

NIH Multi-project Applications: Annotated SF424 (R&R) Form Set

Forms-E Series - Application Due Dates on/after Jan. 25, 2018 thru May 24, 2020



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 type to another.

Multi-project Component Forms

Page #	Form	Overall	Admin Core, Core, Project, Other named components	Indiv Career Dev	Career Dev	NRSA Training
	Forms Common to Most Components					
2	SF424 R&R cover	✓	✓	✓	✓	✓
4	PHS 398 Cover Page Supplement	✓	✓	✓	✓	✓
6	R&R Other Project Information	✓	✓	✓	✓	✓
7	Project/Performance Sites	✓	✓	✓	✓	✓
8	R&R Sr/Key Person Profile (Expanded)	✓	✓	✓	✓	✓
9	PHS Human Subjects and Clinical Trials Information	✓	✓	✓	✓	✓
15	PHS Assignment Request Form	Optional				
	Budget Forms					
17	R&R Budget		✓	✓	✓	
21	R&R Subaward Budget Attachment		Optional	Optional	Optional	
22	PHS 398 Training Budget					✓
24	Training Subaward Budget Attachment Form					Optional
25	PHS Additional Indirect Costs	Optional				
	Research Plan and Equivalent Forms					
27	PHS 398 Research Plan	✓	✓			
28	PHS 398 Career Development Award Supplemental Form			✓		
30	PHS 398 Research Training Program Plan				✓	✓

NOTES:

- The Funding Opportunity Announcement (FOA) and associated application guide remain the official documents for defining application requirements. This resource is meant to complement, not replace, those documents.
- NIH application packages include a subset of the forms included in this resource. You 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-E application packages, see [Do I Have the Right Forms for My Application?](#)
- Registration in multiple systems is needed prior to submission, see [Get Registered!](#) Can take 6 weeks – start early!
- The blue annotations throughout this resource represent processing notes and eRA system business rule checks (i.e., validations).

All SF424 R&R fields are collected in Overall Component.
Only fields 5,7 (optional), 11 and 12 collected in other

SF 424 (R&R)

3. DATE RECEIVED BY STATE State Application Identifier

1. TYPE OF SUBMISSION

Use Application for first submission attempt for due date.

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

If New (box 8), leave blank unless otherwise instructed in FOA. If Resubmission, Renewal or Revision (box 8), use institute and serial # of previous NIH grant/application # (e.g., use CA987654 from 1R01CA987654-01).

If Changed/Corrected (box 1), provide previous Grants.gov tracking #. (e.g., GRANT12345678).

2. DATE SUBMITTED

Applicant Identifier

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

Use Changed/Corrected when submitting again to Grants.gov to correct eRA identified errors/warnings.

5. APPLICANT INFORMATION

Legal Name:

Department:

Division:

Street1:

Street2:

City:

County / Parish:

State:

Province:

Country:

USA: UNITED STATES

ZIP / Postal Code:

Must provide zip+4 for all zip codes.

Must be 9 or 13 digits; no letters or special characters.
Overall: Must match DUNS used for System for Award Management (SAM), Grants.gov and eRA Commons registrations.
Other components: SAM and eRA Commons registration not required.

ASSIST: For Overall component, the Applicant information address fields are populated from the Commons institution Profile and are not editable.

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES ZIP / Postal Code:

Phone Number: Fax Number:

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):

7. TYPE OF APPLICANT: Please select one of the following

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

Overall: Required.
Other components: Optional.

8. TYPE OF APPLICATION: See application guide for definitions.

New Resubmission

Renewal Continuation Revision

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:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: NIH will assign CFDA post-submission.

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.

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.

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

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

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.

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)

I agree

See the NIH Grants Policy Statement for more information: https://grants.nih.gov/grants/policy/nihgps/html5/section_4/4.1_public_policy_requirements_and_objectives.htm

*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: [] Position/Title: [] Organization: [] Department: [] Division: [] Street1: [] Street2: [] City: [] County / Parish: [] State: [] Province: [] Country: [USA: UNITED STATES] ZIP / Postal Code: [] Phone Number: [] Fax Number: [] Email: []

Authorized Organization Representative (AOR) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission. In eRA Commons individuals with signature authority are called Signing Officials (SOs).

