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

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

SF 424 (R&R)

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

2. DATE SUBMITTED
   - Applicant Identifier

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   - Organizational DUNS:
   - Legal Name:
   - Department:
   - Division:
   - Street 1:
   - Street 2:
   - City:
   - State:
   - ZIP / Postal Code:
   - Country:
   - Person to be contacted on matters involving this application
     - First Name:
     - Middle Name:
     - Last Name:
     - Suffix:
     - Phone Number:
     - Fax Number:
     - Email:

5. APPLICANT INFORMATION
   - * Organizational DUNS:
   - Must match DUNS used for Grants.gov and Commons registrations.

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

7. * TYPE OF APPLICANT:
   - Please select one of the following
   - Small Business Organization Type
     - Women Owned
     - Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
   - New
   - Resubmission
   - Renewal
   - Continuation
   - Revision
   - See Application Guide for definitions.

9. * NAME OF FEDERAL AGENCY:
   - National Institutes of Health
   - Pre-populated from opportunity info.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    - NIH will assign CFDA post-submission.

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    - Project period should not exceed what is allowed in announcement.
    - NIH only saves first 81 characters of Project Title. If Revision, provide exact title (including punctuation and spacing) as provided for awarded grant.

12. PROPOSED PROJECT:
   - * Start Date
   - * Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT:
    - Note: Congressional District for Project moved to Project/Performance Site form.

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
    - Prefix:
    - * First Name:
    - Middle Name:
    - Last Name:
    - Suffix:
    - Position/Title:
    - * Organization Name:
    - Department:
    - Division:
    - * Street 1:
    - Street 2:
    - City:
    - County / Parish:
    - Province:
    - * State:
    - * Country:
    - USA: UNITED STATES
    - * ZIP / Postal Code:
    - * Phone Number:
    - Fax Number:
    - Email:

** Footer not part of forms

ADOBE-FORMS-B Page2

Updated: June 10, 2010 **
15. ESTIMATED PROJECT FUNDING

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

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

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

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

18. SFLLL or other Explanatory Documentation

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

19. Authorized Representative

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

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

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

**Footer not part of forms**

ADOBE-FORMS-B   Page3

Updated: June 10, 2010 **
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.

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.

Additional Location(s)
1. * Are Human Subjects Involved?  
   Yes  No  
   If Human Subjects = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.  

   1.a. If YES to Human Subjects  
   Is the Project Exempt from Federal regulations?  
   Yes  No  
   If yes, check appropriate exemption number.  
   No  
   If no, is the IRB review Pending?  
   IRB Approval Date:  
   Human Subject Assurance Number:  
   If IRB Pending = No, provide IRB Approval Date and Human Subject Assurance Number. Warning given if Human Subject Assurance Number does not match the number on file in eRA Commons Institution profile.  

   1.b. If IRB Pending = Yes, the IRB Approval Date and Human Subject Assurance Number are not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data.  

   1.c. If YES to Human Subjects  

2. * Are Vertebrate Animals Used?  
   Yes  No  
   If Vertebrate Animals = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.  

   2.a. If YES to Vertebrate Animals  
   Is the IACUC review Pending?  
   Yes  No  
   IACUC Approval Date:  
   Animal Welfare Assurance Number  
   If Vertebrate Animals = Yes, the Animal Welfare Assurance Number or the text 'None' must be provided.  

   2.b. If IRB Pending = Yes, the IACUC Approval Date is not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data.  

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

4. * Does this project have an actual or potential impact on the environment?  
   Yes  No  

4.a. If yes, please explain: 

4.b. If yes, please explain: 

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

4.d. If yes, please explain: 

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

5.a. If yes, please explain: 

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

6.a. If yes, identify countries: 

6.b. Optional Explanation: 

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

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

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

10. Facilities & Other Resources  

11. Equipment  

12. Other Attachments  
   Only provide Other Attachments when requested in the FOA.
RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name: * Last Name: Suffix: Position/Title: Department:
Organization Name: Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF424 (R&R) cover. Division:
* Street1: Street2: * City: County/ Parish: * State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code: * Phone Number: Fax Number: * E-Mail: Credential, e.g., agency login: * Project Role: Other Project Role Category: PD/PI

