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>
<tbody>
<tr>
<td></td>
<td><strong>Forms Common to Most Components</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SF424 R&amp;R cover</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>PHS 398 Cover Page Supplement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6</td>
<td>R&amp;R Other Project Information</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>7</td>
<td>Project/Performance Sites</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8</td>
<td>R&amp;R Sr/Key Person Profile (Expanded)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>9</td>
<td>PHS Human Subjects and Clinical Trials Information</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>15</td>
<td>PHS Assignment Request Form</td>
<td>Optional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Budget Forms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>R&amp;R Budget</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>R&amp;R Subaward Budget Attachment</td>
<td>Optional</td>
<td></td>
<td>Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>PHS 398 Training Budget</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Training Subaward Budget Attachment Form</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>PHS Additional Indirect Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Research Plan and Equivalent Forms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>PHS 398 Research Plan</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>PHS 398 Career Development Award Supplemental Form</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>PHS 398 Research Training Program Plan</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### NOTES:

- The Funding Opportunity Announcement (FOA) 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

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

3. **DATE RECEIVED BY STATE APPLICATION FOR FEDERAL ASSISTANCE**

4. **a. Federal Identifier**
   - State Application 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).

5. **APPLICANT INFORMATION**

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

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

   **Person to be contacted on matters involving this application**

   **Title:**
   - 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):**
   - Must provide zip+4 for all zip codes.

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

8. **TYPE OF APPLICATION:**

   - Pre-application
   - Changed/Corrected
   - Federal Identifier

   **Other (Specify):**
   - If Revision, mark appropriate box(es).

   **Other components:**
   - SAM and eRA Commons registration not required.

   **Overall:**
   - Required
   - Optional

   **Small Business Organization Type**
   - Women Owned
   - Socially and Economically Disadvantaged

9. **NAME OF FEDERAL AGENCY:**

10. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

   **TITLE:**
   - NIH will assign CFDA post-submission.

11. **DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:**

    **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.

   **If Revision (box 9), provide exact title (including punctuation and spacing) as provided for awarded grant. Limited to 200 characters.

12. **PROPOSED PROJECT:**

   **Start Date**
   - Ending Date

   **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.

13. **CONGRESSIONAL DISTRICT OF APPLICANT**

   **Format:**
   - 2 character state abbreviation - 3 character District number (e.g., CA-005). Use 00-000 if outside the US.
   - See application guide for additional details.
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [ ] First Name: [ ] Middle Name: [ ] Last Name: [ ] Prefix: [ ]

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).

Suffix: [ ]

Position/Title: [ ] Organization Name: [ ]

Department: [ ] Division: [ ]

Street1: [ ] County / Parish: [ ]

Street2: [ ] Province: [ ]

City: [ ] State: [ ]

Country: [U]SA: UNITED STATES [ ]

ZIP / Postal Code: [ ]

Phone Number: [ ] Fax Number: [ ]

Email: [ ]

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

Add Attachment [ ] Delete Attachment [ ] View Attachment [ ]

19. Authorized Representative

Prefix: [ ] First Name: [ ] Middle Name: [ ] Last Name: [ ] Prefix: [ ]

Position/Title: [ ] Organization: [ ]

Department: [ ] Division: [ ]

Street1: [ ] County / Parish: [ ]

Street2: [ ] Province: [ ]

City: [ ] State: [ ]

Country: [U]SA: UNITED STATES [ ]

ZIP / Postal Code: [ ]

Phone Number: [ ] Fax Number: [ ]

Email: [ ]

Signature of Authorized Representative [ ] Date Signed [ ]

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

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

20. Pre-application

Cover letter is posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. 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  

Answer required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

If "Yes" to euthanasia

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

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

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

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

2. Program Income Section

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.

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

- [ ] Yes  
- [ ] No

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

Accommodates up to 10 budget periods.

