



Small Business Electronic Applications: Annotated SF424 (R&R) Form Set



FORMS Included in SBIR and STTR applications:

Federal-wide Forms

- SF424 (R&R) Cover Component [Page 2]
- Project/Performance Site Location(s) [Page 4]
- R&R Other Project Information [Page 5]
- R&R Senior/Key Person Profile (Expanded) [Page 6]
- R&R Budget [Page 7]
- R&R Subaward Budget Attachment(s) Form [Page 11]
- SBIR/STTR Information [Page 12]

Agency-specific (PHS) Forms

- PHS Cover Letter [Page 14]
- PHS 398 Cover Page Supplement [Page 15]
- PHS 398 Research Plan [Page 17]
- PHS 398 Checklist [Page 18]

IMPORTANT NOTES:

- The announcement text for the target Funding Opportunity Announcement (FOA) and the Application Guide found at http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_SBIR_STTR_Adobe_VerB.pdf remain the official documents for defining application requirements. The Application Guide provides detailed instructions for every form and form field. This resource is meant to complement, not replace, those documents.
- The light blue boxes throughout the document represent processing notes and eRA system validations.
- 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 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 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
 - Do not cut & paste from documents prepared using sophisticated word processors (e.g., Word) into form fields
 - Some word processors alter special characters (e.g., smart quotes)

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

Pre-application not typically used. Application - first submission attempt. Changed/Corrected - correcting eRA errors/warnings.

3. DATE RECEIVED BY STATE

State Application Identifier

If Application(box 1)+New(box 8), then leave blank. If Changed/Corrected(box1)+New(box 8), use previous Grants.gov tracking #. Otherwise, use Institute and serial # of previous NIH grant/app # (e.g., use CA987654 from 1R43CA987654-01A1).

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED

Applicant Identifier

Phase II SBIR/STTR apps should be submitted within 6 receipt dates (2 yrs) after the expiration of the Phase 1.

5. APPLICANT INFORMATION

* Organizational DUNS:

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

* Legal Name: [Redacted]

Department: [Redacted] Division: [Redacted]

* Street1: [Redacted]

Street2: [Redacted]

* City: [Redacted] County / Parish: [Redacted]

* State: [Redacted] Province: [Redacted]

* Country: [Redacted] USA: UNITED STATES Small business must be in the US. ZIP / Postal Code: [Redacted] Must provide zip+4 for all zip codes in all forms.

Person to be contacted on matters involving this application

Prefix: [Redacted] * First Name: [Redacted] Middle Name: [Redacted]

* Last Name: [Redacted] Suffix: [Redacted]

* Phone Number: [Redacted] Fax Number: [Redacted]

Email: [Redacted] Contact email is required by NIH. If not included, or improperly formatted, the AOR email provided in item 19 will be used.

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): [Redacted]

7. * TYPE OF APPLICANT: [Redacted] Please select one of the following

Must select "Small Business" for SBIR/STTR applications.

Other (Specify): [Redacted]

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

If Revision, mark appropriate box(es).

New Resubmission Renewal Continuation Revision A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
See Application Guide for definitions. Select Renewal for Phase II applications (do not select Renewal for Phase I.)

* Is this application being submitted to other agencies? Yes No What other Agencies? [Redacted]

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

National Institutes of Health Pre-populated from opportunity info.

NIH will assign CFDA post-submission.

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

NIH only saves first 81 characters of Project Title. Phase II should have same title as awarded Phase I. If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant.

12. PROPOSED PROJECT:

* Start Date [Redacted] * Ending Date [Redacted]

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

Generally, SBIR Phase I awards do not exceed 6 months and STTR Phase I awards do not exceed one year. Generally, SBIR and STTR Phase II awards do not exceed two years.

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [Redacted] * First Name: [Redacted] Middle Name: [Redacted]

* Last Name: [Redacted] Suffix: [Redacted]

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

* Organization Name: [Redacted]

Department: [Redacted] Division: [Redacted]

* Street1: [Redacted]

Street2: [Redacted]

* City: [Redacted] County / Parish: [Redacted]

* State: [Redacted] Province: [Redacted]

* Country: [Redacted] USA: UNITED STATES * ZIP / Postal Code: [Redacted]

* Phone Number: [Redacted] Fax Number: [Redacted]

* Email: [Redacted]

<p>15. ESTIMATED PROJECT FUNDING Manually enter Estimated Project Funding Amounts.</p> <p>a. Total Federal Funds Requested <input type="text"/></p> <p>b. Total Non-Federal Funds <input type="text"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text"/></p> <p>d. Estimated Program Income <input type="text"/></p> <p>Program Income is gross income earned by applicant organization that is directly generated by the proposed project.</p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p> <p>STTR and SBIR: Check "No-Program is not covered by E.O. 12372".</p>
---	--

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

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

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative

* Date Signed

Authorized Organization Representative (AOR) at Grants.gov must have signature authority for small business. The electronic signature of this individual will be recorded with the submission.

