Grant applications to NIH for due dates on/after January 25, 2022 must use application form packages with a “FORMS-G” Competition ID. See [High-level Grant Application Form Change Summary: FORMS-G](#) for a list of specific form updates.

Each funding opportunity uses a unique subset of the application forms found in this resource. NIH application form packages include a subset of the forms found in this resource. You only need to complete the forms provided to you with a specific funding opportunity announcement (FOA.)

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**Notes:**

- The funding opportunity announcement, notices in the [NIH Guide](#), and the [How to Apply – Application Guide](#) define the official application requirements. This resource is meant to complement, not replace, those documents.

- The actual display of the forms depends on your submission method (ASSIST, system-to-system solution, or Workspace). The same form content requirements apply regardless of submission method.

- Registration in multiple systems is required prior to submission, see How to Apply - Application Guide.
APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

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

Do not use Pre-application unless specifically noted in FOA.

Use Application for first submission attempt for due date.

Use Changed/Corrected when submitting again to Grants.gov for a due date (e.g., to correct eRA identified errors/warnings.)

2. DATE SUBMITTED
   - Applicant Identifier

Date Submitted

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   - State Application Identifier
   - If New (box 8), leave blank. If Revision/Resubmission/Renewal (box 8), use institute and serial # of previous NIH grant/application # (e.g., CA987654 from 1R01CA987654-01).

b. Agency Routing Identifier

For Notices of Special Interest, include notice number (e.g., NOT-IC-FY-XXX).

c. Previous Grants.gov Tracking ID

UEI:

If Changed/Corrected (box 1), provide previous Grants.gov tracking #. (e.g., GRANT/12345678).

5. APPLICANT INFORMATION

Legal Name:

Department: FORMS-G: 10 characters.

Division: FORMS-G: 10 characters.

Street1: FORMS-G: Updated state list.

City: FORMS-G: Updated country list.

State: USA: UNITED STATES

Province: FORMS-G: Updated country list.

Country: USA: UNITED STATES

ZIP / Postal Code: Must provide zip+4 for all zip codes.

Prefix: FORMS-G: Updated state list.

Last Name: FORMS-G: Updated country list.

Position/Title: FORMS-G: Updated state list.

Phone Number: FORMS-G: Updated country list.

Fax Number: FORMS-G: Updated state list.

Email: Contact e-mail is required by NIH. If not included, or improperly formatted, the AOR e-mail provided in item 19 will be used.

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

Non-US organizations use 444444444.

7. TYPE OF APPLICANT:

Please select one of the following

Small Business Organization Type

[ ] Women Owned

[ ] Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

[ ] New

[ ] Resubmission

[ ] Renewal

[ ] Continuation

[ ] Revision

See application guide for definitions.

If Revision, mark appropriate box(es).

[ ] A. Increase Award

[ ] B. Decrease Award

[ ] C. Increase Duration

[ ] D. Decrease Duration

[ ] E. Other (specify):

Is this application being submitted to other agencies?

[ ] Yes

[ ] No

What other Agencies?

9. NAME OF FEDERAL AGENCY:

Title:

CFDA is also referred to as Assistance Listing Number (ALN).

NIH will assign CFDA/ALN post-submission.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:

If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant. Limited to 200 characters.

See Key Dates section of announcement. Start date is an estimate; typically at least nine months after submission. Project period should not exceed what is allowed in announcement.

12. PROPOSED PROJECT:

Start Date

Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

Format: 2 character state abbreviation - 3 character District number (e.g., CA-005). Use 00-000 if outside the US. See application guide for additional details.

NIH Office of Extramural Research

FORMS-G Series (Updated January 3, 2022)
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix:  
First Name:  
Middle Name:  
Last Name:  
Suffix:  
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 (Expanded) form.
Organization Name:  
Department:  
Division:  
Street1:  
Street2:  
City:  
County / Parish:  
State:  
Province:  
Country:  USA: UNITED STATES  
County / Parish:  
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:  
  PROGRAM IS NOT COVERED BY E.O. 12372; OR
  PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. NO
17. By signing this application, I certify (1) to the statements contained in 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.  
*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:  
Suffix:  
Organization Name:  
Position/Title:  
Department:  
Division:  
Street1:  
Street2:  
City:  
County / Parish:  
State:  
Province:  
Country:  USA: UNITED STATES  
County / Parish:  
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. If application proposes the use of human fetal tissue (HFT) from elective abortions, you must include a Cover Letter with a statement about HFT involvement.
21. Cover Letter Attachment

NIH Office of Extramural Research  
FORMS-G Series (Updated January 3, 2022)  
Page 3
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.

