

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

## Forms-G Series (due dates on/after January 25, 2022)

Multi-project applications are comprised of overall application information, one or more sets of component information and system-generated summary information.

The data collected at the Overall application level are the same for all multi-project applications. The data items collected for components depend on the component type and may vary from one component type to another.

## Multi-project Component Forms

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

### NOTES:

- The Funding Opportunity Announcement (FOA) and associated application guide remain the official documents for defining application requirements. This resource is meant to complement, not replace, those documents.
- NIH application packages include a subset of the forms included in this resource. You will only need to complete the forms provided to you with a specific FOA.
- The actual display of the forms depends on your submission method (ASSIST or system-to-system solution). The same forms, form fields and guidance apply regardless of submission option display differences.
- This resource is for FORMS-G 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)

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b> <input type="text"/>	
<b>2. DATE SUBMITTED</b> <input type="text"/>		<b>4. a. Federal Identifier</b> <input type="text"/>	
<b>5. APPLICANT INFORMATION</b> Legal Name: <input type="text"/> Department: <input type="text"/> <small>FORMS-G: 100 characters.</small> Division: <input type="text"/> <small>FORMS-G: 100 characters.</small> Street1: <input type="text"/> Street2: <input type="text"/> City: <input type="text"/> County / Parish: <input type="text"/> State: <input type="text"/> <small>FORMS-G: Updated state list.</small> Province: <input type="text"/> Country: <input type="text"/> <small>USA: UNITED STATES</small> <small>FORMS-G: Updated country list.</small> ZIP / Postal Code: <input type="text"/>		<b>b. Agency Routing Identifier</b> <input type="text"/> <b>c. Previous Grants.gov Tracking ID</b> <input type="text"/>	
Person to be contacted on matters involving this application Prefix: <input type="text"/> First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> Position/Title: <input type="text"/> Street1: <input type="text"/> Street2: <input type="text"/> City: <input type="text"/> County / Parish: <input type="text"/> State: <input type="text"/> <small>FORMS-G: Updated state list.</small> Province: <input type="text"/> Country: <input type="text"/> <small>USA: UNITED STATES</small> <small>FORMS-G: Updated country list.</small> ZIP / Postal Code: <input type="text"/> Phone Number: <input type="text"/> Fax Number: <input type="text"/> Email: <input type="text"/>		<b>State Application Identifier</b> 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 1R01CA987654-01).  For Notices of Special Interest, include notice number (e.g., NOT-IC-FY-XXX).  If Changed/Corrected (box 1), provide previous Grants.gov tracking #. (e.g., GRANT12345678).	
<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <input type="text"/>			
<b>7. TYPE OF APPLICANT:</b> <input type="text"/> <small>Please select one of the following</small> Other (Specify): <input type="text"/> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): <input type="text"/>			
Is this application being submitted to other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No   What other Agencies? <input type="text"/>			
<b>9. NAME OF FEDERAL AGENCY:</b> <input type="text"/>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: <input type="text"/>	
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <input type="text"/>			
<b>12. PROPOSED PROJECT:</b> Start Date: <input type="text"/> Ending Date: <input type="text"/>		<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b> <input type="text"/>	

## 14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:  First Name:  Middle Name:   
Last Name:  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:  ASSIST: For Overall component, the PD/PI information is pulled from the PD/PI section of the R&R Sr/Key Person Profile form and must be changed on that form.  
Street2:   
City:  County / Parish:   
State:  FORMS-G: Updated state list. Province:   
Country:  USA: UNITED STATES FORMS-G: Updated country list. 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, § 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

## 19. Authorized Representative

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

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

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

Signature of Authorized Representative

Date Signed

## 20. Pre-application

## 21. Cover Letter Attachment

NIH Office of Extramural Research

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.

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# PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 09/30/2024

## 1. Vertebrate Animals Section

Are vertebrate animals euthanized?

☒ Yes ☐ No

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

If "Yes" to euthanasia

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

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

☐ Yes ☐ No

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

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

## 2. \*Program Income Section

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

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

☒ Yes ☐ No

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

\*Budget Period \*Anticipated Amount (\$)

\*Source(s)

Up to 150 characters.

