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</tbody>
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**NOTES:**

- The Funding Opportunity Announcement (FOA) and associated application guide remain the official documents for defining application requirements. This resource is meant to complement, not replace, those documents.
- NIH application packages include a subset of the forms included in this resource. You only need to complete the forms provided to you with a specific FOA.
- The actual display of the forms depends on your submission method (ASSIST, system-to-system solution, Workspace). The same form fields and guidance apply regardless of submission method, even if the display is slightly different.
- This resource is for FORMS-E application packages, see [Do I Have the Right Forms for My Application?](#)
- Registration in multiple systems is needed prior to submission, see [Get Registered!](). Can take 6 weeks – start early!
- Don’t forget to periodically check the Related Notices section of the FOA for any updates to instructions or policies since the opportunity was posted.
- The blue annotations throughout this resource represent tips, processing notes and eRA system business rule checks (i.e., validations).
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: ___________________________ First Name: ___________________________ Middle Name: ___________________________
Last Name: ___________________________ Prefix: ___________________________ First Name: ___________________________ Middle Name: ___________________________
Position/Title: ___________________________ Organization: ___________________________
Organization Name: ___________________________ Division: ___________________________
Department: ___________________________ Street1: ___________________________
Street2: ___________________________ City: ___________________________ County / Parish: ___________________________
State: ___________________________ Province: ___________________________
Country: ___________________________ ZIP / Postal Code: ___________________________
Phone Number: ___________________________ Fax Number: ___________________________
Email: ___________________________ Signature of Authorized Representative Date Signed: ___________________________

15. ESTIMATED PROJECT FUNDING
Manually enter estimated project funding amounts.

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

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

a. YES ☐ This preapplication/application was made available to the state executive order 12372 process for review on: ___________________________
   DATE: ___________________________
b. NO ☐ Program is not covered by E.O. 12372; or
   Program has not been selected by state for review

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

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

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

Add Attachment  Delete Attachment  View Attachment

19. Authorized Representative
Prefix: ___________________________ First Name: ___________________________ Middle Name: ___________________________
Last Name: ___________________________ Prefix: ___________________________ First Name: ___________________________ Middle Name: ___________________________
Position/Title: ___________________________ Organization: ___________________________
Organization Name: ___________________________ Division: ___________________________
Department: ___________________________ 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) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission.

In eRA Commons individuals with signature authority are called Signing Officials (SOs).

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

21. Cover Letter Attachment

View Attachment  Delete Attachment  Add Attachment

Updated: December 12, 2018  FORMS-E Series  Page 3 of 37
1. Vertebrate Animals Section

Are vertebrate animals euthanized? ☐ Yes ☐ No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines? ☐ Yes ☐ No

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

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

2. *Program Income Section

*Is program income anticipated during the periods for which the grant support is requested? ☐ Yes ☐ No

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

*Budget Period  *Anticipated Amount ($)  *Source(s)

Up to 150 characters.

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

3. Human Embryonic Stem Cells Section

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

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

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

Cell Line(s) (Example: 0004):

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

4. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents: ☐ Yes ☐ No

If "Yes" then answer the following:

*Previously Reported: ☐ Yes ☐ No
5. Change of Investigator/Change of Institution Section

☐ Change of Project Director/Principal Investigator

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

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

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

☐ Change of Grantee Institution

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

*Name of former institution:

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

**DUNS Number:**

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

*Street1:

*Street2:

*City:

County:

*State:

Province:

*Country: USA: UNITED STATES

*ZIP / Postal Code:

*Project/Performance Site Congressional District:

---

**Additional Location(s)**

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

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**SBIR/STTR Information**

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

<table>
<thead>
<tr>
<th>DOE</th>
<th>HHS</th>
<th>USDA</th>
<th>Other:</th>
</tr>
</thead>
</table>

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

* Program Type (select only one)

- [ ] SBIR
- [ ] STTR
- [X] Both *(See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)*

* Application Type (select only one)

- [ ] Phase I
- [ ] Phase II
- [ ] Fast-Track
- [X] Direct Phase II
- [ ] Phase IIA
- [ ] Phase IIB

SBIR only & only when allowed in FOA.

