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>
</tr>
</thead>
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<tr>
<td>2</td>
<td>SF424 R&amp;R cover</td>
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<td>✔</td>
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<tr>
<td>6</td>
<td>R&amp;R Other Project Information</td>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>7</td>
<td>Project/Performance Sites</td>
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<td>✔</td>
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<tr>
<td>8</td>
<td>R&amp;R Sr/Key Person Profile (Expanded)</td>
<td>✔</td>
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<td>✔</td>
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</tr>
<tr>
<td>9</td>
<td>PHS Human Subjects and Clinical Trials Information</td>
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<td>✔</td>
<td>✔</td>
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<td>15</td>
<td>PHS Assignment Request Form</td>
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### Budget Forms

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<th>Career Dev</th>
<th>NRSA Training</th>
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<td>22</td>
<td>R&amp;R Subaward Budget Attachment</td>
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<td>23</td>
<td>PHS 398 Training Budget</td>
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<td>PHS Additional Indirect Costs</td>
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### Research Plan and Equivalent Forms

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<thead>
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<th>NRSA Training</th>
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<td>28</td>
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<td>29</td>
<td>PHS 398 Career Development Award Supplemental Form</td>
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<td>31</td>
<td>PHS 398 Research Training Program Plan</td>
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</tr>
</tbody>
</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
[ ] Application Identifier
[ ] Applicant Identifier

3. DATE RECEIVED BY STATE
[ ] State Application Identifier

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

4. b. Agency Routing Identifier
[ ] For Notices of Special Interest, include notice number (e.g., NOT-IC-FY-XXX).

4. c. Previous Grants.gov Tracking ID
[ ] If Changed/Corrected (box 1), provide previous Grants.gov tracking #. (e.g., GRANT2345678).

5. APPLICANT INFORMATION
Legal Name: ____________________________
Department: ____________________________
Street1: ____________________________ Street2: ____________________________
City: ____________________________ County / Parish: ____________________________
State: ____________________________ Province: ____________________________
Country: USA: UNITED STATES Country: ____________________________
ZIP / Postal Code: ____________________________ 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.

Prefix: ____________________________ First Name: ____________________________ Last Name: ____________________________
Middle Name: ____________________________ Suffix: ____________________________
Position/Title: ____________________________ Phone Number: ____________________________
Fax Number: ____________________________
Email: ____________________________ Contact e-mail is required by NIH. If not included, or improperly formatted, the AOR e-mail provided in item 19 will be used.

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

7. TYPE OF APPLICANT:
Other (Specify): ____________________________
Small Business Organization Type
[ ] Women Owned [ ] Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
See application guide for definitions.
[ ] New [ ] Resubmission [ ] Renewal [ ] Continuation [ ] Revision

If Revision, mark appropriate box(es).
[ ] A. Increase Award [ ] B. Decrease Award [ ] C. Increase Duration [ ] D. Decrease Duration
[ ] E. Other (specify): ____________________________

Is this application being submitted to other agencies? [ ] Yes [ ] No
What other Agencies? ____________________________

9. NAME OF FEDERAL AGENCY:
______________________________

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
______________________________

11. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:
If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant. Limited to 200 characters.
______________________________

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.

NIH Office of Extramural Research FORMS-F Series (Updated: April 21, 2020)
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: ___________________________  First Name: ___________________________

Last Name: ___________________________  Middle Name: ___________________________

Suffix: ___________________________

PD/PI first/last name should match name on file for Commons ID provided in the Credential field of the R&R Senior/Key Person Profile (Expanded form).

Position/Title: ___________________________

Organization Name: ___________________________

Department: ___________________________  Division: ___________________________

Street1: ___________________________

Street2: ___________________________

City: ___________________________

County / Parish: ___________________________

State: ___________________________

Province: ___________________________

Country: USA: UNITED STATES

ZIP / Postal Code: ___________________________

Phone Number: ___________________________

Fax Number: ___________________________

Email: ___________________________

Signature of Authorized Representative: ___________________________

Date Signed: ___________________________

15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts.

a. Total Federal Funds Requested: ___________________________

b. Total Non-Federal Funds: ___________________________

c. Total Federal & Non-Federal Funds: ___________________________

d. Estimated Program Income: ___________________________

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

a. YES  □ □ □  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: ___________________________

b. NO  □ □ □  PROGRAM IS NOT COVERED BY E.O. 12372; OR

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

I agree  □ □ □

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

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

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

Add Attachment  □ □ □  Delete Attachment  □ □ □  View Attachment  □ □ □

19. Authorized Representative

Prefix: ___________________________  First Name: ___________________________

Last Name: ___________________________  Middle Name: ___________________________

Suffix: ___________________________

Position/Title: ___________________________

Organization Name: ___________________________

Department: ___________________________  Division: ___________________________

Street1: ___________________________

Street2: ___________________________

City: ___________________________

County / Parish: ___________________________

State: ___________________________

Province: ___________________________

Country: USA: UNITED STATES

ZIP / Postal Code: ___________________________

Phone Number: ___________________________

Fax Number: ___________________________

Email: ___________________________

Signature of Authorized Representative: ___________________________

Date Signed: ___________________________

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

Add Attachment  □ □ □  Delete Attachment  □ □ □  View Attachment  □ □ □
# PHS 398 Cover Page Supplement

### 1. Vertebrate Animals Section

Are vertebrate animals euthanized?  

