

## Preview of NIH Grant Applications: FORMS-I

Grant applications to NIH for due dates on/after January 25, 2025 must use application form packages with a “FORMS-I” Competition ID. This document provides a preview of changes made to the FORMS-H application forms for this new FORMS-I version.

Each funding opportunity and associated application package uses a unique subset of the application forms found in this resource. You only need to complete the forms provided to you with a specific funding opportunity.

### Table of Contents

Form	Page
<b>SF424 (R&amp;R)</b>	2
<b>PHS 398 Cover Page Supplement</b>	4
<b>R&amp;R Other Project Information</b>	6
<b>Project/Performance Site Locations(s)</b>	7
<b>R&amp;R Senior/Key Person Profile (Expanded)</b>	8
<b>R&amp;R Budget</b>	9
<b>R&amp;R Subaward Budget Attachment Form</b>	14
<b>PHS 398 Modular Budget</b>	15
<b>PHS 398 Training Budget</b>	16
<b>PHS 398 Training Subaward Budget Attachment(s)</b>	18
<b>PHS Additional Indirect Costs Form</b>	19
<b>SF 424C Budget Information – Construction Programs</b>	21
<b>PHS 398 Research Plan</b>	22
<b>PHS 398 Career Development Award Supplemental Form</b>	23
<b>PHS 398 Research Training Program Plan</b>	25
<b>PHS Fellowship Supplemental Form</b>	26
<b>SBIR/STTR Information</b>	29
<b>PHS Human subjects and Clinical Trials Information</b>	31
<b>PHS Assignment Request form</b>	38

#### Notes:

- The funding opportunity, notices in the [NIH Guide](#), and the [How to Apply – Application Guide](#) define the official application requirements. This resource is meant to complement, not replace, those documents.
- The actual display of the forms depends on your [submission method](#) (ASSIST, system-to-system solution, or Workspace). The same form content requirements apply regardless of submission method.
- Registration in multiple systems is required prior to submission, see [How to Apply - Application Guide: Register](#).

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="text"/>	<input type="text"/>
<b>4. a. Federal Identifier</b>	<input type="text"/>
<b>b. Agency Routing Identifier</b>	<input type="text"/>
<b>c. Previous Grants.gov Tracking ID</b>	<input type="text"/>

<b>1. TYPE OF SUBMISSION</b>	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
<input type="text"/>	<input type="text"/>

<b>5. APPLICANT INFORMATION</b>		<b>UEI:</b> <input type="text"/>
Legal Name: <input type="text"/>		
Department: <input type="text"/>	Division: <input type="text"/>	
Street1: <input type="text"/>		
Street2: <input type="text"/>		
City: <input type="text"/>	County / Parish: <input type="text"/>	
State: <input type="text"/>	Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code: <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"/>	Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code: <input type="text"/>	
Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
Email: <input type="text"/>		

<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b>	<input type="text"/>
---	----------------------

<b>7. TYPE OF APPLICANT:</b> <input type="text" value="Please select one of the following"/>
Other (Specify): <input type="text"/>
<b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged

<b>8. TYPE OF APPLICATION:</b>	If Revision, mark appropriate box(es).
<input type="checkbox"/> New <input type="checkbox"/> Resubmission	<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"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>

Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	What other Agencies? <input type="text"/>
--	---

<b>9. NAME OF FEDERAL AGENCY:</b>	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>
<input type="text"/>	TITLE: <input type="text"/>

<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>
<input type="text"/>

<b>12. PROPOSED PROJECT:</b>	<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
Start Date: <input type="text"/> Ending Date: <input type="text"/>	<input type="text"/>

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

15. ESTIMATED PROJECT FUNDING

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

\*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:  Province:   
 Country:  ZIP / Postal Code:   
 Phone Number:  Fax Number:   
 Email:

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment

# PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: TBD

Update to OMB approval  
Expiration Date.

## 1. Vertebrate Animals Section

Are vertebrate animals euthanized?

Yes  No

If "Yes" to euthanasia

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

Yes  No

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

## 2. \*Program Income Section

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

Yes  No

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

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

\*Source(s)

## 3. Human Embryonic Stem Cells Section

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

Yes  No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: [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.

