FORMS VERSION G SERIES

Released: October 25, 2021

RESEARCH INSTRUCTIONS FOR NIH AND OTHER PHS AGENCIES

SF424 (R&R) APPLICATION PACKAGES

Guidance developed and maintained by NIH for preparing and submitting applications via Grants.gov to NIH and other PHS agencies using the SF424 (R&R)

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R.100 - How to Use the Application Instructions

Use these application instructions to fill out the forms that are posted in your funding opportunity announcement.

View the How to Apply Video Tutorials.

Quick Links

Step 1. Become familiar with the application process

Step 2. Use these instructions, together with the forms and information in the funding opportunity announcement, to complete your application

Step 3. Choose an application instruction format

Step 4. Complete the appropriate forms

Step 5. Stay informed of policy changes and updates

Step 6. Understand what data NIH makes public

Helpful Links

The information on the following pages may be useful in the application process

- OER Glossary
- Grants Policy Statement
- Guide to Grants and Contracts
- Frequently Asked Questions

Step 1. Become familiar with the application process.

Understanding the application process is critical to successfully submitting your application.

Use the R.110 - Application Process section of these instructions to learn the importance of completing required registrations before submission, how to submit and track your application, where to find page limits and formatting requirements, and more information about the application process.

Step 2. Use these instructions, together with the forms and information found in the funding opportunity announcement, to complete your application.

The funding opportunity announcement (FOA) will include specific instructions and the forms needed for your application submission.

> Remember that the FOA instructions always supersede these application instructions.

Step 3. Choose an application instruction format.

Do you know your activity code, but don't know which application instructions to use? Refer to NIH's table on Selecting the Correct Application Instructions to determine which set of application instructions applies to your grant program.

Comprehensive Instructions	Program-Specific Instructions
Use the General (G) instructions, available in both HTML and PDF format, to complete the application forms for any type of grant program.	Take advantage of the filtered PDFs to view specific application instructions for: • Research (R) • Career Development (K) • Training (T) • Fellowship (F) • Multi-project (M) • SBIR/STTR (B)

Step 4. Complete the appropriate forms.

Unless otherwise specified in the FOA, follow the **standard instruction**, as well as any additional **program-specific** instructions for each form in your application.

Program-specific instructions are presented in gray call-out boxes that are color coded throughout the application instructions. Consult the R.130 - Program Overview section for context for program specific instructions.

Step 5. Stay informed of policy changes and updates.

- Refer to the R.120 - Significant Changes section for the most recent changes to these application instructions.
- Review Notices of NIH Policy Changes since the posting of the Application Guide.

Step 6. Understand what data NIH makes public.

Information submitted as part of the application will be used by reviewers to evaluate the scientific merit of the application and by NIH staff to make the grant award and monitor the grant after award. The exception to this is the R.600 - PHS Assignment Request Form, which is only seen by staff in the Division of Receipt and Referral (DRR), Center for Scientific Review (CSR).

If the application is funded, the following fields will be made available to the public through the NIH Research Portfolio Online Reporting Tool (RePORTER) and will become public information:

- Name of Project Director/Principal Investigator (PD/PI), to also include Project Leaders on sub-projects to multi-project projects
- PD/PI title
- PD/PI email address
- Organizational name
- Institutional address
- Project summary/abstract
- Public health relevance statement

In addition, key elements related to ongoing funded projects will be made available to the public, including those listed in the data dictionary at ExPORTER. Additional elements may be made available after announcements through the NIH Guide for Grants and Contracts, a weekly electronic publication that is available on NIH's Funding page, or additions to the NIH Grants Policy Statement, as needed.

R.110 - Application Process

Understanding the application process is critical to successfully submitting your application. Use this section of this guide to learn the importance of completing required registrations before submission; how to submit and track your application; where to find information about page limits, formatting requirements, due dates, and submission policies; and more information about the application process. This application process information is also available on our How to Apply – Application Guide page.

Quick Links

Prepare to Apply and Register

Write Application

Submit

Related Resources

Prepare to Apply and Register

Systems and Roles

Learn about the main systems involved in application submission and the role you and your colleagues play in the submission process. The main systems are Grants.gov, eRA Commons, and ASSIST.

Register

Determine your registration status. Organizations, organizational representatives, investigators, and others need to register in multiple federal systems in order to for you to submit a grant application. Registration can take six weeks or more to complete. Start today! See NIH's Registration website.

Understand Funding Opportunities

Identify the right funding opportunity announcement (FOA) for your research and learn about key information you will find in the FOA.

Types of Applications

Are you submitting a new, renewal, revision, or resubmission application? Learn about the different types of applications and special submission requirements.

Submission Options

Determine which system is most convenient for your application submission: NIH's ASSIST web-based application submission system, Grants.gov Workspace, or, if applicable, your organization's own submission system.

Obtain Software

Applicants must have the free Adobe Reader software, a PDF generator, and a web browser to submit an application. Learn which versions are compatible with our systems.

Write Application

Write Your Application

Read tips for developing a strong application that helps reviewers evaluate its science and merit.

Develop Your Budget

Learn about the kinds of costs you may include in your budget submission, the difference between modular and detailed budgets, and more about how to develop your budget.

Format Attachments

Follow these requirements for preparing the documents you attach to your application. Requirements include criteria for the PDF files, fonts, margins, headers and footers, paper size, citations, formatting pages, use of hyperlinks and URLs, etc.

Rules for Text Fields

Learn the rules for form text fields – allowable characters, cutting and pasting, character limits, and formatting.

Page Limits

Follow the page limits specified in this table for your specific grant program, unless otherwise specified in the FOA.

Data Tables

Find instructions, blank data tables, and samples to use with institutional research training applications.

Reference Letters

Some types of programs, such as fellowships and some career development awards, require the submission of reference letters by the referee. Learn about selecting a referee and find instructions for submission.

Biosketches

Biosketches are required in both competing applications and progress reports. Find instructions, blank format pages, limitation on use of hyperlinks and URLs, and sample biosketches.

Submit

Submit, Track and View

Learn how to submit your application, and about your responsibility for tracking your application and viewing the application image in the eRA Commons before the application deadline. If you can't view your application in eRA Commons, we can't review it.

How We Check for Completeness

Your application will be checked at Grants.gov, by eRA systems, and by federal staff before it is referred for review.

Changed/Corrected Applications

You will need to submit a changed/corrected application to correct issues that either you or our systems find with your application. Learn how and when you may submit a changed/corrected application.

Related Resources

Due Dates and Policies

Due Dates

View standard due dates for competing applications. The FOA will identify whether to follow standard due dates or whether to follow an alternative due date.

Submission Policies

Learn the nuances of application submission policies, including when late applications might be allowed, what to do if due dates fall on a weekend or holiday, whether we allow post-submission materials, how to document system issues, the rules around resubmission applications, etc.

Dealing with System Issues

Are you experiencing system issues with ASSIST, Grants.gov, System for Award Management (SAM), or the eRA Commons that you believe threaten your ability to submit on time? NIH will not penalize applicants who experience confirmed issues with federal systems that are beyond their control. You must report the problem before the submission deadline.

After Submission

Receipt and Referral

Understand how and when applications are given an application identification number and assigned to a review group and an NIH Institute or Center (IC) for possible funding.

Peer Review

Learn about our two phase peer review process, including initial peer review, Council review, review criteria, scoring, and summary statements.

Pre-award Process

Learn what happens between peer review and award for applications that have been deemed highly meritorious in the scientific peer review process. Be ready: if you received a great score in peer review, you'll have to submit Just-in-Time information.

Post award Monitoring and Reporting

If you receive a grant from the NIH, you will need a lot of information to be a successful steward of federal funds. This page provides a brief overview of grantee monitoring and reporting requirements.

Resources

News - Items of Interest

The NIH eSubmission Items of Interest page provides comprehensive information, in an informal format, on the changes impacting application development and submission.

Annotated Form Sets

These handy documents are a great visual resource for understanding many of the validation checks we will run against your submitted application.

Contacting NIH Staff

NIH staff is here to help. We strongly encourage NIH applicants and grantees to communicate with us throughout the grant life cycle. Understanding the roles of NIH staff can help you contact the right person at each phase of the application and award process.

Contacting Staff at Other PHS Agencies

Applicants are strongly encouraged to communicate with agency staff throughout the entire application review and awards process.

Systems

ASSIST

eRA Commons

Grants.gov

Information Collection

Authorization

The PHS Act establishes the authority with which NIH and other PHS agencies award grants and collect information related to grant awards.

Paperwork Burden

The paperwork burden provides the estimated time for completing a grant application.

Collection of Personal Demographic Data

NIH collects personal data through the eRA Commons Personal Profile. The data is confidential and is maintained under the Privacy Act record system.

R.120 - Significant Changes

The Application Instructions are updated and released 2-3 times per year as needed. Additionally, minor revisions may be made outside of these releases.

This section details all significant changes and revisions made to the instructions since the last major release.

Within the instructions, new instructions will be marked with this symbol.

In the web version, use your mouse to hover over the icon to read an explanation of the change.

In a PDF version, this symbol will be visible but will not display hover text. For more information, see the explanation in the Significant Changes section below.

Release Notes - October 25, 2021

Application Process

- Minor text edits.

Program Overview

- Updated information about Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR).

SF 424 Research and Related (R&R) Form Changes

FORMS-G application packages incorporate the latest versions of the federal-wide forms managed by Grants.gov (OMB Number: 4040-0001 and 4040-0010, Expiration Date: 12/31/2022).

SF 424 (R&R) Form

- Changed form fields and instructions to reflect the replacement of “DUNS” with the Unique Entity Identifier “UEI”.
- Increased character limits for the “Department” and “Division” fields to 100 characters.
- Updated the Country and State lists.
- Updated Additional Instructions for SBIR/STTR for the following fields:

  1. Type of submission
  4a. Federal Identifier
  5. Applicant Information

8. Type of Application
12. Proposed Project
14. Project Director/Principal Investigator Contact Information
15. Estimated Project Funding

R&R Other Project Information Form

- Clarified instruction for projects involving public health surveillance activities for "1. Are Human Subjects Involved?"
- Added "Notes on public health surveillance activities" for "1.a. If YES to Human Subjects".
- Updated Additional Instructions for SBIR/STTR for fields "10. Facilities & Other Resources" and "12. Other Attachments."
- Added formatting instructions reiterating that the use of hyperlinks and URLS are not allowed unless specified in the funding opportunity announcement for the following fields:

  9. Bibliography & References Cited

  10. Facilities & Other Resources

  11. Equipment

R&R Senior/Key Person Profile (Expanded) Form

- Increased character limits for the "Department" and "Division" fields to 100 characters.
- Updated the Country and State lists.
- Added instructions that the "Credential, e.g., agency login" field is required, and a valid eRA Commons Username must be provided, for all Senior/Key Persons.
- Updated format and content instructions for the Biographical Sketch to capture the new NIH Biographical Sketch format and reiterate instructions on the use of hyperlinks and URLs.
- Updated Additional Instructions for Career Development for the "Current & Pending Support" attachment field to capture the new NIH Other Support format.

R&R Budget and associated R&R Subaward Budget Attachment(s) Form.

- Changed form fields and instructions to reflect the replacement of "DUNS" with the Unique Entity Identifier "UEI".
- Within section F. Other Direct Costs, increased the number of available "Other" direct costs lines from 3 to 10.
- Updated Additional Instructions for SBIR / STTR.
- Clarified instructions for the "Budget Justification" attachment regarding quotes.

SBIR / STTR Information Form

- Changed form fields and instructions to reflect the replacement of "DUNS" with the Unique Entity Identifier "UEI".
- Added new question "Does the application include a request of SBIR or STTR funds for Technical and Business Assistance (TABA)? 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.)."

- Renumbered form fields.
- Updated instructions for "8. Commercialization Plan" and "9. Have you received SBIR Phase II awards from the Federal Government?". Added formatting instructions reiterating that the use of hyperlinks and URLS are not allowed unless specified in the funding opportunity announcement for the attachment fields.

Project / Performance Site Location(s) Form

- Changed form fields and instructions to reflect the replacement of "DUNS" with the Unique Entity Identifier "UEI".
- Updated the Country and State lists.
- Updated Additional Instructions for SBIR/STTR.

Forms-G Changes

PHS 398 Cover Page Supplement Form

- Updated OMB Expiration Date to 9/30/2024.

PHS 398 Modular Budget Form

- Updated OMB Expiration Date to 9/30/2024.
- Clarified instructions for the "Budget Justification" attachments regarding quotes and the use of hyperlinks and URLS.

