Multi-project applications are comprised of overall application information, one or more sets of component information and system-generated summary information.

The data collected at the Overall application level are the same for all multi-project applications. The data items collected for components depend on the component type and may vary from one component to another.

## Multi-project Component Forms

<table>
<thead>
<tr>
<th>Page #</th>
<th>Form</th>
<th>Overall</th>
<th>Admin Core, Core, Project, Other named components</th>
<th>Indiv Career Dev</th>
<th>Career Dev</th>
<th>NRSA Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Forms Common to Most Components</strong></td>
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<tr>
<td>2</td>
<td>SF424 R&amp;R cover</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>4</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>6</td>
<td>R&amp;R Other Project Information</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>7</td>
<td>Project/Performance Sites</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>8</td>
<td>R&amp;R Sr/Key Person Profile (Expanded)</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>9</td>
<td>PHS Inclusion Enrollment Report</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
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<td>10</td>
<td>PHS Assignment Request Form</td>
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<td>12</td>
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<td>✓</td>
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<tr>
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<td>17</td>
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<td>PHS Additional Indirect Costs</td>
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</tr>
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<td></td>
<td><strong>Research Plan and Equivalent Forms</strong></td>
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<td>23</td>
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<tr>
<td></td>
<td>Supplemental Form</td>
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<td>25</td>
<td>PHS 398 Research Training Program Plan</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### NOTES:
- The Funding Opportunity Announcement (FOA), notices in the NIH Guide for Grants and Contracts, 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 will 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 or system-to-system solution). The same forms, form fields and guidance apply regardless of submission option display differences.
- This resource is for FORMS-D 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!
- The blue and orange annotations throughout this resource represent business rule and (e.g., validations) and ASSIST notes.
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: ___________________________ First Name: ___________________________
Last Name: ___________________________ Middle Name: ___________________________
Suffix: ___________________________
Position/Title: ___________________________
Organization Name: ___________________________
Department: ___________________________ Division: ___________________________
Street1: ___________________________
Street2: ___________________________
City: ___________________________ County / Parish: ___________________________
State: ___________________________ USA: UNITED STATES Province: ___________________________
Country: ___________________________ USA: UNITED STATES ZIP / Postal Code: ___________________________
Phone Number: ___________________________ Fax Number: ___________________________
Email: ___________________________

ASSIST: For Overall component, the PD/PI information is pulled from the PD/PI section of the R&R Sr/Key Person Profile form and must be changed on that form.

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,
See Supplemental Grant Application Instructions for full list of NIH policies and certifications.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation
Add Attachment Delete Attachment View Attachment

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

Signature of Authorized Representative ___________________________ Date Signed ____________

Completed on submission to Grants.gov

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

21. Cover Letter Attachment

Cover letter will be 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).
1. Human Subjects Section

Clinical Trial?

*Agency-Defined Phase III Clinical Trial?

If Clinical Trial = Yes, then an answer to Phase III Clinical Trial is required.

If Yes on any component, then must be Yes on the Overall component.

If Yes on any components, then must be Yes on the Overall component.

If No on all components, then must be No on the Overall component for new and renewal applications.

If No on all components, then must be No on the Overall component for new and renewal applications.

2. Vertebrate Animals Section

Are vertebrate animals euthanized?

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?

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

Up to 1000 characters.

If Yes on any component, then must be Yes on the Overall component.

If Yes on any component, then must be Yes on the Overall component.

3. *Program Income Section

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

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.

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

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.

ASSIST: Summary is available using "Preview Application".

4. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells?

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) (Example: 0004):

Only check "cell line cannot be referenced" in Overall component if no cell lines are referenced on any component.

Error if provided human embryonic stem cell lines (e.g., 0024, 0139) are not listed at http://stemcells.nih.gov/research/registry/ at time of submission.

Stem cell lines are not collected in the Overall component. A summary will be generated from information collected in other components.

