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

Forms-F Series

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>
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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-F 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).
APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

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

2. DATE SUBMITTED
   - Applicant Identifier
   - State Application Identifier

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   - If New (box 8), leave blank. If Revision/Resubmission/Renewal (box 8), use institute and serial # of previous NIH grant/application # (e.g., CA987654 from 1P01CA987654-01).

   b. Agency Routing Identifier

   c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION

   - Organizational DUNS:
   - Legal Name:
   - Department:
   - Division:
   - Street1:
   - Street2:
   - City:
   - State:
   - ZIP / Postal Code:
   - Country:

   Person to be contacted on matters involving this application
   - Prefix:
   - First Name:
   - Last Name:
   - Middle Name:
   - Suffix:
   - Position/Title:
   - Phone Number:
   - Fax Number:
   - Email:

   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.

   Must provide zip+4 for all zip codes.

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

7. TYPE OF APPLICANT:
   - Other (Specify):

   Women Owned
   Socially and Economically Disadvantaged

   Small Business Organization Type

8. TYPE OF APPLICATION:
   - New
   - Resubmission
   - Renewal
   - Continuation
   - Revision

   See application guide for definitions.

   If Revision, mark appropriate box(es).

   A. Increase Award
   B. Decrease Award
   C. Increase Duration
   D. Decrease Duration
   E. Other (specify):

   Is this application being submitted to other agencies? Yes

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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

   NIH will assign CFDA/ALN 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

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

Manually enter estimated project funding amounts.

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

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

- a. YES
  - THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
  - DATE:
- b. NO
  - PROGRAM IS NOT COVERED BY E.O. 12372; OR
  - PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

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

19. **Authorized Representative**

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

**Signature of Authorized Representative**

**Date Signed**

- I agree [ ]

See the NIH Grants Policy Statement section 4.1 Public Policy Requirements and Objectives for more information.

20. **Pre-application**

- Cover letter is posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. If application proposes the use of human fetal tissue (HFT) from elective abortions, you must include a Cover Letter with a statement about HFT involvement.

21. **Cover Letter Attachment**

**View Attachment**

**Delete Attachment**

**Add Attachment**

**Add Attachment**

**Delete Attachment**

**View Attachment**

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**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.**

**NIH Office of Extramural Research**

**FORMS-F Series (Updated: July 6, 2021)**

**Page 3 of 31**
1. Vertebrate Animals Section

Are vertebrate animals euthanized?  
- Yes
- No

If "Yes" to euthanasia:

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

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

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

2. *Program Income Section

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

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

<table>
<thead>
<tr>
<th><em>Budget Period</em></th>
<th><em>Anticipated Amount ($)</em></th>
<th><em>Source(s)</em></th>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

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" if no cell lines are referenced on any component.

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

ASSIST: Summary is available using "Preview Application".

4. Human Fetal Tissue Section

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

If "Yes" then provide the HFT Compliance Assurance.

If "Yes" then provide the HFT Sample IRB Consent Form.

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

*Inventions and Patents:  Yes ☐  No ☐

If "Yes" then answer the following:

*Previously Reported:  Yes ☐  No ☐

6. Change of Investigator/Change of Institution Section

☐ Change of Project Director/Principal Investigator  Change of PD/PI is not allowed for Revision applications.

Name of former Project Director/Principal Investigator:

Prefix: ____________________________

*First Name: _______________________

Middle Name: _____________________

*Last Name: _______________________  If change of PD/PI box is checked, you must provide the last name of the former PD/PI.

Suffix: ____________________________

☐ Change of Grantee Institution

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

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

List all performance sites, including any foreign sites. Provide a list of resources available from each site in the Facilities & Other 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

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".
### Profile - Project Director/Principal Investigator

**Prefix:**

**First Name:**

**Middle Name:**

**Last Name:**

**Suffix:**

**Organization Name:**

**Position/Title:**

**Department:**

**Street1:**

**Street2:**

**City:**

**County/Parish:**

**State:**

**Province:**

**Country:**

**Phone Number:**

**Fax Number:**

**E-Mail:**

**Credential, e.g., agency login:**

**Zip / Postal Code:**

**State:**

**City:**

**Country:**

**USA: UNITED STATES**

**PD/PI**

**View Attachment**

**Delete Attachment**

**Add Attachment**

**PD/PI**

**View Attachment**

**Delete Attachment**

**Add Attachment**

**Attach Biographical Sketch**

**Attach Current & Pending Support**

**Credit, e.g., agency login:**

**Proj ect Role:**

**Other Project Role Category:**

**Degree Type:**

**Degree Year:**

**Targeting January 25, 2022 due dates, Credentials required for all Sr/Key (NOT-OD-21-109).**

**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.**

**Attach Biographical Sketch**

**Attach Current & Pending Support**

**Delete Entry**

**Next Person**

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 biosketches in the same order.