Degree Type: Degree Year: Note: New field; replaces Degrees fields from PHS 398 Cover Page Supplement form. Degree information in Commons profile is considered official data source.
*Attach Biographical Sketch
Attach Current & Pending Support

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name: * Last Name: Suffix: Position/Title: Department:
Organization Name: Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts.
* Street1: Street2: * City: County/ Parish: * State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code: * Phone Number: Fax Number: * E-Mail: Credential, e.g., agency login: * Project Role: Other Project Role Category:
Degree Type: Note: Postdoctoral Scholar and Co-Investigator added to Project Role list of values.
Degree Year:
*Attach Biographical Sketch
Attach Current & Pending Support

For Multiple PD/PI applications you must use the PD/PI role and provide the eRA Commons Username in the Credential field for all PD/PIs. If multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the PHS 398 Research Plan form is required.

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

Up to 39 formatted Sr/Key entries can be made in addition to PD/PI. Option to provide Attachment with additional Sr/ Key info is available after 39 entries are made.
## RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

### A. Senior/Key Person

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

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

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

---

* ORGANIZATIONAL DUNS: [Enter name of Organization]*

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

**Footer not part of forms**

Updated: June 10, 2010 **
C. Equipment Description

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

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

Total Equipment

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

D. Travel

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

Total Travel Cost

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance | Funds Requested ($)
2. Stipends | Funds Requested ($)
3. Travel | Funds Requested ($)
4. Subsistence | Funds Requested ($)
5. Other | Funds Requested ($)

Number of Participants/Trainees | Total Participant/Trainee Support Costs

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

Only complete this section if requested to do so in the FOA.
F. Other Direct Costs
1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations
8.
9.
10.

Total Other Direct Costs

G. Direct Costs

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base ($) | * Funds Requested ($)
1.
2.
3.
4.

Total Indirect Costs

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

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested ($)

K. * Budget Justification

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

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

** Footer not part of forms **

** Updated: June 10, 2010 **

Cumulative budget is system generated based on budget period data provided.
R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

Click here to extract the R&R Subaward Budget Attachment

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

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

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

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

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

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

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

OR

1. Applicant requests budget information from subaward organization, extracts R&R Budget form, completes it with provided information and attaches it to the project application package.
**NOTE:** Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

### COST CLASSIFICATION

<table>
<thead>
<tr>
<th></th>
<th>a. Total Cost</th>
<th>b. Costs Not Allowable for Participation</th>
<th>c. Total Allowable Costs (Columns a-b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Administrative and legal expenses</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>Land, structures, rights-of-way, appraisals, etc.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>Relocation expenses and payments</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>Architectural and engineering fees</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>Other architectural and engineering fees</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6.</td>
<td>Project inspection fees</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>Site work</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td>Demolition and removal</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>9.</td>
<td>Construction</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>Equipment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>Miscellaneous</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>12.</td>
<td>SUBTOTAL (sum of lines 1-11)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>13.</td>
<td>Contingencies</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>14.</td>
<td>SUBTOTAL</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>15.</td>
<td>Project (program) income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>16.</td>
<td>TOTAL PROJECT COSTS (subtract #15 from #14)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

### FEDERAL FUNDING

17. Federal assistance requested, calculate as follows:
   (Consult Federal agency for Federal percentage share.)
Enter eligible costs from line 16c Multiply X [ ] % $ 0.00

Be sure to include the multiplier or the Total will calculate to zero.
** SBIR/STTR Information **

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

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

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

---

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

1. 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?

   - [ ] Yes  
   - [x] No  

   * Must meet SBIR/STTR eligibility requirements at time of award (not submission).

2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?

   - [ ] Yes  
   - [ ] No

   * If yes, insert the names of the Federal laboratories/agencies:

3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov

   - [ ] Yes  
   - [ ] No

4. Will all research and development on the project be performed in its entirety in the United States?

   - [ ] Yes  
   - [ ] No

   * If no, provide an explanation in an attached file.

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?