Signature of Authorized Representative

Date Signed

[] []

20. Pre-application

21. Cover Letter Attachment

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

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 3/31/2020

1. Vertebrate Animals Section

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

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

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.

2. *Program Income Section

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

*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.

Accommodates up to 10 budget periods.

*Budget Period *Anticipated Amount (\$)

*Source(s)

Up to 150 characters.

Budget Period, Anticipated Amount, and Source information is not collected in the Overall component. A summary will be generated from information collected in other components.

ASSIST: Program income details must be entered in Other components; data entry blocked in Overall.

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".

3. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells?

Yes No

If Yes, then must enter cell line entries or check the "cannot be referenced" box. If Yes on any component, then must be Yes on Overall component.

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):

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. Form accommodates up to 200 cell lines.

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

ASSIST: Cell lines must be entered in Other components; data entry blocked in Overall.

ASSIST: Summary is available using "Preview Application".

4. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents: Yes No

If "Yes" then answer the following:

*Previously Reported: Yes No

PHS 398 Cover Page Supplement

5. 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:

RESEARCH & RELATED Other Project Information

If Human Subjects = Yes, additional information may be required on the PHS Human Subjects and Clinical Trials Information form.

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6 7 8

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

If Overall exemption number is only 4, then no other exemption number can be set for any other component. For E4 requirements, see http://grants.nih.gov/grants/policy/hs/faqs_specimens.htm#259

Overall: Future date not allowed. Date is not required at time of submission, but may be requested later as Just-In-Time data. Other components: not collected.

Overall: If Human Subjects = Yes, then Human Subject Assurance Number or the text 'None' must be provided. Other components: not collected.

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

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

Overall: Future date not allowed. Date is not required at time of submission, but may be requested later as Just-In-Time data. Other components: not collected.

Overall: If Vertebrate Animals = Yes, then Animal Welfare Assurance Number or the text 'None' must be provided. Other components: not collected.

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

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? Yes No

4.b. If yes, please explain: If 4a is Yes, then 4b 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

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

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

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

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

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

6.a. If yes, identify countries: If 6 is Yes, then 6a is required. Up to 55 characters.

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

Required for all components: Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page. Becomes public if awarded. Don't 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. Overall: Required. Other components: optional - see funding opportunity announcement for instructions.

9. Bibliography & References Cited

User-defined bookmarks are included with the bookmarks for the assembled application image in eRA Commons. Choice to include in Overall, other components or both unless noted otherwise in the FOA.

10. Facilities & Other Resources

Choice to include in Overall, other components or both unless noted otherwise in the FOA.

11. Equipment

User-defined bookmarks are included with the bookmarks for the assembled application image in eRA Commons. Choice to include in Overall, other components or both unless noted otherwise in the FOA.

12. Other Attachments

Only provide Other Attachments when requested in the funding opportunity announcement text or application guide. Use filename requested in announcement or application guide. If no filename is provided, use a meaningful filename since the filename will become a bookmark in the assembled application image.

Field accommodates multiple attachments.

If application proposes the use of human fetal tissue from elective abortions, you must include "HFTComplianceAssurance.pdf" and "HFTSampleIRBConsentForm.pdf" attachments in the component where the work is being done. Use the exact filenames requested. Systems will check for an exact match to the letters and spacing of the filenames (not case specific).

Overall: Include Primary Site only.
Other components: Include sites relevant to each component.

Project/Performance Site Location(s)

ASSIST: Option to populate from SF424 (R&R) cover.

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.

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: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 1

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

Organization Name:

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

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

List all performance sites, including any foreign sites. Provide a list of resources available from each site in the Facilities and Resources attachment on the R&R Other Project Information form. Describe any consortium/contractual arrangements in the Consortium/Contractual Arrangements attachment on the PHS 398 Research Plan form or equivalent form.