ASSIST: Summary is available using "Preview Application".
5. Inventions and Patents Section (RENEWAL)

*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

Name of former Project Director/Principal Investigator:

Prefix: 

*First Name: 

Middle Name: 

*Last Name: 

Suffix: 

☐ Change of Grantee Institution

*Name of former institution: 

** Updated: October 12, 2016 **
### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**

- **Organization Name:**

  - **DO NOT check box. NIH only accepts applications from registered organizations.**

- **DUNS Number:**

  - **DUNS required and enforced by NIH. Must be 9 or 13 digits; no letters or special characters.**

- **Street1:**

- **Street2:**

- **City:**

- **State:**

- **County:**

- **Province:**

- **Country:** **USA: UNITED STATES**

- **ZIP / Postal Code:**

- **Project/Performance Site Congressional District:**

**Project/Performance Site Location 1**

- **Organization Name:**

- **DUNS Number:**

  - **DUNS optional for non-primary sites.**

- **Street1:**

- **Street2:**

- **City:**

- **State:**

- **County:**

- **Province:**

- **Country:** **USA: UNITED STATES**

- **ZIP / Postal Code:**

- **Project/Performance Site Congressional District:**

---

**Can collect data for 300 locations prior to using Additional Location(s) attachment.**

**Additional Location(s)**

- **Add Attachment**

- **Delete Attachment**

- **View Attachment**

---

A summary of Project/Performance Sites in the Overall section of the assembled application image in eRA Commons compiled from data collected in the other components is generated upon submission.

**ASSIST: Summary Performance Site information is available using “Preview Application”.**
** Updated: October 12, 2016

** FORMS-D Series

** Page 8 of 25 **

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

**PROFILE - Project Director/Principal Investigator**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>Middle Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Last Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td>Department:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization Name:</td>
<td>Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Street1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>County/Parish:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* State:</td>
<td>Province:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country: USA: UNITED STATES</td>
<td>Zip/Postal Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* E-Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td>VALID ERA COMMONS USERNAME MUST BE SUPPLIED. Overall: Contact PD/PI must be affiliated in Commons with applicant organization.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Role:** PD/PI

**Degree Type:**

**Degree Year:**

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

## PROFILE - Senior/Key Person 1

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>Middle Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Last Name:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td>Department:</td>
<td></td>
<td></td>
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<tr>
<td>Organization Name:</td>
<td>Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.</td>
<td></td>
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</tr>
<tr>
<td>* Street1:</td>
<td></td>
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</tr>
<tr>
<td>Street2:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>County/Parish:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* State:</td>
<td>Province:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country: USA: UNITED STATES</td>
<td>Zip/Postal Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* E-Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td>Overall: For multiple PD/PI applications, you must use the PD/PI role and provide the eRA Commons username in the Credential field for all PD/PIs. When multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the Research Plan form is required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Role:**

**Degree Type:**

**Degree Year:** Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, choose any single entry to attach biosketch and make sure it reflects participation on each component. Limited to 5 pages. Format and samples: http://grants.nih.gov/grants/forms/biosketch.htm.

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

**Delete Entry** 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.

A summary of Sr/Key persons starting with PD/PI(s) then listing all others in alphabetical order will appear in the Overall section of the assembled application image in eRA Commons upon submission. The Sr/Key persons summary is followed by all biosketched in the same order.

ASSIST: Option to pull application profile information from eRA Commons profile or entries already included in another component.

**Updated: October 12, 2016**

**FORMS-D Series**

**Page 8 of 25 **

ASSIST: PD/PI profile information used to populate PD/PI information on SF424 (R&R) form.

ASSIST: For other components. Project Role defaults to Other with an Other Project Role Category of Project Lead.

Overall: Project Role must be PD/PI. Other components: Project Role can’t be PD/PI.

ASSIST: Sr/Key personnel and biosketch summaries available using "Preview Application".

Overall: Contact PD/PI must be affiliated in Commons with applicant organization.
**Study Title** (must be unique):

* Delayed Onset Study? [Yes] [No]

If study is not delayed onset, the following selections are required:

- **Enrollment Type**
  - [Planned]
  - [Cumulative (Actual)]

- **Using an Existing Dataset or Resource**
  - [Yes]
  - [No]

- **Enrollment Location**
  - [Domestic]
  - [Foreign]

- **Clinical Trial**
  - [Yes]
  - [No]

NIH-Defined Phase III Clinical Trial

**Updated: October 12, 2016**
PHS Assignment Request Form

The PHS Assignment Request Form will be 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.

