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

<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>
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<td>PHS Human Subjects and Clinical Trials Information</td>
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</table>

### 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).
SF 424 (R&R)

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

2. DATE SUBMITTED
   - [ ] 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:
   - ZIP / Postal Code:
   - Country:
   - USA: UNITED STATES
   - Prefix:
   - Middle Name:
   - Last Name:
   - Suffix:
   - Position/Title:
   - Phone Number:
   - Fax Number:
   - Email:

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

7. TYPE OF APPLICANT:
   - [ ] Other (Specify):
   - Women Owned
   - Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
   - [ ] 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):

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
   - 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.

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.

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

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

19. Authorized Representative
Prefix: First Name: Middle Name: Last Name: Suffix: Position/Title: Organization:
Department: Division: Street1: Street2: City: County / Parish: State: Country:
Phone Number: Fax Number: Email: Signature of Authorized Representative: Date Signed: 

Authorized Organization Representative (AOR) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission.

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

20. Pre-application
Cover letter is posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. Do not include assignment or review request information in your cover letter (use PHS Assignment Request Form for assignment and review information instead).
PHS 398 Cover Page Supplement

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

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

☐ Yes  ☐ No

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

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

Up to 1000 characters.

2. Program Income Section

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

☐ Yes  ☐ No

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

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.

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 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: 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

Updated: December 21, 2017
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

<table>
<thead>
<tr>
<th>Form Entry Field</th>
<th>Instruction</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are Human Subjects Involved?</td>
<td><em>If Human Subjects = Yes, additional information may be required on the PHS Human Subjects and Clinical Trials Information form.</em></td>
<td>Yes</td>
</tr>
<tr>
<td>1.a. If YES to Human Subjects</td>
<td>Is the Project Exempt from Federal regulations?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, check appropriate exemption number.</td>
<td>1</td>
</tr>
<tr>
<td>1.b. If no, is the IRB review Pending?</td>
<td>IRB Approval Date:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Human Subject Assurance Number:</td>
<td></td>
</tr>
<tr>
<td>2. Are Vertebrate Animals Used?</td>
<td><em>If Vertebrate Animals = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.</em></td>
<td>Yes</td>
</tr>
<tr>
<td>2.a. If YES to Vertebrate Animals</td>
<td>Is the IACUC review Pending?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.b. IACUC Approval Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Animal Welfare Assurance Number:</td>
<td></td>
</tr>
<tr>
<td>3. Is proprietary/privileged information included in the application?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4.b. If yes, please explain:</td>
<td>If 4a is Yes, then 4b is required. Up to 55 characters.</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4.d. If yes, please explain:</td>
<td>If 4c is Yes, then 4d is required. Up to 55 characters.</td>
<td></td>
</tr>
<tr>
<td>5. Is the research performance site designated, or eligible to be designated, as a historic place?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5.a. If yes, please explain:</td>
<td>If 5 is Yes, then 5a is required. Up to 55 characters.</td>
<td></td>
</tr>
<tr>
<td>6. Does this project involve activities outside of the United States or partnerships with international collaborators?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6.a. If yes, identify countries:</td>
<td>If 6 is Yes, then 6a is required. Up to 55 characters.</td>
<td></td>
</tr>
<tr>
<td>7. Project Summary/Abstract</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>8. Project Narrative</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>9. Bibliography &amp; References Cited</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>10. Facilities &amp; Other Resources</td>
<td>Choice to include in Overall, other components or both unless noted otherwise in the FOA.</td>
<td></td>
</tr>
<tr>
<td>11. Equipment</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>12. Other Attachments</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
Project/Performance Site Location(s)

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

Organization Name:  
DUNS Number:  
  * Street1:  
Street2:  
  * City:  
County:  
  * State:  
  Province:  
  * Country: USA: UNITED STATES  
  * ZIP / Postal Code:  
  * Project/ Performance Site Congressional District:  

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

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

**Are Human Subjects Involved?**

- Yes
- No

**Is the Project Exempt from Federal regulations?**

- Yes
- No

**Exemption number:**

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

If No to Human Subjects

Does the proposed research involve human specimens and/or data?