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

Accommodates up to 10 budget periods. The number of program income budget periods must be less than or equal to the number of periods included in the budget form.

ASSIST: Program income details must be entered in Other components; data entry blocked in Overall. Summary available using "Preview Application".

## 3. Human Embryonic Stem Cells Section

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

☒ Yes ☐ No

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

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

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

Cell Line(s) (Example: 0004):

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

Error if provided human embryonic stem cell lines are not listed at <http://stemcells.nih.gov/research/registry/> at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Provide up to 200 cell lines. Stem cell lines are not collected in the Overall component. A summary will be generated from information collected in other components.

ASSIST: Cell lines must be entered in Other components; data entry blocked in Overall. 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 on any component, then must be Yes on the Overall component.

If "yes" then provide the HFT Compliance Assurance

Required if Yes. Cannot be included if No.

Add Attachment

Delete Attachment

View Attachment

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

Required if Yes. Cannot be included if No.

Add Attachment

Delete Attachment

View Attachment

## PHS 398 Cover Page Supplement

### 5. Inventions and Patents Section (for Renewal applications)

\*Inventions and Patents:    Yes ☐    No ☐

If "**Yes**" then answer the following:

\*Previously Reported:    Yes ☐    No ☐

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

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

Name of former Project Director/Principal Investigator:

Prefix:

\*First Name:

Middle Name:

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

Suffix:

☐ Change of Grantee Institution

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

## RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001  
Expiration Date: 12/31/2022

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

1. Are Human Subjects Involved?

☒ Yes ☐ No

Only answer Yes if all the proposed research human subject studies are exempt.

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations?

☒ Yes ☐ No

If yes, check appropriate exemption number.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8

If multiple study records are included, enter all exemptions selected across all study records.

If no, is the IRB review Pending?

☐ Yes ☒ No

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

IRB Approval Date:

Human Subject Assurance Number:

Overall: If Human Subjects = Yes, enter the text 'None' or the approved Federal-wide Assurance (FWA) number on file with OHRP. Enter the 8-digit number only. Other components: not collected.

2. Are Vertebrate Animals Used?

☒ Yes ☐ No

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

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?

☐ Yes ☒ No

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

IACUC Approval Date:

Animal Welfare Assurance Number:

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

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

☐ Yes ☒ No

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?

☐ Yes ☒ No

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

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?

☐ Yes ☒ No

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

5. Is the research performance site designated, or eligible to be designated, as a historic place?

☐ Yes ☒ No

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

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

6. Does this project involve activities outside of the United States or partnerships with international collaborators?

☒ Yes ☐ No

6.a. If yes, identify countries:  If 6 is Yes, then a list of countries is required in 6a. Abbreviations can be used. Up to 55 characters.

6.b. Optional Explanation:  Up to 55 characters.

If Yes, must include a "Foreign Justification" as an Other Attachment in item #12.

7. Project Summary/Abstract

Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page. If awarded this information becomes public. 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.

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

**Project/Performance Site Location(s)****Project/Performance Site Primary Location**
☐ 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:  DO NOT check box. NIH only accepts applications from registered organizations.

 UEI:  Unique Entity Identifier (UEI) required and enforced by NIH. FORMS-G: UEI replaced DUNS.

 \* Street1: 

 Street2: 

 \* City:  County: 

 \* State:  FORMS-G: Updated state list.

 Province: 

\* Country: USA: UNITED STATES FORMS-G: Updated country list.

 \* ZIP / Postal Code:  \* Project/ Performance Site Congressional District: 
**Project/Performance Site Location 1**
☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

 Organization Name: 

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

 \* Street1: 

 Street2: 

 \* City:  County: 

 \* State:  FORMS-G: Updated state list.

 Province: 

\* Country: USA: UNITED STATES FORMS-G: Updated country list.

 \* 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 &amp; Other Resources attachment on the R&amp;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.