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

Check opportunity for allowable Application Types.

Phase I Letter of Intent Number: Leave blank. N/A for HHS (NIH, CDC, FDA) submissions. Workspace users: Enter 0.

* Agency Topic/Subtopic: **Optional.**

---

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

2. Anticipated Number of personnel to be employed at your organization at the time of award. **Required.**

3. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms? **Selection required.**

4. Is your small business a Faculty or Student-Owned entity? **Selection required.**

5. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? **Selection required.**

6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? **Selection required.**

7. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase I/II Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. **Selection required.**

---

* Attach File: **Required for Phase II, Direct Phase II, Phase IIB, Phase1/Phase II Fast-Track and Commercialization Readiness Program applications. Limited to 12 pages.**
### SBIR/STTR Information

#### SBIR-Specific Questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.</td>
<td>Attach File:</td>
<td>Add Attachment</td>
</tr>
<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>
<td></td>
</tr>
</tbody>
</table>

#### STTR-Specific Questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Please indicate whether the answer to BOTH of the following questions is TRUE:</td>
<td></td>
<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>
<td></td>
</tr>
<tr>
<td>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Provide DUNS Number of non-profit research partner for STTR.</td>
<td>Enter the DUNS or DUNS+4 number of the non-profit research partner for the STTR applicant.</td>
<td></td>
</tr>
</tbody>
</table>
Complete human subjects section of R&R Other Project Information form prior to completing this form.

PHS Human Subjects and Clinical Trials Information

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

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

Are Human Subjects Involved?  
Yes  No

Is the Project Exempt from Federal regulations?  
Yes  No

Exemption number: 1 2 3 4 5 6 7 8

If No to Human Subjects

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

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

Add Attachment  Delete Attachment  View Attachment

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

If Yes to Human Subjects

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

Other Requested Information

Only provide an Other Requested Information attachment when specifically requested in the funding opportunity announcement text or application guide.

Click here to extract the Human Subject Study Record Attachment

Study Record(s)

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

Delayed Onset Study(ies)

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

Delayed onset does NOT apply to a study that can be described but will not start immediately (i.e., delayed start). Multiple delayed onset studies can be grouped in a single record.

Study Title  Anticipated Clinical Trial?  Justification

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

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

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

*Always required field*

**Section 1 - Basic Information**

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

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

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

[ ] Yes  [ ] No

If Study Exempt is Yes, must provide exemption number. Exemptions 7 and 8 can be used for due dates on/after January 25, 2019.

1.3. Exemption Number

1 2 3 4 5 6 7 8

1.4. *Clinical Trial Questionnaire*

Answers to questionnaire required and system enforced.

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

1.4.a. Does the study involve human participants?

[ ] Yes  [ ] No

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

[ ] Yes  [ ] No

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

[ ] Yes  [ ] No

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

[ ] Yes  [ ] No

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

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

**Section 2 - Study Population Characteristics**

2.1. Conditions or Focus of Study

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

2.2. Eligibility Criteria

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

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

2.3. Age Limits

Minimum Age [ ] Dropdown: [ ] Years [ ] Months Maximum Age [ ] Dropdown: [ ] Years [ ] Months

2.4. Inclusion of Women, Minorities, and Children

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

2.5. Recruitment and Retention Plan

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

2.6. Recruitment Status

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

2.7. Study Timeline

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

2.8. Enrollment of First Subject

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

Inclusion Enrollment Report(s)

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

Add Inclusion Enrollment Report

Up to 20 Inclusion Enrollment Reports can be added.

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

1. * Using an Existing Dataset or Resource
   - Yes
   - No
   - Answer required and system enforced.