PHS 398 Training Budget Form

- Updated OMB Expiration Date to 9/30/2024.
- Changed form fields and instructions to reflect the replacement of "DUNS" with the Unique Entity Identifier "UEI".
- Added instructions reiterating that the use of hyperlinks and URLS are not allowed in the "Budget Justification" attachment unless specified in the funding opportunity announcement.

PHS 398 Training Subaward Budget Attachment(s) Form

- Updated OMB Expiration Date to 9/30/2024.
- Changed form fields and instructions to reflect the replacement of "DUNS" with the Unique Entity Identifier "UEI".
- Added instructions reiterating that the use of hyperlinks and URLS are not allowed in the "Budget Justification" attachment unless specified in the funding opportunity announcement.

PHS Additional Indirect Costs Form

- Updated OMB Expiration date to 9/30/2024.
- Changed form fields and instructions to reflect the replacement of "DUNS" with the Unique Entity Identifier "UEI".
- Added instructions reiterating that the use of hyperlinks and URLS are not allowed in the "Budget Justification" attachment unless specified in the funding opportunity announcement.

PHS 398 Research Plan Form

Updated OMB Expiration Date to 9/30/2024.

- Added instructions reiterting that the use of hyperlinks and URLs are not allowed unless specified in the funding opportunity announcement for the following fields:
  - 1. Introduction to Application
  - 2. Specific Aims
  - 3. Research Strategy
  - 4. Progress Report Publication List
  - 9. Letters of Support
- Updated Additional Instructions for SBIR/STTR for fields "2. Specific Aims", "3. Research Strategy", and "9. Letters of Support".
- Made minor text edits.

PHS 398 Career Development Award Supplemental Form

- Updated OMB Expiration Date to 9/30/2024.
- Added instructions reiterating that the use of hyperlinks and URLS are not allowed unless specified in the funding opportunity announcement for the "Letters of Support" field.
- Clarified instruction for "12. Description of Candidate's Contribution to Program Goals" attachment.
- Made minor text edits.

PHS 398 Research Training Program Plan Form

- Updated OMB Expiration Date to 9/30/2024.
- Added instructions reiterating that the use of hyperlinks and URLS are not allowed unless specified in the funding opportunity announcement for the following fields:

  8. Letters of Support

  12. Consortium/Contractual Arrangements

  12. Appendix

PHS Fellowship Supplemental Form

- Updated OMB Expiration Date to 9/30/2024.
- Clarified instruction for "12. Description of Candidate's Contribution to Program Goals" attachment.
- Added instructions reiterating that the use of hyperlinks and URLS are not allowed unless specified in the funding opportunity announcement throughout all attachment fields.
- Added new "Childcare Costs" section.
- Renumbered form fields.
- Made minor text edits.

PHS Human Subjects and Clinical Trials Information

- Updated OMB Expiration date to 9/30/2024.
- Updated instructions for Delayed Onset Study(ies).
- Clarified instructions for providing an explanation for any use of human specimens and/or data not considered to be human subjects research.
- Added Additional Instructions for SBIR/STTR in the form introduction.
- Added instructions reiterating that the use of hyperlinks and URLS are not allowed unless specified in the funding opportunity announcement throughout attachment fields.
- Updated Additional Instructions for Research, Additional Instructions for Career Development, and Additional Instructions for Fellowships related to the mentor or co-mentor statement related to Clinical Trials Research Experience.
- Changed the "If yes, describe single IRB plan" attachment field to "Single IRB plan attachment."
- Removed NIH-specific instructions not applicable at time of submission since the single IRB plan attachment is no longer provided with the application submission.
- Updated PHS Inclusion Enrollment Report to reflect new OMB form number, OMB Number: 0925-0770 , Expiration Date: 9/30/2024 .
- Updated the Country and State lists.
- Clarified instruction for unique file names for "5.1 Other Clinical Trial-related Attachments".
- Made minor text edits.

PHS Assignment Request Form

- Updated OMB Expiration Date to 9/30/2024.

Form Screenshots

- Updated form screenshots.

R.130 - Program Overview

Quick Links

Research and Other ("R" Series).

Research and Other ("R" Series)

The purpose of research and other awards is to provide support for health-related research and development based on the mission of the NIH. Some examples of support include pilot studies; conferences and scientific meetings; small research projects; institutional training and director program projects; resource programs; and new, exploratory, and developmental research projects. Awards may be in the form of grants or cooperative agreements.

Additional Instructions for Research:

Additional research instructions will be denoted by a gray call-out box with yellow color coding and with the heading "Additional Instructions for Research" throughout these application instructions.

Before Applying:

1. **Become familiar with Activity Code:** Applicants should become familiar with the activity code for which support is being requested. These include many "R" activity codes, as well as some "DP," "G," "S," and "U" activity codes. A comprehensive list of all activity codes, with their descriptions, is available on NIH's Activity Codes Search Results website.
2. **Refer to your specific FOA:** Refer to your FOA for specific information associated with the award mechanism, including the eligibility requirements, review criteria, award provisions, any special application instructions, and names of individuals who may be contacted for additional or clarifying information prior to application submission.
3. **Contact Awarding Component:** Applicants are encouraged to consult with the NIH Scientific/Research contact of the appropriate awarding component prior to submitting an application, as eligibility criteria, support levels, and availability of awards may vary among NIH Institutes or Centers and other PHS agencies.

The following chart provides a summary of the existing research programs; however, the chart is not a comprehensive list of activity codes. Since this information is subject to change, prospective applicants are encouraged to review NIH's Types of Grant Programs for the most current program information.

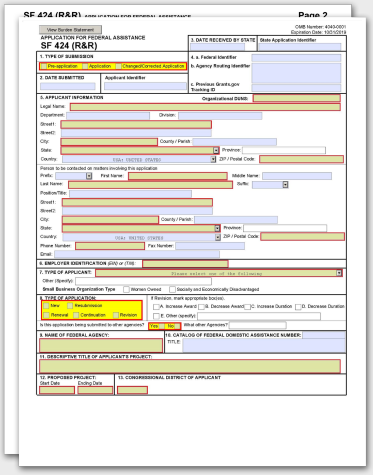
Summary of Research Award Programs*

Activity Code	Program Description
R01	Research Project
R03	NIH Small Grant Program
R13	Conference
R15	NIH Academic Research Enhancement Award (AREA)
R21	NIH Exploratory / Developmental Research Grant Award
R25	Education Projects
R41	Small Business Technology Transfer (STTR) Grants - Phase I
R42	Small Business Technology Transfer (STTR) Grants - Phase II
R43	Small Business Innovation Research (SBIR) Grants - Phase I
R44	Small Business Innovation Research (SBIR) Grants - Phase II
U01	Research Project – Cooperative Agreements
U13	Conference - Cooperative Agreements
G07	Resources Improvement Grant
S10	Biomedical Research Support Shared Instrumentation Grants
DP1	NIH Director's Pioneer Award (NDPA)

*This is not a comprehensive list of activity codes.

R.200 - SF 424 (R&R) Form

The SF 424 (R&R) Form is used in all grant applications. This form collects information including type of submission, applicant information, type of applicant, and proposed project dates.



View larger image

Quick Links

1. Type of Submission

2. Date Submitted and Applicant Identifier

3. Date Received by State and State Application Identifier

4a. Federal Identifier

4b. Agency Routing Identifier

4c. Previous Grants.gov Tracking ID

5. Applicant Information

6. Employer Identification

7. Type of Applicant

8. Type of Application

9. Name of Federal Agency

10. Catalog of Federal Domestic Assistance Number and Title

11. Descriptive Title of Applicant's Project

12. Proposed Project

13. Congressional District of Applicant

14. Project Director/Principal Investigator Contact Information

15. Estimated Project Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?

17. Certification

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

19. Authorized Representative

20. Pre-application

21. Cover Letter Attachment

1. Type of Submission

This field is required. Check one of the "Type of Submission" boxes:

Pre-application:

The pre-application option is not used by NIH or other PHS agencies unless specifically noted in a funding opportunity announcement (FOA).

Application:

An "Application" is a request for financial support of a project or activity submitted on specified forms and in accordance with NIH instructions. (See NIH Types of Applications for an explanation of the types of applications).

Changed/Corrected Application:

Check this box if you are correcting either system validation errors or application assembly problems that occurred during the submission process. Changed/corrected applications must be submitted before the application due date.

When you submit a changed/corrected application, follow these guidelines:

- After submission of an application, there is a two-day application viewing window. Prior to the due date, you may submit a changed/corrected application. Submitting a changed/corrected application will replace the previous submission and remove the previous submission from consideration.
- If you check the “Changed/Corrected Application” box, then "Field 4.c Previous Grants.gov Tracking ID” is required.
- Do not use the “Changed/Corrected Application” box to denote a resubmission application. Resubmission applications will be indicated in “Field 8. Type of Application.” See NIH Glossary for the definition of Resubmission.

2. Date Submitted and Applicant Identifier

The “Date Submitted” field will auto-populate upon application submission.

Fill in the “Applicant Identifier” field, if applicable. The Applicant Identifier is reserved for applicant use, not the federal agency to which the application is being submitted.

3. Date Received by State and State Application Identifier

Skip the “Date Received by State” and “State Application Identifier” fields.

4.a. Federal Identifier

New Applications without Pre-application: Leave this field blank.

New Applications following Pre-application: Enter the agency-assigned pre-application number.

Resubmission, Renewal, and Revision Applications: The Federal Identifier is required. Include only the IC and serial number of the previously assigned application / award number (e.g., use CA987654 from 1R01CA987654-01A1).

4.b. Agency Routing Identifier

Skip the "Agency Routing Identifier" field unless otherwise specified in the FOA or notice in the NIH Guide for Grants & Contracts.

Applications in response to a NIH Notice of Special Interest require the notice number (e.g., NOT-IC-FY-XXX) to be entered into this field in order to assign and track applications and awards for the described initiative.

4.c. Previous Grants.gov Tracking ID

The "Previous Grants.gov Tracking ID" field is required if you checked the "Changed/Corrected Application" box in "Field 1. Type of Submission." A Tracking ID number is of the form, for example, GRANT12345678.

5. Applicant Information

The "Applicant Information" fields reflect information for the applicant organization, not a specific individual.

Unique Entity Identifier (UEI):

This field is required.

Enter the UEI of the applicant organization.

This UEI must match the number entered in the eRA Commons Institutional Profile (IPF) for the applicant organization. The applicant's Authorized Organization Representative (AOR) is encouraged to confirm that a UEI has been entered into the eRA Commons IPF prior to application submission. The same UEI should be used in the eRA Commons IPF, Grants.gov, System for Award Management (SAM) registration, and in the UEI field in the application.

If your organization does not already have a UEI, you will need to go to the System for Award Management (SAM.gov) to register and obtain a UEI.

Legal Name:

Enter the legal name of the organization.

Department:

Enter the name of the primary organizational department, service, laboratory, or equivalent level within the organization.

Division:

Enter the name of the primary organizational division, office, major subdivision, or equivalent level within the organization.

Street1:

This field is required. Enter the first line of the street address for the applicant organization.

Street2:

Enter the second line of the street address for the applicant organization.

City:

This field is required. Enter the city for the address of the applicant organization.

County/Parish:

Enter the county/parish for the address of the applicant organization.

State:

This field is required if the applicant organization is located in the United States or its territories. Enter the state or territory where the applicant organization is located.

Province:

If "Country" is Canada, enter the province of the applicant organization; otherwise, skip the "Province" field.

Country:

This field is required. Select the country for the address of the applicant organization.

ZIP/Postal Code:

The ZIP+4 is required if the applicant organization is located in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the applicant organization.

Person to be contacted on matters involving this application

This information is for the administrative contact (e.g., AOR or business official), not the PD/PI. This person is the individual to be notified if additional information is needed and/or if an award is made.

Prefix:

Enter or select the prefix, if applicable, for the name of the person to contact on matters related to this application.

First Name:

This field is required. Enter the first (given) name of the person to contact on matters related to this application.

Middle Name:

Enter the middle name of the person to contact on matters related to this application.

Last Name:

This field is required. Enter the last (family) name of the person to contact on matters related to this application.

Suffix:

Enter or select the suffix, if applicable, for the name of the person to contact on matters related to this application.

Position/Title:

Enter the position/title for the person to contact on matters related to this application.

Street1:

This field is required. Enter the first line of the street address for the person to contact on matters related to this application.

Street2:

Enter the second line of the street address for the person to contact on matters related to this application.

City:

This field is required. Enter the city for the address of the person to contact on matters related to this application.

County/Parish:

Enter the county/parish for the address of the person to contact on matters related to this application.