- **Yes**  
- **No**  

If "Yes" to euthanasia  

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

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

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

### 2. Program Income Section

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

- **Yes**  
- **No**

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

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

**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/](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:

<table>
<thead>
<tr>
<th>Cell Line(s) (Example: 0004):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only check 'cell line cannot be referenced' in Overall component if no cell lines are referenced on any component.</td>
</tr>
</tbody>
</table>

**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

- Required if Yes. Cannot be included if No.

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

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

*Inventions and Patents:  Yes ☐  No ☐

If "Yes" then answer the following:

*Previously Reported:  Yes ☐  No ☐

---

**6. Change of Investigator/Change of Institution Section**

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

  Name of former Project Director/Principal Investigator:

  - Prefix: 
  - *First Name: 
  - Middle Name: 
  - *Last Name: 
  - Suffix: 

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

- **Change of Grantee Institution**

  *Name of former institution:

  *If change of Grantee Institution box is checked, you must provide the name of former institution.*
1. Are Human Subjects Involved?
   - Yes [ ] No [ ]
   - Only answer Yes if all the proposed research human subject studies are exempt.
   - Additional information may be required on the PHS Human Subjects and Clinical Trials Information form.

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

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

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

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

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

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

8. Project Narrative
   - Typically 2-3 sentence statement of public health relevance; system will give error if over 1 page. Overall: Required. Other components: optional - see funding opportunity announcement for instructions.

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

10. Facilities & Other Resources
    - Choice to include in Overall, other components or both unless noted otherwise in the FOA.

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

12. Other Attachments
    - Add Attachments [ ] Delete Attachments [ ] View Attachments [ ]
    - Only provide Other Attachments when requested in the funding opportunity announcement, notice of special interest or application guide. If provided, follow any guidance regarding attachment filenames.

   Field accommodates multiple attachments.
Project/Performance Site 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)

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".
Use of Human Specimens and/or Data

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

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

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

If No to Human Subjects

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

Other Requested Information

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

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

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.

Delayed Onset Study(ies)

Study Title | Anticipated Clinical Trial? |
---|---|

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

If Anticipated Clinical Trial box is checked, funding opportunity announcement must allow clinical trials. When multiple studies are included in the same delayed onset record, select Yes if it is anticipated that any study will be a clinical trial.

Required and system enforced for each delayed onset study. In addition to justification, must include information regarding how the study will comply with the NIH single Institutional Review Board (sIRB) policy prior to initiating any multi-site study, as well as, a plan for the dissemination of NIH-funded clinical trial information.
Study Record: PHS Human Subjects and Clinical Trials Information

Section 1 - Basic Information

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

1.2. * Is this Study Exempt from Federal Regulations?

1.3. Exemption Number

1.4. * Clinical Trial Questionnaire

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 exemption 4 is only exemption selected. Up to 20 conditions at 255 characters each.

2.2. Eligibility Criteria

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

2.3. Age Limits

Minimum Age

Maximum Age

2.3.a. Inclusion of Individuals Across the Lifespan

2.4. Inclusion of Women and Minorities

2.5. Recruitment and Retention Plan

2.6. Recruitment Status

2.7. Study Timeline

2.8. Enrollment of First Participant

Date: MM/DD/YYYY

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

Dropdown selection required and system enforced unless exemption 4 is only exemption selected or otherwise noted in opportunity.

2.9. Inclusion Enrollment Report(s)

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

Add Inclusion Enrollment Report

Up to 20 Inclusion Enrollment Reports can be added.
# 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 Racial Categories

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<tr>
<th>Racial Categories</th>
<th>Not Hispanic or Latino</th>
<th>Hispanic or Latino</th>
<th>Total</th>
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<td>Male</td>
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<tr>
<td>American Indian/Alaska Native</td>
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</tr>
<tr>
<td>Asian</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
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<tr>
<td><strong>Total</strong></td>
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Planned enrollment information is required and system enforced when answer to "Using an Existing Dataset or Resource" question is No. System enforcement relaxed if Comment is provided.
<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Ethnic Categories</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td></td>
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<tr>
<td></td>
<td>Latino</td>
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<td>Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>More than One Race</td>
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<tr>
<td>Unknown or Not Reported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

Required and system enforced.