Cell Line(s) (Example: 0004):

## 4. Human Fetal Tissue Section

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

Yes  No

If "yes" then provide the HFT Compliance Assurance

Add Attachment

Delete Attachment

View Attachment

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

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 Recipient Organization Section

Change of Project Director/Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

Change of Recipient Organization

\*Name of former organization:

# RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001  
Expiration Date: 11/30/2025

1. Are Human Subjects Involved?  Yes  No

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 no, is the IRB review Pending?  Yes  No

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used?  Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

IACUC Approval Date:

Animal Welfare Assurance Number:

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:

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:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

### Project/Performance Site Location(s)

Update to OMB approval  
Expiration Date.

#### Project/Performance Site Primary Location

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

Organization Name:

UEI:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* 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:

UEI:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

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

PROFILE - Project Director/Principal Investigator			
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"/>
Organization Name:	<input type="text"/>	Division:	<input type="text"/>
* Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* 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"/>		
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
*Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment
		View Attachment	View Attachment

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"/>
Organization Name:	<input type="text"/>	Division:	<input type="text"/>
* Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* 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"/>		
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment
		View Attachment	View Attachment

Delete Entry

Next Person

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.



**RESEARCH & RELATED BUDGET - Budget Period 1**

OMB Number: 4040-0001  
Expiration Date: 11/30/2025

UEI:

Enter name of Organization:

Budget Type:  Project  Subaward/Consortium

Budget Period: 1 Start Date:  End Date:

**A. Senior/Key Person**

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	<input style="background-color: yellow;" type="text"/>		<input style="background-color: yellow;" type="text"/>						<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>

Project Role:

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

Total Senior/Key Person

**B. Other Personnel**

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

### D. Travel

Funds Requested (\$)

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

Total Travel Cost

### E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

**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"/>	
<b>Total Other Direct Costs</b>	

**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

**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 (\$)

**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

## RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

<b>Section A, Senior/Key Person</b>		
<b>Section B, Other Personnel</b>		
Total Number Other Personnel		
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		
<b>Section C, Equipment</b>		
<b>Section D, Travel</b>		
1. Domestic		
2. Foreign		
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		
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		

**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

# PHS 398 Modular Budget

OMB Number: 0925-0001  
Expiration Date: TBD

<b>Budget Period: 1</b>		Update to OMB approval Expiration Date.
Start Date:	<input style="width: 100%;" type="text"/>	End Date: <input style="width: 100%;" type="text"/>
<b>A. Direct Costs</b>		<b>Funds Requested (\$)</b>
Direct Cost less Consortium Indirect (F&A)		<input style="width: 100%;" type="text" value="0.00"/>
Consortium Indirect (F&A)		<input style="width: 100%;" type="text"/>
<b>Total Direct Costs</b>		<input style="width: 100%;" type="text" value="0.00"/>
<b>B. Indirect (F&amp;A) Costs</b>		
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)
Funds Requested (\$)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number) <input style="width: 100%;" type="text"/>		
Indirect (F&A) Rate Agreement Date	<input style="width: 100%;" type="text"/>	Total Indirect (F&A) Costs <input style="width: 100%;" type="text"/>
<b>C. Total Direct and Indirect (F&amp;A) Costs (A + B)</b>		<b>Funds Requested (\$)</b> <input style="width: 100%;" type="text" value="0.00"/>

<b>Cumulative Budget Information</b>	
<b>1. Total Costs, Entire Project Period</b>	
Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period	\$ <input style="width: 100%;" type="text" value="0.00"/>
Section A, Total Consortium Indirect (F&A) for Entire Project Period	\$ <input style="width: 100%;" type="text"/>
Section A, Total Direct Costs for Entire Project Period	\$ <input style="width: 100%;" type="text" value="0.00"/>
Section B, Total Indirect (F&A) Costs for Entire Project Period	\$ <input style="width: 100%;" type="text"/>
Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period	\$ <input style="width: 100%;" type="text" value="0.00"/>
<b>2. Budget Justifications</b>	
Personnel Justification	<input style="width: 100%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Consortium Justification	<input style="width: 100%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Additional Narrative Justification	<input style="width: 100%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

# PHS 398 TRAINING BUDGET, Period 1

OMB Number: 0925-0001  
Expiration Date: TBD

Update to OMB approval  
Expiration Date.