2. * Enrollment Location Type
   - Domestic
   - Foreign
   - Answer required and system enforced. Do not mix domestic and foreign enrollment data on the same inclusion enrollment report.

3. Enrollment Country(ies)
   - Multi-select from list of countries.

4. Enrollment Location(s)

5. Comments
   - Up to 500 characters.

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

<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Ethnic Categories</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than One Race</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Updated: December 12, 2018
### Cumulative (Actual)

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

<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Not Hispanic or Latino</th>
<th>Hispanic or Latino</th>
<th>Unknown/Not Reported Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Unknown/Not Reported</td>
<td>Female</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Asian</td>
<td>0</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<td>Black or African American</td>
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<tr>
<td>More than One Race</td>
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<td>Unknown or Not Reported</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

**Required and system enforced.**

Add Attachment  Delete Attachment  View Attachment

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

- [ ] Yes
- [ ] No
- [ ] N/A

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

If yes, describe the single IRB plan

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

Add Attachment  Delete Attachment  View Attachment

3.3. Data and Safety Monitoring Plan

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

Add Attachment  Delete Attachment  View Attachment

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

- [ ] Yes
- [ ] No

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

3.5. Overall Structure of the Study Team

Optional.

Add Attachment  Delete Attachment  View Attachment

Section 4 - Protocol Synopsis

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

4.1. Brief Summary

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

4.2. Study Design

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

4.2.a. Narrative Study Description

Up to 32,000 characters.

4.2.b. Primary Purpose

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

4.2.c. Interventions

Up to 20 Interventions allowed.

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to 200 characters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 1,000 characters.</td>
<td></td>
</tr>
</tbody>
</table>

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

4.2.d. Study Phase

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

Is this an NIH-defined Phase III clinical trial?

- [ ] Yes
- [ ] No

4.2.e. Intervention Model

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

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

4.2.f. Masking

- [ ] Yes
- [ ] No

- [ ] Participant
- [ ] Care Provider
- [ ] Investigator
- [ ] Outcomes Assessor

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### 4.2.g. Allocation

| Dropout list: N/A; Randomized; and Non-randomized |

### 4.3. Outcome Measures

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Up to 255 characters.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Dropdown list: Primary, Secondary, and Other</td>
</tr>
<tr>
<td>Time Frame</td>
<td>Up to 255 characters.</td>
</tr>
<tr>
<td>Brief Description</td>
<td>Up to 999 characters.</td>
</tr>
</tbody>
</table>

### 4.4. Statistical Design and Power

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

### 4.5. Subject Participation Duration

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

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

- [ ] Yes
- [ ] No

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

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

Required and system enforced if Yes.

### 4.7. Dissemination Plan

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

---

### Section 5 - Other Clinical Trial-related Attachments

#### 5.1. Other Clinical Trial-related Attachments

Form supports up to 10 attachments. Attachments only allowed for CT studies. Only include attachments requested in opportunity.
The PHS Assignment Request Form is posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff.

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

PHS Assignment Request Form

Funding Opportunity Number: Pre-populated from announcement information.

Funding Opportunity Title:

Awarding Component Assignment Request (optional)

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

Awarding Components:  https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents

Assign to Awarding Component:  

Do Not Assign to Awarding Component:  

Study Section Assignment Request (optional)

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

Study Sections:  https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

Assign to Study Section:  

Do Not Assign to Study Section:  

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FORMS-E Series
List individuals who should not review your application and why (optional)  
Only 1000 characters allowed  
Provide sufficient information (e.g., name organization affiliation) to correctly identify each individual. Provide specific reason why an individual should not review your application.

Identify scientific areas of expertise needed to review your application (optional)  
Note: Please do not provide names of individuals  
Limit your answers to expertise. - DO NOT enter the names of individuals you'd like to review your application.

Expertise:  
Only 40 characters allowed

1 2 3 4 5
## A. Direct Costs

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

Some grant programs have limits on Total Direct Costs. Check announcement.