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>

Additional Location(s)

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".

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator ASSIST: PD/PI profile information used to populate PD/PI information on SF424 (R&R) form.

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

* Project Role: PD/PI Other Project Role Category: ASSIST: For other components. Project Role defaults to Other with an Other Project Role Category of Project Lead.
 Degree Type: ← Overall: Project Role must be PD/PI. Other components: Project Role can't be PD/PI.
 Degree Year:
 * Attach Biographical Sketch ← Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose 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 Current & Pending Support ← Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
 Position/Title: Department:
 Organization Name: Division:
 * Street1: ← Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.
 Street2:
 * City: County/ Parish:
 * State: Province:
 * Country: USA: UNITED STATES * Zip / Postal Code:
 * Phone Number: Fax Number:
 * E-Mail:
 Credential, e.g., agency login: ← 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.

* Project Role: Other Project Role Category:
 Degree Type:
 Degree Year:
 Attach Biographical Sketch ← Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose 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 Current & Pending Support ← Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.

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

PHS Human Subjects and Clinical Trials Information

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

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

Are Human Subjects Involved? Yes No

Is the Project Exempt from Federal regulations? Yes No

Exemption number: 1 2 3 4 5 6 7 8

Information populated from R&R Other Project Information form.

If No to Human Subjects

Answer required and system enforced when human subjects is No.

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

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

Required if Yes to human specimens/data question.

Add Attachment

Delete Attachment

View Attachment

When human subjects is No, applicants answer a single question, provide associated attachment (as applicable), and are done with the form unless instructed in announcement to include Other Requested Information attachment.

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

If Yes to Human Subjects

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

Other Requested Information

When work for a protocol is done across multiple components, enter the Study Record (including inclusion reporting information) in the Overall component to avoid duplication and use the Other Requested Information attachment for cross-referencing. In the Overall, the attachment must indicate which components will be working on the protocol. In the Other Components, the attachment must indicate the study record details can be found in the Overall component. Only include information specifically requested in the funding opportunity announcement text or application guide.

[Click here to extract the Human Subject Study Record Attachment](#)

Study Record(s)

Attach human subject study records using unique filenames.

Overall: Only include a study record if it reflects a protocol used by more than one component.
Other components: If all work for a protocol is done within a single component, then that protocol should be reflected in a study record within the component itself.

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
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

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.

Cannot add a Study Record if you answer No to Human Subjects question on R&R Other Project Information form.

Overall: Only include a study record if it reflects a protocol used by more than one component. Other components: If all work for a protocol is done within a single component, then that protocol should be reflected in a study record within the component itself.

Study Record: PHS Human Subjects and Clinical Trials Information

HS = Human Subjects
CT = Clinical Trials

OMB Number: 0925-0001
Expiration Date: 03/31/2020

* Always required field

Section 1 - Basic Information

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

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

1.2. * Is this Study Exempt from Federal Regulations?

Yes No

← Answer required and system enforced.

1.3. Exemption Number

1 2 3 4 5 6 7 8

← If Study Exempt is Yes, must provide exemption number.

1.4. * Clinical Trial Questionnaire

← Answers to questionnaire required and system enforced.

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

1.4.a. Does the study involve human participants?

Yes No

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

Yes No

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

Yes No

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

Yes No

If four questions are all Yes AND FOA allows clinical trials, then study will be flagged as a Clinical Trial (CT) study.

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

Optional, provide NCT# if available. Newly proposed studies do not need to be entered in ClinicalTrials.gov at time of application and typically would not have an NCT#.

Section 2 - Study Population Characteristics

2.1. Conditions or Focus of Study

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

2.2. Eligibility Criteria

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

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

2.3. Age Limits

Minimum Age

Drop down
Years
Months

Maximum Age

Drop down
Years
Months
Weeks
Days
Hours
Minutes
N/A (No limit)

2.4. Inclusion of Women, Minorities, and Children

Required and system enforced unless study is exemption 4.