**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".

## RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator		ASSIST: PD/PI profile information used to populate PD/PI information on SF424 (R&R) form.
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>	Department: <input type="text"/>	FORMS-G: 100 characters.
Organization Name: <input type="text"/>	Division: <input type="text"/>	FORMS-G: 100 characters.
* Street1: <input type="text"/>	Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.	
Street2: <input type="text"/>		
* City: <input type="text"/>	County/ Parish: <input type="text"/>	
* State: <input type="text"/>	FORMS-G: Updated state list.	Province: <input type="text"/>
* Country: <input type="text"/>	FORMS-G: Updated country list.	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* E-Mail: <input type="text"/>		
Credential, e.g., agency login: <input type="text"/>	VALID ERA COMMONS USERNAME MUST BE SUPPLIED. Overall: Contact PD/PI must be affiliated in Commons with applicant organization.	
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>	ASSIST: For other components: Project Role defaults to Other with an Other Project Role Category of Project Lead.
Degree Type: <input type="text"/>	Overall: Project Role must be PD/PI. Other components: Project Role can't be PD/PI.	
Degree Year: <input type="text"/>		
* Attach Biographical Sketch <input type="checkbox"/>	Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. Limited to 5 pages. Format and samples: <a href="http://grants.nih.gov/grants/forms/biosketch.htm">http://grants.nih.gov/grants/forms/biosketch.htm</a>	
Attach Current & Pending Support <input type="checkbox"/>	Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.	

PROFILE - Senior/Key Person 1		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>	Department: <input type="text"/>	FORMS-G: 100 characters.
Organization Name: <input type="text"/>	Division: <input type="text"/>	FORMS-G: 100 characters.
* Street1: <input type="text"/>	Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.	
Street2: <input type="text"/>		
* City: <input type="text"/>	County/ Parish: <input type="text"/>	
* State: <input type="text"/>	FORMS-G: Updated state list.	Province: <input type="text"/>
* Country: <input type="text"/>	FORMS-G: Updated country list.	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* E-Mail: <input type="text"/>	Targeting January 25, 2022 due dates, Credentials required for all Sr/Key (NOT-OD-21-109).	
Credential, e.g., agency login: <input type="text"/>	Overall: For multiple PD/PI applications, you must use the PD/PI role and provide the eRA Commons username in the Credential field for all PD/PIs. When multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the Research Plan form is required.	
* Project Role: <input type="text"/>		
Degree Type: <input type="text"/>	Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. Limited to 5 pages. Format and samples: <a href="http://grants.nih.gov/grants/forms/biosketch.htm">http://grants.nih.gov/grants/forms/biosketch.htm</a> .	
Degree Year: <input type="text"/>		
Attach Biographical Sketch <input type="checkbox"/>		
Attach Current & Pending Support <input type="checkbox"/>	Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.	

Can collect data for 100 Sr/Key personnel (including PD/PI). Option to provide attachment for additional Sr/Key info is available after the 100 entries are made. Additional Senior/Key Person Profiles format page: <https://grants.nih.gov/grants/forms/additional-senior-key-person-profile.htm>.

A summary of Sr/Key persons starting with PD/PI(s) then listing all others in alphabetical order will appear in the Overall section of the assembled application image in eRA Commons upon submission. The Sr/Key persons summary is followed by all biosketched in the same order.

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

## PHS Human Subjects and Clinical Trials Information

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

### Use of Human Specimens and/or Data

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

☐ Yes ☐ No

Answer required for all applications.

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

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

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

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

Are Human Subjects Involved?

☐ Yes ☐ No

Is the Project Exempt from Federal regulations?

☐ Yes ☐ No

Exemption number:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Information populated from R&R Other Project Information form.

### If No to Human Subjects

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

### If Yes to Human Subjects

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

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

### Other Requested Information

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

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

### Study Record(s)

Attach human subject study records using unique filenames.

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

1) Please attach Human Subject Study 1

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

### Delayed Onset Study(ies)

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

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

Study Title	Anticipated Clinical Trial?	Justification
<p>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.</p>	<p><input type="checkbox"/></p> <p>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.</p>	<p><a href="#">Add Attachment</a> <a href="#">Delete Attachment</a> <a href="#">View Attachment</a></p> <p>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.</p>

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

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

## Study Record: PHS Human Subjects and Clinical Trials Information

HS = Human Subjects  
CT = Clinical Trials

\* Always required field

OMB Number: 0925-0001

Expiration Date: 09/30/2024

### Section 1 - Basic Information

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

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

#### 1.2. \* Is this Study Exempt from Federal Regulations?

☐ Yes ☐ No

Answer required and system enforced.

