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

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

### Multi-project Component Forms

<table>
<thead>
<tr>
<th>Page #</th>
<th>Form</th>
<th>Overall</th>
<th>Admin Core, Core, Project, Other named components</th>
<th>Indiv Career Dev</th>
<th>Career Dev</th>
<th>NRSA Training</th>
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### Budget Forms

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### Research Plan and Equivalent Forms

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<th>Form</th>
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</tbody>
</table>

**NOTES:**

- The funding opportunity 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 funding opportunity.
- 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-H 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!
### 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 indicated in funding opportunity.

#### 3. Date Received by State
- State Application Identifier

#### 4. Federal Identifier
- Agency Routing 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 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).

#### 5. Applicant Information

- Legal Name: [100 characters]
- Department: [100 characters]
- Street1: [100 characters]
- City: [50 characters]
- State: [50 characters]
- Country: [50 characters]
- Prefix: [50 characters]
- First Name: [50 characters]
- Last Name: [50 characters]
- Middle Name: [50 characters]
- Suffix: [50 characters]
- Position/Title: [100 characters]
- Street2: [100 characters]
- City: [50 characters]
- State: [50 characters]
- Province: [50 characters]
- County / Parish: [50 characters]
- ZIP / Postal Code: [50 characters]
- Phone Number: [50 characters]
- Fax Number: [50 characters]
- Email: Contact e-mail is required by NIH. If not included, or improperly formatted, the AOR e-mail provided in item 19 will be used.

#### 6. Employer Identification (EIN) or (TIN):

- Must provide zip+4 for all zip codes.

#### 7. Type of Applicant:

- Other (Specify):

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

#### 8. Type of Application:

- New
- Renewal
- Revision

See application guide for definitions.

If Revision, mark appropriate box(es).

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

#### 9. Name of Federal Agency:

#### 10. Catalog of Federal Domestic Assistance Number:

**CFDA** is also referred to as Assistance Listing Number (ALN). NIH will assign CFDA/ALN post-submission.

#### 11. Descriptive Title of Applicant’s Project:

If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant. Limited to 200 characters.

#### 12. Proposed Project:

- Start Date
- Ending Date

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 funding opportunity.

#### 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.
15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts.

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

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

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

b. NO
   - PROGRAM IS NOT COVERED BY E.O. 12372; OR
   - PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

I agree

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

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

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

19. Authorized Representative

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

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

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

NIH Office of Extramural Research FORMS-H Series (Updated: March 28, 2023)
1. **Vertebrate Animals Section**

Are vertebrate animals euthanized?

- [ ] Yes
- [x] 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
- [x] 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**

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

- [ ] Yes
- [x] 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)*
--- | --- | ---

**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.**

3. **Human Embryonic Stem Cells Section**

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

- [x] 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:

[https://grants.nih.gov/stem_cells/registry/current.htm](https://grants.nih.gov/stem_cells/registry/current.htm). 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.**

4. **Human Fetal Tissue Section**

*Does the proposed project involve human fetal tissue obtained from elective abortions?*

- [ ] Yes
- [x] 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:  
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.
Project/Performance Site Primary Location

Organization Name: [Enter organization name]

UEI: [Unique Entity Identifier (UEI)]

* Street1: [Enter street address]

Street2: [Enter street address]

* City: [Enter city name]

County: [Enter county name]

* State: [Enter state name]

Province: [Enter province name]

* Country: [Enter country name] USA: UNITED STATES

* ZIP / Postal Code: [Enter ZIP/Postal Code]

* Project/Performance Site Congressional District: [Enter congressional district]

Additional Location(s)

Form accommodates up to 300 sites. Use the Additional Locations attachment to include any sites over 300. See Additional Performance Site Format page at: https://grants.nih.gov/grants/forms/all-forms-and-formats/additional-performance-site-format.

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

- **Prefix:**
- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Suffix:**
- **Position/Title:**
- **Department:**
- **Organization Name:**
- **Division:**
- **Street1:**
- **Street2:**
- **City:**
- **County/Parish:**
- **State:**
- **Country:**
- **Zip / Postal Code:**
- **Phone Number:**
- **Fax Number:**
- **E-Mail:**
- **Credential, e.g., agency login:**

**PROFILE - Senior/Key Person 1**

- **Prefix:**
- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Suffix:**
- **Position/Title:**
- **Department:**
- **Organization Name:**
- **Division:**
- **Street1:**
- **Street2:**
- **City:**
- **County/Parish:**
- **State:**
- **Country:**
- **Zip / Postal Code:**
- **Phone Number:**
- **Fax Number:**
- **E-Mail:**
- **Credential, e.g., agency login:**

**PROJECT Role:**
- **PD/PI**
- **Other Project Role Category:**

**Degree Type:**

**Degree Year:**

**Attach Biographical Sketch**

**Attach Current & Pending Support**

**USA: UNITED STATES**

**OMB Number:** 4040-0001

**Expiration Date:** 11/30/2025

---

**ASSIST:** Option to pull application profile information from eRA Commons profile or entries already included in another component.