**ASSIST: Sr/Key personnel and biosketch summaries available using "Preview Application"**
Use of Human Specimens and/or Data

* Does any of the proposed research in the application involve human specimens and/or data?

[ ] Yes [ ] No

Answer required for all applications.

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

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

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

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

Are Human Subjects Involved?

[ ] Yes [ ] No

Is the Project Exempt from Federal regulations?

[ ] Yes [ ] No

Exemption number:

1 2 3 4 5 6 7 8

Information populated from R&R Other Project Information form.

If No to Human Subjects

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

If Yes to Human Subjects

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

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

Other Requested Information

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.

Study Record(s)

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

Delayed Onset Study(ies)

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

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

<table>
<thead>
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<th>Study Title</th>
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<th>Justification</th>
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</table>

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.

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.
# Inclusion Enrollment Report

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

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

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

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

5. **Enrollment Location(s)**

6. **Comments**
   - Up to 500 characters.
Planned enrollment information is required and system enforced when answer to "Using an Existing Dataset or Resource" question is No. System enforcement relaxed if Comment is provided.

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<td>Male</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 if study is not exempt from federal regulations (i.e., Question 1.2 is No).

If yes, describe the single IRB plan

[No longer required by NIH.]

3.3. Data and Safety Monitoring Plan

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

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

☐ Yes  ☐ No

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

3.5. Overall Structure of the Study Team

[Optional.]

Section 4 - Protocol Synopsis

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

4.1. Study Design

4.1.a. Detailed Description

[Up to 32,000 characters.]

4.1.b. Primary Purpose

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

4.1.c. Interventions

Up to 20 Interventions allowed.

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

4.1.d. Study Phase

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

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

4.1.e. Intervention Model

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

4.1.f. Masking

☐ Yes  ☐ No

☐ Participant  ☐ Care Provider  ☐ Investigator  ☐ Outcomes Assessor

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

4.1.g. Allocation

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

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

4.3. Statistical Design and Power

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

4.4. Subject Participation Duration

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

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

- Yes
- No

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

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

Required and system enforced if Yes.

4.6. Is this an applicable clinical trial under FDAAA?

- Yes
- No

4.7. Dissemination Plan

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

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments

Form supports up to 10 attachments. Attachments only allowed for CT studies. Only include attachments requested in opportunity.
PHS Assignment Request Form

Funding Opportunity Number: Pre-populated from announcement information.

Funding Opportunity Title: Pre-populated from announcement information.

Awarding Component Assignment Suggestions (optional)

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

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

Suggested Awarding Components: ____________  ____________  ____________  Suggestions are considered with other assignment factors. Not all suggestions can be honored.

Study Section Assignment Suggestions (optional)

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

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

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

Suggested Study Sections: ____________  ____________  ____________  Suggestions are considered with other assignment factors. Not all suggestions can be honored.

Rationale for assignment suggestions (optional)  Entry is limited to 1000 characters.

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

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

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

Note: Do not provide names of individuals

Expertise:
Each entry is limited to 40 characters

Limit your answers to expertise. DO NOT enter the names of individuals you’d like to review your application.
**RESEARCH & RELATED BUDGET - Budget Period 1**

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

**ORGANIZATIONAL DUNS:**

**Enter name of Organization:**

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

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

**A. Senior/Key Person**

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

**Project Role:**

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

**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.

**B. Other Personnel**

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

**Number of Personnel**

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

**Post Doctoral Associates**

**Graduate Students**

**Undergraduate Students**

**Secretarital/Clerical**

**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.**

<table>
<thead>
<tr>
<th>Total Number Other Personnel</th>
<th>Total Other Personnel</th>
</tr>
</thead>
</table>

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

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

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

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

**Additional Equipment:**

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

Total funds requested for all equipment listed in the attached file

**Total Equipment**

---

### D. Travel

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

2. Foreign Travel Costs  

**Total Travel Cost**

---

### E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance  

2. Stipends  

3. Travel  

4. Subsistence  

5. Other

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

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

**Total Participant/Trainee Support Costs**

*Number of Participants/Trainees*
### F. Other Direct Costs

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Publication Costs</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Examples of possible uses: Tuition Remission; Technical Assistance; Patient Care Costs</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>If proposing the use of human fetal tissue from elective abortions, you must include a &quot;Human Fetal Tissue Costs&quot; 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 &quot;Other&quot; costs.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### G. Direct Costs

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

### H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

| Total Indirect Costs |                          |                       |                     |

<table>
<thead>
<tr>
<th>Cognizant Federal Agency</th>
<th></th>
</tr>
</thead>
</table>

### I. Total Direct and Indirect Costs

<table>
<thead>
<tr>
<th>Total Direct and Indirect Institutional Costs (G + H)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

### J. Fee

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

### K. Total Costs and Fee

<table>
<thead>
<tr>
<th>Total Costs and Fee (I + J)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

### L. Budget Justification

(Only attach one file.)