#### 1.3. Exemption Number

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

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

#### 1.4. \* Clinical Trial Questionnaire

Answers to questionnaire required and system enforced.

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

##### 1.4.a. Does the study involve human participants?

☒ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

1.4.a defaults to Yes and is not editable.

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

Optional. Provide NCT# for this study, if available. Newly proposed studies do not need to be entered in ClinicalTrials.gov at time of application. If building on an existing study, enter NCT# for ancillary study (if available), not the parent study.

### 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.

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

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

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

#### 2.3. Age Limits

Minimum Age

Maximum Age

##### 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: Anticipated, Actual

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.

Attachment View Attachment

Attachment View Attachment

Attachment View Attachment

Attachment View Attachment

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

## PHS 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.  
FORMS-G: Updated country selection list.

### 5. Enrollment Location(s)

### 6. Comments

Up to 500 characters.

Planned

Planned enrollment information is required and system enforced when answer to "Using an Existing Dataset or Resource" question is No. System enforcement relaxed if Comment is provided.

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

**Cumulative (Actual)**

Cumulative (Actual) enrollment information is required and system enforced when answer to "Using an Existing Dataset or Resource" question is Yes. System enforcement relaxed if Comment is provided.

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

**Report 1 of 1**

### Section 3 - Protection and Monitoring Plans

#### 3.1. Protection of Human Subjects

Required and system enforced.

Add Attachment

Delete Attachment

View Attachment

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

☐ Yes ☐ No ☐ N/A

Answer required and system enforced. "N/A" is only a valid option if study is not exempt from federal regulations (i.e., Question 1.2 is No).

##### Single IRB plan attachment

FORMS-G: Text change.

NIH: If Yes, not required.

AHRQ: If Yes, required.

Add Attachment

Delete Attachment

View Attachment

#### 3.3. Data and Safety Monitoring Plan

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

View Attachment

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

☐ Yes ☐ No

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

#### 3.5. Overall Structure of the Study Team

Optional.

Add Attachment

Delete Attachment

View Attachment

### Section 4 - Protocol Synopsis

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

#### 4.1. 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.

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

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

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

Name	Up to 255 characters.
Type	Dropdown list: Primary; Secondary; and Other
Time Frame	Up to 255 characters.
Brief Description	Up to 999 characters.

#### 4.3. Statistical Design and Power

<input type="checkbox"/>	Required and system enforced for CT study unless otherwise noted in opportunity.	Attachment	Delete Attachment	View Attachment
--------------------------	--	------------	-------------------	-----------------

#### 4.4. Subject Participation Duration

<input type="checkbox"/>	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

<input type="checkbox"/>	Required and system enforced if Yes.	Add Attachment	Delete Attachment	View Attachment
--------------------------	--------------------------------------	----------------	-------------------	-----------------

#### 4.6. Is this an applicable clinical trial under FDAAA?

☐ Yes

☐ No

#### 4.7. Dissemination Plan

<input type="checkbox"/>	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

Add Attachments	Delete Attachments	View Attachments
-----------------	--------------------	------------------

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

# PHS Assignment Request Form

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

Funding Opportunity Number:

Pre-populated from  
announcement information.

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](https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents)

Suggested Awarding Components:

Suggestions are considered with other  
assignment factors. Not all suggestions  
can be honored.

## Study Section Assignment Suggestions (optional)

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

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

Information about Study Sections can be found here: [https://grants.nih.gov/grants/phs\\_assignment\\_information.htm#StudySection](https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection)

Suggested Study Sections:

Only 20 characters allowed

Suggestions are considered with other  
assignment factors. Not all suggestions  
can be honored.

## Rationale for assignment suggestions (optional)

Entry is limited to 1000 characters.

Up to 1000 characters.

## PHS Assignment Request Form

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*

1

2

3

4

5

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.

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

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

FORMS-G: Provide 12 alpha-numeric character Unique Entity Identifier (UEI) for the organization whose budget is reflected on this form.

## RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001  
Expiration Date: 12/31/2022

UEI:

Enter name of Organization:

Budget Type:

☒ Project

☐ Subaward/Consortium

Budget Period: 1

Start Date:

End Date:

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

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

### A. Senior/Key Person

PD/PI must be listed as a Sr/Key with measurable effort in every budget period.

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

Project Role:

PD/PI

Role must be PD/PI for the PD/PI (enter carefully eRA will look for exact string match to PD/PI).

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

Additional Senior Key Persons:

Add Attachment

Delete Attachment

View Attachment

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

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

Total Senior/Key Person

### B. Other Personnel

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

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
	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

Equipment item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>
If more than 10 Equipment items (100 for multi-project applications), use attachment and enter total funds requested for additional equipment.	
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Total funds requested for all equipment listed in the attached file <input type="text"/>	
Total Equipment <input type="text"/>	

### D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

### E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text"/>

**F. Other Direct Costs**

	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
11. <input type="text"/>	
12. <input type="text"/>	
13. <input type="text"/>	
14. <input type="text"/>	
15. <input type="text"/>	
16. <input type="text"/>	
17. <input type="text"/>	
Total Other Direct Costs	

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

FORMS-G: Increased number of additional Other Direct Costs line items from 3 to 10.

Examples of possible uses: Tuition Remission; Technical Assistance; Patient Care Costs

If proposing the use of human fetal tissue from elective abortions, you must include a "Human Fetal Tissue Costs" item (if no cost incurred, enter 0). Type the string as requested (without quotation marks). Systems will only pick up an exact match to the letters and spacing of the string (not case specific). The line item cannot be combined with any "Other" costs.

**G. Direct Costs**

	Funds Requested (\$)
Total Direct Costs (A thru F)	

**H. Indirect Costs**

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

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

**I. Total Direct and Indirect Costs**

	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	

**J. Fee**

Funds Requested (\$)
<input type="text"/>

**K. Total Costs and Fee**

Funds Requested (\$)
Total Costs and Fee (I + J)

**L. Budget Justification**

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

Budget Justification is required and must cover all budget periods.

# RESEARCH & RELATED BUDGET - Cumulative Budget

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

Totals (\$)

## Section A, Senior/Key Person

## Section B, Other Personnel

Total Number Other Personnel

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

## Section C, Equipment

## Section D, Travel

1. Domestic

2. Foreign

## Section E, Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

6. Number of Participants/Trainees

## Section F, Other Direct Costs

1. Materials and Supplies

2. Publication Costs

3. Consultant Services

4. ADP/Computer Services

5. Subawards/Consortium/Contractual Costs

6. Equipment or Facility Rental/User Fees

7. Alterations and Renovations

8. Other 1

9. Other 2

10. Other 3

11. Other 4

12. Other 5

13. Other 6

14. Other 7

15. Other 8

16. Other 9

17. Other 10

FORMS-G: Increased number of additional Other Direct Costs line items from 3 to 10.

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

**Section H, Indirect Costs**

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

**Section J, Fee**

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

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

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

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

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

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

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

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

# PHS 398 TRAINING BUDGET, Period 1

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

FORMS-G: Provide 12 alpha-numeric character Unique Entity Identifier (UEI) for the organization whose budget is reflected on this form.

Only the applicant organization should use Project.

UEI:

Budget Type: ☒ Project ☐ Subaward/Consortium

Organization Name:

The end date for each budget period must be later than the budget start date and less than or equal to the proposed project end date listed on the SF 424 (R&R) cover.

Start Date:

End Date:

## A. Stipends, Tuition/Fees

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

Number of Trainees

Full Time ☐ Short Term ☐

Undergraduate:

Number Per Stipend Level:

First-Year/Soph.  Junior/Senior

☐ ☐

Predoctoral: Single Degree

Dual Degree

**Total Predoctoral**

Postdoctoral:

Number Per Stipend Level:

0 1 2 3 4 5 6 7

☐ ☐

Non-degree Seeking

☐ ☐

Degree Seeking

**Total Postdoctoral**

☐ ☐

Other:

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

**Totals:**

**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)

Funds Requested (\$)

Warning if not provided.