<table>
<thead>
<tr>
<th>*Budget Period</th>
<th>*Anticipated Amount ($)</th>
<th>*Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to 150 characters.</td>
<td></td>
</tr>
</tbody>
</table>

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. Human Fetal Tissue Section

*Does the proposed project involve human fetal tissue obtained from elective abortions?  □ Yes □ No

If "yes" then provide the HFT Compliance Assurance

Required if Yes. Cannot be included if No.

If "yes" then provide the HFT Sample IRB Consent Form

Required if Yes. Cannot be included if No.
5. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents:  Yes ☐  No ☐

If "Yes" then answer the following:

*Previously Reported:  Yes ☐  No ☐

6. 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.
1. Are Human Subjects Involved?
   Yes □ No □
   If Human Subjects = Yes, additional information may be required on the PHS Human Subjects and Clinical Trials Information form.
   Only answer Yes if all the proposed research human subject studies are exempt.

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 □ 7 □ 8 □
   If multiple study records are included, enter all exemptions selected across all study records.
   IRB Approval Date:
   If Human Subjects = Yes, enter the text 'None' or the approved Federalwide Assurance (FWA) number on file with OHRP. Enter the 8-digit number only.

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

2. Are Vertebrate Animals Used?
   Yes □ No □
   If yes, please explain:
   If 4a is Yes, then 4b is required. Up to 55 characters.

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?
   Yes □ No □
   If yes, please explain:
   If 4c is Yes, then 4d is required. Up to 55 characters.

4.b. If yes, please explain:
   If 4d is Yes, then 4c is required. Up to 55 characters.

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 □
   If yes, please explain:
   If 4c is Yes, then 4d is required. Up to 55 characters.

4.d. If yes, please explain:
   If 4d is Yes, then 4c is required. Up to 55 characters.

5. Is the research performance site designated, or eligible to be designated, as a historic place?
   Yes □ No □
   If yes, please explain:
   If 5 is Yes, then 5a is required. Up to 55 characters.

5.a. If yes, please explain:
   If 5a is Yes, then 5b is required. Up to 55 characters.

6. Does this project involve activities outside of the United States or partnerships with international collaborators?
   Yes □ No □
   If yes, identify countries:
   If 6 is Yes, then a list of countries is required in 6a. Abbreviations can be used. Up to 55 characters.

6.a. If yes, identify countries:
   Yes □ No □
   If yes, check appropriate exemption number.
   If Yes, must include a "Foreign Justification" as an Other Attachment in item #12.

6.b. Optional Explanation:
   Up to 55 characters.

7. Project Summary/Abstract
   Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page. If awarded this information becomes public. Do not include proprietary or confidential information.

8. Project Narrative
   Typically 2-3 sentence statement of public health relevance; system will give 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 opportunity. Limited system enforcement.

11. Equipment
    Required unless otherwise noted in opportunity. Limited system enforcement.

12. Other Attachments
    Only provide Other Attachments when requested in the funding opportunity announcement, notice of special interest or application guide. If provided, follow any guidance regarding attachment filenames.
    Field accommodates multiple attachments.
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 registered organizations.

UEI: unique entity identifier (UEI) required and enforced by NIH. FORMS-G: UEI replaced DUNS.

* Street1: 

Street2: 

* City: 

County: 

* State: FORMS-G: Updated state list.

Province:

* Country: USA: UNITED STATES FORMS-G: Updated country list.

* 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: FORMS-G: Updated state list.

Province:

* Country: USA: UNITED STATES FORMS-G: Updated country list.