State:

This field is required if the person to contact on matters related to this application is located in the United States or its Territories. Enter the state or territory where the person to contact on matters related to this application is located.

Province:

If "Country" is Canada, enter the province for the person to contact on matters related to this application; otherwise, skip the "Province" field.

Country:

Select the country for the address of the person to contact on matters related to this application.

ZIP/Postal Code:

The ZIP+4 is required if the person to contact on matters related to this application is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the person to contact on matters related to this application.

Phone Number:

This field is required. Enter the daytime phone number for the person to contact on matters related to this application.

Fax Number:

Enter the fax number for the person to contact on matters related to this application.

E-mail:

Enter the e-mail address for the person to contact on matters related to this application. Only one e-mail address is allowed, but it may be a distribution list.

6. Employer Identification

This field is required.

Enter either the organization's Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) as assigned by the Internal Revenue Service. If your organization is not in the United States, enter 44-4444444. Your EIN may be 12 digits, and if this is the case, enter all 12 digits.

7. Type of Applicant

This field is required.

In the first field under "7. Type of Applicant," enter the appropriate applicant type. If your applicant type is not specified (e.g., for eligible Agencies of the Federal Government), select "X: Other (specify)," and indicate the name (e.g., the appropriate federal agency) in the space below.

Other (Specify):

Complete only if "X. Other (specify)" is selected as the "Type of Applicant."

Women Owned:

Do not use the "Women Owned" checkbox.

Socially and Economically Disadvantaged:

Do not use the "Socially and Economically Disadvantaged" checkbox.

Note: NIH, CDC, and FDA use the Business Type information provided in the System for Award Management entity record for the applicant organization, rather than the "Woman Owned" and "Socially and Economically Disadvantaged" checkboxes, to determine the small business organization type. For more information, see the NIH Guide Notice on Small Business Organization Type Information Pulled from System for Award Management Record Rather than Grant Application Form.

8. Type of Application

This field is required.

Select the type of application. Check only one application type. Use the following list of existing definitions to determine what application type you have. For more information, see NIH Types of Applications.

- **New.** Check this option when submitting an application for the first time or in accordance with other submission policies. See the NIH Grants Policy Statement, Section 2.3.7.4: Submission of Resubmission Application.
- **Resubmission.** Check this option when submitting a revised (altered or corrected) or amended application. See also the NIH Application Submission Policies. If your application is both a "New/Revision/Renewal" and a "Resubmission," check only the "Resubmission" box.
- **Renewal.** Check this option if you are requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as if the applicant were applying for the first time.
- **Continuation.** The box for "Continuation" is used only for specific FOAs.
- **Revision.** Check this option for competing revisions and non-competing administrative supplements. For more information on competing revisions, see NIH Competing Revisions. For more information on administrative supplements, see NIH Administrative Supplements.

If Revision, mark appropriate box(es).

You may select more than one.

A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
E. Other (specify)

If "E. Other (specify)" is selected, specify in the space provided.

The boxes for options B, C, D, and E will generally not be used and should not be selected unless specifically addressed in a particular FOA.

Is this application being submitted to other agencies? What Other Agencies?

In the field "Is this application being submitted to other agencies?" check "Yes" if one or more of the specific aims submitted in your application is also contained in a similar, identical, or essentially identical application submitted to another federal agency.

Otherwise, check "No."

If you checked "Yes," indicate the agency or agencies to which the application has been submitted.

9. Name of Federal Agency

The "Name of Federal Agency" field is pre-populated from the opportunity package and reflects the agency from which assistance is being requested with this application.

10. Catalog of Federal Domestic Assistance Number and Title

This field is pre-populated from the opportunity package and reflects the Catalog of Federal Domestic Assistance (CFDA) number of the program under which assistance is requested.

This field may be blank if you are applying to an opportunity that references multiple CFDA numbers. When this field is blank, leave it blank. The appropriate CFDA number will be automatically assigned by the agency once the application is assigned to the appropriate awarding component.

11. Descriptive Title of Applicant's Project

This field is required.

Enter a brief descriptive title of the project.

The descriptive title is limited to 200 characters, including spaces and punctuation.

New Applications: You must have a title different than any other NIH or other PHS Agency project submitted for the same application due date with the same Project Director/Principal Investigator (PD/PI).

Resubmission or Renewal Applications: You should normally have the same title as the previous grant or application; however, if the specific aims of the project have significantly changed, choose a new title.

Revision Applications: You must have the same title as the currently funded grant.

12. Proposed Project

Start Date:

This field is required. Enter the proposed start date of the project. The start date is an estimate, and is typically at least nine months after application submission. The project period should not exceed what is allowed in the FOA.

Ending Date:

This field is required. Enter the proposed ending date of the project.

13. Congressional District of Applicant

Enter the Congressional District as follows: a 2-character state abbreviation, a hyphen, and a 3-character district number. Examples: CA-005 for California's 5th district, VA-008 for Virginia's 8th district.

If outside the United States, enter 00-000.

For States and U.S. Territories with only a single congressional district, enter "001" for the district number.

For jurisdictions with no representative, enter "099."

For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098 or PR-098.

If you do not know your Congressional District: Go to The United States House of Representatives website and search for your Congressional District by entering your ZIP+4. If you do not know your ZIP+4, look it up on the USPS Look Up Zip Code website.

14. Project Director/Principal Investigator Contact Information

This information is for the PD/PI. The PD/PI is the individual responsible for the overall scientific and technical direction of the project.

In the eRA Commons profile, the person listed here in "14. Project Director/Principal Investigator Contact Information" must be affiliated with the applicant organization entered in "5. Applicant Information." If you are proposing research at an institute other than the one you are currently at, do not create a separate Commons account with the proposed applicant organization. For additional information on creating affiliations for users in the eRA Commons, see eRA Account Management System's Online Help.

If submitting an application reflecting multiple PD/PIs, the individual listed here as the Contact PD/PI in "14. Project Director/Principal Investigator Contact Information" will be the first PD/PI listed in R.240 - R&R Senior/Key Person Profile (Expanded) Form.

See R.240 - R&R Senior/Key Person Profile (Expanded) Form for additional instructions for multiple PD/PIs. To avoid potential errors and delays in processing, ensure that the information provided in this section is identical to the PD/PI profile information contained in the eRA Commons.

Prefix:

Enter or select the prefix, if applicable, for the name of the PD/PI.

First Name:

This field is required. Enter the first (given) name of the PD/PI.

Middle Name:

Enter the middle name of the PD/PI.

Last Name:

This field is required. Enter the last (family) name of the PD/PI.

Suffix:

Enter or select the suffix, if applicable, for the PD/PI. Do not use this field to record degrees (e.g., Ph.D. or M.D.). Degrees for the PD/PI are requested separately in the R&R Senior/Key Person Profile (Expanded) Form.

Position/Title:

Enter the position/title of the PD/PI.

Organization Name:

This field is required. This field may be pre-populated from the applicant information section in this form.

Department:

Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.

Division:

Enter the name of primary organizational division, office, major subdivision, or equivalent level within the organization of the PD/PI.

Street1:

This field is required. Enter first line of the street address for the PD/PI.

Street2:

Enter the second line of the street address for the PD/PI.

City:

This field is required. Enter the city for the address of the PD/PI.

County/Parish:

Enter the county/parish for the address of the PD/PI.

State:

This field is required if the PD/PI is located in the United States or its Territories. Enter the state or territory where the PD/PI is located.

Province:

If “Country” is Canada, enter the province for the PD/PI; otherwise, skip the “Province” field.

Country:

Select the country for the PD/PI.

ZIP/Postal Code:

The ZIP+4 is required if the PD/PI address is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the PD/PI.

Phone Number:

This field is required. Enter the daytime phone number for the PD/PI.

Fax Number:

Enter the fax number for the PD/PI.

E-mail:

This field is required. Enter the e-mail address for the PD/PI.

15. Estimated Project Funding

All four fields in "15. Estimated Project Funding" are required.

a. Total Federal Funds Requested

Enter the total federal funds, including Direct Costs and F&A Costs (Indirect Costs), requested for the entire project period.

b. Total Non-Federal Funds

For applications to NIH and other PHS agencies, enter "0" in this field unless cost sharing is a requirement for the specific FOA.

c. Total Federal & Non-Federal Funds

Enter the total federal and non-federal Funds requested. The amount in this field will be the same as the amount in the "Total Federal Funds Requested" field unless the specific FOA indicates that cost sharing is a requirement.

d. Estimated Program Income

Indicate any program income estimated for this project, if applicable.

16. Is Application Subject to Review by State Executive Order 12372 Process?

Applicants should check "No, Program is not covered by E.O. 12372."

17. Certification

This field is required.

The list of NIH and other PHS agencies Certifications, Assurances, and other Policies is found in the NIH Grants Policy Statement, Section 4: Public Policy Requirements and Objectives.

The applicant organization is responsible for verifying its eligibility and the accuracy, validity, and conformity with the most current institutional guidelines of all the administrative, fiscal, and scientific information in the application, including the Facilities and Administrative rate. Deliberate withholding, falsification, or misrepresentation of information could result in administrative actions, such as withdrawal of an application, suspension and/or termination of an award, debarment of individuals, as well as possible criminal and/or civil penalties. The signer further certifies that the applicant organization will be accountable both for the appropriate use of any

funds awarded and for the performance of the grant-supported project or activities resulting from this application. The grantee institution may be liable for the reimbursement of funds associated with any inappropriate or fraudulent conduct of the project activity.

Check "I agree" to provide the required certifications and assurances.

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

If applicable, attach the SFLLL or other explanatory document as per FOA instructions.

If unable to certify compliance with the Certification in the "17. Certification" section above, attach an explanation. Additionally, as applicable, attach the SFLLL (Standard Form LLL, Disclosure of Lobbying Activities) or other documents in this item.

For more information:

See the NIH Grants Policy Statement, Section 4.1.17: Lobbying Prohibition, and the NIH Lobbying Guidance for Grantee Activities page.

19. Authorized Representative

The authorized representative is equivalent to the individual with the organizational authority to sign for an application. This individual is otherwise known as the authorized organization representative (AOR) in Grants.gov or the signing official (SO) in eRA Commons.

Prefix:

Enter or select the prefix, if applicable, for the name of the AOR/SO.

First Name:

This field is required. Enter the first (given) name of the AOR/SO

Middle Name:

Enter the middle name of the AOR/SO.

Last Name:

This field is required. Enter the last (family) name of the AOR/SO.

Suffix:

Enter or select the suffix, if applicable, for the AOR/SO.

Position/Title:

This field is required. Enter the position/title of the name of the AOR/SO.

Organization Name:

This field is required. Enter the name of the organization for the AOR/SO.

Department:

Enter the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the AOR/SO.

Division:

Enter the name of the primary organizational division, office, major subdivision, or equivalent level within the organization for the AOR/SO.

Street1:

This field is required. Enter the first line of the street address for the AOR/SO.

Street2:

Enter the second line of the street address for the AOR/SO.

City:

This field is required. Enter the city for the address of the AOR/SO.

County/Parish:

Enter the county/parish for the address of the AOR/SO.

State:

This field is required if the AOR/SO is located in the United States or its Territories. Enter the state or territory where the AOR/SO is located.

Province:

If "Country" is Canada, enter the province for the AOR/SO; otherwise, skip the "Province" field.

Country:

Select the country for the address of the AOR/SO.

ZIP/Postal Code:

The ZIP+4 is required if the AOR/SO is in the United States. Otherwise, the postal code is optional Enter the ZIP+4 (nine-digit postal code) or postal code of the AOR/SO.

Phone Number:

This field is required. Enter the daytime phone number for the AOR/SO.

Fax Number:

Enter the fax number for the AOR/SO.

Email:

This field is required. Enter the e-mail address for the AOR/SO.

Signature of Authorized Representative:

Grants.gov will record the electronic signature for the AOR/SO who submits the application.

It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov.

Date Signed:

Grants.gov will generate this date upon application submission.

20. Pre-application

Unless specifically noted in a FOA, NIH and other PHS agencies do not use pre-applications. The "Pre-application" attachment field should not be used for any other purpose.

If permitted by your FOA, attach this information as a PDF.

21. Cover Letter Attachment

The cover letter is for internal use only and will not be shared with peer reviewers.

Who must complete the "Cover Letter Attachment:"

Refer to the "content" list below for items that are permitted, as well as for specific situations in which a cover letter must be included.

A cover letter must not be included with post-award submissions, such as administrative supplements, change of grantee institution, or successor-in-interest.

Format:

Attach the cover letter, addressed to the Division of Receipt and Referral, in accordance with the FOA and/or these instructions.