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

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

3. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells?*

- [ ] Yes  
- [ ] No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used:

Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 0004):

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

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?*

If "yes" then provide the HFT Compliance Assurance

- [ ] 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?
   1.a. If YES to Human Subjects
      Is the Project Exempt from Federal regulations?
      If yes, check appropriate exemption number.
      If no, is the IRB review Pending?
      IRB Approval Date:
      Human Subject Assurance Number:
   1.b. If NO to Human Subjects

2. Are Vertebrate Animals Used?
   2.a. If YES to Vertebrate Animals
      Is the IACUC review Pending?
      IACUC Approval Date:
      Animal Welfare Assurance Number:
   2.b. If NO to Vertebrate Animals

3. Is proprietary/privileged information included in the application?

4. a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?
   b. If yes, explain:
      If 4a is Yes, then 4b is required. Up to 55 characters.
   c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?
   d. If yes, please explain:
      If 4c is Yes, then 4d is required. Up to 55 characters.

5. Is the research performance site designated, or eligible to be designated, as a historic place?
   a. If yes, please explain:
      If 5 is Yes, then 5a is required. Up to 55 characters.
   b. If yes, identify countries:
      If 6 is Yes, list of countries. Abbreviations can be used. Up to 55 characters.
   c. Optional Explanation:
      Up to 55 characters.

6. Does this project involve activities outside of the United States or partnerships with international collaborators?
   a. If yes, check appropriate exemption number.

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
    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.
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:  

---

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

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

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

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

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

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

- **Are Human Subjects Involved?**  
  - [ ] Yes  
  - [ ] No

- **Is the Project Exempt from Federal regulations?**  
  - [ ] Yes  
  - [ ] No

- **Exemption number:**  
  - [ ] 1  
  - [ ] 2  
  - [ ] 3  
  - [ ] 4  
  - [ ] 5  
  - [ ] 6  
  - [ ] 7  
  - [ ] 8

### If No to Human Subjects

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

**Study Record(s)**

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

**Delayed Onset Study(ies)**

- 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)

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

1.2. * Is this Study Exempt from Federal Regulations?

Yes  No

If Study Exempt is Yes, must provide exemption number. Exemption must also be selected on Other Project Information form.

1.3. Exemption Number

1 2 3 4 5 6 7 8

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

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

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

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

2.3.a. Inclusion of Individuals Across the Lifespan

Required and system enforced unless exemption 4 is only exemption selected.

2.4. Inclusion of Women and Minorities

Required and system enforced unless exemption 4 is only exemption selected.

2.5. Recruitment and Retention Plan

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

2.6. Recruitment Status

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

2.7. Study Timeline

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

2.8. Enrollment of First Participant

Date: MM/DD/YYYY

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

Enrollment of First Participant field is required and system enforced unless exemption 4 is only exemption selected or using existing dataset.

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.
<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Ethnic Categories</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Hispanic or Latino</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</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>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than One Race</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Racial Categories</td>
<td>Not Hispanic or Latino</td>
<td>Hispanic or Latino</td>
<td>Unknown/Not Reported Ethnicity</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------</td>
<td>-------------------</td>
<td>-------------------------------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Unknown/Not Reported</td>
<td>Female</td>
<td>Male</td>
<td>Unknown/Not Reported</td>
<td>Female</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than One Race</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown or Not Reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

Required and system enforced.

Add Attachment  Delete Attachment  View Attachment

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

☐ Yes  ☐ No  ☐ N/A

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

Add Attachment  Delete Attachment  View Attachment

3.3. Data and Safety Monitoring Plan

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

Add Attachment  Delete Attachment  View Attachment

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

☐ Yes  ☐ No

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

3.5. Overall Structure of the Study Team

Optional.