* ZIP / Postal Code: 

* Project/Performance Site Congressional District: 

---

Additional Location(s)

Add Attachment  Delete Attachment  View Attachment

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

#### PROFILE - Project Director/Principal Investigator

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
<td></td>
</tr>
<tr>
<td>* First Name:</td>
<td></td>
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<tr>
<td>Middle Name:</td>
<td></td>
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<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
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<tr>
<td>Organization Name:</td>
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<td>Fax Number:</td>
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<tr>
<td>E-Mail:</td>
<td></td>
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<tr>
<td>Credential, e.g., login:</td>
<td></td>
</tr>
<tr>
<td>Zip/Postal Code:</td>
<td></td>
</tr>
<tr>
<td>Project Role:</td>
<td>PD/PI</td>
</tr>
<tr>
<td>Degree Type:</td>
<td></td>
</tr>
<tr>
<td>Degree Year:</td>
<td></td>
</tr>
<tr>
<td>*Attach Biographical Sketch</td>
<td></td>
</tr>
<tr>
<td>Attach Current &amp; Pending Support</td>
<td></td>
</tr>
</tbody>
</table>

**PD/PI**

Valid Era Commons Username MUST BE SUPPLIED. Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and SO roles (if PD/PI also serves as SO, use a separate account for SO functions).

ORCID ID must be associated with PD/PI eRA Commons Personal Profile of Fellowship and Career Development Applications. Recommended for all.

**Project Role will default to PD/PI and must remain PD/PI (do not edit - we string match).**

#### PROFILE - Senior/Key Person 1

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
<td></td>
</tr>
<tr>
<td>* First Name:</td>
<td></td>
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<td>Middle Name:</td>
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<tr>
<td>Degree Type:</td>
<td></td>
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<tr>
<td>Degree Year:</td>
<td></td>
</tr>
<tr>
<td>*Attach Biographical Sketch</td>
<td></td>
</tr>
<tr>
<td>Attach Current &amp; Pending Support</td>
<td></td>
</tr>
</tbody>
</table>

For multiple PD/PI, you must use the PD/PI role, provide the eRA Commons username in the Credential field for all PD/PIs, and include a Multiple PD/PI Leadership Plan on the PHS 398 Research Plan form. Targeting January 25, 2022 due dates, Credentials required for all Sr/Key (NOT-OD-21-109)

#### Notes

- Can collect data for 100 Sr/Key personnel (including PD/PI). Option to provide attachment for additional Sr/Key info is available after the 100 entries are made. See Additional Senior/Key Person Profiles format page at: [https://grants.nih.gov/grants/forms/additional-senior-key-person-profile.htm](https://grants.nih.gov/grants/forms/additional-senior-key-person-profile.htm).
### RESEARCH & RELATED BUDGET - Budget Period 1

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

**UEI:**
- Enter name of Organization:

**Start Date:**
- End Date:

**Budget Period:**
- 1

**OMB Number:**
- 4040-0001

**Expiration Date:**
- 12/31/2022

### A. Senior/Key Person

**Prefix/First/Middle/Last/Suffix**

**Base Salary ($)**

**Requested Salary ($)**

**Fringe Benefits ($)**

**Funds Requested ($)**

**Project Role:**
- PD/PI

**Role must be PD/PI for the PD/PI (enter carefully as 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**

**Delete Attachment**

**View Attachment**

**Total Senior/Key Person**

**If more than 8 Sr/Key (100 for multi-project applications), 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post Doctoral Associates</td>
</tr>
<tr>
<td></td>
<td>Graduate Students</td>
</tr>
<tr>
<td></td>
<td>Undergraduate Students</td>
</tr>
<tr>
<td></td>
<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>
</table>

**Additional Equipment:**

If more than 10 Equipment items (100 for multi-project applications), use attachment and enter total funds requested for additional equipment.