Attach the cover letter in the correct location, **specifically verifying that the cover letter has not been uploaded to the "20. Pre-application" field which is directly above the "21. Cover Letter Attachment" field**. This will ensure the cover letter attachment is kept separate from the assembled application in the eRA Commons and made available only to appropriate staff.

Content:

Do not use the cover letter to communicate application assignment preferences. The **Assignment Request Form** is provided for that purpose.

The letter should contain any of the following information, as applicable:

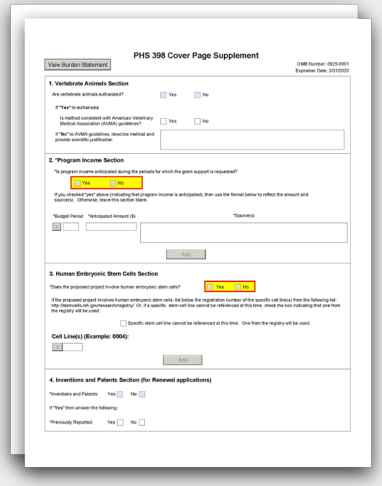
1. Application title.
2. Title of FOA (PA or RFA).
3. For late applications (see Late Application policy on NIH's Application Submission Policies) include specific information about the timing and nature of the delay.
4. For changed/corrected applications submitted after the due date, a cover letter is required, and it must explain the reason for late submission of the changed/corrected applications. If you already submitted a cover letter with a previous submission and are now submitting a late change/corrected application, you must include all previous cover letter text in the revised cover letter attachment. The system does not retain any previously submitted cover letters; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information.
5. Explanation of any subaward budget components that are not active for all budget periods of the proposed grant (see R.310 – R&R Subaward Budget Attachment(s) Form).
6. Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications that request $500,000 or more, approval for Conference Grant or Cooperative Agreement (R13 or U13), etc. It is recommended that you include the official communication from an NIH official as part of your cover letter attachment.
7. When intending to submit a video as part of the application, the cover letter must include information about the intent to submit it; if this is not done, the video will not be

accepted. See NIH Grants Policy Statement, Section 2.3.7.7: Post Submission Grant Application Materials for additional information.

8. Include a statement in the cover letter if the proposed studies will generate large-scale human or non-human genomic data as detailed in the NIH Genomic Data Sharing Policy (see the NIH Grants Policy Statement, Section 2.3.7.10: NIH Genomic Data Sharing and Section 8.2.3.3: Genomic Data Sharing (GDS) Policy/Policy for Genome-Wide Association Studies (GWAS)).
9. Include a statement in the cover letter if the proposed studies involve human fetal tissue obtained from elective abortions (HFT), regardless of whether or not Human Subjects are involved and/or there are costs associated with the HFT. For further information on HFT policy refer to the NIH Grants Policy Statement, Section 2.3.7.11 Human Fetal Tissue from Elective Abortions, Section 4.1.14 Human Fetal Tissue Research and Section 4.1.14.2 Human Fetal Tissue from Elective Abortions.

R.210 - PHS 398 Cover Page Supplement Form

The PHS 398 Cover Page Supplement Form is used for all grant applications except fellowships. This form collects information on human subjects, vertebrate animals, program income, human embryonic stem cells, inventions and patents, and changes of investigator/change of institution.



View larger image

Quick Links

1. Vertebrate Animals Section
2. Program Income Section
3. Human Embryonic Stem Cell Section
4. Human Fetal Tissue Section.
5. Inventions and Patents Section (for Renewal applications)
6. Change of Investigator/Change of Institution Section

1. Vertebrate Animals Section

Are vertebrate animals euthanized?

You must answer this question if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the R.220 – R&R Other Project Information Form.

Check "Yes" or "No" to indicate whether vertebrate animals in the project are euthanized.

If "Yes" to euthanasia: Is method consistent with American Veterinary Medical Association (AVMA) guidelines?

You must answer this question if you answered "Yes" to the "Are vertebrate animals euthanized?" question above. Check "Yes" or "No" to indicate whether the method of euthanasia is consistent with the AVMA Guidelines for the Euthanasia of Animals.

For more information: See AVMA Guidelines for the Euthanasia of Animals.

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

If you answered "No" to the "Is method consistent with AVMA guidelines?" question, you must describe (in 1000 characters or fewer) the method of euthanasia and provide a scientific justification for its use. This justification will be reviewed by Office of Laboratory Animal Welfare (OLAW).

If you answered "Yes" to the "Is method consistent with AVMA guidelines" question, skip this question.

2. Program Income Section

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

This field is required.

If program income is anticipated during the periods for which grant support is requested, check "Yes," and complete the rest of the "Program Income" section.

If no program income is anticipated, check "No" and skip the rest of the "Program Income" section.

Budget Period:

Enter the budget periods for which program income is anticipated. If the application is funded, the Notice of Grant Award will provide specific instructions regarding the use of such income.

Anticipated Amount ($):

Enter the amount of anticipated program income for each budget period listed.

Source(s):

Enter the source of anticipated program income for each budget period listed.

3. Human Embryonic Stem Cells Section

Use the following instructions to complete the fields in this section.

For additional guidance, see the NIH Grants Policy Statement, Section 4.1.13: Human Stem Cell Research.

Does the proposed project involve human embryonic stem cells?

This field is required.

If the proposed project involves human embryonic stem cells (hESC), check "Yes" and complete the rest of the "Human Embryonic Stem Cells" section.

- Use of the cell lines must be in accordance with the NIH Guidelines for Human Stem Cell Research.

If the proposed project does not involve hESC, check "No" and skip the rest of the "Human Embryonic Stem Cells" section.

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

If you will use hESC but a specific line from the NIH hESC Registry cannot be chosen at the time of application submission, check this box.

If you cannot specify which cell lines will be used at the time of application submission, specific cell line information will be required as Just-in-Time information prior to award.

Additional Instructions for Research:

If you cannot choose an appropriate cell line from the registry at this time, provide a justification in the R.400 - PHS 398 Research Plan Form, Research Strategy attachment.

Cell Line(s):

List the 4-digit registration number of the specific cell line(s) from the NIH hESC Registry (e.g. 0123). Up to 200 lines can be added.

For more information:

See NIH's Stem Cell Information page for additional information on stem cells, Federal policy statements, and guidelines on federally funded stem cell research.

4. Human Fetal Tissue Section

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

This field is required.

If the proposed project involves the use of human fetal tissue obtained from elective abortions (HFT), check "Yes" and complete the rest of the "Human Fetal Tissue" section.

If the proposed project does not involve the use of human fetal tissue obtained from elective abortions (HFT), check "No" and skip the rest of the "Human Fetal Tissue" section.

If the answer is "yes" then provide the HFT Compliance Assurance:

If the proposed project involves the use of human fetal tissue obtained from elective abortions (HFT), the applicant must provide a letter, signed by the PD/PI, assuring the HFT donating organization or clinic adheres to the requirements of the informed consent process and documenting that HFT was not obtained or acquired for valuable consideration. The PDF-formatted letter must be named 'HFTComplianceAssurance.pdf'.

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

If the proposed project involves the use of human fetal tissue obtained from elective abortions (HFT), provide a blank sample of the IRB-approved consent form. The PDF-formatted form must be a blank sample and named 'HFTSampleIRBConsentForm.pdf'.

o The informed consent for use of HFT from elective abortions requires language that acknowledges informed consent for donation of HFT was obtained by someone other than the person who obtained the informed consent for abortion, that informed consent for donation of HFT occurred after the informed consent for abortion was obtained will not affect the method of abortion, and that no enticements, benefits, or financial incentives were used at any level of the process to incentivize abortion or the donation of HFT. The form must be signed by both the woman and the person who obtains the informed consent.

For further information on HFT policy refer to the NIH Grants Policy Statement, Section 2.3.7.11 Human Fetal Tissue from Elective Abortions, Section 4.1.14 Human Fetal Tissue Research and Section 4.1.14.2 Human Fetal Tissue from Elective Abortions.

5. Inventions and Patents Section (for Renewal applications)

Who must complete the "Invention and Patents" section:

Complete the "Inventions and Patents" section only if you are submitting a renewal application or a resubmission of a renewal application.

Inventions and Patents:

If no inventions were conceived or reduced to practice during the course of work under this project, check "No" and skip the remainder of the "Inventions and Patents" section.

If any inventions were conceived or first actually reduced to practice during the previous period of support, check "Yes."

NIH recipient organizations must promptly report inventions to the Division of Extramural Inventions and Technology Resources (DEITR) Branch of the Office of Policy for Extramural Research Administration (OPERA), OER, NIH, 6705 Rockledge Drive, Bethesda, MD 20892-2750, (301) 435-1986. You must report inventions in compliance with regulations at 37 CFR 401.14, which are described at Interagency Edison (iEdison). The grantee is required to submit reports electronically using iEdison. See the NIH Grants Policy Statement, Section 8.4.1.6: Invention Reporting.

Previously Reported:

If you answered "Yes" to the "Inventions and Patents" question, indicate whether this information has been reported previously to the NIH or PHS agency or to the applicant organization official responsible for patent matters.

6. Change of Investigator/Change of Institution Section

Change of Project Director/Principal Investigator:

Check this box if your application reflects a change in project director/principal investigator (PD/PI) from that indicated on your previous application or award. Note that this box not applicable to a new application, nor is a change in PD/PI permitted for revision applications.

For a multiple PD/PI application, check this box if this application represents a change in the contact PI.

If you check the box, fill in the rest of the "Change of PD/PI" section with the information for the former PD/PI according to the instructions below.

Prefix:

Enter or select the prefix, if applicable, for the former PD/PI.

First Name:

Enter the first (given) name of the former PD/PI.

Middle Name:

Enter the middle name of the former PD/PI.

Last Name:

Enter the last (family) name of the former PD/PI.

Suffix:

Enter or select the suffix, if applicable, for the former PD/PI.

Change of Grantee Institution:

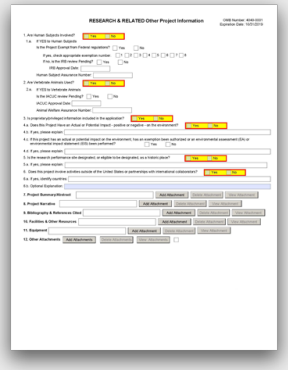
Check this box if your application reflects a change in grantee institution from that indicated on your previous application or award. This question is not applicable to new applications.

Name of Former Institution:

Enter the name of the former institution if this application reflects a change in grantee institution.

R.220 - R&R Other Project Information Form

The R&R Other Project Information Form is used for all grant applications. This form includes questions on the use of human subjects, vertebrate animals, and environmental impact. This form also has fields to upload an abstract, project narrative, references, information on facilities, and equipment lists.



View larger image

Quick Links

1. Are Human Subjects Involved?

1a. If YES to Human Subjects

2. Are Vertebrate Animals Used?

2a. If YES to Vertebrate Animals

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

4. Environmental Questions

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

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

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

1. Are Human Subjects Involved?

This field is required.

If activities involving human subjects are planned at any time during the proposed project at any performance site, check "Yes." Check "Yes" even if the proposed project is exempt from regulations for the Protection of Human Subjects, or if activities involving human subjects are anticipated within the period of award but plans are indefinite, or if the proposed activities include public health surveillance activities described in 45 CFR 46.102(l)(2).

If activities involving human subjects are not planned at any time during the proposed project at any performance site, select "No" and skip the rest of the "Are Human Subjects Involved" section.

Whether you answer "Yes" or "No" to the "Are Human Subjects Involved?" question here, your answer will populate the relevant field in the R.500 – PHS Human Subjects and Clinical Trials Information form (see exception for Training Applications in the Training-specific instructions). Follow the R.500 – PHS Human Subjects and Clinical Trials Information form instructions to complete the relevant questions in that form.

Need help determining whether your application includes human subjects? Check out the NIH Research Involving Human Subjects website for information, including an Infopath Questionnaire designed to walk applicants through the decision process.

Note on the use of human specimens or data: Applications involving the use of human specimens or data may or may not be considered to be research involving human subjects, depending on the details of the materials to be used. If you check "No" to "Are Human Subjects Involved?" but your application proposes using human specimens or data, you will be required to provide a clear justification about why this use does not constitute human subjects research. Follow the R.500 – PHS Human Subjects and Clinical Trials Information form instructions.

For more information on human biospecimens or data: Refer to the NIH page on Frequently Asked Questions on Human Specimens, Cell Lines, or Data and the Research Involving Private Information or Biological Specimens flowchart.