<table>
<thead>
<tr>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Cost less Consortium Indirect (F&amp;A)</td>
<td>0.00</td>
</tr>
<tr>
<td>Consortium Indirect (F&amp;A)</td>
<td></td>
</tr>
<tr>
<td>Total Direct Costs</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## B. Indirect (F&A) Costs

Form allows for up to for four F&A entries.

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognizant Agency (Agency Name, POC Name and Phone Number)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect (F&amp;A) Rate Agreement Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Indirect (F&amp;A) Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Indirect (F&amp;A) Costs</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Direct and Indirect (F&amp;A) Costs (A+B)</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Cumulative Budget Information

**1. Total Costs, Entire Project Period**

- Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period: $0.00
- Section A, Total Consortium Indirect (F&A) for Entire Project Period: $
- Section A, Total Direct Costs for Entire Project Period: $0.00
- Section B, Total Indirect (F&A) Costs for Entire Project Period: $
- Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period: $0.00

**2. Budget Justifications**

- Personnel Justification: Add Attachment, Delete Attachment, View Attachment
- Consortium Justification: Add Attachment, Delete Attachment, View Attachment
- Additional Narrative Justification: Add Attachment, Delete Attachment, View Attachment

Updated: December 12, 2018
# RESEARCH & RELATED BUDGET - Budget Period 1

**Budget Type**: Project or Subaward/Consortium

**Budget Period**: 1

**Start Date**: ________

**End Date**: ________

---

**ORGANIZATIONAL DUNS**: [Enter name of Organization]

**Project/Subaward/Consortium**: [Enter name of Organization]

**Project DUNS**: [Enter name of Organization]

**Start Date**: ________

**End Date**: ________

**OMB Number**: 4040-0001

**Expiration Date**: 10/31/2019

---

**A. Senior/Key Person**

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Base Salary ($)</th>
<th>Cal.</th>
<th>Acad.</th>
<th>Sum.</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Role**: PD/PI

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

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

---

**Additional Senior Key Persons**: Add Attachment

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

---

**B. Other Personnel**

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

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

<table>
<thead>
<tr>
<th>Post Doctoral Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Students</td>
</tr>
<tr>
<td>Undergraduate Students</td>
</tr>
<tr>
<td>Secretarial/Clerical</td>
</tr>
</tbody>
</table>

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

**Total Number Other Personnel**

**Total Other Personnel**

**Total Salary, Wages and Fringe Benefits (A+B)**
### C. Equipment Description

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

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

Once equipment data is entered, you will be able to add up to 9 more rows to this section for a total of 10 equipment items.

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

Total funds requested for all equipment listed in the attached file

Total Equipment

### D. Travel

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

2. Foreign Travel Costs

Total Travel Cost

### E. Participant/Trainee Support Costs

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

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

Updated: December 12, 2018
### F. Other Direct Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td></td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

Total Other Direct Costs

### G. Direct Costs

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

### H. 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>

Total Indirect Costs

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

**I. Total Direct and Indirect Costs**

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

**J. Fee**

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

K. **Total Costs and Fee**

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

### L. Budget Justification

(Only attach one file.)  
Add Attachment  
Delete Attachment  
View Attachment

Budget Justification is required and must cover all budget periods.

Subaward/Consortium/Contractual Costs are not pre-populated. Include both Direct and Indirect costs.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Totals ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Senior/Key Person</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Other Personnel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Number Other Personnel</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Domestic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foreign</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Participant/Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuition/Fees/Health Insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stipends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsistence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Participants/Trainees</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Other Direct Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Publication Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultant Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 3</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Direct Costs (A thru F)</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Indirect Costs</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Total Direct and Indirect Costs (G + H)</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Fee</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Total Costs and Fee (I + J)</td>
<td></td>
</tr>
</tbody>
</table>

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.