<table>
<thead>
<tr>
<th>Total funds requested for all equipment listed in the attached file</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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

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

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

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

**Number of Participants/Trainees**

<table>
<thead>
<tr>
<th>Total Participant/Trainee Support Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
F. Other Direct Costs

1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations

8. 
9. 
10. FORMS-G: Increased number of additional Other Direct Costs line items from 3 to 10.
11. 
12. Examples of possible uses: Tuition Remission; Technical Assistance; Patient Care Costs
13. If proposing the use of human fetal tissue from elective abortions, you must include a "Human Fetal Tissue Costs" item (if no cost incurred, enter 0). Type the string as requested (without quotation marks). Systems will only pick up an exact match to the letters and spacing of the string (not case specific). The line item cannot be combined with any "Other" costs.
14. 
15. 
16. 
17. Total Other Direct Costs

G. Direct Costs

Total Direct Costs (A thru F)

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>
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<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

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested ($)

K. Total Costs and Fee

Total Costs and Fee (I + J)

Funds Requested ($)

L. Budget Justification

(Only attach one file.)

Add Attachment Delete Attachment View Attachment

Budget Justification is required and must cover all budget periods.
<table>
<thead>
<tr>
<th>Section</th>
<th>Item</th>
<th>Amount</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></td>
<td>Other 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 10</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Section F includes an increased number of additional Other Direct Costs items from 3 to 10.
- Total Salary, Wages and Fringe Benefits (A+B) should be calculated and included in the total.

Cumulative Budget is system generated based on budget period data provided.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Direct Costs (A thru F)</td>
</tr>
<tr>
<td>H</td>
<td>Indirect Costs</td>
</tr>
<tr>
<td>I</td>
<td>Total Direct and Indirect Costs (G + H)</td>
</tr>
<tr>
<td>J</td>
<td>Fee</td>
</tr>
<tr>
<td>K</td>
<td>Total Costs and Fee (I + J)</td>
</tr>
</tbody>
</table>
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.

Click here to extract the R&R Subaward Budget Attachment
The PHS 398 Modular Budget form cannot be used if the application requests >$250K in direct costs in any budget period, is submitted by a foreign institution, or proposes the use of human fetal tissue from elective abortions.

### PHS 398 Modular Budget

**Budget Period:** 1  
**Start Date:**  
**End Date:**  
**Expiration Date:** 09/30/2024

#### A. Direct Costs

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>0.00</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>

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

#### B. Indirect (F&A) Costs

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect (F&amp;A) Rate (%)</td>
<td></td>
</tr>
<tr>
<td>Indirect (F&amp;A) Base ($)</td>
<td></td>
</tr>
<tr>
<td>Funds Requested ($)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>0.00</th>
</tr>
</thead>
</table>

### Cumulative Budget Information

**System calculated.**

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

<table>
<thead>
<tr>
<th>Section A, Total Direct Cost less Consortium Indirect (F&amp;A) for Entire Project Period</th>
<th>$ 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Total Consortium Indirect (F&amp;A) for Entire Project Period</td>
<td></td>
</tr>
<tr>
<td>Section A, Total Direct Costs for Entire Project Period</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Section B, Total Indirect (F&amp;A) Costs for Entire Project Period</td>
<td></td>
</tr>
<tr>
<td>Section C, Total Direct and Indirect (F&amp;A) Costs (A+B) for Entire Project Period</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

#### 2. Budget Justifications

Personnel Justification  
Consortium Justification  
Additional Narrative Justification  
Add Attachment  
Delete Attachment  
View Attachment
### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th>Number of Trainees</th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Full Time
- Undergraduate:
  - First-Year/Soph.
  - Junior/Senior

#### Short Term
- Predoctoral:
  - Single Degree
  - Dual Degree
- Postdoctoral:
  - Non-degree Seeking
  - Degree Seeking
- Total Postdoctoral

#### Other:
- If Number of Trainees data is provided then corresponding Stipends Requested data must also be provided and vice versa.

