children	Required if Human Subjects is Yes and Exemption is not E4.    Delete Attachment   View Attachment	
Other Research Training Plan Section	n <u>s</u>	
use of vertebrate animals, is repeated he	In from the Research & Related Other Project Information form. The response provided on that page, regarding the ere for your reference as you provide related responses for this Fellowship application. If you wish to change the 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	
13. * Vertebrate Animals Use Indefinite?	Yes No Must go to Other Project Information form to edit.	
14. Vertebrate Animals	Required if Vertebrate Animals Used is Yes.  Add Attachment  Delete Attachment  View Attachment	
15. Select Agent Research	Add Attachment   Delete Attachment   View Attachment	
16. Resource Sharing Plan	Add Attachment Delete Attachment View Attachment	
17. * Respective Contributions	Limited to 1 page. Add Attachment Delete Attachment View Attachment	
18. * Selection of Sponsor and Institution	Limited to 1 page. Add Attachment Delete Attachment View Attachment	
19. * Responsible Conduct of Research	Limited to 1 page. Delete Attachment View Attachment	

# PHS Fellowship Supplemental Form

C. Additional Information							
Human Embryonic Stem Cells							
1. * Does the proposed project involve human embryonic stem cells?  Yes No  If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s), using the registry information provided within the agency instructions. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the							
Registry will be used:	erenced at this time. One from the registry will be used.						
Fellowship Applicant							
Alternate Phone Number:	Note: Graduate Degree Earned fields removed in ADOBE-FORMS-B.						
Degree Sought During Proposed Award:  Degree:	If "other", please indicate degree type:  Expected Completion Date (month/year):  Reset Entry						
4. * Field of Training for Current Proposal:  Note: Field of Training values in form dropdown menu have been updated in ADOBE-FORMS-B.  If yes, please identify current and prior Kirschstein-NRSA support below:							
*Level *Type	Start Date (if known) End Date (if known) Grant Number (if known)  Reset Entry  Reset Entry  Reset Entry  Reset Entry  Reset Entry						
6. * Applications for Concurrent Support?  If yes, please describe in an attached file:	Yes No  Add Attachment Delete Attachment View Attachment						
7. * Goals for Fellowship Training and Career	Limited to 1 page. Add Attachment Delete Attachment View Attachment						
8. * Activities Planned Under This Award	Limited to 1 page. Add Attachment Delete Attachment View Attachment						
9. Doctoral Dissertation and Other Research Experience Limited to 2 pages.  Add Attachment Delete Attachment View Attachment							
10. * Citizenship:  U.S. Citizen or noncitizen national  Permanent Resident of U.S. Pending  Non-U.S. Citizen with temporary U.S. visa  Non-U.S. Citizen w/ temp visa only valid for E05							
Applicants must meet citizenship requirements at time of award (not time of application submission.)							

### **PHS Fellowship Supplemental Form**

C. Additional Information (continued)						
Institution						
11. Change of Sponsoring Institution	Name of Former Institution:					
11. Change of Sponsoring 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:	Amount	Academic Period Number of Months				
Present Institutional Base Salary:	Amount	Reset Entry				
Stipends/Salary During First Year of Proposec	•	Number of Months				
a. Federal Stipend Requested:	Amount	Number of Months				
· · ·						
	Amount	Number of Months				
b. Supplementation from other sources:						
	Type (sabbatical leave, salary, e	etc.)				
	0					
	Source					
E. Appendix Add Attachments Delete Attachments View Attachments						
Allows for up to 10 appendice	es. See Application Guide an	d announcement for restrictions.				
Annendices are stored senar	ately in eRA Grant Folder (no	nt as part of application image) and are				
Appendices are stored separately in eRA Grant Folder (not as part of application image) and are accessible to appropriate Agency staff and peer reviewers.						
DO NOT use Appendix attachments to circumvent page limits in other sections of the application.						
Such actions will be noted at						

ization DUI	et, use applicant NS. If Subaward/		PHS 3	98 TRA	ININ	G BUI	)GE	T, Period 1		
ortium, use ization's Dl			• • • •	<b>.</b>				nly the applicant organ	nization shou	uld specify Project.
	Organizational DUN	د. ا		Budge	et Type			Cuba word/Cons		
	_			Duug	естуре	9. <u>X</u> P	roject The	Subaward/Cons e end date for each bud		nust be later than th
(	Organization Name:		_			-1/	bud	get start date and less	than or equ	al to the proposed
\$	Start Date:	N			d Date:		<u> </u>	ect end date listed on	•	,
•	ends, Tuition/Fo		the start da	ate listed or	n the S	F424 (F	(&R) c	the start date for the fir over. The start date in 24 (R&R) cover.		
Full Sh			nformation			е		Stipends		Tuition/Fees
Time Te			s is not provious in			15		Requested (\$)		Requested (\$)
	 Undergraduate:		ications and if it is provided for T15, or T35 applications.							
	 Number Per St	ipend Le	vel:				ľ			
	First-Year/So	ph.	Junior/S	enior						
	Predoctoral:	Single De	egree	Error if ou	ny Droc	doctoral	<u></u>			
	Error if any Predoctoral or  Dual Degree Postdoctoral info is			OI						
	<b>-</b>	Total Pre	edoctoral	provided	for T34	<b>1</b> .				
	Postdoctoral:		Numbe	r Per Stipen	d Level		l			
		0 1		3 4	5	6	7			
	Non-degree Seeking									
	Degree									
	Seeking L									
	Postdoctoral									
			nees info is				$\rightarrow$			
			ipends Req and vice ve		o must	Tota	le:			
	also be	provided	and vice ve		Stipen	ı	L	n/Fees Requested		
B. Othe	er Direct Costs								Fu	nds Requested (\$)
Train	nee Travel									
Train	ning Related Expens	ses					V	Warning if not provided		
Total	I Direct Costs from F	R&R Bud	get Form (if	f applicable	e) Frrc	r if R&R		et form included and it		
Cons	sortium Training Cos	sts (if app	olicable)					not provided here.		
	-		,	7	Total (	Other D	irect	Costs Requested		
C. Tota	l Direct Costs F	Reques	ted (A+	В)			W	Varning if over \$500K.		
D. Indir	ect Costs					direct Co		Indirect Cost		Funds
	Indirect Cost T	ype			F 	Rate (%	)	Base (\$)		Requested (\$)
1.					$\bot \downarrow$					
	Indirec	t Cost Ra	ate must be	8 for all Ts	; <u> </u>		$\neg$			
2.										
					то 	otal Inc	lirect	Costs Requested		
E. Tota	I Direct and Ind	irect C	osts Req	luested (	(C + [	<b>D</b> )				
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ւ . Ճսսն	yet Justilicatioi	' <u>L</u>						Add Attachment De	elete Attachm	ent View Attachmer

### PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated by form.

		Stipends Requested (\$)	Tuition/Fees Requested (\$)
Undergraduate	e: [		
Predoctoral:	Single Degree		
	Dual Degree		
	Total Predoctoral		
Postdoctoral:	Non-Degree Seeking		
	Degree Seeking		
	Total Postdoctoral		
Other:			
	「		
	Totals:		
	Total Stipends +	Tuition/Fees Requested	
Other Direct		Tuition/Fees Requested	Funds Requested (\$
Other Direct (	Costs	Tuition/Fees Requested	
	Costs	Tuition/Fees Requested	
Trainee Travel	Costs		
Trainee Travel Training Relate Total Direct Co	Costs ed Expenses		
Trainee Travel Training Relate Total Direct Co	Costs  ed Expenses  osts from R&R Budget Form (if applicable)		
Trainee Travel Training Relate Total Direct Co Consortium Tr	Costs  ed Expenses  osts from R&R Budget Form (if applicable)	le)	
Trainee Travel Training Relate Total Direct Co	Costs  ed Expenses  osts from R&R Budget Form (if applicable)  aining Costs (if applicable)  Total Other	le)	

OMB Number: 0925-0001

### TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

#### Instructions:

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

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

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

Select to Extract a Training Subaward Budget Attachment

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

Attach Training Subaward Budget 1	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			

If submitting an application with >10 subaward budgets, budgets 11 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section F of the PHS 398 Training Budget form.

The sum of all subaward budgets; e.g., those attached separately on this form and those provided as part of the budget justification, must be included in the Consortium Training Costs field in Other Direct costs (Section B) of the parent PHS 398 Training Budget form.

Common use scenarios:

- 1. Applicant extracts and sends the Training Subaward Budget form to the subaward organization for completion.
- 2. Subaward organization completes form and returns it to the applicant organization.
- 3. Applicant attaches the completed form within project application package.

#### OR

1. Applicant requests budget information from subaward organization, extracts Training Subaward Budget form, completes it with provided information and attaches it to the project application package.

<sup>\*\*</sup> Footer not part of forms

# PHS 398 Research Training Program Plan

1. Application Type: From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the appropriate sections of the research training program plan.							
New Resubmission	Renewal Continuation	Revision	Read only - pulled from SF424 R&R cover.				
2. Research Training Program Plan Attachments: Please attach applicable sections of the research training program plan, below.							
Introduction to Application	Require		ion applications; error if greater than 3 pages.  pplications; error if greater than 1 page.				
(for REVISION or RESUBMISSION 2. Background	Required.	War	arning if attachments 2-5 together are greater than and less than or equal to 28 pages. (Need to allow				
3. Program Plan	Required.	for "	"white" space introduced when separating plan into ctions.)				
Recruitment and Retention     Plan to Enhance Diversity     Plan for Instruction in the	Required - except D43, D71, U2R, T34 and T36	<b>——</b>	or if attachments 2-5 together are greater than 28				
Responsible Conduct of Research	Required except T36.						
Progress Report     (for RENEWAL applications only)	Required for Renewal a	pplications.	Add Attachment Delete Attachment View Attachment				
7. Human Subjects	Required if Human Sub	jects is Yes.	Add Attachment Delete Attachment View Attachment				
8. Vertebrate Animals	Required if Vertebrate A	nimals Used is Y	Yes. Add Attachment Delete Attachment View Attachment				
9. Select Agent Research			Add Attachment Delete Attachment View Attachment				
<ol><li>Multiple PD/PI Leadership Plan (if applicable)</li></ol>	Required when multiple	Sr/Key entries wi	vith the role PD/PI are included. ent View Attachment				
Consortium/Contractual     Arrangements			Add Attachment Delete Attachment View Attachment				
12. Participating Faculty Biosketches	Error if not included for h	K12; Warning if no	not included for all other programs.				
13. Data Tables	Warning if not included. pulled into NIH application						
14. Letters of Support			Add Attachment Delete Attachment View Attachment				
15. Appendix  Add Attachments  Delete Attachments  View Attachments  Allows for up to 10 appendices. See Application Guide and announcement for restrictions.							
	ppendices are stored separand are accessible to appropriate		nt Folder (not as part of application image) f and peer reviewers.				
	O NOT use Appendix attach oplication. See NIH Guide n		vent page limits in other sections of the 0-077.				