1.a. If YES to Human Subjects

Your answers here in question "1.a. If YES to Human Subjects" will populate the corresponding fields in the R.500 – PHS Human Subjects and Clinical Trials Information form.

Is the Project Exempt from Federal regulations? Yes/No

If the project is exempt from federal regulations, check "Yes" and check the appropriate exemption number.

Human subjects research should only be designated as exempt if all of the proposed research projects in an application meet the criteria for exemption.

If the project is not exempt from federal regulations, check "No."

For more information, see the NIH's Exempt Human Subjects Research infographic.

If yes, check appropriate exemption number 1, 2, 3, 4, 5, 6, 7, 8:

If you selected "Yes" to "Is the Project Exempt from Federal Regulations," select the appropriate exemption number.

The categories of research that qualify for exemption are defined in the Common Rule for the Protection of Human Subjects. These regulations can be found at 45 CFR 46.

Need help determining the appropriate exemption number? Refer to NIH's Research Involving Human Subjects Frequently Asked Questions.

The Office for Human Research Protections (OHRP) guidance states that appropriate use of exemptions described in 45 CFR 46 should be determined by an authority independent from the investigators (for more information, see OHRP's Frequently Asked Questions). Institutions often designate their Institutional Review Board (IRB) to make this determination. Because NIH does not require IRB approval at the time of application, the exemptions designated often represent the opinion of the PD/PI, and the justification provided for the exemption by the PD/PI is evaluated during peer review. See NIH Grants Policy Statement Section 4.1.15 for more information.

4. Human Fetal Tissue Section

Notes on public health surveillance activities: Projects involving public health surveillance activities described in 45 CFR 46.102(l)(2) must answer questions in Section 1.a. as if the exclusion does not apply. In rare circumstances, applicants may request NIH approval for use of the exclusion in accordance with Just-in-Time procedures.

If no, is the IRB review Pending? Yes/No

If IRB review is pending, check "Yes."

Applicants should check "Yes" to the question "Is the IRB review Pending?" even if the IRB review/approval process has not started by the time of submission.

If IRB review is not pending (e.g., if the review is complete), check "No."

IRB Approval Date:

Enter the latest IRB approval date (if available). Leave blank if IRB approval is pending.

An IRB approval date is not required at the time of submission when IRB review is pending. This may be requested later in the pre-award cycle as a Just-In-Time requirement. See the NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures for more information.

Human Subject Assurance Number:

Enter the approved Federalwide Assurance (FWA) number that the applicant has on file with OHRP. Enter the 8-digit number. Do not enter "FWA" before the number.

Enter "None" if the applicant organization does not have an approved FWA on file with OHRP. In this case, the applicant organization, by the signature in the Certification section on the R.200 - SF424 (R&R) Form, is declaring that it will comply with 45 CFR 46 and proceed to obtain a FWA (see Office for Human Research Protections website). Do not enter the FWA number of any collaborating institution.

2. Are Vertebrate Animals Used?

This field is required.

If activities involving vertebrate animals are planned at any time during the proposed project at any performance site, check "Yes." Otherwise, check "No" and skip the rest of the "2. Are Vertebrate Animals Used?" section.

Note that the generation of custom antibodies constitutes an activity involving vertebrate animals.

If animal involvement is anticipated within the period of award but plans are indefinite, check "Yes."

Additional Instructions for Research:

If you have answered "Yes" to the "Are Vertebrate Animals Used?" question, you must also provide an explanation and anticipated timing of animal use in R.400 - PHS 398 Research Plan Form, Vertebrate Animals. This attachment must be submitted and reviewed prior to the involvement of animals in any research studies.

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?

If an Institutional Animal Care and Use Committee (IACUC) review is pending, check "Yes."

Applicants should check "Yes" to the "Is the IACUC review Pending?" question even if the IACUC review/approval process has not started by the time of submission.

If IACUC review is not pending (e.g. if the review is complete), check "No."

IACUC Approval Date:

Enter the latest IACUC approval date (if available). Leave blank if IACUC approval is pending. IACUC approval must have been granted within three years of the application submission date to be valid.

An IACUC approval date is not required at the time of submission. NIH does not require verification of review and approval of the proposed research by the IACUC before peer review of the application. However, this information is required under the NIH Grants Policy Statement Section 2.5.1: Just-in-Time Procedures.

Animal Welfare Assurance Number

Enter the federally approved assurance number, if available.

Enter "None" if the applicant organization does not have an Office of Laboratory Animal Welfare (OLAW)-approved Animal Welfare Assurance.

To determine whether the applicant organization holds an Animal Welfare Assurance with an associated number, see the lists of Domestic and Foreign Assured institutions. **Do not enter the Animal Welfare Assurance number for a Project/Performance Site of a collaborating institution.**

When an applicant organization does *not* have an Animal Welfare Assurance number, the authorized organization representative's signature on the application constitutes declaration that the applicant organization will submit an Animal Welfare Assurance when requested by OLAW.

If the animal work will be conducted at an institution with an Animal Welfare Assurance and the applicant organization does not have the following:

- an animal care and use program;
- facilities to house animals and conduct research on site; and
- IACUC;

then, the applicant must obtain an Inter-institutional Assurance from OLAW prior to an award.

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

This field is required.

Patentable ideas; trade secrets; or privileged, confidential commercial, or financial information should be included in applications only when such information is necessary to convey an understanding of the proposed project.

If the application includes such information, check "Yes" and clearly mark each line or paragraph on the pages containing the proprietary/privileged information with a statement similar to: "The following contains proprietary/privileged information that (name of applicant) requests not be

released to persons outside the government, except for purposes of review and evaluation." This statement can be included at the top of each page as applicable.

If a grant is awarded as a result of or in connection with the submission of this application, the government shall have the right to use or disclose the information to the extent authorized by law. Although the grantee institution and the PD/PI will be consulted about any such disclosure, the NIH and other PHS agencies will make the final determination. Any indication by the applicant that the application contains proprietary or privileged information does not automatically shield the information from release in response to a Freedom of Information Act (FOIA) request should the application result in an award (see 45 CFR 5). Additionally, if an applicant fails to identify proprietary information at the time of submission as instructed here, a significant substantive justification will be required to withhold the information if requested under FOIA.

4. Environmental Questions

Question 4 pertains to the environmental impact of the proposed research.

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

This field is required.

Indicate whether or not this project has an actual or potential impact on the environment.

Most NIH research grants are not expected to individually or cumulatively have a significant effect on the environment, and NIH has established several categorical exclusions allowing most applicants to answer "No" unless a specific FOA indicates that the National Environmental Policy Act (NEPA) applies. However, if an applicant expects that the proposed project will have an actual or potential impact on the environment, or if any part of the proposed research and/or project includes one or more of the following scenarios, check "Yes."

1. The potential environmental impacts of the proposed research may be of greater scope or size than other actions included within a category.
2. The proposed research threatens to violate a federal, state, or local law established for the protection of the environment or for public health and safety.
3. Potential effects of the proposed research are unique or highly uncertain.
4. Use of especially hazardous substances or processes is proposed for which adequate and accepted controls and safeguards are unknown or not available.
5. The proposed research may overload existing waste treatment plants due to new loads (volume, chemicals, toxicity, additional hazardous wasted, etc.).
6. The proposed research may have a possible impact on endangered or threatened species.
7. The proposed research may introduce new sources of hazardous/toxic wastes or require storage of wastes pending new technology for safe disposal.
8. The proposed research may introduce new sources of radiation or radioactive materials.
9. Substantial and reasonable controversy exists about the environmental effects of the proposed research.

4.b. If yes, please explain:

If you answered "Yes" to Question 4.a., you must provide an explanation here as to the actual or potential impact of the proposed research on the environment. Your entry is limited to 55

characters.

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes/No.

This field is required if you answered "Yes" to Question 4.a. Check "Yes" or "No."

4.d. If yes, please explain:

Enter additional details about the EA or EIS here. Your entry is limited to 55 characters.

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

This field is required.

If any research performance site is designated, or eligible to be designated, as a historic place, check the "Yes" box. Otherwise, check "No."

5.a. If yes, please explain:

If you checked "Yes" to indicate that any performance site is designated, or eligible to be designated, as a historic place, provide the explanation here. Your entry is limited to 55 characters.

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

This field is required.

Indicate whether this project involves activities outside of the United States or partnerships with international collaborators. Check "Yes" or "No."

Applicants to NIH and other PHS agencies must check "Yes" if the applicant organization is a foreign institution or if the project includes a foreign component. See NIH Glossary for a definition of a foreign component.

If you have checked "Yes" to Question 6, you must include a "Foreign Justification" attachment in Field 12, Other Attachments. Describe special resources or characteristics of the research project (e.g., human subjects, animals, disease, equipment, and techniques), including the reasons why the facilities or other aspects of the proposed project are more appropriate than a domestic setting. In the body of the text, begin the section with a heading indicating "Foreign Justification" and name the file "Foreign Justification."

6.a. If yes, identify countries:

This field is required if you answered "Yes" to Question 6. Enter the countries with which international cooperative activities are planned.

You may use abbreviations. Your entry is limited to 55 characters.

6.b. Optional Explanation:

This field is optional. Enter an explanation for involvement with outside entities. Your entry is limited to 55 characters.

7. Project Summary/Abstract

The "Project Summary/Abstract" attachment is required.

The project summary is a succinct and accurate description of the proposed work and should be able to stand on its own (separate from the application). This section should be informative to other persons working in the same or related fields and understandable to a scientifically literate reader. Avoid both descriptions of past accomplishments and the use of the first person. Please be concise.

Format:

This section is limited to 30 lines of text, and must follow the required font and margin specifications. A summary that exceeds the 30-line limit will be flagged as an error by the Agency upon submission. Use of hyperlinks and URLs in this section is not allowed unless specified in the funding opportunity announcement.

Attach this information as a PDF file. See the Format Attachments page.

Content:

State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the mission of the agency). Describe the research design and methods for achieving the stated goals. Be sure that the project summary reflects the key focus of the proposed project so that the application can be appropriately categorized.

Do not include proprietary, confidential information or trade secrets in the project summary. If the application is funded, the project summary will be entered into an NIH database and made available on the NIH Research Portfolio Online Reporting Tool (RePORT) and will become public information.

Note that the "Project Summary/Abstract" attachment is not same as the "Research Strategy" attachment.

8. Project Narrative

The "Project Narrative" attachment is required.

Content:

Describe the relevance of this research to public health in, at most, three sentences. For example, NIH applicants can describe how, in the short or long term, the research would contribute to fundamental knowledge about the nature and behavior of living systems and / or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. Use of hyperlinks and URLs in this section is not allowed unless specified in the funding opportunity announcement. If the application is funded, this public health relevance statement will be combined with the project summary (above) and will become public information.

9. Bibliography & References Cited

Who must complete the "Bibliography & References Cited" attachment:

The "Bibliography & References Cited" attachment is required unless otherwise noted in the FOA.

Format:

Attach this information as a PDF file. See the Format Attachments page. Use of hyperlinks and URLs in this section is not allowed unless specified in the funding opportunity announcement.

Content:

See the following instructions for which references to include in the "Bibliography and References Cited" attachment.

Additional Instructions for Research:

The "Bibliography & References Cited" attachment should include any references cited in R.400 - PHS 398 Research Plan Form and in the R.500 - PHS Human Subjects and Clinical Trials Information form.

When citing articles that fall under the Public Access Policy, were authored or co-authored by the applicant, and arose from NIH support, provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for each article. If the PMCID is not yet available because the Journal submits articles directly to PMC on behalf of their authors, indicate "PMC Journal – In Process." NIH maintains a list of such journals.

Citations that are not covered by the Public Access Policy, but are publicly available in a free, online format may include URLs or PubMed ID (PMID) numbers along with the full reference. Active hyperlinks in this section are not allowed. The references should be limited to relevant and current literature. While there is not a page limitation, it is important to be concise and to select only those literature references pertinent to the proposed research.

You are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

10. Facilities & Other Resources

Format:

The "Facilities & Other Resources" attachment is required unless otherwise specified in the FOA. Use of URLs and hyperlinks in this section is not allowed unless specified in the funding opportunity announcement.

Content:

Describe how the scientific environment in which the research will be done contributes to the probability of success (e.g., institutional support, physical resources, and intellectual rapport). In describing the scientific environment in which the work will be done, discuss ways in which the proposed studies will benefit from unique features of the scientific environment or from unique subject populations or how studies will employ useful collaborative arrangements.

If there are multiple performance sites, describe the resources available at each site.