#### Totals:
- Total Stipends + Tuition/Fees Requested

### 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 ($)

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

### D. Indirect (F&A) Costs

#### Indirect (F&A) Type

<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>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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><strong>Undergraduate:</strong></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><strong>Total Predoctoral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Postdoctoral:</strong></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><strong>Total Postdoctoral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></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>
</tbody>
</table>

**Total Other Direct Costs Requested**

# 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.

| Attach Training Subaward Budget 1 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 2 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 3 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 4 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 5 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 6 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 7 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 8 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 9 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 10 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 11 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 12 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 13 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 14 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 15 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 16 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 17 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 18 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 19 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 20 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 21 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 22 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 23 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 24 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 25 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 26 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 27 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 28 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 29 | Add Attachment | Delete Attachment | View Attachment |
| Attach Training Subaward Budget 30 | Add Attachment | Delete Attachment | View Attachment |

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

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 F of the PHS 398 Training Budget form.
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.

**FORMS-G: Provide the 12 alpha-numeric character Unique Entity Identifier for the applicant organization.**

<table>
<thead>
<tr>
<th>UEI:</th>
<th>Enter name of Organization:</th>
</tr>
</thead>
</table>

**Budget Type:**
- [ ] Project
- [x] Subaward/Consortium

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

### 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.
## PHS Additional Indirect Costs - Cumulative Budget

<table>
<thead>
<tr>
<th>Indirect Costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Totals ($)</strong></td>
<td>System calculated.</td>
</tr>
</tbody>
</table>
## 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.

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

### FEDERAL FUNDING

17. Federal assistance requested, calculate as follows: Enter eligible costs from line 16c Multiply X % $ [ ]

**Be sure to include the multiplier or the total will calculate to zero.**
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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.   
| 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/Key Person Profile form.  
8. Consortium/Contractual Arrangements: Add Attachment  
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

**OMB Number:** 0925-0001  
**Expiration Date:** 09/30/2024

### 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.

### 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)**  
   - Required for K01, K08, K18, K23, K25, K76, K99, K99/R00. Warning if not included for K07 or K22. Limited to 6 pages.

9. **Letters of Support from Collaborators, Contributors, and Consultants**  
   - Limited to 6 pages.

### 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.

12. **Description of Candidate's Contribution to Program Goals**  
    - Required for diversity-related funding opportunity announcements only.

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

14. **Select Agent Research**

15. **Consortium/Contractual Arrangements**

16. **Resource Sharing**

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

**Citizenship**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not allowed for K43.</td>
<td></td>
</tr>
<tr>
<td>Not allowed for K43.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

*Non-U.S. Citizen national with temporary U.S. Visa* is not typically a valid option, though it may be accepted for K99/R00 applications.

*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:*  

---

**Note:**

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.
<table>
<thead>
<tr>
<th><strong>Introduction</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to Application (for Resubmission and Revision applications)</td>
<td>Required for Resubmission applications; limited to 3 pages. Required for Revision applications; limited to 1 page.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Training Program Section</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Plan for Instruction in Methods for Enhancing Reproducibility</td>
<td>Required for institutional career development (K12, KL2, KM1) applications and institutional training (D43, Ts).</td>
</tr>
<tr>
<td>5. Multiple PD/PI Leadership Plan (if applicable)</td>
<td>Required when multiple Sr/Key entries with the role of PD/PI are included on the R&amp;R Sr/Key Person form.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Faculty, Trainees and Training Record Section</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Participating Faculty Biosketches</td>
<td>Warning if not included.</td>
</tr>
<tr>
<td>8. Letters of Support</td>
<td>Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.</td>
</tr>
<tr>
<td>9. Data Tables</td>
<td>Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other Training Program Section</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Vertebrate Animals</td>
<td>Required if Vertebrate Animals Used is Yes on the R&amp;R Other Project Information form.</td>
</tr>
<tr>
<td>11. Select Agent Research</td>
<td></td>
</tr>
<tr>
<td>12. Consortium/Contractual Arrangements</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Appendix</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Appendix</td>
<td></td>
</tr>
</tbody>
</table>

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PHS Fellowship Supplemental Form

Introduction

1. Introduction to Application (for Resubmission applications)

   Required for Resubmission applications. Limited to 1 page.

   Add Attachment  Delete Attachment  View Attachment

Fellowship Applicant Section

2. * Applicant's Background and Goals for Fellowship Training

   Required. Limited to 6 pages.

   Add Attachment  Delete Attachment  View Attachment

Research Training Plan Section

3. * Specific Aims

   Required. Limited to 1 page.