Funding Opportunity Number: **Pre-populated from announcement information.**

Funding Opportunity Title: **Pre-populated from announcement information.**

**Awarding Component Assignment Request (optional)**

If you have a preference for an Awarding Component (e.g., NIH Institute/Center) assignment, please use the link below to identify the most appropriate assignment then enter the short abbreviation (e.g., NCI for National Cancer Institute) in "Assign to/Do Not Assign To Awarding Component" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

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

Assign to Awarding Component: 1  
Do Not Assign to Awarding Component: 2 3

**Study Section Assignment Request (optional)**

If you have a preference for a study section assignment, please use the link below to identify the most appropriate study section then enter the short abbreviation for that study section in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

For example, you would enter “CAMP” if you wish to request assignment to the Cancer Molecular Pathobiology study section or enter “ZRG1 HDM-R” if you wish to request assignment to the Healthcare Delivery and Methodologies SBRIR/STTR panel for informatics. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

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

Assign to Study Section: 1 [Only 20 characters allowed] 2 3
Do Not Assign to Study Section: 1 [Only 20 characters allowed] 2 3
List Individuals who should not review your application and why (optional)  

Identify Scientific areas of expertise needed to review your application (optional)  
Note: Please do not provide names of individuals  

Expertise:  
Only 40 characters allowed  

1  2  3  4  5  

Only 1000 characters allowed
** Updated: October 12, 2016

### RESEARCH & RELATED BUDGET - Budget Period 1

** ORGANIZATIONAL DUNS:**

Enter name of Organization:  

** Budget Type:**

- [ ] Project  
- [ ] Subaward/Consortium  

Use Project when providing data for the budget associated with the component's lead organization.  

** Budget Period:**

- Start Date:  
- End Date:  

** Every Sr./Key listed must have measurable effort in either Calendar Months or a combination of Academic and Summer Months. **

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Base Salary ($)</th>
<th>Cal. Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
<th>Total Funds requested for all Senior Key Persons in the attached file</th>
<th>Total Senior/Key Person</th>
</tr>
</thead>
</table>

** Project Role:**

Role should reflect the Sr/Key persons role on the specific component.

** Additional Senior Key Persons:**

If more than 100 Sr./Key, use attachment and enter total funds requested for additional Sr/Key persons.

### B. Other Personnel

** Number of Personnel **

<table>
<thead>
<tr>
<th>Project Role</th>
<th>Aggregate information should be provided in section B and explained in Budget Justification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Doctoral Associates</td>
<td></td>
</tr>
<tr>
<td>Graduate Students</td>
<td></td>
</tr>
<tr>
<td>Undergraduate Students</td>
<td></td>
</tr>
<tr>
<td>Secretarial/Clerical</td>
<td></td>
</tr>
</tbody>
</table>

You can name up to 5 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 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>

Once equipment data is entered, you will be able to add up to 99 more rows to this section for a total of 100 equipment items.

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

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

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

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

2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs

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

1. Tuition/Fees/Health Insurance

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

2. Stipends

3. Travel

4. Subsistence

5. Other [Input Field]

Number of Participants/Trainees

Total Participant/Trainee Support Costs

** Updated: October 12, 2016 **
### F. Other Direct Costs

<table>
<thead>
<tr>
<th></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

**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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Indirect Costs**

### I. Total Direct and Indirect Costs

**Total Direct and Indirect Institutional Costs (G + H)**

### J. Fee

**Funds Requested ($)**

### K. Budget Justification

(Only attach one file.)

**Budget Justification is required and must cover all budget periods.**
### RESEARCH & RELATED BUDGET - Cumulative Budget

**Totals ($)**

<table>
<thead>
<tr>
<th>Section A, Senior/Key Person</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B, Other Personnel</td>
<td></td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
<td></td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
<td></td>
</tr>
<tr>
<td>Section C, Equipment</td>
<td></td>
</tr>
<tr>
<td>Section D, Travel</td>
<td></td>
</tr>
<tr>
<td>1. Domestic</td>
<td></td>
</tr>
<tr>
<td>2. Foreign</td>
<td></td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td></td>
</tr>
<tr>
<td>2. Stipends</td>
<td></td>
</tr>
<tr>
<td>3. Travel</td>
<td></td>
</tr>
<tr>
<td>4. Subsistence</td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
<td></td>
</tr>
<tr>
<td>Section F, Other Direct Costs</td>
<td></td>
</tr>
<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. Other 1</td>
<td></td>
</tr>
<tr>
<td>9. Other 2</td>
<td></td>
</tr>
<tr>
<td>10. Other 3</td>
<td></td>
</tr>
</tbody>
</table>

**Section G, Direct Costs (A thru F)**

**Section H, Indirect Costs**

**Section I, Total Direct and Indirect Costs (G + H)**

**Section J, Fee**

---

*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

If submitting an application with >30 subaward budgets in a single component, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the main component budget in Section K of the R&R Budget form.