UEI:  Budget Type:  Project  Subaward/Consortium

Organization Name:

Start Date:  End Date:

## A. Stipends, Tuition/Fees

### Number of Trainees

Full Time	Short Term		Stipends Requested (\$)	Tuition/Fees Requested (\$)
<input type="checkbox"/>	<input type="checkbox"/>	Undergraduate:	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
		Number Per Stipend Level:		
		First-Year/Soph. <input type="checkbox"/> Junior/Senior <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Predoctoral: Single Degree	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dual Degree	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Total Predoctoral</b>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
		Postdoctoral: Number Per Stipend Level:		
		0 1 2 3 4 5 6 7		
<input type="checkbox"/>	<input type="checkbox"/>	Non-degree Seeking	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Degree Seeking	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Total Postdoctoral</b>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<b>Totals:</b>			<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<b>Total Stipends + Tuition/Fees Requested</b>				<input style="width: 150px;" type="text"/>

## B. Other Direct Costs

	Funds Requested (\$)
Trainee Travel	<input style="width: 150px;" type="text"/>
Training Related Expenses	<input style="width: 150px;" type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)	<input style="width: 150px;" type="text"/>
Consortium Training Costs (if applicable)	<input style="width: 150px;" type="text"/>
<b>Total Other Direct Costs Requested</b>	<input style="width: 150px;" type="text"/>

## 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. <input style="width: 350px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
2. <input style="width: 350px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<b>Total Indirect (F&amp;A) Costs Requested</b>			<input style="width: 150px;" type="text"/>

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

## F. Budget Justification

Add Attachment

Delete Attachment

View Attachment



## PHS 398 TRAINING BUDGET, Cumulative Budget

<b>A. Stipends, Tuition/Fees</b>		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>B. Other Direct Costs</b>	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"/>

  

<b>C. Total Direct Costs Requested (A + B)</b>	<input style="width: 100%;" type="text"/>
--	---

  

<b>D. Total Indirect (F&amp;A) Costs Requested</b>	<input style="width: 100%;" type="text"/>
--	---

  

<b>E. Total Direct and Indirect (F&amp;A) Costs Requested (C + D)</b>	<input style="width: 100%;" type="text"/>
---	---

# TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Update to OMB approval Expiration Date.

**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	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 16	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 17	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 18	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 19	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 20	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 21	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 22	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 23	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 24	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 25	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 26	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 27	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 28	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 29	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 30	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

### PHS Additional Indirect Costs - Budget Period 1

Update to OMB approval  
Expiration Date.

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

Total Indirect Costs

#### Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

**PHS Additional Indirect Costs - Cumulative Budget**

**Totals (\$)**

**Indirect Costs**

**BUDGET INFORMATION - Construction Programs**

*NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.*

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3. Relocation expenses and payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4. Architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5. Other architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6. Project inspection fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Site work	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
8. Demolition and removal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. Construction	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
10. Equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
11. Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
12. SUBTOTAL (sum of lines 1-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
13. Contingencies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. SUBTOTAL	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
15. Project (program) income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>FEDERAL FUNDING</b>			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X <input type="text"/> % Enter the resulting Federal share.			\$ <input type="text"/>

# PHS 398 Research Plan

OMB Number: 0925-0001  
Expiration Date: TBD

Update to OMB approval  
Expiration Date.

## Introduction

1. Introduction to Application (for Resubmission and Revision applications)

## Research Plan Section

2. Specific Aims

3. \*Research Strategy

4. Progress Report Publication List

## Other Research Plan Section

5. Vertebrate Animals

6. Select Agent Research

7. Multiple PD/PI Leadership Plan

8. Consortium/Contractual Arrangements

9. Letters of Support

10. Resource Sharing Plan(s)

11. Other Plan(s)

12. Authentication of Key Biological and/or Chemical Resources

## Appendix

13. Appendix

# PHS 398 Career Development Award Supplemental Form

OMB Number: 0925-0001

Expiration Date: TBD

Update to OMB approval  
Expiration Date.

## Introduction

1. Introduction to Application (for Resubmission and Revision applications)

## Candidate Section

2. Candidate Information and Goals for Career Development

## Research Plan Section

3. Specific Aims

4. \* Research Strategy

5. Progress Report Publication List (for Renewal applications)

6. Training in the Responsible Conduct of Research

## Other Candidate Information Section

7. Candidate's Plan to Provide Mentoring

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

8. Plans and Statements of Mentor and Co-Mentor(s)

9. Letters of Support from Collaborators, Contributors, and Consultants

## Environment and Institutional Commitment to Candidate Section

10. Description of Institutional Environment

11. Institutional Commitment to Candidate's Research Career Development

12. Description of Candidate's Contribution to Program Goals

## Other Research Plan Sections

13. Vertebrate Animals

14. Select Agent Research

15. Consortium/Contractual Arrangements

16. Resource Sharing

17. Other Plan(s)

18. Authentication of Key Biological and/or Chemical Resources

# PHS 398 Career Development Award Supplemental Form

## Appendix

19. Appendix

Add Attachments

Delete Attachments

View Attachments

### \* Citizenship

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.