- Yes
- No

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

- Add Attachment
- Delete Attachment
- View Attachment

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

If Yes to Human Subjects

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

**Other Requested Information**

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.

**Study Record(s)**

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

- Add Attachment
- Delete Attachment
- View Attachment

**Delayed Onset Study(ies)**

Cannot add a Delayed Onset Study if you answer No to human subjects question on R&R Other Project Information form. Multiple delayed onset studies can be grouped in a single record if desired.

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Anticipated Clinical Trial?</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Add Attachment
- Delete Attachment
- View Attachment

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.

- Add Attachment
- Delete Attachment
- View Attachment

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

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.

Updated: December 21, 2017

FORMS-E Series

Page 9 of 30
Study Record: PHS Human Subjects and Clinical Trials Information

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

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

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.

2.3. Age Limits
   Minimum Age  [ ] Drop down  Maximum Age  [ ] Drop down
   Age limits are required and system enforced unless study is exemption 4 or otherwise noted in opportunity.

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.

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

2.8. Enrollment of First Subject
   Required and system enforced unless study is exemption 4.

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

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<th>Racial Categories</th>
<th>Ethnic Categories</th>
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<td>Hispanic or Latino</td>
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<td>Male</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<td>Black or African American</td>
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</tbody>
</table>

Report 1 of 1
Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

Required and system enforced.

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

Yes ☐  No ☐  N/A ☐

Answer required and system enforced. "N/A" is only a valid option 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.

3.3. Data and Safety Monitoring Plan

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

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

Yes ☐  No ☐  N/A ☐

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

3.5. Overall Structure of the Study Team

Optional.

Section 4 - Protocol Synopsis

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

4.1. 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.

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

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 ☐

Updated: December 21, 2017
4.2.g. Allocation

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

4.3. Outcome Measures

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Up to 255 characters.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Outcome Measures Type drop down list: Primary; Secondary; and Other</td>
</tr>
<tr>
<td>Time Frame</td>
<td>Up to 255 characters.</td>
</tr>
<tr>
<td>Brief Description</td>
<td>Up to 999 characters.</td>
</tr>
</tbody>
</table>

4.4. Statistical Design and Power

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

4.5. Subject Participation Duration

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

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

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

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

Required and system enforced if Yes.

4.7. Dissemination Plan

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

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments

Form supports up to 10 attachments.

Attachments only allowed for CT studies.

Only include attachments requested in opportunity.

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.
PHS Assignment Request Form

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

Awarding Component Assignment Request (optional)

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

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

Assign to Awarding Component: 
First Choice 
Second Choice 
Third Choice 
Do Not Assign to Awarding Component: 

Study Section Assignment Request (optional)

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

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

Assign to Study Section:
First Choice 
Second Choice 
Third Choice 

Only 20 characters allowed
Do Not Assign to Study Section:
First Choice 
Second Choice 
Third Choice 

Only 20 characters allowed
List individuals who should not review your application and why (optional)

Note: Please do not provide names of individuals

Expertise:

Only 40 characters allowed

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

Only 1000 characters allowed
RESEARCH & RELATED BUDGET - Budget Period 1

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

**Start Date:**
**End Date:**

**Project Subaward/Consortium**

**Budget Period:** 1

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

**OMB Number:** 4040-0001

---

### A. Senior/Key Person

- **Prefix**
- **First**
- **Middle**
- **Last**
- **Suffix**
- **Base Salary ($)**
- **Cal. Acad. Sum.**
- **Requested Salary ($)**
- **Fringe Benefits ($)**
- **Funds Requested ($)**