When subaward budgets are added to a component, the sum all subawards must be included in Line F.5 Subawards/Consortium/Contractual Costs of the budget marked Project within the component.
### 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>

**Undergraduate:**
- Single Degree
- Dual Degree

**Predoctoral:**
- Number Per Stipend Level:
  - First-Year/Soph.
  - Junior/Senior

**Postdoctoral:**
- Number Per Stipend Level:
  - 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7

**Total Predoctoral**
- Number Per Stipend Level:
  - Non-degree Seeking
  - Degree Seeking

**Total Postdoctoral**
- Number Per Stipend Level:
  - First-Year/Soph.
  - Junior/Senior

**Other:**
- Number Per Stipend Level:
  - Full Time
  - Short Term

**Totals:**
- Full Time
- Short Term

---

### 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.**

**Do not use.**

Include sum of all attached Training Subaward Budget forms.

---

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

**Funds Requested ($)**

---

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

<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 is typically 8%.**

**Total Indirect (F&A) Costs Requested**

---

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

**Funds Requested ($)**

---

### F. Budget Justification

Budget justification is required and must cover all budget periods.

**Attachment**

**View Attachment**
# 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>
<tr>
<td><strong>Total Stipends + Tuition/Fees Requested</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# B. Other Direct Costs

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trainee Travel</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Training Related Expenses</strong></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><strong>Total Other Direct Costs Requested</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
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
- Attach Training Subaward Budget 2
- Attach Training Subaward Budget 3
- Attach Training Subaward Budget 4
- Attach Training Subaward Budget 5
- Attach Training Subaward Budget 6
- Attach Training Subaward Budget 7
- Attach Training Subaward Budget 8
- Attach Training Subaward Budget 9
- Attach Training Subaward Budget 10
- Attach Training Subaward Budget 11
- Attach Training Subaward Budget 12
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- Attach Training Subaward Budget 15
- Attach Training Subaward Budget 16
- Attach Training Subaward Budget 17
- Attach Training Subaward Budget 18
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- Attach Training Subaward Budget 20
- Attach Training Subaward Budget 21
- Attach Training Subaward Budget 22
- Attach Training Subaward Budget 23
- Attach Training Subaward Budget 24
- Attach Training Subaward Budget 25
- Attach Training Subaward Budget 26
- Attach Training Subaward Budget 27
- Attach Training Subaward Budget 28
- Attach Training Subaward Budget 29
- Attach Training Subaward Budget 30

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 in Section F of the PHS 398 Training Budget form.
### 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>

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.)

Add Attachment  Delete Attachment  View Attachment

The Budget Justification should explain what is included in the indirect cost information.
## PHS Additional Indirect Costs - Cumulative Budget

**Totals ($)**

<table>
<thead>
<tr>
<th>Indirect Costs</th>
<th>System calculated.</th>
</tr>
</thead>
</table>

**Updated: October 12, 2016**
# PHS 398 Research Plan

## Introduction

1. **Introduction to Application (Resubmission and Revision)**
   - Limited to 1 page. Overall: Required for resubmission and revision applications. Other components: optional unless otherwise stated in funding opportunity announcement.

## Research Plan Section

2. **Specific Aims**
   - Required for all components. Limited to 1 page.

3. **Research Strategy**
   - Required for all components. See Section IV of the funding opportunity announcement for Overall and component page limits. Typically 6, 12 or 30 pages.

4. **Progress Report Publication List**
   - Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

## Human Subjects Section

5. **Protection of Human Subjects**
   - Overall: Optional unless otherwise stated in FOA. Other components: Required if Human Subjects is Yes.

6. **Data Safety Monitoring Plan**
   - Overall: Optional unless otherwise stated in FOA. Other components: Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement.