2.5. Recruitment and Retention Plan

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

2.6. Recruitment Status

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

Drop down

2.7. Study Timeline

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

2.8. Enrollment of First Subject

Date: MM/DD/YYYY.

Drop down
Anticipated
Actual
Required and system enforced unless study is exemption 4, 1.4.a=No, or otherwise noted in opportunity.

not yet recruiting
recruiting
rolling by invitation
Active, not recruiting
Completed
Suspended
Terminated (Halted Prematurely)
Withdrawn (No Participants Enrolled)

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

Inclusion Enrollment Report(s)

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

Add Inclusion Enrollment Report

Up to 20 Inclusion Enrollment Reports can be added.

Inclusion Enrollment Report

1. * Using an Existing Dataset or Resource

Yes No

Answer required and system enforced.

2. * Enrollment Location Type

Domestic Foreign

Answer required and system enforced. Do not mix domestic and foreign enrollment data on the same inclusion enrollment report.

3. Enrollment Country(ies)

Multi-select from list of countries.

4. Enrollment Location(s)

5. Comments

Up to 500 characters.

Planned

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.

Racial Categories	Ethnic Categories				Total
	Not Hispanic or Latino		Hispanic or Latino		
	Female	Male	Female	Male	
American Indian/ Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Black or African American	0	0	0	0	0
White	0	0	0	0	0
More than One Race	0	0	0	0	0
Total	0	0	0	0	0

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.

Racial Categories	Ethnic Categories									
	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			Total
	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	
American Indian/ Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

Report 1 of 1

Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

Required and system enforced.

Add Attachment

Delete Attachment

View Attachment

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

Yes No N/A

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

If yes, describe the single IRB plan

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

View Attachment

3.3. Data and Safety Monitoring Plan

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

View Attachment

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

Yes No

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

3.5. Overall Structure of the Study Team

Optional.

Add Attachment

Delete Attachment

View Attachment

Section 4 - Protocol Synopsis

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

4.1. Brief Summary

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

4.2. Study Design

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

4.2.a. Narrative Study Description

Up to 32,000 characters.

4.2.b. Primary Purpose

Primary Purpose drop down list: Treatment; Prevention; Diagnostics; Supportive Care; Screening; Health Services Research; Basic Science; and Device Feasibility

4.2.c. Interventions

Up to 20 Interventions allowed.

Intervention Type	
Name	Up to 200 characters.
Description	Up to 1,000 characters.

Up to 200 characters.

Up to 1,000 characters.

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

4.2.d. Study Phase

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

Is this an NIH-defined Phase III clinical trial? Yes No

4.2.e. Intervention Model

Intervention Model drop down list: Single Group; Parallel; Cross-Over; Factorial; Sequential; and Other.

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

4.2.f. Masking

Yes No
 Participant Care Provider Investigator Outcomes Assessor

4.2.g. Allocation

Allocation drop down list: N/A; Randomized; and Non-randomized

Randomized
Non-randomized

4.3. Outcome Measures

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

Name	Up to 255 characters.
Type	Outcome Measures Type drop down list: Primary; Secondary; and Other
Time Frame	Up to 255 characters. Other
Brief Description	Up to 999 characters.

4.4. Statistical Design and Power

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

Add Attachment

Delete Attachment

View Attachment

4.5. Subject Participation Duration

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

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

Yes

No

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

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

Required and system enforced if Yes.

Add Attachment

Delete Attachment

View Attachment

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.

ent

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments

Add Attachments

Delete Attachments

View Attachments

Form supports up to 10 attachments.

Attachments only allowed for CT studies.

Only include attachments requested in opportunity.

Use requested filename. If a specific filename is not requested, use a meaningful filename since the filename will become a bookmark in the assembled application image.

Optional form in Overall component.