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: TBD

Update to OMB approval  
Expiration Date.

## Introduction

1. Introduction to Application  
(for Resubmission and Revision  
applications)

Add Attachment

Delete Attachment

View Attachment

## Training Program Section

2. \* Program Plan

Add Attachment

Delete Attachment

View Attachment

3. Recruitment Plan to Enhance Diversity

New attachment. Previously included as part of Program Plan. Moving this information into a separate attachment means it no longer counts towards the Program Plan page limit.

4. Plan for Instruction in the  
Responsible Conduct of Research

Add Attachment

Delete Attachment

View Attachment

5. Plan for Instruction in Methods  
for Enhancing Reproducibility

Add Attachment

Delete Attachment

View Attachment

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

Add Attachment

Delete Attachment

View Attachment

7. Progress Report (for Renewal  
applications)

Add Attachment

Delete Attachment

View Attachment

## Faculty, Trainees and Training Record Section

8. Participating Faculty Biosketches

Add Attachment

Delete Attachment

View Attachment

9. Letters of Support

Add Attachment

Delete Attachment

View Attachment

10. Data Tables

Add Attachment

Delete Attachment

View Attachment

## Other Training Program Section

11. Vertebrate Animals

Add Attachment

Delete Attachment

View Attachment

12. Select Agent Research

Add Attachment

Delete Attachment

View Attachment

13. Consortium/Contractual  
Arrangements

Add Attachment

Delete Attachment

View Attachment

14. Other Plan(s)

Add Attachment

Delete Attachment

View Attachment

## Appendix

15. Appendix

Add Attachments

Delete Attachments

View Attachments

# PHS Fellowship Supplemental Form

OMB Number: 0925-0001  
Expiration Date: TBD

Update to OMB approval  
Expiration Date.

## Introduction

1. Introduction to Application  
(for Resubmission applications)

Add Attachment

Delete Attachment

View Attachment

## Candidate Section

Section renamed. Previously called "Fellowship Applicant Section."

2. \* Goals, Preparedness, and Potential

Attachment renamed. Previously called "Applicants  
Background and Goals for Fellowship Training."

Add Attachment

Delete Attachment

View Attachment

## Research Training Plan

3. \* Training Activities and Timeline

Add Attachment

Delete Attachment

View Attachment

4. \* Research Training Project Specific Aims

Add Attachment

Delete Attachment

View Attachment

5. \* Research Training Project Strategy

Research Training Plan attachments  
replaced. Previously included "Specific  
Aims", "Research Strategy", "Respective  
Contributions", and "Selection of Sponsor  
and Institution"

Add Attachment

Delete Attachment

View Attachment

6. Progress Report Publication List  
(for Renewal applications)

Add Attachment

Delete Attachment

View Attachment

7. \* Training in the Responsible Conduct of  
Research

Add Attachment

Delete Attachment

View Attachment

## Commitment to Candidate, Mentoring, and Training Environment

Section renamed. Previously called "Sponsor(s), Collaborator(s),  
and Consultant(s) Section."

8. Sponsor(s) Commitment

Attachment renamed. Previously called "Sponsor and Co-Sponsor Statements."

9. Letters of Support from Collaborators,  
Contributors, and Consultants

Add Attachment

Delete Attachment

View Attachment

10. Description of Candidate's Contribution  
to Program Goals

Attachment relocated into this section.

Add Attachment

Delete Attachment

View Attachment

## Other Research Training Plan Section

"Institutional Environment and Commitment to Training Section" removed including the  
"Description of Institutional Environment and Commitment to Training" attachment.

## Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must  
be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used?