7. **Inclusion of Women and Minorities**
   - Overall: Optional unless otherwise stated in FOA. Other components: Required if Human Subjects is Yes and exemption number is not 4.

8. **Inclusion of Children**
   - Overall: Optional unless otherwise stated in FOA. Other components: Required if Human Subjects is Yes and exemption number is not 4.

## Other Research Plan Section

9. **Vertebrate Animals**
   - Overall: Not collected. Other components: Required if Vertebrate Animals is Yes on the Other Project Information form.

10. **Select Agent Research**
    - Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

11. **Multiple PD/PI Leadership Plan**
    - Overall: Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.

12. **Consortium/Contractual Arrangements**
    - Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

13. **Letters of Support**
    - Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

14. **Resource Sharing Plan(s)**
    - Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

15. **Authentication of Key Biological and/or Chemical Resources**
    - Overall: Optional unless otherwise stated in FOA. Other components: Required if project involves key biological and/or chemical resources. Recommend 1 page, but no system validation enforcement of page limit.

## Appendix

16. **Appendix**
   - 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.
   - DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080 (for applications to due dates before Jan. 25, 2017) and NOT-OD-16-129 (for applications to due dates on/after Jan. 25, 2017).
**Introduction**

1. Introduction to Application (RESUBMISSION)  
   - Optional 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 only)  
6. Training in the Responsible Conduct of Research  
   - Optional for renewal applications.

**Other Candidate Information Section**

7. Candidate's Plan to Provide Mentoring  
   - Limited to 6 pages.

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

8. Plans and Statements of Mentor and Co-Mentor(s)  
   - Required. 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.

**Human Subject Sections**

12. Protection of Human Subjects  
   - Required if Human Subjects is Yes on R&R Other Project Information form.

13. Data Safety Monitoring Plan  
   - Overall: Optional unless otherwise stated in FOA. Other components: Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement.

14. Inclusion of Women and Minorities  
   - Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form.

15. Inclusion of Children  
   - Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form.
# PHS 398 Career Development Award Supplemental Form

**Other Research Plan Sections**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Vertebrate Animals</td>
<td>Required if Vertebrate Animals Used is Yes on the R&amp;R Other Project Information form.</td>
</tr>
<tr>
<td>17. Select Agent Research</td>
<td>Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.</td>
</tr>
<tr>
<td>18. Consortium/Contractual Arrangements</td>
<td>Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.</td>
</tr>
<tr>
<td>19. Resource Sharing</td>
<td>Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.</td>
</tr>
<tr>
<td>20. Authentication of Key Biological and/or Chemical Resources</td>
<td>Required if component involves key biological and/or chemical resources. No system validation enforcement.</td>
</tr>
</tbody>
</table>

**Appendix**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix</td>
<td>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. DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080 (for applications to due dates before Jan. 25, 2017) and NOT-OD-16-129 (for applications to due dates on/after Jan. 25, 2017).</td>
</tr>
</tbody>
</table>

**Citizenship**

<table>
<thead>
<tr>
<th>* U.S. Citizen or Non-Citizen National?</th>
<th>Yes</th>
<th>No</th>
<th>If no, you must select the single, most appropriate Non-U.S. Citizen option.</th>
</tr>
</thead>
<tbody>
<tr>
<td>With a Permanent U.S. Resident Visa</td>
<td></td>
<td></td>
<td>Non-U.S. Citizen national with temporary U.S. Visa is not typically a valid option.</td>
</tr>
<tr>
<td>With a Temporary U.S. Visa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Residing in the U.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If with a temporary U.S. visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, also check here: □
Introduction

1. Introduction to Application (for Resubmission and Revision)  Optional for Resubmission applications; limited to 3 pages. Optional for Revision applications; limited to 1 page.

Training Program Section


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)

6. Progress Report (for RENEWAL applications only)  Optional for renewal applications.

Faculty, Trainees and Training Record Section

7. Participating Faculty Biosketches  Warning if not included.

8. Letters of Support  Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

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. Human Subjects  Required if Human Subjects is Yes on the R&R Other Project Information form.

11. Data Safety Monitoring Plan  Overall: Optional unless otherwise stated in FOA. Other components: Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement.

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

13. Select Agent Research  Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

14. Consortium/Contractual Arrangements  Choice to include in Overall, other components or both unless noted otherwise in the funding opportunity announcement.

Appendix

15. Appendix  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.

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