Add Attachment  Delete Attachment  View Attachment

Section 4 - Protocol Synopsis

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

4.1. 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>Up to 200 characters.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Up to 1,000 characters.</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

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:  
Funding Opportunity Title:  

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:  

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:  

Rationale for assignment suggestions (optional)  

Entry is limited to 1000 characters.
PHS Assignment Request Form

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**

**ORGANIZATIONAL DUNS:**

**Enter name of Organization:**

**Budget Type:**

- [ ] Project
- [ ] Subaward/Consortium

**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 ($)</th>
<th>Cal. Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>Requested Salary ($)</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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Role:**

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

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

**Additional Senior Key Persons:**

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

---

### B. Other Personnel

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

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

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

**Total Number Other Personnel**

**Total Senior/Key Person Funds Requested**

**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]

Total funds requested for all equipment listed in the attached file

<table>
<thead>
<tr>
<th>Total Equipment</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

Total Travel Cost

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

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

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

Number of Participants/Trainees

<table>
<thead>
<tr>
<th>Total Participant/Trainee Support Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### 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

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

- **Examples of possible uses:** Tuition Remission; Technical Assistance; Patient Care Costs
- **Subaward/Consortium/Contractual Costs are not pre-populated. Include both Direct and Indirect costs.**

### G. Direct Costs

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

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

### I. Total Direct and Indirect Costs

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

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

### J. Fee

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

### K. Total Costs and Fee

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

- **Total Costs and Fee (I + J)**

### L. Budget Justification

(Only attach one file.)

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

#### Totals ($)

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Senior/Key Person</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Other Personnel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Number Other Personnel</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Domestic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foreign</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Participant/Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuition/Fees/Health Insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stipends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsistence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Participants/Trainees</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Other Direct Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Publication Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultant Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 3</td>
<td></td>
</tr>
</tbody>
</table>

#### Summary

- **Total Number Other Personnel**
- **Total Salary, Wages and Fringe Benefits (A+B)**
- **Section C, Equipment**
- **Section D, Travel**
  - Domestic
  - Foreign
- **Section E, Participant/Trainee Support Costs**
  - Tuition/Fees/Health Insurance
  - Stipends
  - Travel
  - Subsistence
  - Other
  - Number of Participants/Trainees
- **Section F, Other Direct Costs**
  - Materials and Supplies
  - Publication Costs
  - Consultant Services
  - ADP/Computer Services
  - Subawards/Consortium/Contractual Costs
  - Equipment or Facility Rental/User Fees
  - Alterations and Renovations
  - Other 1
  - Other 2
  - Other 3

---

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

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>Undergraduate</th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Predoctoral</th>
<th>Single Degree</th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Dual Degree:

<table>
<thead>
<tr>
<th>Total Predoctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postdoctoral</th>
<th>Number Per Stipend Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-degree Seeking</td>
<td>0</td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Postdoctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>Number Per Stipend Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Totals:</th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Stipends + Tuition/Fees Requested

B. Other Direct Costs

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

- 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)

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

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

B. Other Direct Costs

<table>
<thead>
<tr>
<th>Fund</th>
<th>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>Total Other Direct Costs Requested</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)
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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
</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.
### Indirect Costs

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

Add up to 4 indirect cost rates. You can combine costs associated with multiple subaward organizations in the same entry if the same indirect cost rate applies.

**Total Indirect Costs**

<table>
<thead>
<tr>
<th>Total Indirect Costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Budget Justification

(Only attach one file.)

**The Budget Justification should explain what is included in the included indirect cost information.**
<table>
<thead>
<tr>
<th>Indirect Costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Totals ($)</strong></td>
<td>System calculated.</td>
</tr>
</tbody>
</table>
## Introduction
1. **Introduction to Application**
   - 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**
   - Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.

7. **Multiple PD/PI Leadership Plan**
   - Can include in Overall, other components, or both unless specific instructions provided in the funding opportunity announcement.

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.
# 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**  
    - Add Attachment  
    - Delete Attachment  
    - View Attachment

**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.
PHS 398 Career Development Award Supplemental Form

Appendix

18. Appendix

Add Attachments

Delete Attachments

View Attachments

Allow 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.

## 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.
    - 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.

---

**NIH Office of Extramural Research**

**FORMS-F Series (Updated: May 13, 2020)**

**Page 31 of 31**