**ASSIST:** PD/PI profile information used to populate PD/PI information on SF424 (R&R) form.

**VALID ERA COMMONS USERNAME MUST BE SUPPLIED.** Overall: Contact PD/PI must be affiliated in Commons with applicant organization.

**PD/PI**

**Other Project Role Category:**

**Total Project Role must be PD/PI.**

**Other components: Project Role defaults to Other with an Other Project Role Category of Project Lead.**

**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:** http://grants.nih.gov/grants/forms/biosketch.htm.

**Only provide Current & Pending Support if specifically requested in funding opportunity. May be requested later in pre-award process as Just-In-Time data.**
Complete human subjects section of R&R Other Project Information form prior to completing this form.

PHS Human Subjects and Clinical Trials Information

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

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 text or application guide.

Study Record(s)

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

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.

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

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 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.
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


1.4. * 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

If all four questions are yes AND funding opportunity 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.

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 funding opportunity.

2.6. Recruitment Status

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

2.7. Study Timeline

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

2.8. Enrollment of First Participant

Dropdown list: Anticipated, Actual

Date: MM/DD/YYYY

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 funding opportunity.

Add Inclusion Enrollment Report

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

5. **Enrollment Location(s)**

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

<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Ethnic Categories</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<td>0</td>
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</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Ethnic Categories</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>Not Hispanic or Latino</td>
<td>Unknown/Not Reported</td>
</tr>
<tr>
<td></td>
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<td>Male</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>Black or African American</td>
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<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than One Race</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown or Not Reported</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</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.**

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

- **NIH: If Yes, not required.**
- **AHRQ: If Yes, required.**

3.3. Data and Safety Monitoring Plan

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

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

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

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

3.5. Overall Structure of the Study Team

- **Optional.**

Section 4 - Protocol Synopsis

You are not allowed to complete fields in Section 4 (i.e., will receive system error) if funding opportunity 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.**

*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)*

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

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**

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

4.1.f. Masking

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

*Participant**

*Care Provider*

*Investigator*

*Outcomes Assessor*

4.1.g. Allocation

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

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

4.3. Statistical Design and Power

4.4. Subject Participation Duration

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

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

4.6. Is this an applicable clinical trial under FDAAA?

4.7. Dissemination Plan

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 funding opportunity.
PHS Assignment Request Form

Funding Opportunity Number: Pre-populated from funding opportunity information.

Funding Opportunity Title: Pre-populated from funding opportunity information.

Awarding Component Assignment Suggestions (optional)

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

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

Suggested Awarding Components: 

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: Only 20 characters allowed

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

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

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

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

*Note: Do not provide names of individuals*

Expertise:

Each entry is limited to 40 characters

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

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

**UEI:**

**Enter name of Organization:**

**Budget Period:** 1

**Start Date:**

**End Date:**

**Expiration Date:** 11/30/2025

**NIH Office of Extramural Research**

**FORMS-H Series (Updated: March 28, 2023)**

**Page 18 of 32**

### A. Senior/Key Person

**Prefix**

**First**

**Middle**

**Last**

**Suffix**

**Base Salary ($)**

**Requested Salary ($)**

**Fringe Benefits ($)**

**Funds Requested ($)**

**Project Role:**

- **PD/PI**

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

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

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

**Add Attachment**

**Delete Attachment**

**View Attachment**

**Total Senior/Key Person**

### B. Other Personnel

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

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

**Total Number Other Personnel**

**Total Other Personnel**

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

**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.**

**FORMS-H: Do not include any costs specific to Data Management and Sharing (DMS) activities in sections A. Senior/Key Person or B. Other Personnel. Although the DMS Plan is included in the Overall component, all DMS costs (including personnel) must be listed as a specific line item under Section F.8-17 Other in the components in which the costs are incurred.**
C. Equipment Description

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

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

Additional Equipment: [Add Attachment] [Delete Attachment] [View Attachment]

If more than 10 Equipment items (100 for multi-project applications), use attachment and enter total funds requested for additional equipment.