PHS Assignment Request Form

OMB Number: 0925-0001
Expiration Date: 3/31/2020

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:

[Redacted]

Pre-populated from announcement information.

Funding Opportunity Title:

[Redacted]

Awarding Component Assignment Request *(optional)*

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

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

First Choice

Second Choice

Third Choice

Assign to Awarding Component:

Do Not Assign to Awarding Component:

Study Section Assignment Request *(optional)*

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

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

First Choice

Second Choice

Third Choice

Assign to Study Section:

Only 20 characters allowed

Do Not Assign to Study Section:

Only 20 characters allowed

PHS Assignment Request Form

List individuals who should not review your application and why *(optional)*

Only 1000 characters allowed

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

Note: Please do not provide names of individuals

1

2

3

4

5

Expertise:
Only 40 characters allowed

R&R Budget form will NOT be used in the Overall component. NIH will summarize budget information from other components and include the summaries in the assembled application in eRA Commons post submission.

ASSIST: Budget summary information is available using "Preview Application".

Provide DUNS for the organization whose budget is reflected on this form. DUNS is used to differentiate applicant and subaward budgets.

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 10/31/2019

ORGANIZATIONAL DUNS: Enter name of Organization:

Budget Type: Project Subaward/Consortium Budget Period: 1 Start Date: End Date:

A. Senior/Key Person

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

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

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input type="text"/>	<input type="text"/>	<input type="text"/>									

Project Role:

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

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

Additional Senior Key Persons: Total Funds requested for all Senior Key Persons in the attached file

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

Total Senior/Key Person

B. Other Personnel

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

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Equipment item	Funds Requested (\$)
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:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

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

Total Travel Cost

E. Participant/Trainee Support Costs

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

Funds Requested (\$)

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

Number of Participants/Trainees

Total Participant/Trainee Support Costs

F. Other Direct Costs

Funds Requested (\$)

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. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
Total Other Direct Costs	

Subaward/Consortium/Contractual Costs are not pre-populated. Include both Direct and Indirect costs.

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.

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested (\$)

K. Total Costs and Fee

Funds Requested (\$)

Total Costs and Fee (I + J)

L. Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

Budget Justification is required and must cover all budget periods.

RESEARCH & RELATED BUDGET - Cumulative Budget

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

Totals (\$)

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

The actual look of this form will vary based on your submission method. The Grants.gov PDF version is shown here.

ASSIST: Add to your application using "Add Optional Form" available from the Summary tab for the component.

OMB Number: 4040-0001
Expiration Date: 10/31/2019

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

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

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

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

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.

PHS 398 TRAINING BUDGET, Period 1

OMB Number: 0925-0001
Expiration Date: 3/31/2020

Provide DUNS for the organization whose budget is reflected on this form.

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

Organizational DUNS: Budget Type: Project Subaward/Consortium

Organization Name: The end date for each budget period must be later than the budget start date and less than or equal to the proposed project end date listed on the SF424 (R&R) cover.

Start Date: End Date:

A. Stipends, Tuition/Fees

For New and Resubmission applications, the first budget period start date must match the start date listed on the SF 424 (R&R) cover. The start date in subsequent periods must be greater than or equal to the start date on the cover.

Number of Trainees

Full Time	Short Term		Stipends Requested (\$)	Tuition/Fees Requested (\$)
<input type="checkbox"/>	<input type="checkbox"/>	Undergraduate:		
		<i>Number Per Stipend Level:</i>		
		First-Year/Soph. <input type="checkbox"/> Junior/Senior <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Predoctoral: Single Degree		
<input type="checkbox"/>	<input type="checkbox"/>	Dual Degree		
<input type="checkbox"/>	<input type="checkbox"/>	Total Predoctoral		
		Postdoctoral: <i>Number Per Stipend Level:</i>		
		Non-degree Seeking		
		Degree Seeking		
		Total Postdoctoral		
<input type="checkbox"/>	<input type="checkbox"/>	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	Funds Requested (\$)
Training Related Expenses	Warning if not provided.
Total Direct Costs from R&R Budget Form (if applicable)	Must be manually entered.
Consortium Training Costs (if applicable)	Include sum of all attached Training Subaward Budget forms.
Total Other Direct Costs Requested	

C. Total Direct Costs Requested (A + B)

D. Indirect (F&A) Costs

	Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base	Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

Attachment

View Attachment

PHS 398 TRAINING BUDGET, Cumulative Budget

Values automatically calculated.