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

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

**Total Senior/Key Person**

### B. Other Personnel

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

<table>
<thead>
<tr>
<th>Number of Personnel</th>
<th>Project Role</th>
<th>Project Role</th>
<th>Months</th>
<th>Cal.</th>
<th>Acad.</th>
<th>Sum.</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post Doctoral Associates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduate Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Undergraduate Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretarial/Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Total Number Other Personnel**

**Total Other Personnel**

**Total Salary, Wages and Fringe Benefits (A+B)**

---

Updated: December 21, 2017

FORMS-E Series Page 17 of 30
C. Equipment Description

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

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

Once equipment data is entered, you will be able to add up to 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

D. Travel

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

Total Travel Cost

D. Travel Costs  Funds Requested ($)

E. Participant/Trainee Support Costs  Funds Requested ($)

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

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

Number of Participants/Trainees  Total Participant/Trainee Support Costs

FORMS-E Series

Updated: December 21, 2017
F. Other Direct Costs

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

8. 
9. 
10. 

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>
</table>

Total Indirect Costs

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested ($)

K. Total Costs and Fee

Total Costs and Fee (I + J)

L. Budget Justification

(Only attach one file.)

Budget Justification is required and must cover all budget periods.
### Section A, Senior/Key Person

**Totals ($)**

### Section B, Other Personnel

- Total Number Other Personnel

### Section C, Equipment

### Section D, Travel

1. Domestic
2. Foreign

### Section E, Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other
6. Number of Participants/Trainees

### Section F, Other Direct Costs

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

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

### Section H, Indirect Costs

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

### Section J, Fee

### Section K, Total Costs and Fee (I + J)

---

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

**Updated: December 21, 2017**

**FORMS-E Series**

**Page 20 of 30**
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.

<table>
<thead>
<tr>
<th>1) Please attach Attachment 1</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Please attach Attachment 2</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>3) Please attach Attachment 3</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>4) Please attach Attachment 4</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>5) Please attach Attachment 5</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>6) Please attach Attachment 6</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>7) Please attach Attachment 7</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>8) Please attach Attachment 8</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>9) Please attach Attachment 9</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>10) Please attach Attachment 10</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>11) Please attach Attachment 11</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>12) Please attach Attachment 12</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>13) Please attach Attachment 13</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>14) Please attach Attachment 14</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>15) Please attach Attachment 15</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>16) Please attach Attachment 16</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>17) Please attach Attachment 17</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>18) Please attach Attachment 18</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>19) Please attach Attachment 19</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>20) Please attach Attachment 20</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>21) Please attach Attachment 21</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>22) Please attach Attachment 22</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>23) Please attach Attachment 23</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>24) Please attach Attachment 24</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>25) Please attach Attachment 25</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>26) Please attach Attachment 26</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>27) Please attach Attachment 27</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>28) Please attach Attachment 28</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>29) Please attach Attachment 29</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>30) Please attach Attachment 30</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>

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.
# A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th>Full Time</th>
<th>Short Term</th>
<th>Undergraduate:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number Per Stipend Level:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First-Year/Soph.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Predoctoral: Single Degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dual Degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Predoctoral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postdoctoral:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number Per Stipend Level:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-degree Seeking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Degree Seeking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Postdoctoral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

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

Total Stipends + Tuition/Fees Requested

---

# B. Other Direct Costs

- **Trainee Travel**
- **Training Related Expenses**
- **Total Direct Costs from R&R Budget Form (if applicable)**
- **Consortium Training Costs (if applicable)**

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

<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)

---

# F. Budget Justification

Budget justification is required and must cover all budget periods.

---

Updated: December 21, 2017
### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th>Category</th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predoctoral:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Predoctoral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postdoctoral:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Postdoctoral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Stipends + Tuition/Fees Requested**

### B. Other Direct Costs

<table>
<thead>
<tr>
<th>Category</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Travel</td>
<td></td>
</tr>
<tr>
<td>Training Related Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Direct Costs from R&amp;R Budget Form (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Consortium Training Costs (if applicable)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Direct Costs Requested</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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 n 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.)