Yes

No

11. Are vertebrate animals euthanized?

Yes

No

If "Yes" to euthanasia

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

Yes

No

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

12. Vertebrate Animals

Add Attachment

Delete Attachment

View Attachment

# PHS Fellowship Supplemental Form

## Other Research Training Plan Information

13. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14. Resource Sharing Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15. Other Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
16. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

## Additional Information Section

17. Human Embryonic Stem Cells

\* Does the proposed project involve human embryonic stem cells?  Yes  No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: [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, please 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):

18. Alternate Phone Number:

19. Degree Sought During Proposed Award:

Degree:

If "other", indicate degree type:

Expected Completion Date (MM/YYYY):

20. \* Field of Training for Current Proposal:

21. \* Current or Prior Kirschstein-NRSA Support?  Yes  No

If yes, identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. \* Applications for Concurrent Support  Yes  No

If yes, describe in an attached file:

23. \* Citizenship:

**U.S. Citizen** U.S. Citizen or Non-Citizen National?  Yes  No

**Non-U.S. Citizen**

With a Permanent U.S. Resident Visa

With a Temporary U.S. Visa

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 Fellowship Supplemental Form

24.  Change of Sponsoring Institution

Name of Former Institution:

## Budget Section

*All Fellowship Applicants:*

25. \* Tuition and Fees:

None Requested

Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (*when applicable*)

**Total Funds Requested:**

26. \* Childcare Costs:

None Requested

Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (*when applicable*)

**Total Funds Requested:**

*Senior Fellowship Applicants Only:*

27. Present Institutional Base Salary:

Amount

Academic Period

Number of Months

Reset Entry

28. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:

Amount

Number of Months

b. Supplementation from Other Sources:

Amount

Number of Months

Type (e.g., sabbatical leave, salary)

Source

## Appendix

29. Appendix

Add Attachments

Delete Attachments

View Attachments

# SBIR/STTR Information

OMB Number: 4040-0001  
Expiration Date: 11/30/2025

\* Agency to which you are applying (select only one)

DOE
  HHS
  USDA
  Other:

\* SBC Control ID:  (This 9 digit code is obtained from the Small Business Administration)

\* Program Type (select only one)

SBIR
  STTR  
 Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

\* Application Type (select only one)

Phase I
  Phase II
  Fast-Track
  Direct Phase II
  Phase IIA
  Phase IIB
  Phase IIC  
 Commercialization Readiness Program (See agency-specific instructions to determine application type participation.)

Phase I Letter of Intent Number:

\* Agency Topic/Subtopic:

## Questions 1-8 must be completed by all SBIR and STTR Applicants:

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award. <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1d. Is your small business a Faculty or Student-Owned entity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid gray; padding: 2px 10px;">Add Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">Delete Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">View Attachment</div> </div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 7. Does the application include a request of SBIR or STTR funds for Technical and Business Assistance (TABAs)? If yes, please follow the agency specific instructions to provide the budget request and justification. (Please answer no if you plan to use the agency TABA vendor, which does not require you to include a request for TABA funds in your application.)
	* 8. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase I/II Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid gray; padding: 2px 10px;">Add Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">Delete Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">View Attachment</div> </div>

## SBIR/STTR Information

### SBIR-Specific Questions:

*Questions 9 and 10 apply only to SBIR applications. If you are submitting **ONLY** an STTR application, leave questions 9 and 10 blank and proceed to question 11.*

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 9. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.</p> <p>* Attach File: <input style="width: 200px;" type="text"/> <span style="margin-left: 20px;"><input type="button" value="Add Attachment"/></span> <span style="margin-left: 20px;"><input type="button" value="Delete Attachment"/></span> <span style="margin-left: 20px;"><input type="button" value="View Attachment"/></span> </p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 10. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?</p>

### STTR-Specific Questions:

*Questions 11 - 13 apply only to STTR applications. If you are submitting **ONLY** an SBIR application, leave questions 11 - 13 blank.*

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 11. Please indicate whether the answer to BOTH of the following questions is TRUE:</p> <p>(1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND</p> <p>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 12. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?</p>
	<p>* 13. Provide UEI of non-profit research partner for STTR.</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>

# PHS Human Subjects and Clinical Trials Information

OMB Number: 0925-0001  
Expiration Date: TBD

Update to OMB approval  
Expiration Date.

## 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.

Add Attachment
Delete Attachment
View Attachment

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

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

Are Human Subjects Involved?  Yes  No

Is the Project Exempt from Federal regulations?  Yes  No

Exemption number:  1  2  3  4  5  6  7  8

## If No to Human Subjects

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

## If Yes to Human Subjects

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

## Other Requested Information

Add Attachment
Delete Attachment
View Attachment

Click here to extract the Human Subject Study Record Attachment

## Study Record(s)

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1  Add Attachment Delete Attachment View Attachment

## Delayed Onset Study(ies)

	Study Title	Anticipated Clinical Trial?	Justification
		<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: flex-end; gap: 10px; margin-top: 5px;"> <span>Add Attachment</span> <span>Delete Attachment</span> <span>View Attachment</span> </div> </div>

# Study Record: PHS Human Subjects and Clinical Trials Information

OMB Number: 0925-0001

Expiration Date: TBD

\* Always required field

Update to OMB approval  
Expiration Date.