   Add Attachment  Delete Attachment  View Attachment

4. * Research Strategy

   Required. Limited to 6 pages.

   Add Attachment  Delete Attachment  View Attachment

5. * Respective Contributions

   Required. Limited to 6 pages.

   Add Attachment  Delete Attachment  View Attachment

6. * Selection of Sponsor and Institution

   Required. Limited to 1 page.

   Add Attachment  Delete Attachment  View Attachment

7. Progress Report Publication List (for Renewal applications)

   Add Attachment  Delete Attachment  View Attachment

8. * Training in the Responsible Conduct of Research

   Required. Limited to 1 page.

   Add Attachment  Delete Attachment  View Attachment

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

9. Sponsor and Co-Sponsor Statements

   Required. Limited to 6 pages.

   Add Attachment  Delete Attachment  View Attachment

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

    Limited to 6 pages.

    Add Attachment  Delete Attachment  View Attachment

Institutional Environment and Commitment to Training Section

11. Description of Institutional Environment and Commitment to Training

    Required for F05, F30, F31, F32, F33, F37, F38, F12, F99/K00. Limited to 2 pages. Includes Additional Education Information for F30 and F31 applications.

    Add Attachment  Delete Attachment  View Attachment

12. Description of Candidate's Contribution to Program Goals

    Required for diversity-related funding opportunity announcements only.

    Add Attachment  Delete Attachment  View Attachment

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?

Yes  No

13. 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.

14. Vertebrate Animals

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

16. Resource Sharing Plan

Rigor & 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.

17. Authentication of Key Biological and/or Chemical Resources

Add Attachment
Delete Attachment
View Attachment

Additional Information Section

18. 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/. 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/ at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Add up to 200 cell lines.

19. Alternate Phone Number:

20. Degree Sought During Proposed Award:

Degree:

If "other", indicate degree type:

Expected Completion Date (MM/YYYY):

21. * Field of Training for Current Proposal:

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

22. * Current or Prior Kirschstein-NRSA Support?

☐ Yes  ☐ No

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

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

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

23. * Applications for Concurrent Support

If yes, describe in an attached file:

Limited to 1 page.

Answer must be No for F05.

24. * Citizenship:

U.S.Citizen  ☐ Yes  ☐ No  U.S. Citizen or Non-Citizen National?

Non-U.S.Citizen  ☐ Yes  ☐ No

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.)

Non-U.S. Citizen with temporary U.S. Visa only required for F05.

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:

25. Change of Sponsoring Institution

Required if 'Change of Sponsoring Institution' box is checked.
# PHS Fellowship Supplemental Form

## Budget Section

**All Fellowship Applicants:**

26. * Tuition and Fees:*

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Academic Period</th>
<th>Number of Months</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>6 (when applicable)</td>
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</tbody>
</table>

Total Funds Requested: [Enter Amount]

27. * Childcare Costs:*

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Academic Period</th>
<th>Number of Months</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>6 (when applicable)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Funds Requested: [Enter Amount]

**Senior Fellowship Applicants Only:**

28. Present Institutional Base Salary:

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Type (e.g., sabbatical leave, salary)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Enter Type]</td>
</tr>
</tbody>
</table>

## Appendix

30. Appendix

**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.
SBIR/STTR Information

OMB Number: 4040-0001
Expiration Date: 12/31/2022

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

- DOE
- HHS
- USDA
- Other:

Check HHS for all NIH, CDC, and FDA submissions.

* SBC Control ID: [Required.]
The 9-digit code is included in the registry filename received from SBA upon registration (e.g., SBC_123456789.pdf.)

* Program Type (select only one)

- SBIR
- STTR
- 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
- Direct Phase II
- Phase IIA
- Phase IIB
- Phase IIC
- Commercialization Readiness Program (See agency-specific instructions to determine application type participation.)

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 1-8 must be completed by all SBIR and STTR Applicants:

* 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? [Yes] [No]

* 1b. Anticipated Number of personnel to be employed at your organization at the time of award. [Required.]

* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms? [Yes] [No]

* 1d. Is your small business a Faculty or Student-Owned entity? [Yes] [No]

* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? [Yes] [No]

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

Required if Yes. Up to 250 characters. Cannot include if 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 [Yes] [No]

* 4. Will all research and development on the project be performed in its entirety in the United States? [Yes] [No]

If no, provide an explanation in an attached file.

* Explanation: [Add Attachment] [Delete Attachment] [View Attachment] [Required if No. Cannot include if Yes.]

* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? [Yes] [No]

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

Required if Yes. Up to 250 characters. Cannot include if 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 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)? [Yes] [No]

* 7. Does the application include a request of SBIR or STTR funds for Technical and Business Assistance (TABA)? If yes, please follow the agency specific instructions to provide the budget request and justification. (Please answer no if you plan to use the agency TABA vendor, which does not require you to include a request for TABA funds in your application.) [Yes] [No]

* Attach File: [Add Attachment] [Delete Attachment] [View Attachment] [Required for Phase II, Direct Phase II, Phase IIB, Phase I/Phase II Fast-Track and Commercialization Readiness Program applications. Limited to 12 pages.]
### SBIR/STTR Information

#### SBIR-Specific Questions:

*Questions 9 and 10 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 9 and 10 blank and proceed to question 11.*

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

*Attach File:*

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

#### STTR-Specific Questions:

*Questions 11 - 13 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 11 - 13 blank.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
* 11. Please indicate whether the answer to BOTH of the following questions is TRUE:

(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

(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
* 12. 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?*

<table>
<thead>
<tr>
<th>✔</th>
<th>☐</th>
</tr>
</thead>
</table>

* 13. Provide UEI of non-profit research partner for STTR.*

**FORMS-G: Enter the Unique Entity Identifier (UEI) of the non-profit research partner for the STTR applicant.**
PHS Human Subjects and Clinical Trials Information

**Use of Human Specimens and/or Data**

* Does any of the proposed research in the application involve human specimens and/or data?  
  Yes [ ]  
  No [ ]

Provide an explanation for any use of human specimens and/or data not considered to be human subjects research.

Only include attachment if proposed research uses human specimens and/or data not considered to be human subjects research.

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**

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

**If Yes to Human Subjects**

Steps for adding a study record will vary based on submission method used (ASSIST, system-to-system solution, Grants.gov Workspace).

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 a study name and justification for omission of human subject study information.

**Other Requested Information**

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

**Study Record(s)**

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1  
   [Add Attachment]  [Delete Attachment]  [View Attachment]

**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  
[Add Attachment]  [Delete Attachment]  [View Attachment]

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

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

### 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
- [x] No

If Study Exempt is Yes, must provide exemption number. Exemption must also be selected on Other Project Information form.

#### 1.3. Exemption Number

- [1]
- [2]
- [3]
- [4]
- [5]
- [6]
- [7]
- [8]

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

#### 1.4. *Clinical Trial Questionnaire*

1.4.a. Does the study involve human participants?  
- [x] Yes
- [ ] No

1.4.b. Are the participants prospectively assigned to an intervention?  
- [x] Yes
- [ ] No

1.4.c. Is the study designed to evaluate the effect of the intervention on the participants?  
- [x] Yes
- [ ] No

1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome?  
- [x] 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 exemption 4 is only exemption selected. Up to 20 conditions at 255 characters each.

#### 2.2. Eligibility Criteria

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

#### 2.3. Age Limits

Minimum Age  
Maximum Age

- [ ] Dropdown list: Years, Months, Weeks, Days, Hours, Minutes, N/A  
- [ ] (No limit)

#### 2.3.a. Inclusion of Individuals Across the Lifespan

If "N/A (No Limit)" selected, do not provide numerical min/max age.

#### 2.4. Inclusion of Women and Minorities

Required and system enforced unless exemption 4 is only exemption selected.

#### 2.5. Recruitment and Retention Plan

Required and system enforced unless exemption 4 is the only exemption selected or otherwise noted in opportunity.

#### 2.6. Recruitment Status

Required and system enforced unless exemption 4 is the only exemption selected or otherwise noted in opportunity.