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

Yes ☐ No ☐ N/A ☐

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 ☐ N/A ☐

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

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

4.1.d. Study Phase

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

Is this an NIH-defined Phase III clinical trial?

Yes ☐ No ☐

4.1.e. Intervention Model

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

4.1.f. Masking

Yes ☐ No ☐

Participant ☐ Care Provider ☐ Investigator ☐ Outcomes Assessor

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: [3 boxes available]

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: [3 boxes available]

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)

Entry is limited to 1000 characters.

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

R&R Budget form will NOT be used in the Overall component. NIH will summarize budget information from other components and include the summaries in the assembled application in eRA Commons post submission. ASSIST: Budget summary information is available using "Preview Application".

RESEARCH & RELATED BUDGET - Budget Period 1

ORGANIZATIONAL DUNS: __________________________ Enter name of Organization: __________________________

Budget Type:       Project          Subaward/Consortium

Budget Period: 1   Start Date:    End Date:    

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

A. Senior/Key Person

Prefix   First   Middle   Last   Suffix  

Base Salary ($)  Cal.  Acad.  Sum.  Requested Salary ($)  Fringe Benefits ($)  

Funds Requested ($)

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

B. Other Personnel

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

Number of Personnel  Project Role

Post Doctoral Associates
Graduate Students
Undergraduate Students
Secretarial/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.

Total Number Other Personnel

Total Other Personnel

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

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

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

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

**Total Equipment**

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

### D. Travel

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

2. Foreign Travel Costs

<table>
<thead>
<tr>
<th>Total Travel Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

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

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

<table>
<thead>
<tr>
<th>Number of Participants/Trainees</th>
<th>Total Participant/Trainee Support Costs</th>
</tr>
</thead>
</table>
### F. Other Direct Costs

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Materials and Supplies</td>
</tr>
<tr>
<td>2.</td>
<td>Publication Costs</td>
</tr>
<tr>
<td>3.</td>
<td>Consultant Services</td>
</tr>
<tr>
<td>4.</td>
<td>ADP/Computer Services</td>
</tr>
<tr>
<td>5.</td>
<td>Subawards/Consortium/Contractual Costs</td>
</tr>
<tr>
<td>6.</td>
<td>Equipment or Facility Rental/User Fees</td>
</tr>
<tr>
<td>7.</td>
<td>Alterations and Renovations</td>
</tr>
<tr>
<td>8.</td>
<td>Examples of possible uses: Tuition Remission; Technical Assistance; Patient Care Costs</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>
</tr>
</tbody>
</table>

### G. Direct Costs

<table>
<thead>
<tr>
<th></th>
<th>Total Direct Costs (A thru F)</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>

<table>
<thead>
<tr>
<th>Cognizant Federal Agency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Agency Name, POC Name, and POC Phone Number)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Indirect Costs</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.

Subaward/Consortium/Contractual Costs are not pre-populated. Include both Direct and Indirect costs.
**Section A, Senior/Key Person**

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

**Section B, Other Personnel**

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

**Section C, Equipment**

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

**Section D, Travel**

<table>
<thead>
<tr>
<th>1. Domestic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Foreign</td>
<td></td>
</tr>
</tbody>
</table>

**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)**

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

**Section H, Indirect Costs**

<p>| | |</p>
<table>
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</thead>
</table>

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

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

**Section J, Fee**

<p>| | |</p>
<table>
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</thead>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

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

<table>
<thead>
<tr>
<th>Attachment 1</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 2</td>
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<tr>
<td>Attachment 3</td>
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<td>Attachment 4</td>
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<td>Attachment 5</td>
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<td>Attachment 6</td>
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<td>Attachment 29</td>
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<tr>
<td>Attachment 30</td>
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</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>Number of Trainees</th>
<th>Full Time</th>
<th>Short Term</th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-Year/Soph.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior/Senior</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Predoctoral:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Predoctoral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postdoctoral:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-degree Seeking</td>
<td></td>
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</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Postdoctoral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

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

Indirect Cost Rate must be 8% for all Ts.

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

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

F. Budget Justification

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

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

### B. Other Direct Costs

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

**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 1</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach Training Subaward Budget 2</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 3</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 4</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
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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:  

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

4. Progress Report Publication List  
   Only allowed for Renewals and Resubmissions of renewals.

## 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 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

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

**Other Research Plan Sections**

13. **Vertebrate Animals**
    - Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.

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

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</table>

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
- [x] No

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: [ ]

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

### Training Program Section

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.
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