In eRA Commons this individual is called a Signing Official and has an eRA Commons account with the SO role.

20. Pre-application

Do not use unless specifically noted in the opportunity.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

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

DUNS Number: DUNS Number no longer required by Grants.gov but continues to be required/enforced by NIH.

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Form allows up to 30 Project/Performance locations prior to using attachments for additional locations. Next Site button appears once Site Location 1 is completed.

Additional Location(s)

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

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

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

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

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

If Human Subjects = Yes, the Human Subject Assurance Number or the text 'None' must be provided.

2. * Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

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

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

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

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

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

4.b. If yes, please explain:

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

4.d. If yes, please explain:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

Generally, all SBIR and STTR work should be done in US.

7. * Project Summary/Abstract

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

8. * Project Narrative

Typically 2-3 sentences statement of public health relevance. Error if over 1 page.

9. Bibliography & References Cited

Required unless otherwise noted in opportunity. Not system enforced.

10. Facilities & Other Resources

Required unless otherwise noted in the opportunity. Not system enforced.

11. Equipment

12. Other Attachments

Only provide Other Attachments when requested in the opportunity.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/>	Division: <input type="text"/>
* Street1: <input type="text"/>	<input type="text"/>
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text"/>	Province: <input type="text"/>
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	<input type="text"/>
Credential, e.g., agency login: <input type="text"/>	<input type="text"/>
* Project Role: <input type="text"/>	<input type="text"/>
Degree Type: <input type="text"/>	<input type="text"/>
Degree Year: <input type="text"/>	<input type="text"/>
* Attach Biographical Sketch <input type="text"/>	<input type="text"/>
Attach Current & Pending Support <input type="text"/>	<input type="text"/>

Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF424 (R&R) cover.

Valid eRA Commons Username MUST be supplied; NIH required field. Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and Signing Official (SO) roles (if PD/PI also serves as SO, use a separate account for SO functions).

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

Attach Biographical sketch for each person. Limited to 4 pages. Format and samples: <http://grants.nih.gov/grants/funding/424/index.htm>.

Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.

PROFILE - Senior/Key Person 1	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/>	<input type="text"/>
* Street1: <input type="text"/>	<input type="text"/>
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text"/>	Province: <input type="text"/>
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	<input type="text"/>
Credential, e.g., agency login: <input type="text"/>	<input type="text"/>
* Project Role: <input type="text"/>	<input type="text"/>
Degree Type: <input type="text"/>	<input type="text"/>
Degree Year: <input type="text"/>	<input type="text"/>
* Attach Biographical Sketch <input type="text"/>	<input type="text"/>
Attach Current & Pending Support <input type="text"/>	<input type="text"/>

Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts.

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.

Delete Entry

Next Person

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.

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.

Close Form

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

* ORGANIZATIONAL DUNS: []

* Budget Type: Project Subaward/Consortium

Enter name of Organization: []

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

C. Equipment Description

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

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

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

Additional Equipment: []

Add Attachment

Delete Attachment

View Attachment

D. Travel

Funds Requested (\$)

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

Generally, Foreign Travel Costs do not apply to SBIR and STTR applications.

E. Participant/Trainee Support Costs

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

Funds Requested (\$)

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

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

Close Form

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

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

* ORGANIZATIONAL DUNS: [input field]

* Budget Type: Project Subaward/Consortium

Enter name of Organization: [input field]

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

F. Other Direct Costs

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

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

Total Other Direct Costs [input field]

G. Direct Costs

Total Direct Costs (A thru F) [input field] Funds Requested (\$)

Applicants without a NIH-negotiated Indirect Cost Rate can request up to 40% in both Phase I and Phase II.

H. Indirect Costs

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

Total Indirect Costs [input field]

Cognizant Federal Agency [input field]

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

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H) [input field] Funds Requested (\$)

J. Fee

A Fee cannot be entered for a Subaward/Consortium budget. [input field] Funds Requested (\$)

K. * Budget Justification Required. [highlighted box]

Add Attachment

Delete Attachment

View Attachment

(Only attach one file.)

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

RESEARCH & RELATED BUDGET - Cumulative Budget

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

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

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

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

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

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

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 project 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 corresponding project budget period start/end dates.

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.