Budget Justification is required and must cover all budget periods.
<table>
<thead>
<tr>
<th>Section A, Senior/Key Person</th>
<th>Totals ($)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section B, Other Personnel</th>
<th>Totals ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Other Personnel</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C, Equipment</th>
<th>Totals ($)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section D, Travel</th>
<th>Totals ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Domestic</td>
<td></td>
</tr>
<tr>
<td>2. Foreign</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E, Participant/Trainee Support Costs</th>
<th>Totals ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td></td>
</tr>
<tr>
<td>2. Stipends</td>
<td></td>
</tr>
<tr>
<td>3. Travel</td>
<td></td>
</tr>
<tr>
<td>4. Subsistence</td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section G, Direct Costs (A thru F)</th>
<th>Totals ($)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section H, Indirect Costs</th>
<th>Totals ($)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section I, Total Direct and Indirect Costs (G + H)</th>
<th>Totals ($)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section J, Fee</th>
<th>Totals ($)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section K, Total Costs and Fee (I + J)</th>
<th>Totals ($)</th>
</tr>
</thead>
</table>
The actual look of this form will vary based on your submission method. In ASSIST, use the Add Optional Form action to add the R&R Subaward Budget tab to your application.

**R&R SUBAWARD BUDGET ATTACHMENT(S) FORM**

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

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

1) Please attach Attachment 1
2) Please attach Attachment 2
3) Please attach Attachment 3
4) Please attach Attachment 4
5) Please attach Attachment 5
6) Please attach Attachment 6
7) Please attach Attachment 7
8) Please attach Attachment 8
9) Please attach Attachment 9
10) Please attach Attachment 10
11) Please attach Attachment 11
12) Please attach Attachment 12
13) Please attach Attachment 13
14) Please attach Attachment 14
15) Please attach Attachment 15
16) Please attach Attachment 16
17) Please attach Attachment 17
18) Please attach Attachment 18
19) Please attach Attachment 19
20) Please attach Attachment 20
21) Please attach Attachment 21
22) Please attach Attachment 22
23) Please attach Attachment 23
24) Please attach Attachment 24
25) Please attach Attachment 25
26) Please attach Attachment 26
27) Please attach Attachment 27
28) Please attach Attachment 28
29) Please attach Attachment 29
30) Please attach Attachment 30

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

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

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

Undergraduate:
- First-Year/Soph.
- Junior/Senior

Predoctoral:
- Single Degree
- Dual Degree

Total Predoctoral

Postdoctoral:
- Non-degree Seeking
- Degree Seeking
- Total Postdoctoral

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

---

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)

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>
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</tr>
</tbody>
</table>

Indirect Cost Rate must be 8% for all Ts.

Total Indirect (F&A) Costs Requested

---

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

---

F. Budget Justification

Budget justification is required and must cover all budget periods.
### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th></th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Undergraduate:</strong></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Predoctoral:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Predoctoral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Postdoctoral:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Postdoctoral</strong></td>
<td></td>
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<tr>
<td><strong>Other:</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Stipends + Tuition/Fees Requested</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

**Instructions:**

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

**Important:**

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

<table>
<thead>
<tr>
<th>Attach Training Subaward Budget</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>25</td>
<td></td>
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</tr>
</tbody>
</table>

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

If submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section F of the PHS 398 Training Budget form.
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

<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>
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</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 included indirect cost information.
### Indirect Costs

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

**PHS Additional Indirect Costs - Cumulative Budget**
PHS 398 Research Plan

| 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. |
| 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 | Overall: Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form. |
| | 7. Multiple PD/PI Leadership Plan | Overall: Required if more than one PD/PI is specified on R&R Sr/Key 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

| Appendix | 12. Appendix | Add Attachments, Delete Attachments, 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

## Introduction

1. **Introduction to Application**  
   (for Resubmission and Revision applications)  
   Optional for Resubmission and Revision applications. Must not be included for new or renewal applications. Limited to 1 page.

## Candidate Section

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

## Research Plan Section

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

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

5. **Progress Report Publication List**  
   (for Renewal applications)  
   Optional for renewal applications.

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

## Other Candidate Information Section

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

## Mentor, Co-Mentor, Consultant, Collaborators Section

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

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

## Environment and Institutional Commitment to Candidate Section

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

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

12. **Description of Candidate's Contribution to Program Goals**  
    Required if component involves key biological and/or chemical resources. No system validation enforcement.

## Other Research Plan Sections

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

14. **Select Agent Research**  
    Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.

15. **Consortium/Contractual Arrangements**  
    Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.

16. **Resource Sharing**  
    Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.

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

18. Appendix

**Appendix**

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

Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate agency staff and peer reviewers.

### * Citizenship

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

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

- [ ] Yes
- [ ] No

If no, you must select the single, 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.

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

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

**Introduction**

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

2. **Program Plan**
   - Required. Limited to 25 pages.

3. **Plan for Instruction in the Responsible Conduct of Research**
   - Required. Limited to 3 pages.

4. **Plan for Instruction in Methods for Enhancing Reproducibility**

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**
    - 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.