Describe any special facilities used for working with biohazards and any other potentially dangerous substances. **Note: Information about select agents must be described in the Research Plan, Select Agent Research.**

For early stage investigators (ESIs), describe institutional investment in the success of the investigator. See NIH's New and Early Stage Investigator Policies. Your description may include the following elements:

- resources for classes, travel, or training;
- collegial support, such as career enrichment programs, assistance and guidance in the supervision of trainees involved with the ESI's project, and availability of organized peer groups;
- logistical support, such as administrative management and oversight and best practices training;
- financial support, such as protected time for research with salary support.

11. Equipment

The "Equipment" attachment is required.

Format:

Attach this information as a PDF file. Use of URLs and hyperlinks in this section is not allowed unless specified by the funding opportunity announcement.

Content:

List major items of equipment already available for this project and, if appropriate, identify the equipment's location and pertinent capabilities.

12. Other Attachments

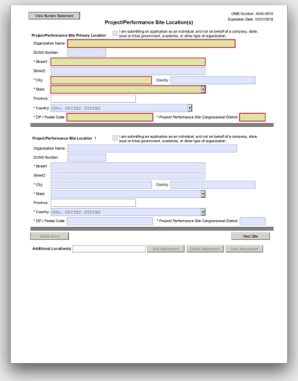
Attach a file to provide additional information only in accordance with the FOA and/or agency-specific instructions.

If applicable, attach a "Foreign Justification" here. (See Question 6 above).

R.230 - Project/Performance Site Location(s) Form

The Project/Performance Site Location(s) Form is used for all grant applications. It is used to report the primary location and any other locations at which the project will be performed.

View larger image



Quick Links

Project/Performance Site Primary Location

Project/Performance Site Location 1

Additional Location(s)

Using the Project/Performance Site Location(s) Form:

This form allows for the collection of multiple performance sites. If you need to add more project/performance site locations than the form allows, enter the information in a separate file and add it to the "Additional Locations" section.

Project/Performance Site Primary Location

Generally, the primary location should be that of the applicant organization or identified as off-site in accordance with the conditions of the applicant organization's negotiated Facilities and Administrative (F&A) agreement. This information must agree with the F&A information on the budget form of the application.

Provide an explanation of resources available from each project/performance site on the "Facilities and Resources" attachment of the R.220 - R&R Other Project Information Form.

If the proposed project involves human subjects or live vertebrate animals, it is up to the applicant organization to ensure that all sites meet certain criteria:

Human Subjects: If a project/performance site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the project/performance site operates under an appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR 46 and other NIH human subject related policies described in the NIH Grants Policy Statement, Section 4.1.15: Human Subjects Protections.

Vertebrate Animals: For research involving live vertebrate animals, the applicant organization must ensure that all project/performance sites hold an Office of Laboratory Animal Welfare (OLAW)-approved Animal Welfare Assurance. If the animal work will be conducted at an institution with an Animal Welfare Assurance and the applicant organization does not have the following:

- an animal care and use program;
- facilities to house animals and conduct research on site; and

- an IACUC;

then applicant must obtain an Inter-institutional Assurance from OLAW prior to an award.

Additional Instructions for Research:

Describe any consortium/contractual arrangements in the "Consortium/Contractual Arrangements" attachment in R.400 – PHS 398 Research Plan Form.

"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":

Do not check the box for "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" unless otherwise specified by the FOA.

Organization Name:

This field is required. Enter the organization name of the primary site where the work will be performed.

Unique Entity Identifier (UEI):

This field is required for the primary performance site.

Enter the UEI associated with the organization where the project will be performed.

Street1:

This field is required. Enter the first line of the street address of the primary performance site location.

Street2:

Enter the second line of the street address of the primary performance site location.

City:

This field is required. Enter the city for the address of the primary performance site location.

County:

Enter the county of the primary performance site location.

State:

This field is required if the site is located in the United States or its Territories. Enter the state or territory where the primary performance site is located.

Province:

If "Country" is Canada, enter the province for the primary performance site; otherwise, skip the "Province" field.

Country:

This field is required. Select the country of the address for the primary performance site location.

ZIP/Postal Code:

The ZIP+4 is required if the primary performance site location is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the primary performance site.

Project/Performance Site Congressional District:

Enter the Congressional District as follows: a 2-character state abbreviation, a hyphen, and a 3-character district number. Examples: CA-005 for California's 5th district, VA-008 for Virginia's 8th district.

It is likely this field will be identical to the "Congressional District of Applicant" field provided elsewhere in the application.

If the program/project is outside the United States, enter 00-000.

For States and U.S. territories with only a single congressional district, enter "001" for the district number.

For jurisdictions with no representative, enter "099."

For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098 or PR-098.

If all districts in a state are affected, enter "all" for the district number. Example: "MD-all" for all congressional districts in Maryland.

If nationwide (all districts in all states), enter "US-all."

If you do not know the Congressional District: Go to the United States House of Representatives website and search for the Congressional District by entering the ZIP+4. If you do not know the ZIP+4, look it up on the USPS Look Up Zip Code website.

Project/Performance Site Location 1

Use this "Project/Performance Site Location 1" block to provide information on performance sites in addition to the Primary Performance Site listed above, if applicable. Include any VA facilities and foreign sites.

Organization Name:

Enter the organization name of the performance site location.

Unique Entity Identifier (UEI):

Enter the UEI associated with the performance site.

Street1:

This field is required. Enter first line of the street address of the performance site location.

Street2:

Enter the second line of the street address of the performance site location.

City:

This field is required. Enter the city for the address of the performance site location.

County:

Enter the county of the performance site location.

State:

This field is required if the project performance site is located in the United States or its Territories. Enter the state or territory where the performance site is located.

Province:

If "Country" is Canada, enter the province for the performance site; otherwise, skip the "Province" field.

Country:

This field is required. Select the country of the performance site location.

ZIP/Postal Code:

The ZIP+4 is required if the performance site location is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) of the performance site location.

Project/Performance Site Congressional District:

Enter the Congressional District as follows: a 2-character state abbreviation, a hyphen, and a 3-character district number. Examples: CA-005 for California's 5th district, VA-008 for Virginia's 8th district.

If the program/project is outside the United States, enter 00-000.

For States and U.S. territories with only a single congressional district enter "001" for the district number.

For jurisdictions with no representative, enter "099."

For jurisdictions with a nonvoting delegate, enter "098" for the district number. Example: DC-098 or PR-098.

If all districts in a state are affected, enter "all" for the district number. Example: "MD-all" (for all congressional districts in Maryland).

If nationwide (all districts in all states), enter "US-all."

If you do not know the Congressional District: Go to the United States House of Representatives website and search for your Congressional District by entering your ZIP+4. If you do not know the ZIP+4 look it up on the USPS Look Up Zip Code website.

Additional Location(s)

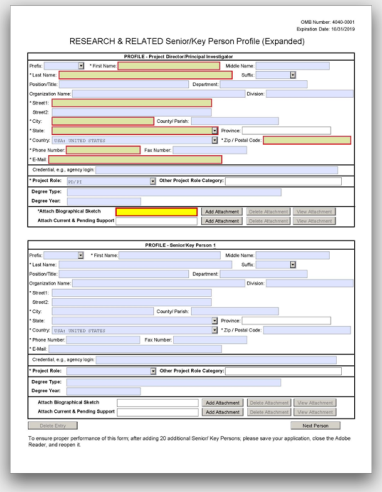
If you need to add more project/performance site locations than the form allows, enter the information in a separate file and add it to the "Additional Locations" section.

A format page for Additional Performance Sites can be found on NIH's Additional Performance Site Format Page.

R.240 - R&R Senior/Key Person Profile (Expanded) Form

The R&R Senior/Key Person Profile (Expanded) Form is used for all grant applications, and allows the collection of data for all senior/key persons associated with the project. Some information for the PD/PI may be pre-populated from the SF424 (R&R) form. See instructions in R.200 - SF 424 (R&R) Form if these fields are empty.

View larger image



Quick Links

Profile - Project Director/Principal Investigator

Instructions for a Biographical Sketch

Profile - Senior/Key Person

Additional Senior/Key Person Profile(s)

Using the R&R Senior/Key Person Profile (Expanded) Form

This form allows for the data collection for a PD/PI and up to 99 other senior/key individuals (including any multi-PD/PIs). After the first 100 individuals have been entered, use the "Additional Senior/Key Person Profiles Format Page" to attach any remaining data.

To ensure proper performance of this form, save your work frequently.

Who qualifies as a Senior/Key Person?

Unless otherwise specified in a FOA, senior/key personnel are defined as all individuals who contribute in a substantive, meaningful way to the scientific development or execution of the project, whether or not salaries are requested. Consultants should be included in this "Senior/Key Person Profile (Expanded)" Form if they meet this definition.

List individuals that meet the definition of senior/key regardless of what organization they work for.

Profile - Project Director/Principal Investigator

Enter data in this "Profile – Project Director/Principal Investigator" section for the Project Director/Principal Investigator (PD/PI).

The PD/PI must have an eRA Commons account with the PI role, and the account must be affiliated with the applicant organization. If you are proposing research at an institute other than the one you are currently at, do not create a separate Commons account with the proposed applicant organization. For information on eRA Commons account administration, see the eRA Account Management System's Online Help.

> **Special Instructions for Multiple PD/PIs:** When submitting an application involving multiple PD/PIs, list the "Contact" PD/PI in this field. List all additional PD/PIs in the Senior/Key Person section(s) below.

Prefix:

This field may be pre-populated from the SF 424 (R&R) and reflects the prefix, if applicable, for the name of the PD/PI.

First Name:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the first (given) name of the PD/PI.

Middle Name:

This field may be pre-populated from the SF 424 (R&R) and reflects the middle name of the PD/PI.

Last Name:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the last (family) name of the PD/PI.

Suffix:

This field may be pre-populated from the SF 424 (R&R) and reflects the suffix for the name of the PD/PI.

Position/Title:

This field may be pre-populated from the SF 424 (R&R) and reflects the position/title of the PD/PI.

Department:

This field may be pre-populated from the SF 424 (R&R) and reflects the name of the primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.

Organization Name:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the name of the organization of the PD/PI.

Division:

This field may be pre-populated from the SF 424 (R&R) and reflects the name of the primary organizational division, office, major subdivision, or equivalent level within the organization of the PD/PI.

Street1:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the first line of the street address for the PD/PI.

Street2:

This field may be pre-populated from the SF 424 (R&R) and reflects the second line of the street address for the PD/PI.

City:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the city for the address of the PD/PI.

County/Parish:

This field may be pre-populated from the SF 424 (R&R) and reflects the county/parish for the address of the PD/PI.

State:

This field is required if the PD/PI is located in the United States or its Territories. This field may be pre-populated from the SF 424 (R&R) and reflects the state or territory in which the PD/PI is located.

Province:

If "Country" is Canada, enter the province for the PD/PI; otherwise, skip the "Province" field. This field may be pre-populated from the SF 424 (R&R) and reflects the province in which the PD/PI is located.

Country:

This field may be pre-populated from the SF 424 (R&R) and reflects the country for the address of the PD/PI.

ZIP/Postal Code:

The ZIP+4 is required if the PD/PI address is in the United States. Otherwise, the postal code is optional. This field may be pre-populated from the SF 424 (R&R) and reflects the postal code of the address of the PD/PI.

Phone Number:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the daytime phone number for the PD/PI.

Fax Number:

This field may be pre-populated from the SF 424 (R&R) and reflects the fax number for the PD/PI.

E-mail:

This field is required. This field may be pre-populated from the SF 424 (R&R) and reflects the e-mail address for the PD/PI.

Credential, e.g., agency login:

This field is required. Enter the assigned eRA Commons username for the project's PD/PI. The eRA Commons username must hold the PI role and be affiliated with the applicant organization. Applications will not pass agency validation requirements without a valid eRA Commons username.

> **Special Instructions for Multiple PD/PI:** The Commons username must be provided for all individuals assigned the Project Role of PD/PI on the application.

Project Role:

Enter "PD/PI" for the Project Role for the PD/PI.

Other Project Role Category:

Skip the "Other Project Role Category" field, as no other role can be added to the PD/PI role.

Degree Type:

Enter the highest academic or professional degree or other credentials (e.g., R.N.).

Degree Year:

Enter the year the highest degree or other credential was obtained.

Attach Biographical Sketch

Provide a biographical sketch for each PD/PI. See instructions below on how to complete a biographical sketch.

Attach Current & Pending Support:

Do not use this attachment upload for NIH and other PHS agency submissions unless otherwise specified in the FOA.

While this information is not required at the time of application submission, it may be requested later in the pre-award cycle. If and when this occurs, refer to the NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures.