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

<table>
<thead>
<tr>
<th>Totals ($)</th>
<th>System calculated</th>
</tr>
</thead>
</table>

**Updated:** December 21, 2017
## PHS 398 Research Plan

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

### Introduction

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

### Other Research Plan Section

5. **Vertebrate Animals**
   - Overall: Not collected. Other components: Required if Vertebrate Animals is Yes on the Other Project Information form.
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan**
   - Overall: Required if more than one PD/PI is specified on R&R SRKey Person Profile form.
8. **Consortium/Contractual Arrangements**
   - Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.
9. **Letters of Support**
   - Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.
10. **Resource Sharing Plan(s)**
    - 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**
   - 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**
   - DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Applications will be withdrawn and not reviewed if they are submitted with appendix material that are not specifically listed in notice NOT-OD-17-098 or the FOA as allowed or required.
   - Allows for up to 10 appendices. See Application Guide and announcement for restrictions.
   - Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate agency staff and peer reviewers.
<table>
<thead>
<tr>
<th>Introduction</th>
<th>1. Introduction to Application (for Resubmission and Revision applications)</th>
<th>Optional for Resubmission and Revision applications. Must not be included for new or renewal applications. Limited to 1 page.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate Section</td>
<td>2. Candidate Information and Goals for Career Development</td>
<td>Required. This attachment and the Research Strategy attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.</td>
</tr>
<tr>
<td>Research Plan Section</td>
<td>3. Specific Aims</td>
<td>Required. Limited to 1 page.</td>
</tr>
<tr>
<td></td>
<td>4. * Research Strategy</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>6. Training in the Responsible Conduct of Research</td>
<td>Required. Limited to 1 page.</td>
</tr>
<tr>
<td>Other Candidate Information Section</td>
<td>7. Candidate's Plan to Provide Mentoring</td>
<td>Limited to 6 pages.</td>
</tr>
<tr>
<td>Environment and Institutional Commitment to Candidate Section</td>
<td>10. Description of Institutional Environment</td>
<td>Required. Limited to 1 page.</td>
</tr>
<tr>
<td></td>
<td>11. Institutional Commitment to Candidate's Research Career Development</td>
<td>Required. Limited to 1 page.</td>
</tr>
<tr>
<td>Other Research Plan Sections</td>
<td>12. Vertebrate Animals</td>
<td>Required if Vertebrate Animals Used is Yes on the R&amp;R Other Project Information form.</td>
</tr>
<tr>
<td></td>
<td>13. Select Agent Research</td>
<td>Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.</td>
</tr>
<tr>
<td></td>
<td>14. Consortium/Contractual Arrangements</td>
<td>Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.</td>
</tr>
<tr>
<td></td>
<td>15. Resource Sharing</td>
<td>Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.</td>
</tr>
<tr>
<td></td>
<td>16. 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>
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17. Appendix

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

* Citizenship

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

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

☐ With a Permanent U.S. Resident Visa

☐ With a Temporary U.S. Visa

☐ Not Residing in the U.S.

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here: ☐
### Introduction
1. Introduction to Application  
   (for Resubmission and Revision applications)  
   Optional for Resubmission applications; limited to 3 pages.  
   Optional for Revision applications; limited to 1 page.

### Training Program Section
2. * Program Plan  
   Required. Limited to 25 pages.
3. Plan for Instruction in the Responsible Conduct of Research  
   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.
4. Plan for Instruction in Methods for Enhancing Reproducibility  
5. Multiple PD/PI Leadership Plan  
   (if applicable)
6. Progress Report (for Renewal applications)  
   Optional for Renewal applications.

### Faculty, Trainees and Training Record Section
7. Participating Faculty Biosketches  
   Warning if not included.
8. Letters of Support  
   Can include in Overall, other components, or both unless specific instructions provided 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. Vertebrate Animals  
    Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.
11. Select Agent Research  
    Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.
12. Consortium/Contractual Arrangements  
    Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.

### Appendix
13. Appendix  

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