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
11) Please attach Attachment 11
12) Please attach Attachment 12
13) Please attach Attachment 13
14) Please attach Attachment 14
15) Please attach Attachment 15
16) Please attach Attachment 16
17) Please attach Attachment 17
18) Please attach Attachment 18
19) Please attach Attachment 19
20) Please attach Attachment 20
21) Please attach Attachment 21
22) Please attach Attachment 22
23) Please attach Attachment 23
24) Please attach Attachment 24
25) Please attach Attachment 25
26) Please attach Attachment 26
27) Please attach Attachment 27
28) Please attach Attachment 28
29) Please attach Attachment 29
30) Please attach Attachment 30

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

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

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

Trainee Travel

Training Related Expenses

Total Direct Costs from R&R Budget Form (if applicable)

Consortium Training Costs (if applicable)

Funds Requested ($)

Warning if not provided. Must be manually entered.

D. Indirect (F&A) Costs

Indirect (F&A) Type

Indirect (F&A) Rate (%)

Indirect (F&A) Base

Funds Requested ($)

Indirect Cost Rate must be 8 for all Ts.

Total Indirect (F&A) Costs Requested

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

F. Budget Justification

Budget justification is required and must cover all budget periods.
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></td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Predoctoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postdoctoral:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Postdoctoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Stipends + Tuition/Fees Requested

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></td>
</tr>
<tr>
<td>Total Other Direct Costs Requested</td>
<td></td>
</tr>
</tbody>
</table>

C. Total Direct Costs Requested (A + B)

D. Total Indirect (F&A) Costs Requested

E. Total Direct and Indirect (F&A) Costs Requested (C + D)
TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

**Instructions:**

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

**Important:**

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

<table>
<thead>
<tr>
<th>Attach Training Subaward Budget 1</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach Training Subaward Budget 2</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 3</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 4</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 5</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 6</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 7</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 8</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 9</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 10</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 11</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 12</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 13</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 14</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 15</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 16</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 17</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 18</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 19</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 20</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 21</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 22</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 23</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 24</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 25</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 26</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 27</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 28</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 29</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 30</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>
Optional form in Overall component of multi-project applications only. Used to gather additional indirect cost information needed from the applicant organization to correctly calculate an application's indirect costs when entire components are led by collaborating organizations.

PHS Additional Indirect Costs - Budget Period 1

**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>
</table>

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

**Total Indirect Costs**

**Budget Justification**

(Only attach one file.)

The Budget Justification should explain what is included in the included indirect cost information.
<table>
<thead>
<tr>
<th>Indirect Costs</th>
<th>Totals ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>System calculated</td>
</tr>
</tbody>
</table>

Updated: December 12, 2018
### BUDGET INFORMATION - Construction Programs

**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. Administrative and legal expenses</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>2. Land, structures, rights-of-way, appraisals, etc.</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>3. Relocation expenses and payments</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>4. Architectural and engineering fees</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>5. Other architectural and engineering fees</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>6. Project inspection fees</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>7. Site work</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>8. Demolition and removal</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>9. Construction</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>10. Equipment</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>11. Miscellaneous</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>12. SUBTOTAL (sum of lines 1-11)</td>
<td>$ 0.00</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>13. Contingencies</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>14. SUBTOTAL</td>
<td>$ 0.00</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>15. Project (program) income</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>16. TOTAL PROJECT COSTS (subtract #15 from #14)</td>
<td>$ 0.00</td>
<td>$</td>
<td>$ 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 %

Be sure to include the multiplier or the total will calculate to zero.
### Introduction

1. Introduction to Application (for Resubmission and Revision applications)

   - Limited to 1 page (except R25 Resubmission can be 3 pages).
   - Required for Resubmission and Revision applications.

### Research Plan Section

2. Specific Aims

   - Required (except DP1, DP2, DP4, R35, R50 and X02). Limited to 1 page.

3. *Research Strategy

   - Adhere to page limits specified in Application Guide and/or FOA.
   - Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.