Instructions for a Biographical Sketch

These instructions apply to Research (R), Career Development (K), Training (T), Fellowship (F), Multi-project (M), and SBIR/STTR (B). Hyperlinks and URLs are only allowed when specifically noted in funding opportunity announcement (FOA) and form field instructions.

Who must complete the "Biographical Sketch" section:

All senior/key personnel and other significant contributors (OSCs) must include biographical sketches (biosketches).

Format:

Use the sample format on the Biographical Sketch Format Page to prepare this section for all grant applications.

Figures, tables (other than those included in the provided format pages), or graphics are not allowed in the biosketch. Do not embed or attach files (e.g. video, graphics, sound, data). Use of URLs and hyperlinks in the biosketch is highly restricted to only those types of URLs and hyperlinks that are specified and allowed in these instructions and the FOA.

The biosketch may not exceed five pages per person. This five-page limit includes the table at the top of the first page.

Attach this information as a PDF file. See the Format Attachments page.

Content:

Note that the instructions here follow the format of Biographical Sketch Format Page.

Name:

Fill in the name of the senior/key person or other significant contributor in the "Name" field of the Biosketch Format Page.

eRA Commons User Name:

If the individual is registered in the eRA Commons, fill in the eRA Commons User Name in the "eRA Commons User Name" field of the Biosketch Format Page.

The "eRA Commons User Name" field is required for the PD/PI (including career development and fellowship applicants), primary sponsors of fellowship applicants, all mentors of candidates for

mentored career development awards, and candidates for diversity and reentry research supplements.

The "eRA Commons User Name" field is optional for other project personnel.

The eRA Commons User Name should match the information provided in the Credential field of the R&R Senior/Key Person Profile (Expanded) Form in your grant application.

Position Title:

Fill in the position title of the senior/key person or other significant contributor in the "Position Title" field of the Biosketch Format Page.

Education/Training

Complete the education block. Begin with the baccalaureate or other initial professional education, such as nursing. Include postdoctoral, residency, and clinical fellowship training, as applicable, listing each separately.

For each entry provide:

- the name and location of the institution
- the degree received (if applicable)
- the month and year of end date (or expected end date). For fellowship applicants only, also include the month and year of start date.
- the field of study (for residency entries, the field of study should reflect the area of residency training)

Following the education block, complete Sections A-D of the biographical sketch.

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields, including ongoing and completed research projects from the past three years that you want to draw attention to (previously captured under Section D. Research Support).

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include, but are not limited to, audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. **Note:** interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

Note the following additional instructions for ALL applicants/candidates:

- If you wish to explain factors that affected your past productivity, such as family care responsibilities, illness, disability, or military service, you may address them in this "A. Personal Statement" section.
- Indicate whether you have published or created research products under another name.

- You may mention specific contributions to science that are not included in Section C. Do not present or expand on materials that should be described in other sections of this Biosketch or application.
- Figures, tables, or graphics are not allowed.

Note the following instructions for specific subsets of applicants/candidates:

- For institutional research training, institutional career development, or research education grant applications, faculty who are not senior/key persons are encouraged, but not required, to complete the "A. Personal Statement" section.
- Applicants for dissertation research awards (e.g., R36) should, in addition to addressing the points noted above, also include a description of their career goals, their intended career trajectory, and their interest in the specific areas of research designated in the FOA.
- Candidates for research supplements to promote diversity in health-related research should, in addition to addressing the points noted above, also include a description of their general scientific achievements and/or interests, specific research objectives, and career goals. Indicate any current source(s) of educational funding.

B. Positions and Honors

List in reverse chronological order all current positions and scientific appointments both domestic and foreign, including affiliations with foreign entities or governments. This includes titled academic, professional, or institutional appointments whether or not remuneration is received, and whether full-time, part-time, or voluntary (including adjunct, visiting, or honorary). High school students and undergraduates may include any previous positions. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:

- Students, postdoctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.
- Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

C. Contributions to Science

Who should complete the "Contributions to Science" section:

All senior/key persons should complete the "Contributions to Science" section except candidates for research supplements to promote diversity in health-related research who are high school students, undergraduates, and post-baccalaureates.

Format:

Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations. Figures, tables, graphics, etc. may not be included in this section.

While all applicants may describe up to five contributions, graduate students and postdoctorates may wish to consider highlighting two or three they consider most significant.

Content:

For each contribution, indicate the following:

- the historical background that frames the scientific problem;
- the central finding(s);
- the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and
- your specific role in the described work.
- Figures, tables, or graphics are not allowed.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution. Research products can include audio or video products (see the NIH Grants Policy Statement, Section 2.3.7.7: Post-Submission Grant Application Materials); conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related Frequently Asked Questions for more information.

You may provide a hyperlinked URL to a full list of your published work. This hyperlinked URL must be to a Federal Government website (a .gov suffix). NIH recommends using My Bibliography. Providing a URL to a list of published work is not required.

Descriptions of contributions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication. These contributions do not have to be related to the project proposed in this application.

D. Scholastic Performance

*** Note that only the following types of applicants must complete this section:**

- applicants for predoctoral and postdoctoral fellowships
- applicants to dissertation research grants (e.g., R36)
- candidates for research supplements to promote diversity in health-related research from the undergraduate through postdoctoral levels

Research Support

These instructions apply to all applicants who are completing the “Research Support” section.

List ongoing and completed research projects from the past three years that you want to draw attention to. Briefly indicate the overall goals of the projects and your responsibilities. Do not include the number of person months or direct costs.

Do not confuse “Research Support” with “Other Support.” Other Support information is not collected at the time of application submission.

- **Research Support:** As part of the Biosketch section of the application, “Research Support” highlights your accomplishments, and those of your colleagues, as scientists.

This information will be used by the reviewers in the assessment of each your qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team.

- **Other Support:** NIH staff may request complete and up-to-date "other support" information from you as part of Just-in-Time information collection.

Scholastic Performance

Predoctoral applicants/candidates (including undergraduates and post-baccalaureates): List by institution and year **all** undergraduate and graduate courses, with grades. In addition, explain any grading system used if it differs from a 1-100 scale; an A, B, C, D, F system; or a 0-4.0 scale. Also indicate the levels required for a passing grade.

Postdoctoral applicants: List by institution and year **all** graduate scientific and/or professional courses with grades. In addition, explain any grading system used if it differs from a 1-100 scale; an A, B, C, D, F system; or a 0-4.0 scale. Also indicate the levels required for a passing grade.

Profile – Senior/Key Person 1

Enter data in this "Profile – Senior/Key Person 1" section to provide information on a senior/key person (other than the PD/PI listed above), if applicable.

Format:

List all senior/key person profiles, followed by other significant contributors (OSC) profiles.

Content – Who to include in the "Profile – Senior/Key Person" section:

Senior/Key Persons: Fill in a separate "Profile – Senior/Key Person" block for each senior/key personnel. Those with a postdoctoral role should be included if they meet the NIH Glossary definition of senior/key personnel. A biosketch is required for all senior/key persons.

Other Significant Contributors: Also use the "Profile – Senior/Key Person" section to list any other significant contributors (OSCs). Consultants should be included if they meet the NIH Glossary definition of OSC. OSCs should be listed **after** all other senior/key persons.

A biosketch is required for all OSCs. The biosketch should highlight the OSC's accomplishments as a scientist. Reviewers assess these pages during peer review. For more information on review criteria, see the Review Criteria at a Glance document. Although Other Support information is required as a just-in-time submission, Other Support information will NOT be required or accepted for OSCs since considerations of overlap do not apply to these individuals.

Should the level of involvement increase for an individual listed as an OSC, thus requiring measurable effort on the award, the individual must be redesignated as "senior/key personnel." This change must be made before any compensation is charged to the project.

For more information:

For more information, refer to these NIH Senior/Key Personnel Frequently Asked Questions.

Prefix:

Enter or select the prefix, if applicable, for the name of the senior/key person.

First Name:

This field is required. Enter the first (given) name of the senior/key person.

Middle Name:

Enter the middle name of the senior/key person.

Last Name:

This field is required. Enter the last (family) name of the senior/key person.

Suffix:

Enter or select the suffix, if applicable, for the senior/key person.

Position/Title:

Enter the position/title of the senior/key person.

Department:

Enter the name of the primary organizational department, service, laboratory, or equivalent level within the organization of the senior/key person.

Organization Name:

This field is required. Enter the name of the organization of the senior/key person.

Division:

Enter the name of the primary organizational division, office, major subdivision, or equivalent level within the organization of the senior/key person.

Street1:

This field is required. Enter the first line of the street address for the senior/key person.

Street2:

Enter the second line of the street address for the senior/key person.

City:

This field is required. Enter the city for the address of the senior/key person.

County/Parish:

Enter the county/parish for the address of the senior/key person.

State:

This field is required if the Senior/Key person is located in the United States or its Territories. Enter the state or territory where the senior/key person is located.

Province:

If "Country" is Canada, enter the province for the senior/key person; otherwise, skip the "Province" field.

Country:

This field is required. Select the country for the address of the senior/key Person.

ZIP/Postal Code:

The ZIP+4 is required if the Senior/Key Person is in the United States. Otherwise, the postal code is optional. Enter the ZIP+4 (nine-digit postal code) or postal code of the senior/key person.

Phone Number:

This field is required. Enter the daytime phone number for the senior/key person.

Fax Number:

Enter the fax number for the senior/key person.

E-mail:

This field is required. Enter the e-mail address for the senior/key person.

Credential, e.g., agency login:

This field is required. Applies to Senior/Key Personnel as defined in the NIH Grants Policy Statement (NIH GPS 1.2) as well as Other Significant Contributors (OSCs). Enter the assigned eRA Commons username for the senior / key Person.

Additional Instructions for Research:

For Multiple PD/PI Applications: The eRA Commons username must be entered in this field for any senior/key person with the PD/PI Project Role.

Candidates for diversity and reentry research supplement support must provide an eRA Commons Username.

Project Role:

Select a project role. Use "Other (Specify)" if the desired category is not available.

Special Instructions for Multiple PD/PIs: All PD/PIs must be assigned the "PD/PI" role, even those at organizations other than the applicant organization. The role of "Co-PD/PI" is not currently used by NIH or other PHS agencies to designate a multiple PD/PI application. In order to avoid confusion, do not use the role of "Co-PD/PI."

Note on OSCs: For OSCs, enter "Other (Specify)" for the "Project Role" field, and enter "Other Significant Contributor" in the "Other Project Role Category" field.

Other Project Role Category:

Complete this field (e.g., Engineer, Chemist, Sponsor, Mentor) if you selected "Other Professional" or "Other (Specify)" in the "Project Role" field.

Degree Type:

Enter the highest academic or professional degree or other credentials (e.g., R.N.).

Degree Year:

Enter the year the highest degree or other credential was obtained.

Attach Biographical Sketch:

Provide a biographical sketch for each senior/key person and each OSC. See instructions above on how to complete a biographical sketch.

Attach Current & Pending Support:

Note: The terms "current and pending support," "other support," and "active and pending support" are used interchangeably.

Do not use the "Current & Pending Support" attachment upload for NIH or other PHS agency submissions unless otherwise specified in the FOA.

While this information is not required at the time of application submission, it may be requested later in the pre-award cycle. If and when this occurs, refer to the NIH Grants Policy Statement,

Section 2.5.1: Just-in-Time Procedures for instructions and use the Current and Pending Support Format Page.

Additional Senior / Key Person Profile(s)

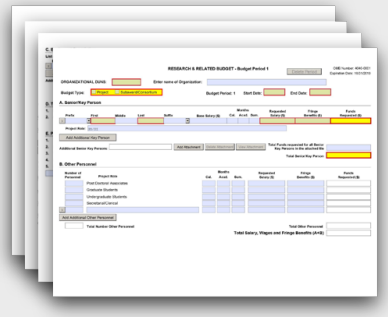
If you need to add more Senior/Key Person Profiles than the form allows, enter the information in a separate file and attach it as a PDF.

A format page for Additional Senior/Key Person Profiles can be found at NIH's Additional Senior/Key Person Form page.

R.300 - R&R Budget Form

The R&R Budget Form is used in the majority of applications; however, it is important to refer to your specific FOA for guidance on which budget form(s) are allowed for your application.

Some application forms packages include two optional budget forms — (1) the R&R Budget Form and, (2) PHS 398 Modular Budget Form. Include only one of these forms, but not both, in your application.



View larger image

Quick Links

Introductory Fields

A. Senior/Key Person

B. Other Personnel

C. Equipment Description

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E. Participant/Trainee Support Costs

F. Other Direct Costs

G. Direct Costs

H. Indirect Costs

I. Total Direct and Indirect Costs

J. Fee

K. Total Costs and Fee

L. Budget Justification

Research & Related Budget - Cumulative Budget

Who should use the R&R Budget Form?