#### 2.7. Study Timeline

Required and system enforced for CT study unless 4 is the only exemption selected or otherwise noted in opportunity.

#### 2.8. Enrollment of First Participant

- [ ] Date: MM/DD/YYYY  
- [ ] Dropdown list: Anticipated, Actual

Enrollment of First Participant field is required and system enforced unless exemption 4 is only exemption selected or using existing dataset.

#### 2.9. Inclusion Enrollment Report(s)

Inclusion Enrollment Reports required and system enforced unless exemption 4 is only exemption selected 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.
PHS Inclusion Enrollment Report

1. * Inclusion Enrollment Report Title
   Required. Up to 600 characters.

2. * Using an Existing Dataset or Resource
   [ ] Yes  [ ] No  Answer required and system enforced.

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

4. Enrollment Country(ies)
   Multi-select from list of countries.
   FORMS-G: Updated country selection list.

5. Enrollment Location(s)

6. 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>
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<th>Ethnic Categories</th>
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<tbody>
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</tr>
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<td>Female</td>
<td>Male</td>
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<tr>
<td>American Indian/Alaska Native</td>
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<td>Native Hawaiian or Other Pacific Islander</td>
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</tr>
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### 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>
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</table>
Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

Required and system enforced.

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 if study is not exempt from federal regulations (i.e., Question 1.2 is No).

_single IRB plan attachment

NIH: If Yes, not required.
AHRQ: If Yes, required.

3.3. Data and Safety Monitoring Plan

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

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.

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. Study Design

4.1.a. Detailed Description

Up to 32,000 characters.

4.1.b. Primary Purpose

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

4.1.c. Interventions

Up to 20 Interventions allowed.

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

4.1.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 N/A

Is this an NIH-defined Phase III clinical trial?

Yes □ No □

4.1.e. Intervention Model

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

4.1.f. Masking

Yes □ No □

Participant □ Care Provider □ Investigator □ Outcomes Assessor

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

4.1.g. Allocation

Dropdown list: N/A; Randomized; and Non-randomized
**4.2. Outcome Measures**

<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>
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</tbody>
</table>

**4.3. Statistical Design and Power**

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

**4.4. Subject Participation Duration**

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

**4.5. Will the study use an FDA-regulated intervention?**

- Yes
- No

**4.5.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.

**4.6. Is this an applicable clinical trial under FDAAA?**

- Yes
- No

**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.

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**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.
PHS Assignment Request Form

Funding Opportunity Number: Pre-populated from announcement information.

Funding Opportunity Title: Pre-populated from announcement information.

Awarding Component Assignment Suggestions (optional)

If you have a suggestion for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation (e.g., "NCI" for National Cancer Institute) and enter it below in the boxes for "Suggested Awarding Components". All suggestions will be considered; however, not all assignment suggestions can be honored.

Information about Awarding Component can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents

Suggested Awarding Components: __________  __________  __________

Study Section Assignment Suggestions (optional)

If you have a suggestion for a study section assignment, use the link below to identify a study section(s). Enter the short abbreviation for that study section in the boxes for "Suggested Study Sections." Remove all hyphens, parentheses, and spaces. All suggestions will be considered; however, not all assignment suggestions can be honored.

For example, enter "CAMP" if you wish to suggest assignment to the NIH Cancer Molecular Pathobiology study section, or "ZRG1HDMR" if you wish to suggest assignment to the NIH Healthcare Delivery and Methodologies SBIR/STTR panel for informatics.

Information about Study Sections can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

Suggested Study Sections: __________  __________  __________

Rationale for assignment suggestions (optional)

Entry is limited to 1000 characters.

Up to 1000 characters.
List individuals who should not review your application and why (optional)

Provide sufficient information (e.g., name, organization, affiliation) to correctly identify each individual. Provide specific reason why an individual should not review your application. Information will be considered, but listing an individual does not guarantee they will not be on review panel.

Identify scientific areas of expertise needed to review your application (optional)

Note: Do not provide names of individuals

Expertise:
Each entry is limited to 40 characters

Limit your answers to expertise. DO NOT enter the names of individuals you’d like to review your application.