4. Progress Report Publication List

   - Add Attachment

### Other Research Plan Section

5. Vertebrate Animals

   - Required for all apps. (except S10), if Vertebrate Animals is Yes on the Other Project Information form.

6. Select Agent Research

   - Add Attachment

7. Multiple PD/PI Leadership Plan

   - Required if more than one PD/PI is specified on R&R Sr/Kr Person Profile form.

8. Consortium/Contractual Arrangements

   - Add Attachment

9. Letters of Support

   - Required for R36 applications.

10. Resource Sharing Plan(s)

    - Add Attachment

11. Authentication of Key Biological and/or Chemical Resources

    - Required if project involves key biological and/or chemical resources. Recommend 1 page. No system validation enforcement.

### Appendix

12. Appendix

    - Add Attachments

---

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

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

Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate agency staff and peer reviewers.
# PHS 398 Career Development Award Supplemental Form

**Introduction**

1. Introduction to Application (for Resubmission and Revision applications)
   - Required for Resubmission and Revision applications. Must not be included for New or Renewal applications. Limited to 1 page.

**Candidate Section**

2. Candidate Information and Goals for Career Development
   - Required. This attachment and the Research Strategy attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.

**Research Plan Section**

3. Specific Aims
   - Required. Limited to 1 page.

4. * Research Strategy
   - This attachment and the Candidate Information and Goals for Career Development attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.

5. Progress Report Publication List (for Renewal applications)

6. Training in the Responsible Conduct of Research
   - Required. Limited to 1 page.

**Other Candidate Information Section**

7. Candidate's Plan to Provide Mentoring
   - Required for K05 and K24. Do not include for K01, K07, K08, K18, K22, K23, K25, K76, K99, K99/R00. Limited to 6 pages.

**Mentor, Co-Mentor, Consultant, Collaborators Section**

8. Plans and Statements of Mentor and Co-Mentor(s)
   - Limited to 6 pages.

9. Letters of Support from Collaborators, Contributors, and Consultants

**Environment and Institutional Commitment to Candidate Section**

10. Description of Institutional Environment
    - Required. Limited to 1 page.

11. Institutional Commitment to Candidate's Research Career Development
    - Required. Limited to 1 page.

**Other Research Plan Sections**

12. Vertebrate Animals
    - Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

13. Select Agent Research

14. Consortium/Contractual Arrangements

15. Resource Sharing

16. Authentication of Key Biological and/or Chemical Resources
    - Required if project involves key biological and/or chemical resources. No system validation enforcement.
17. Appendix

* Citizenship

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

[ ] Yes
[ ] No

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

[ ] Not allowed for K43.
[ ] With a Permanent U.S. Resident Visa
[ ] With a Temporary U.S. Visa
[ ] Not Residing in the U.S.

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here: [ ]
# PHS 398 Research Training Program Plan

## Introduction

1. Introduction to Application (for Resubmission and Revision applications)

   Required for Resubmission applications; limited to 3 pages.
   Required for Revision applications; limited to 1 page.

## Training Program Section

2. * Program Plan

   Required. Limited to 25 pages.

3. Plan for Instruction in the Responsible Conduct of Research

   Required. Limited to 3 pages.

4. Plan for Instruction in Methods for Enhancing Reproducibility

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

5. Multiple PD/PI Leadership Plan (if applicable)

   Required when multiple Sr/Key entries with the role of PD/PI are included on the R&R Sr/Key Person form.

6. Progress Report (for Renewal applications)

   Required for Renewal applications.

## Faculty, Trainees and Training Record Section

7. Participating Faculty Biosketches

   Warning if not included.

8. Letters of Support

   Add Attachment  Delete Attachment  View Attachment

9. Data Tables

   Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.