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

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

2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

Funds Requested ($)
### F. Other Direct Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td></td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8. Up to 10 additional Other Direct Costs line items can be added.</td>
<td></td>
</tr>
<tr>
<td>Examples of possible uses: Tuition Remission; Technical Assistance;</td>
<td></td>
</tr>
<tr>
<td>Patient Care Costs; Data Management and Sharing Costs; and Human F</td>
<td></td>
</tr>
<tr>
<td>etal Tissue Costs.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10. FORMS-H: If a Data Management and Sharing (DMS) plan is included</td>
<td></td>
</tr>
<tr>
<td>in the Overall component, at least one Other component must include</td>
<td></td>
</tr>
<tr>
<td>a &quot;Data Management and Sharing Costs&quot; line item with either all DMS</td>
<td></td>
</tr>
<tr>
<td>costs incurred within the component, including personnel costs (e.g.</td>
<td></td>
</tr>
<tr>
<td>personnel who will be curating data for the project), or 0 if no</td>
<td></td>
</tr>
<tr>
<td>cost is incurred. Type the string as requested (without quotation</td>
<td></td>
</tr>
<tr>
<td>marks) and do not combine the line item with any &quot;Other&quot; costs.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
</tr>
</tbody>
</table>

Total Other Direct Costs

### G. Direct Costs

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Costs (A</td>
<td></td>
</tr>
<tr>
<td>thru F)</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>
</table>

Total Indirect Costs

**Cognizant Federal Agency**

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

### I. Total Direct and Indirect Costs

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

### J. Fee

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

### L. Budget Justification

(Only attach one file.)

Budget Justification is required and must cover all budget periods.

FORMS-H: If a "Data Management and Sharing Costs" line item is included in Other Direct Costs, the Budget Justification must include a section titled "Data Management and Sharing Justification" that provides a brief (1/2 page or less) summary of DMS activities and justification for their costs.
## RESEARCH & RELATED BUDGET - Cumulative Budget

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

### Totals ($)

<table>
<thead>
<tr>
<th>Section</th>
<th>Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Senior/Key Person</td>
<td></td>
</tr>
<tr>
<td>Section B, Other Personnel</td>
<td></td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
<td></td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
<td></td>
</tr>
<tr>
<td>Section C, Equipment</td>
<td></td>
</tr>
<tr>
<td>Section D, Travel</td>
<td></td>
</tr>
<tr>
<td>1. Domestic</td>
<td></td>
</tr>
<tr>
<td>2. Foreign</td>
<td></td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td></td>
</tr>
<tr>
<td>2. Stipends</td>
<td></td>
</tr>
<tr>
<td>3. Travel</td>
<td></td>
</tr>
<tr>
<td>4. Subsistence</td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
<td></td>
</tr>
<tr>
<td>Section F, Other Direct Costs</td>
<td></td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td></td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8. Other 1</td>
<td></td>
</tr>
<tr>
<td>9. Other 2</td>
<td></td>
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<tr>
<td>10. Other 3</td>
<td></td>
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<tr>
<td>11. Other 4</td>
<td></td>
</tr>
<tr>
<td>12. Other 5</td>
<td></td>
</tr>
<tr>
<td>13. Other 6</td>
<td></td>
</tr>
<tr>
<td>14. Other 7</td>
<td></td>
</tr>
<tr>
<td>15. Other 8</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Budget Justification is required and must cover all budget periods.</td>
</tr>
<tr>
<td>17.</td>
<td>FORMS-H: If a Data Management and Sharing (DMS) plan is included, you must include a section titled &quot;Data Management and Sharing Justification&quot; that provides a brief summary of DMS activities and justification for their costs.</td>
</tr>
</tbody>
</table>

NIH Office of Extramural Research

FORMS-H Series (Updated: March 28, 2023)
R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

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

1) Please attach Attachment 1
2) Please attach Attachment 2
3) Please attach Attachment 3
4) Please attach 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.
5) Please attach Attachment 5
6) Please attach Attachment 6
7) Please attach Attachment 7
8) Please attach Attachment 8
9) Please attach Attachment 9
10) Please attach Attachment 10
11) Please attach Attachment 11
12) Please attach Attachment 12
13) Please attach Attachment 13
14) Please attach Attachment 14
15) Please attach Attachment 15
16) Please attach Attachment 16
17) Please attach Attachment 17
18) Please attach Attachment 18
19) Please attach Attachment 19
20) Please attach Attachment 20
21) Please attach Attachment 21
22) Please attach Attachment 22
23) Please attach Attachment 23
24) Please attach Attachment 24
25) Please attach Attachment 25
26) Please attach Attachment 26
27) Please attach Attachment 27
28) Please attach Attachment 28
29) Please attach Attachment 29
30) Please attach Attachment 30
# PHS 398 TRAINING BUDGET, Period 1