   - [ ] Yes  
   - [ ] No

   * If yes, insert the names of the other Federal agencies:

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)?

   - [ ] Yes  
   - [ ] No

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:  

   * Required for Phase II and Fast Track submissions. Limited to 12 pages.
### SBIR-Specific Questions:

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>* Attach File: [Add Attachment] [Delete Attachment] [View Attachment]</td>
<td></td>
</tr>
</tbody>
</table>

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

### STTR-Specific Questions:

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

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

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

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

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

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

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

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

Note: New Investigator question and Degree fields were removed.

2. Human Subjects

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

3. Applicant Organization Contact

Person to be contacted on matters involving this application

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

* Phone Number: [ ] Fax Number: [ ]
Email: [ ]

* Title: [ ]

* Street1: [ ]
Street2: [ ]
* City: [ ]
County/Parish: [ ]
* State: [ ]
Province: [ ]
* Country: USA: UNITED STATES * Zip / Postal Code: [ ]

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

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission.
### PHS 398 Modular Budget, Periods 1 and 2

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

---

#### Budget Period: 1

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

**A. Direct Costs**

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

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

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

- 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

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

**A. Direct Costs**

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

- 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 ($): 

---

**Footer not part of forms**

ADOBE-FORMS-B  Page18  Updated: June 10, 2010 **
## PHS 398 Modular Budget, Periods 3 and 4

### Budget Period: 3

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

#### A. Direct Costs

* Direct Cost less Consortium F&A

* Funds Requested ($)

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

#### B. Indirect Costs

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

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

* Funds Requested ($)

### Budget Period: 4

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

#### A. Direct Costs

* Direct Cost less Consortium F&A

* Funds Requested ($)

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

#### B. Indirect Costs

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

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

* Funds Requested ($)
## Budget Period: 5

**Start Date:**

**End Date:**

### A. Direct Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Rate (%)</th>
<th>Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Cost less Consortium F&amp;A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consortium F&amp;A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Total Direct Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

### B. Indirect Costs

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

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

Indirect Cost Rate Agreement Date 

**Total Indirect Costs**

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

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

## Cumulative Budget Information

**Cumulative Budget is system generated.**

### 1. Total Costs, Entire Project Period

- *Section A, Total Direct Cost less Consortium F&A for Entire Project Period: $ 
- *Section A, Total Consortium F&A for Entire Project Period: $ 
- *Section A, Total Direct Costs for Entire Project Period: $ 
- *Section B, Total Indirect Costs for Entire Project Period: $ 
- *Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period: $ 

### 2. Budget Justifications

- Personnel Justification
- Consortium Justification
- Additional Narrative Justification

**Warning if not attached.**
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:

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

1. Introduction to Application (for RESUBMISSION or REVISION only) Limited to 1 page (except R25 Resubmissions can be 3 pages).
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.
3. *Research Strategy Note: Background and Significance, Preliminary Studies/Progress Report and Research Design and Methods attachments combined into single required Research Strategy attachment. Adhere to page limits specified in announcement. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.
4. Inclusion Enrollment Report
5. Progress Report Publication List

Human Subjects Sections

6. Protection of Human Subjects Required for all apps (except S10), if Human Subjects is Yes.
7. Inclusion of Women and Minorities Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4.
8. Targeted/Planned Enrollment Table Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4.
9. Inclusion of Children 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 Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.
12. Multiple PD/PI Leadership Plan Required for S11 applications.
15. Resource Sharing Plan(s)

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. See NIH Guide notice NOT-OD-10-077.
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: Used to specify change of PD/PI or change of institution. Change of Investigator not allowed for Revision applications. Change of Investigator not allowed for Career Development (Ks, except K12) applications.