SBIR/STTR Information

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

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

SBIR STTR Must select SBIR or STTR (not Both). Program Type must match announcement.
 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 Select one.
 Fast-Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 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. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> Required if Yes. Cannot include if No. </div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: Required if Yes. Cannot include if No. Add Attachment Delete Attachment View Attachment
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> Required if Yes. Cannot include if No. </div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and 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)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: <input style="width: 150px;" type="text"/> Add Attachment Delete Attachment View Attachment

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

SBIR/STTR Information

SBIR-Specific Questions:

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.</p> <p>* Attach File: <input style="width: 200px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?</p>

STTR-Specific Questions:

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 10. Please indicate whether the answer to BOTH of the following questions is TRUE:</p> <p>(1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND</p> <p>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?</p>

PHS Cover Letter

OMB Numbers: 0925-0001
0925-0002

*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

Cover letter is only for internal Agency use and will not be shared with peer reviewers.

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

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

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

See Application Guide for suggested cover letter format.

1. Project Director / Principal Investigator (PD/PI) Pre-populated from SF424 (R&R) cover.

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

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: This section is pre-populated from SF424 (R&R) cover.

Suffix:

* Phone Number: Fax Number:

Email:

* Title: This section provides for the collection of additional Business Official contact information not included on SF424 (R&R) cover.

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: * Zip / Postal Code:

PHS 398 Research Plan

1. Application Type:

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

*Type of Application:

New
 Resubmission
 Renewal
 Continuation
 Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

- | | |
|--|--|
| 1. Introduction to Application
<small>(for RESUBMISSION or REVISION only)</small> | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Limited to 1 page. Required for Resubmission and Revision apps.</div> Attachment </div> |
| 2. Specific Aims | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Required. Limited to 1 page.</div> Attachment Delete Attachment View Attachment </div> |
| 3. *Research Strategy | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;"> Required. Phase I SBIR/STTR: limited to 6 pages.
 Phase II SBIR/STTR and Fast Track SBIR/STTR: limited to 12 pages. </div> Attachment </div> |
| 4. Inclusion Enrollment Report | <div style="display: flex; align-items: center;"> <input style="width: 100%; height: 20px;" type="text"/> Add Attachment Delete Attachment View Attachment </div> |
| 5. Progress Report Publication List | <div style="display: flex; align-items: center;"> <input style="width: 100%; height: 20px;" type="text"/> Add Attachment Delete Attachment View Attachment </div> |

Human Subjects Sections

- | | |
|--------------------------------------|--|
| 6. Protection of Human Subjects | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Required for all apps, if Human Subjects is Yes.</div> Attachment Delete Attachment View Attachment </div> |
| 7. Inclusion of Women and Minorities | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Required for all apps, if Human Subjects is Yes and Exception is not E4.</div> Attachment </div> |
| 8. Targeted/Planned Enrollment Table | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Required for all apps, if Human Subjects is Yes and Exception is not E4.</div> Attachment </div> |
| 9. Inclusion of Children | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Required for all apps, if Human Subjects is Yes and Exception is not E4.</div> Attachment </div> |

Other Research Plan Sections

- | | |
|---|--|
| 10. Vertebrate Animals | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Required for all apps, if Vertebrate Animals Use is Yes.</div> Attachment View Attachment </div> |
| 11. Select Agent Research | <div style="display: flex; align-items: center;"> <input style="width: 100%; height: 20px;" type="text"/> Add Attachment Delete Attachment View Attachment </div> |
| 12. Multiple PD/PI Leadership Plan | <div style="display: flex; align-items: center;"> ← <div style="border: 1px solid black; padding: 2px;">Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.</div> Attachment </div> |
| 13. Consortium/Contractual Arrangements | <div style="display: flex; align-items: center;"> <input style="width: 100%; height: 20px;" type="text"/> Add Attachment Delete Attachment View Attachment </div> |
| 14. Letters of Support | <div style="display: flex; align-items: center;"> <input style="width: 100%; height: 20px;" type="text"/> Add Attachment Delete Attachment View Attachment </div> |
| 15. Resource Sharing Plan(s) | <div style="display: flex; align-items: center;"> <input style="width: 100%; height: 20px;" type="text"/> Add Attachment Delete Attachment View Attachment </div> |

- | | |
|--------------|---|
| 16. Appendix | Add Attachments Remove Attachments View Attachments |
|--------------|---|

Phase I SBIR/STTR: do not include appendices unless specifically solicited by NIH.

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. See NIH Guide notice NOT-OD-10-077.

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

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

PHS 398 Checklist

OMB Number: 0925-0001

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New
 Resubmission
 Renewal
 Continuation
 Revision

Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Used to specify change of PD/PI or change of institution.
Change of Investigator not allowed for Revision applications.

Name of former principal investigator / program director:

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

SBIR and STTR: Only applies to Phase II applications.

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

* Previously Reported: Yes No

4. * Program Income

Program Income is gross income earned by applicant organization that is directly generated by the proposed project.

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

Yes No

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

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

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

5. * Disclosure Permission Statement

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

Yes No