A. Stipends, Tuition/Fees		Stipends Requested (\$)	Tuition/Fees Requested (\$)
Undergraduate:		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Predoctoral:	Single Degree	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Dual Degree	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Total Predoctoral	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postdoctoral:	Non-Degree Seeking	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Degree Seeking	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Total Postdoctoral	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other:		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Totals:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total Stipends + Tuition/Fees Requested			<input style="width: 100%;" type="text"/>

B. Other Direct Costs	Funds Requested (\$)
Trainee Travel	<input style="width: 100%;" type="text"/>
Training Related Expenses	<input style="width: 100%;" type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)	<input style="width: 100%;" type="text"/>
Consortium Training Costs (if applicable)	<input style="width: 100%;" type="text"/>
Total Other Direct Costs Requested	<input style="width: 100%;" type="text"/>

C. Total Direct Costs Requested (A + B)	<input style="width: 100%;" type="text"/>
--	---

D. Total Indirect (F&A) Costs Requested	<input style="width: 100%;" type="text"/>
--	---

E. Total Direct and Indirect (F&A) Costs Requested (C + D)	<input style="width: 100%;" type="text"/>
---	---

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.

[Click here to extract the PHS 398 Training Subaward Attachment](#)

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	<p>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.</p> <p>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.</p>			View Attachment
Attach Training				View Attachment
Attach Training				View Attachment
Attach Training				View Attachment
Attach Training				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

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.

OMB Number: 0925-0001
Expiration Date: 3/31/2020

ASSIST: Add to your application using "Add Optional Form".

PHS Additional Indirect Costs - Budget Period 1

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

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

Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 included indirect cost information.

PHS Additional Indirect Costs - Cumulative Budget

Totals (\$)

System calculated.

Indirect Costs

PHS 398 Research Plan

OMB Number: 0925-0001
Expiration Date: 3/31/2020

Introduction	
1. Introduction to Application (for Resubmission and Revision applications)	<input type="checkbox"/> Limited to 1 page. Overall: Required for resubmission and revision applications. Other components: optional unless otherwise stated in funding opportunity announcement. <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Research Plan Section	
2. Specific Aims	<input type="checkbox"/> Required for all components. Limited to 1 page. <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="checkbox"/> 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	<input type="checkbox"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Other Research Plan Section	
5. Vertebrate Animals	<input type="checkbox"/> Overall: Not collected. Other components: Required if Vertebrate Animals is Yes on the Other Project Information form. <input type="button" value="View Attachment"/>
6. Select Agent Research	<input type="checkbox"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
7. Multiple PD/PI Leadership Plan	<input type="checkbox"/> Overall: Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form. <input type="button" value="View Attachment"/>
8. Consortium/Contractual Arrangements	<input type="checkbox"/> Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.
9. Letters of Support	<input type="checkbox"/> Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.
10. Resource Sharing Plan(s)	<input type="checkbox"/> Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.
11. Authentication of Key Biological and/or Chemical Resources	<input type="checkbox"/> 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	
12. Appendix	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View 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: 3/31/2020