## Other Training Program Section

10. Vertebrate Animals

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

11. Select Agent Research

    Add Attachment  Delete Attachment  View Attachment

12. Consortium/Contractual Arrangements

    Add Attachment  Delete Attachment  View Attachment

## Appendix

13. Appendix

    Add Attachments  Delete Attachments  View Attachments

---

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# PHS Fellowship Supplemental Form

## Introduction

1. Introduction to Application (for Resubmission applications) Required for Resubmission applications. Limited to 1 page.  

## Fellowship Applicant Section

2. Applicant's Background and Goals for Fellowship Training Required. Limited to 6 pages.

## Research Training Plan Section

3. Specific Aims Required. Limited to 1 page.


5. Respective Contributions Required. Limited to 6 pages.

6. Selection of Sponsor and Institution Required. Limited to 1 page.

7. Progress Report Publication List (for Renewal applications)

8. Training in the Responsible Conduct of Research Required. Limited to 1 page.

## Sponsor(s), Collaborator(s), and Consultant(s) Section


10. Letters of Support from Collaborators, Contributors, and Consultants Limited to 6 pages.

## Institutional Environment and Commitment to Training Section


## Other Research Training Plan Section

### Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

**Are Vertebrate Animals Used?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

12. Are vertebrate animals euthanized?  
   - Yes  
   - No  

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

   If "Yes" to euthanasia  
   - Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  
   - Yes  
   - No

   If "No" to AVMA guidelines, describe method and provide scientific justification  
   
   **Up to 1000 characters:**

13. Vertebrate Animals  

   **Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.**
### Other Research Training Plan Information

<table>
<thead>
<tr>
<th>14. Select Agent Research</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Resource Sharing Plan</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Authentication of Key Biological and/or Chemical Resources</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rigor &amp; transparency changes for individual fellowship applications delayed (NOT-OD-16-034). Until further notice, do not use this attachment unless specifically indicated in your funding opportunity announcement.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information Section

#### 17. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?  

[ ] Yes  [ ] No

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

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

**Cell Line(s):**

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

#### 18. Alternate Phone Number:

[ ]

#### 19. Degree Sought During Proposed Award:

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

#### 20. * Field of Training for Current Proposal:

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

#### 21. * Current or Prior Kirschstein-NRSA Support?

[ ] Yes  [ ] No

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

<table>
<thead>
<tr>
<th>* Level</th>
<th>* Type</th>
<th>Start Date (if known)</th>
<th>End Date (if known)</th>
<th>Grant Number (if known)</th>
</tr>
</thead>
</table>

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

#### 22. * Applications for Concurrent Support

[ ] Yes  [ ] No

If yes, describe in an attached file:

**Limited to 1 page.**  

**Answer must be No for F05.**

#### 23. * Citizenship:

- **U.S. Citizen**  
  - U.S. Citizen or Non-Citizen National?  
    - [ ] Yes  
    - [ ] No
  
- **Non-U.S. Citizen**  
  - With a Permanent U.S. Resident Visa
  - With a Temporary U.S. Visa

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

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

#### 24. Change of Sponsoring Institution

[ ]

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

---

**Updated: December 12, 2018**

[FORMS-E Series](#)
### PHS Fellowship Supplemental Form

#### Budget Section

**Senior Fellowship Applicants Only:**

- a. Federal Stipend Requested:
  - Amount
  - Academic Period
  - Number of Months
  - Year 1
  - Year 2
  - Year 3
  - Year 4
  - Year 5
  - Year 6 (when applicable)

- b. Supplementation from Other Sources:
  - Amount
  - Number of Months
  - Type (e.g., sabbatical leave, salary)
  - Source

**Total Funds Requested:**

**All Fellowship Applicants:**

- 25. Tuition and Fees: [ ] None Requested [ ] Funds Requested:
  - Year 1
  - Year 2
  - Year 3
  - Year 4
  - Year 5

**Fields in this section are required for F33.**

- 26. Present Institutional Base Salary:
  - Amount
  - Academic Period
  - Number of Months

- 27. 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 (e.g., sabbatical leave, salary)
    - Source

---

#### Appendix

- 28. Appendix

---

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