Prefix:  

* First Name: 

Middle Name: 

* Last Name: 

Suffix: 

☐ Change of Grantee Institution

* Name of former institution: 

3. Inventions and Patents  (For renewal applications only)

* Inventions and Patents:  Yes ☐  No ☐

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

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

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

☐ Yes  ☐ No

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Required for Resubmission</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction (if applicable)</td>
<td>Required for Resubmissions</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>1. Introduction to Application</td>
<td>Required for Resubmissions</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td><em>(for RESUBMISSION applications only)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Required for all mentored K’s.</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Statements by Mentor, Co-Mentors, Consultants, Contributors (as appropriate)</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Required for all K’s except K12</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Description of Institutional Environment</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>9. Institutional Commitment to Candidate’s Research Career Development</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
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<tr>
<th>Section</th>
<th>Required for all mentored K’s.</th>
<th>Add Attachment</th>
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<th>View Attachment</th>
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<tbody>
<tr>
<td>10. Specific Aims</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>

Note: Specific Aims remains a separate attachment. Limited to 1 page.

<table>
<thead>
<tr>
<th>Section</th>
<th>Required for K05 and K24. Do not include for mentored K’s.</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
</table>

Note: The total number of pages for Items 2-5 (Candidate’s Background, Career Goals and Objectives, Career Development/Training Activities During Award Period, and Training in the Responsible Conduct of Research) and Item 11 (Research Strategy) combined may not exceed 12 pages.

<table>
<thead>
<tr>
<th>Section</th>
<th>Required for all K’s except K12</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Inclusion Enrollment Report (for RENEWAL applications only)</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>13. Progress Report Publication List (for RENEWAL applications only)</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Required if Human Subjects is Yes.</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Protection of Human Subjects</td>
<td></td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>15. Inclusion of Women and Minorities</td>
<td>Required if Human Subjects is Yes and Exemption is not E4.</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>16. Targeted/Planned Enrollment</td>
<td>Required if Human Subjects is Yes and Exemption is not E4.</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>17. Inclusion of Children</td>
<td>Required if Human Subjects is Yes and Exemption is not E4.</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>
## PHS 398 Career Development Award Supplemental Form

### 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 Attachment</th>
</tr>
</thead>
</table>

- **Required if Vertebrate Animals Used is Yes.**
- **Permit up to 10 appendices. See Application Guide and announcement for restrictions.**
- **Appendices are stored separately in eRA Grant Folder (not as part of application image) and are accessible to appropriate Agency staff and peer reviewers.**
- **DO NOT use Appendix attachments to circumvent page limits in other sections of the application. See NIH Guide notice NOT-OD-10-077.**

### *3. Citizenship:*

- U.S. Citizen or noncitizen national
- Permanent Resident of U.S. (If a permanent resident of the U.S., a notarized statement must be provided by the time of award)
- Non-U.S. Citizen with temporary U.S. visa
## A. Application Type:
From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

- New
- Resubmission
- Renewal
- Continuation
- Revision

## B. Research Training Plan
### 1. Introduction to Application
(required for RESUBMISSION applications only)

- Note: Specific Aims remains a separate, required attachment. Limited to 1 page.

### 2. * Specific Aims

- Note: Background and Significance, Preliminary Studies/Progress Report and Research Design and Methods attachments combined into single required Research Strategy attachment. Limited to 6 pages.

### 3. * Research Strategy

### 4. Inclusion Enrollment Report
(required for RENEWAL applications only)

### 5. Progress Report Publication List
(required 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

### 6. * Human Subjects Involvement Indefinite?

- Clinical Trial?
  - Yes
  - No

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

### 7. Protection of Human Subjects
(required if Human Subjects is Yes.

### 8. Inclusion of Women and Minorities
(required if Human Subjects is Yes and Exemption is not E4.

### 9. Inclusion of Children
(required if Human Subjects is Yes and Exemption is not E4.

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

- Are Vertebrate Animals Used?  
  - Yes
  - No

### 10. Vertebrate Animals Use Indefinite?

- Select Agent Research

- Resource Sharing Plan

### 11. * Respective Contributions

### 12. * Selection of Sponsor and Institution

### 13. * Responsible Conduct of Research

### 14. Vertebrate Animals

### 15. Select Agent Research

### 16. Resource Sharing Plan

### 17. * Respective Contributions

### 18. * Selection of Sponsor and Institution

### 19. * Responsible Conduct of Research

** Footer not part of forms  
ADOBE-FORMS-B  Page26  
Updated: June 10, 2010 **
C. Additional Information

Human Embryonic Stem Cells

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

   * If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s), using the registry information provided within the agency instructions. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the Registry will be used:

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

   Cell Line(s):

   Limit to 1 page.

Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

   Degree:  
   If "other", please indicate degree type:  
   Expected Completion Date (month/year):

4. * Field of Training for Current Proposal:

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

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

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

   Limit to 1 page.

6. * Applications for Concurrent Support?  
   Yes  No

   * If yes, please describe in an attached file:

   Limit to 2 pages.

7. * Goals for Fellowship Training and Career

   Limited to 1 page.

8. * Activities Planned Under This Award

   Limited to 1 page.

9. Doctoral Dissertation and Other Research Experience

   Limited to 2 pages.

10. * Citizenship:

   Yes  No

   * U.S. Citizen or noncitizen national
   * Permanent Resident of U.S.
   * Permanent Resident of U.S.
   * Non-U.S. Citizen with temporary U.S. visa

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

   Permanent Resident of U.S. Pending
   Non-US Citizen w/ temp visa only valid for F05.
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:

   Amount  Number of Months

       Type (sabbatical leave, salary, etc.)

       Source

E. Appendix

Add Attachments  Delete Attachments  View Attachments

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

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

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

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

B. Other Direct Costs

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Travel</td>
<td></td>
</tr>
<tr>
<td>Training Related Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Direct Costs from R&amp;R Budget Form (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Consortium Training Costs (if applicable)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Other Direct Costs Requested</strong></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)
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
Attach Training Subaward Budget 2
Attach Training Subaward Budget 3
Attach Training Subaward Budget 4
Attach Training Subaward Budget 5
Attach Training Subaward Budget 6
Attach Training Subaward Budget 7
Attach Training Subaward Budget 8
Attach Training Subaward Budget 9
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.
## 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.

<table>
<thead>
<tr>
<th>Section</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to Application</td>
<td>(for REVISION or RESUBMISSION applications only) Required for resubmission applications; error if greater than 3 pages. Required for revision applications; error if greater than 1 page.</td>
</tr>
<tr>
<td>2. Background</td>
<td>Required. Warning if attachments 2-5 together are greater than 25 and less than or equal to 28 pages. (Need to allow for “white” space introduced when separating plan into sections.)</td>
</tr>
<tr>
<td>3. Program Plan</td>
<td>Required.</td>
</tr>
<tr>
<td>4. Recruitment and Retention Plan to Enhance Diversity</td>
<td>Required except D43, D71, U2R, T34 and T36. Error if attachments 2-5 together are greater than 28 pages.</td>
</tr>
<tr>
<td>5. Plan for Instruction in the Responsible Conduct of Research</td>
<td>Required except T36.</td>
</tr>
<tr>
<td>6. Progress Report</td>
<td>(for RENEWAL applications only) Required for Renewal applications.</td>
</tr>
<tr>
<td>7. Human Subjects</td>
<td>Required if Human Subjects is Yes.</td>
</tr>
<tr>
<td>8. Vertebrate Animals</td>
<td>Required if Vertebrate Animals Used is Yes.</td>
</tr>
<tr>
<td>9. Select Agent Research</td>
<td></td>
</tr>
<tr>
<td>10. Multiple PD/PI Leadership Plan</td>
<td>(if applicable) Required when multiple Sr/Key entries with the role PD/PI are included.</td>
</tr>
<tr>
<td>11. Consortium/Contractual Arrangements</td>
<td></td>
</tr>
<tr>
<td>12. Participating Faculty Biosketches</td>
<td>Error if not included for K12; Warning if not included for all other programs. View Attachment</td>
</tr>
<tr>
<td>13. Data Tables</td>
<td>Warning if not included. User defined bookmarks will be pulled into NIH application image Table of Contents. Delete Attachment View Attachment</td>
</tr>
<tr>
<td>14. Letters of Support</td>
<td>Add Attachment Delete Attachment View Attachment</td>
</tr>
<tr>
<td>15. Appendix</td>
<td>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. Add Attachments Delete Attachments View Attachments</td>
</tr>
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</table>

** Footer not part of forms **