## Section 1 - Basic Information

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

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

 Yes  No

1.3. Exemption Number

 1  2  3  4  5  6  7  8

1.4. \* Clinical Trial Questionnaire

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

1.4.a. Does the study involve human participants?

 Yes  No

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

2.2. Eligibility Criteria

2.3. Age Limits

Minimum Age

Maximum Age

2.3.a. Inclusion of Individuals Across the Lifespan

Add Attachment

Delete Attachment

View Attachment

2.4. Inclusion of Women and Minorities

Add Attachment

Delete Attachment

View Attachment

2.5. Recruitment and Retention Plan

Add Attachment

Delete Attachment

View Attachment

2.6. Recruitment Status

2.7. Study Timeline

Add Attachment

Delete Attachment

View Attachment

2.8. Enrollment of First Participant

2.9. Inclusion Enrollment Report(s)

Add Inclusion Enrollment Report



Update to OMB approval  
Expiration Date.

# PHS Inclusion Enrollment Report

1. \* Inclusion Enrollment Report Title

2. \* Using an Existing Dataset or Resource

Yes     No

3. \* Enrollment Location Type

Domestic     Foreign

4. Enrollment Country(ies)

5. Enrollment Location(s)

6. Comments

**Planned**

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)**

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
<b>Total</b>	0	0	0	0	0	0	0	0	0	0

**Report 1 of 1**

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**Section 3 - Protection and Monitoring Plans**

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**3.1. Protection of Human Subjects****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**Single IRB plan attachment****3.3. Data and Safety Monitoring Plan****3.4. Will a Data and Safety Monitoring Board be appointed for this study?** Yes  No**3.5. Overall Structure of the Study Team**

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**Section 4 - Protocol Synopsis**

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**4.1. Study Design****4.1.a. Detailed Description****4.1.b. Primary Purpose****4.1.c. Interventions**

Intervention Type	
Name	
Description	

**4.1.d. Study Phase**Is this an NIH-defined Phase III clinical trial?  Yes  No**4.1.e. Intervention Model****4.1.f. Masking** Yes  No Participant  Care Provider  Investigator  Outcomes Assessor**4.1.g. Allocation**

**4.2. Outcome Measures**

<b>Name</b>	
<b>Type</b>	
<b>Time Frame</b>	
<b>Brief Description</b>	

**4.3. Statistical Design and Power**

**4.4. Subject Participation Duration**

**4.5. Will the study use an FDA-regulated intervention?**  Yes  No

**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?**  Yes  No

**4.7. Dissemination Plan**

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**Section 5 - Other Clinical Trial-related Attachments**

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**5.1. Other Clinical Trial-related Attachments**

Instruction text updated throughout form.  
Some fields rearranged.

# PHS Assignment Request Form

OMB Number: 0925-0001

Expiration Date: TBD

Update to OMB approval Expiration Date.

## Awarding Component Assignment Suggestions *(optional)*

Verify your suggested awarding component(s) (e.g., NIH Institute/Center) participate(s) in the Funding Opportunity. Use the link below to identify the appropriate short abbreviation (e.g., "NCI" for National Cancer Institute) and enter it below. All requests will be considered; however, assignment suggestions cannot always be honored.

*Suggestions must be listed in the "Components of Participating Organizations" of the NOFO, or R&R Cover Form Box 4B must list an appropriate Notice of Special Interest.*

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:

## Study Section Assignment Suggestions *(optional)*

Enter the short study section code in the box below. Remove all hyphens, parentheses, and spaces. For example, enter "AIRT" to suggest the study section "Anti-Infective Resistance and Targets", or B10 to suggest "Small Business: Biobehavioral Processes – BP (10)". All requests will be considered; however, assignment suggestions cannot always be honored.

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:

## Rationale for assignment suggestions *(optional)*

Explain why you think the suggestions are appropriate. If you contacted NIH staff, list their name(s). Entry is limited to 1000 characters.

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

Do not provide names of individuals. Each entry is limited to 40 characters.

## List individuals who should not review your application and why *(optional)*

Entry is limited to 1000 characters