Introduction			
1. Introduction to Application (for Resubmission and Revision applications)	<input type="checkbox"/>	Optional for Resubmission and Revision applications. Must not be included for new or renewal applications. Limited to 1 page.	Attachment
Candidate Section			
2. Candidate Information and Goals for Career Development	<input type="checkbox"/>	Required. This attachment and the Research Strategy attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.	Attachment
Research Plan Section			
3. Specific Aims	<input type="checkbox"/>	Required. Limited to 1 page.	Add Attachment Delete Attachment View Attachment
4. * Research Strategy	<input type="checkbox"/>	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)	<input type="checkbox"/>	Optional for renewal applications.	Add Attachment Delete Attachment View Attachment
6. Training in the Responsible Conduct of Research	<input type="checkbox"/>	Required. Limited to 1 page.	Add Attachment Delete Attachment View Attachment
Other Candidate Information Section			
7. Candidate's Plan to Provide Mentoring	<input type="checkbox"/>	Limited to 6 pages.	Add Attachment Delete Attachment View Attachment
Mentor, Co-Mentor, Consultant, Collaborators Section			
8. Plans and Statements of Mentor and Co-Mentor(s)	<input type="checkbox"/>	Required. Limited to 6 pages.	Add Attachment Delete Attachment View Attachment
9. Letters of Support from Collaborators, Contributors, and Consultants	<input type="checkbox"/>	Limited to 6 pages.	Add Attachment Delete Attachment View Attachment
Environment and Institutional Commitment to Candidate Section			
10. Description of Institutional Environment	<input type="checkbox"/>	Required. Limited to 1 page.	Add Attachment Delete Attachment View Attachment
11. Institutional Commitment to Candidate's Research Career Development	<input type="checkbox"/>	Required. Limited to 1 page.	Add Attachment Delete Attachment View Attachment
Other Research Plan Sections			
12. Vertebrate Animals	<input type="checkbox"/>	Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.	Attachment
13. Select Agent Research	<input type="checkbox"/>	Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.	Attachment
14. Consortium/Contractual Arrangements	<input type="checkbox"/>	Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.	Attachment
15. Resource Sharing	<input type="checkbox"/>	Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.	Attachment
16. Authentication of Key Biological and/or Chemical Resources	<input type="checkbox"/>	Required if component involves key biological and/or chemical resources. No system validation enforcement.	Attachment View Attachment

PHS 398 Career Development Award Supplemental Form

Appendix

17. Appendix

Add

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* Citizenship

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

Yes

No

If no, you must select the single, most appropriate Non-U.S. Citizen option.

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

With a Permanent U.S. Resident Visa

With a Temporary U.S. Visa

Non-U.S. Citizen national with temporary U.S. Visa' is not typically a valid option.

Not Residing in the U.S.

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

PHS 398 Research Training Program Plan

OMB Number: 0925-0001
Expiration Date: 3/31/2020

Introduction			
1. Introduction to Application (for Resubmission and Revision applications)	<input type="checkbox"/>	Optional for Resubmission applications; limited to 3 pages. Optional for Revision applications; limited to 1 page.	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Training Program Section			
2. * Program Plan	<input type="checkbox"/>	Required. Limited to 25 pages.	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3. Plan for Instruction in the Responsible Conduct of Research	<input type="checkbox"/>	Required. Limited to 3 pages.	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. Plan for Instruction in Methods for Enhancing Reproducibility	<input type="checkbox"/>	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.	<input type="button" value="Delete Attachment"/>
5. Multiple PD/PI Leadership Plan (if applicable)	<input type="checkbox"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Progress Report (for Renewal applications)	<input type="checkbox"/>	Optional for Renewal applications.	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Faculty, Trainees and Training Record Section			
7. Participating Faculty Biosketches	<input type="checkbox"/>	Warning if not included.	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
8. Letters of Support	<input type="checkbox"/>	Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.	<input type="button" value="Delete Attachment"/>
9. Data Tables	<input type="checkbox"/>	Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.	<input type="button" value="Delete Attachment"/>
Other Training Program Section			
10. Vertebrate Animals	<input type="checkbox"/>	Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.	<input type="button" value="Delete Attachment"/>
11. Select Agent Research	<input type="checkbox"/>	Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.	<input type="button" value="Delete Attachment"/>
12. Consortium/Contractual Arrangements	<input type="checkbox"/>	Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.	<input type="button" value="Delete Attachment"/>
Appendix			
13. Appendix	<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

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