**A. Stipends, Tuition/Fees**

<table>
<thead>
<tr>
<th>Number of Trainees</th>
<th>stipends requested ($)</th>
<th>tuition/fees requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short Term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number Per Stipend Level:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-Year/Soph.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior/Senior</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>If Number of Trainees data is provided then corresponding Stipends Requested data must also be provided and vice versa.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

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

**D. Indirect (F&A) Costs**

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) Base</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
# PHS 398 TRAINING BUDGET, Cumulative Budget

**A. Stipends, Tuition/Fees**

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

Total Stipends + Tuition/Fees Requested

**B. Other Direct Costs**

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

Total Other Direct Costs Requested

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

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

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

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

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

<table>
<thead>
<tr>
<th>Attach Training Subaward Budget 1</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach Training Subaward Budget 2</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 3</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 4</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 5</td>
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<td>View Attachment</td>
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<td>View Attachment</td>
</tr>
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<td>Attach Training Subaward Budget 30</td>
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</tbody>
</table>

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

*If submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section F of the PHS 398 Training Budget form.*
**PHS Additional Indirect Costs - Budget Period 1**

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

**UEI:**

**Enter name of Organization:**

<table>
<thead>
<tr>
<th>Budget Type:</th>
<th>Project</th>
<th>Subaward/Consortium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget Period:</strong></td>
<td><strong>1</strong></td>
<td><strong>Start Date:</strong></td>
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</tbody>
</table>

### Indirect Costs

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

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

**Total Indirect Costs**

### Budget Justification

(Only attach one file.)

**The Budget Justification should explain what is included in the included indirect cost information.**
<table>
<thead>
<tr>
<th>Indirect Costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Totals ($)

System calculated.
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.

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 for Overall and component page limits. Typically 6, 12 or 30 pages.

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

Other Research Plan Section
5. Vertebrate Animals
   - Overall: Not collected. Other components: Required if Vertebrate Animals is Yes on the Other Project Information form.

6. Select Agent Research

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

8. Consortium/Contractual Arrangements
   - Can include in Overall, other components, or both unless opportunity-specific instructions provided.

9. Letters of Support
   - Can include in Overall, other components, or both unless opportunity-specific instructions provided.

10. Resource Sharing Plan(s)
   - Can include in Overall, other components, or both unless opportunity-specific instructions provided.

11. Other Plan(s)

12. Authentication of Key Biological and/or Chemical Resources
   - Required if project involves key biological and/or chemical resources. Recommend 1 page. No system validation enforcement.

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 funding opportunity as allowed or required.

   - Allows for up to 10 appendices. See Application Guide and funding opportunity for restrictions.

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

1. **Introduction to Application**
   - 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 funding opportunity.

### 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 funding opportunity.

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

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

### Other Candidate Information Section

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

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

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

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

### Environment and Institutional Commitment to Candidate Section

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

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

12. **Description of Candidate's Contribution to Program Goals**
    - Required for diversity-related funding opportunity only. No page limit unless specified in funding opportunity.

### 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 opportunity-specific instructions provided.

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

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

17. **Other Plan(s)**
    - FORMS-H: Do not include a "Data Management and Sharing Plan". Any component-specific information must be described in the Overall plan.

18. **Authentication of Key Biological and/or Chemical Resources**
    - Required if project involves key biological and/or chemical resources. No system validation enforcement.
Appendix

19. Appendix

* Citizenship

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.

Add Attachments

Delete Attachments

View Attachments

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

☐ Yes

☐ No

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: ☐
## 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 opportunity-specific instructions provided.

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 opportunity-specific instructions provided.

12. **Consortium/Contractual Arrangements**  
    - Can include in Overall, other components, or both unless opportunity-specific instructions provided.

13. **Other Plan(s)**  
    -FORMS-H: Do not include a "Data Management and Sharing Plan". Any component-specific information must be described in the Overall plan.

## Appendix

14. **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 funding opportunity as allowed or required.**

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