Must be manually entered.

Include sum of all attached Training Subaward Budget forms.

**Total Other Direct Costs Requested**

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

## D. Indirect (F&A) Costs

Indirect (F&A) Type

Indirect (F&A) Rate (%)

Indirect (F&A) Base

Funds Requested (\$)

1.

Indirect Cost Rate must be 8 for all Ts.

2.

**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.

View Attachment

## PHS 398 TRAINING BUDGET, Cumulative Budget

Values are system calculated.

### A. Stipends, Tuition/Fees

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

### B. Other Direct Costs

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

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

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

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

## TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

### Instructions:

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

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

### Important:

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

Attach Training Subaward Budget 1		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 2		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 3		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 4		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 5		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 6		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 7		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 8		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 9		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 10		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 11	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.			View Attachment
Attach Training Subaward Budget 12				View Attachment
Attach Training Subaward Budget 13		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 14	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.			View Attachment
Attach Training Subaward Budget 15				View Attachment
Attach Training Subaward Budget 16		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 17		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 18		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 19		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 20		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 21		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 22		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 23		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 24		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 25		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 26		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 27		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 28		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 29		Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 30		Add Attachment	Delete Attachment	View Attachment

Optional form in Overall component of multi-project applications only. Used to gather additional indirect cost information needed from the applicant organization to correctly calculate an application's indirect costs when entire components are led by collaborating organizations.

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

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

### PHS Additional Indirect Costs - Budget Period 1

FORMS-G: Provide the 12 alpha-numeric character Unique Entity Identifier for the applicant organization.

UEI:

Enter name of Organization:

Budget Type: ☐ Project ☐ Subaward/Consortium

Budget Period: 1

\* Start Date:

\* End Date:

### Indirect Costs

Indirect Cost Type

Indirect Cost Rate (%)

Indirect Cost Base (\$)

Funds Requested (\$)

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

Total Indirect Costs

### Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

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

PHS Additional Indirect Costs - Cumulative Budget

	Totals (\$)
	System calculated.
Indirect Costs	

# PHS 398 Research Plan

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

## 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. [Delete Attachment](#) [View Attachment](#)

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. [Attachment](#)

## Other Research Plan Section

5. Vertebrate Animals

☐ Overall: Not collected. Other components: Required if Vertebrate Animals is Yes on the Other Project Information form. [New Attachment](#)

6. Select Agent Research

☐ [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

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

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Applications will be withdrawn and not reviewed if they are submitted with appendix material that are not specifically listed in notice NOT-OD-17-098 or the FOA as allowed or required.

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

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

# PHS 398 Career Development Award Supplemental Form

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

## 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 ☐

## 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 project involves key biological and/or chemical resources. No system validation enforcement.

PHS 398 Career Development Award Supplemental Form

Appendix

18. Appendix

Add

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.

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\* Citizenship

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

☐ Yes

☐ No

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

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

- ☐ With a Permanent U.S. Resident Visa
- ☐ With a Temporary U.S. Visa
- ☐ 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

OMB Number: 0925-0001  
Expiration Date: 09/30/2024

## 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.

Delete Attachment

View Attachment

## Training Program Section

2. \* Program Plan

☐

Required. Limited to 25 pages.

Add Attachment

Delete Attachment

View Attachment

3. Plan for Instruction in the  
Responsible Conduct of Research

☐

Required. Limited to 3 pages.

Add Attachment

Delete Attachment

View Attachment

4. Plan for Instruction in Methods  
for Enhancing Reproducibility

☐

Required for institutional career development (K12, KL2, KM1) applications and  
institutional training (D43, Ts).

☐

5. Multiple PD/PI Leadership Plan  
(if applicable)

☐

Required when multiple Sr/Key entries with the role of PD/PI are included on  
the R&R Sr/Key Person form.

☐

6. Progress Report (for Renewal  
applications)

☐

Optional for Renewal applications.

Add Attachment

Delete Attachment

View Attachment

## Faculty, Trainees and Training Record Section

7. Participating Faculty Biosketches

☐

Warning if not included.

Add Attachment

Delete Attachment

View Attachment

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

Add Attachments

Delete Attachments

View Attachments

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