There are two primary types of Budget Forms: detailed R&R and PHS 398 modular. Generally, you must use the R&R Budget Form if you are applying for more than $250,000 per budget period in direct costs, and you must use the Modular Budget Form if you are applying for less than $250,000. However, some grant mechanisms or programs (e.g., training grants) may require other budget forms to be used. Refer to your FOA and to the following instructions for guidance on which Budget Form to use.

Note: The terms “detailed budget” and “R&R Budget” are used interchangeably.

If you are requesting a budget with $500,000 or more in direct costs for any budget period, contact the awarding component to determine whether you must obtain prior approval before submitting the

application. For more information on applications that request $500,000 or more in direct costs, see the NIH Grants Policy Statement, Section 2.3.7.2: Acceptance for Review of Unsolicited Applications Requesting $500,000 or More in Direct Costs.

> **Special Instructions for Foreign Organizations (Non-domestic [non-U.S.] Entities):** All competing (new, renewal, resubmission, and revision) grant applications from foreign (non-U.S.) institutions must use the R&R Budget Form. Do not use the PHS 398 Modular Budget Form. For additional information, see NIH Guide Notice on the Requirement for Detailed Budget Submissions from Foreign Institutions and the NIH Grants Policy Statement, Section 13.3.1: Budget. Applications from foreign organizations must request budgets in U.S. dollars.

> **Special Instructions for Applications Proposing the Use of Human Fetal Tissue:** If the use of human fetal tissue obtained from elective abortions (HFT) (as defined in the NIH Grants Policy Statement) is included in the proposed application, you must use the R&R Budget Form and cannot use the PHS Modular Budget Form, regardless of the activity code. Whether or not you incur costs to obtain HFT, you will need to include a "Human Fetal Tissues Costs" line item (F.8-10) and a Budget Justification attachment (L).

Note on Subawards/Consortiums: If you have a subaward/consortium, you must use the R&R Subaward Budget Attachment(s) Form in conjunction with the R&R Budget Form. The prime must extract the R&R Subaward Budget Attachment(s) from the R&R Subaward Budget Attachment(s) Form and send the extracted file to the subaward/consortium. The consortium should complete the R&R Subaward Budget Attachment, following the instructions here and in R.310 – R&R Subaward Budget Attachment(s) Form.

For more information:

For more information on how to prepare your budget, see NIH's Develop Your Budget page.

Using the R&R Budget Form:

The location of the R&R Budget Form may vary with the type of submission (e.g., under an "Optional Forms" tab).

You must complete a separate detailed budget for each budget period requested. The form will generate a cumulative budget for the total project period. If no funds are requested for a required field, enter "0."

You must round to the nearest whole dollar amount in all dollar fields.

Competing Revision Applications: For a supplemental/revision application, complete fields for which additional funds are requested in addition to all required fields. If the initial budget period of the supplemental/revision application is less than 12 months, prorate the personnel costs and other appropriate items of the detailed budget.

Introductory Fields

Unique Entity Identifier (UEI):

This field is required. This field may be pre-populated and should reflect the UEI of the applicant organization (or of the lead organization for the component of a multi-project application).

Enter name of Organization:

This field may be pre-populated. Enter the name of the organization.

Budget Type:

This field is required. Check the appropriate box for your budget type, following these guidelines:

- **Project:** The budget being requested is for the primary applicant organization.
- **Subaward/Consortium:** The budget being requested is for subaward/consortium organization(s). Note, separate budgets are required only for subaward/consortium organizations that perform a substantive portion of the project. For subawards/consortiums that do not perform a substantive portion of the project, then you must include their costs in Field F5. Subawards/Consortium/Contractual Costs and in the prime's Section L. Budget Justification.

If you are preparing an application that includes a subaward/consortium that performs a substantive portion of the project, in addition to completing this form, see also the instructions for R.310 - R&R Subaward Budget Attachment(s) Form.

Budget Period:

This field is required.

Identify the specific budget period (for example, 1, 2, 3, 4, 5).

Start Date:

This field is required and may be pre-populated from the SF 424 R&R Form. Enter the requested/proposed start date of the budget period. For period 1, the start date is typically the same date as the Proposed Project Start Date on the R.200 - SF 424 (R&R) Form.

End Date:

This field is required. Enter the requested/proposed end date of the budget period.

A. Senior/Key Person

Who to include in A. Senior/Key Person:

Include the names of senior/key persons at the applicant organization, (or organization leading the component of a multi-project application), who are involved on the project in a particular budget period. Include all collaborating investigators and other individuals who meet the senior/key person definition if they are from the applicant organization.

Consultants designated as senior/key persons in the Senior/Key Person Profile Form can be included in the "A. Senior/Key Person" section only if they are also employees of the applicant organization. Otherwise, consultant costs should be included in Consultant Services in Question F of this form.

Who *not* to include in A. Senior/Key Person:

Do not list details of collaborators at other institutions here, as they will be provided in the Subaward Budget for each subaward/consortium organization.

Personnel listed as other significant contributors who are not committing any specific measurable effort to the project should not be included in the Personnel section (sections "A. Senior/Key Person" and "B. Other Personnel") since no associated salary and/or fringe benefits can be requested for their contribution.

Prefix:

Enter the prefix (e.g., Mr., Mrs., Rev.), if applicable, for the name of the senior/key person.

First Name:

This field is required. Enter the first (given) name of the senior/key person.

Middle Name:

Enter the middle name of the senior/key person.

Last Name:

This field is required. Enter the last (family) name of the senior/key person.

Suffix:

Enter the suffix (e.g., Jr., Sr., PhD), if applicable, of the senior/key person.

Base Salary ($):

Enter the annual compensation paid by the employer for the senior/key person. This includes all activities such as research, teaching, patient care, and other. An applicant organization may choose to leave this blank; however, NIH or other PHS Agency staff will request this information prior to award.

Months (Cal./Acad./Sum.):

NIH and other PHS agencies use the concept of "person months" as a metric for determining percent of effort. For more information about calculating person months, see NIH's Frequently Asked Questions on Person Months.

Identify the number of months the senior/key person will devote to the project in the applicable box (i.e., calendar, academic, summer).

Use either calendar months OR a combination of academic and summer months. Measurable effort is required for every senior/key person entry.

For an explanation of "measurable effort," see the Frequently Asked Questions on Senior/Key Personnel.

If effort does not change throughout the year, it is OK to use only the calendar months column.

However, you may use both the academic and summer months columns if your institutional business process requires noting each separately even if effort remains constant. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer months columns.

If your institution does not use a 9-month academic year or a 3-month summer period, indicate your institution's definition of these in Section L. Budget Justification.

Requested Salary ($):

This field is required. Regardless of the number of months being devoted to the project, indicate the salary being requested for this budget period for the senior/key person.

Salary limitations. Some PHS grant programs are currently subject to a legislatively imposed salary limitation. Any adjustment for salary limits will be made at the time of award; therefore, requested salary should be based on institutional base salary at the time the application is submitted and not adjusted for any limitation. For guidance on current salary limitations, see the NIH's Salary Cap Summary or contact your office of sponsored programs.

Graduate student compensation: NIH grants also limit compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual

institutional-based compensation should be requested and justified, this may be adjusted at the time of the award. For more guidance on this policy, see the NIH Grants Policy Statement, Section 2.3.7.9: Graduate Student Compensation.

Fringe Benefits ($):

Enter the amount of requested fringe benefits, if applicable, for the senior/key person.

Funds Requested ($):

This field is automatically calculated and will reflect the total requested salary and fringe benefits for the senior/key person.

Project Role:

This field is required. Identify the project role of each senior/key person. Roles should correspond to the roles included on the R.240 - R&R Senior/Key Person Profile (Expanded) Form. Note that there must be at least one PD/PI per budget period.

Additional Senior/Key Persons:

If you are requesting funds for more senior/key persons than the form allows, you must include an attachment listing the additional senior/key person(s) in this "Additional Senior/Key Persons" field. Use the same format as the budget form and include all the information identified in this section.

Total Funds requested for all persons in the attached file:

If you have attached a file with additional senior/key persons, enter the total funds requested for everyone listed in the attachment in the "Total Funds requested for all Senior/Key Persons in the attached file" field.

Total Senior/Key Persons:

This total will be automatically calculated based on the sum of the "Funds Requested" column and the "Total Funds requested for all Senior/Key Persons in the attached file" field.

> **Special Instructions for Joint University and Department of Veterans Affairs (V.A.) Appointments:** Individuals with joint university and V.A. appointments may request the university's share of their salary in proportion to the effort devoted to the research project. The individual's salary with the university determines the base for computing that request. The signature by the institutional official on the application certifies that: (1) the individual is applying as part of a joint appointment specified by a formal Memorandum of Understanding between the university and the V.A.; and (2) there is no possibility of dual compensation for the same work, or of an actual or apparent conflict of interest regarding such work. Additional information may be requested by the awarding components.

B. Other Personnel

Number of Personnel:

For each project role category, identify the number of personnel proposed.

Administrative, Secretarial, and Clerical Support Salaries: In most circumstances, the salaries of administrative, secretarial, or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs (Section H. Indirect Costs). However, examples of situations where direct charging of administrative or clerical staff salaries may be appropriate may be found at: 45 CFR 75.403.

Inclusion of such costs may be appropriate only if all of the following conditions are met:

1. Administrative or clerical services are integral to a project or activity;
2. Individuals involved can be specifically identified with the project or activity;
3. Such costs are explicitly included in the budget or have prior written approval of the federal awarding agency; and
4. The costs are not also recovered as indirect costs.

Requests for direct charging for secretarial/clerical personnel (i.e., administrative and clerical staff) must be appropriately justified in Section L. Budget Justification. For all individuals classified as administrative/secretarial/clerical, provide a justification (in the Budget Justification) documenting how they meet all four conditions. NIH ICs may request additional information for these positions in order to assess allowability.

Postdoctoral and Graduate Students: For all postdoctoral associates and graduate students not already named in "Section A. Senior/Key Person," individually list names, roles (e.g., postdoctoral associates or graduate student), associated months, and requested salary and fringe benefits in Section L. Budget Justification.

Project Role:

List any additional project role(s) (e.g., engineer, IT professionals, etc.) in the blank(s) provided. Identify the number of each personnel proposed.

You may have up to six named roles. If you have more than six, you must combine project roles here and add an explanation about the named roles in Section L. Budget Justification.

Do not include consultants in this section. Consultants are included below in Section F. Other Direct Costs.

Months (Cal./Acad./Sum.):

NIH and other PHS agencies use the concept of “person months” as a metric for determining percent of effort. For more information about calculating person months, see: NIH's Frequently Asked Questions on Person Months.

Identify the number of months devoted to the project in the applicable box (i.e., calendar, academic, summer) for each project role category.

Use either calendar months OR a combination of academic and summer months.

If effort does not change throughout the year, it is OK to use only the calendar months column.

However, you may use both academic and summer months columns if your institutional business process requires noting each separately, even if effort remains constant. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer months columns.

If your institution does not use a 9-month academic year or a 3-month summer period, indicate your institution’s definition of these in Section L. Budget Justification.

Requested Salary ($):

Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for this budget period for each project role. The amount entered should reflect the total amount of funds requested for all personnel within a project role.

Salary limitations: Some PHS grant programs are currently subject to a legislatively imposed salary limitation. Any adjustment for salary limits will be made at the time of award; therefore, requested salary should be based on institutional base salary at the time the application is submitted and not adjusted for any limitation. For guidance on current salary limitations, see the NIH's Salary Cap Summary or contact your office of sponsored programs.

Graduate student compensation: NIH grants also limit the compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the time of the award. For more guidance on this policy, see the NIH Grants Policy Statement, Section 2.3.7.9: Graduate Student Compensation.

Fringe Benefits ($):

Enter the amount of requested fringe benefits, if applicable, for this project role category. The amount entered should reflect the total amount of fringe benefits requested for all personnel within a project role.

Funds Requested ($):

This field will be automatically calculated and will reflect the total requested salary and fringe benefits for each project role category.

Total Number of Other Personnel:

This total will be automatically calculated based on the Number of Personnel for each project role category.

Total Other Personnel:

This total will be automatically calculated based on the sum of the Funds Requested for all Other Personnel.

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

This total will be automatically calculated and represents the total Funds Requested for all Senior/Key persons and all Other Personnel.

C. Equipment Description

The "C. Equipment Description" section is for you to list items and dollar amount for each item exceeding $5,000 (unless the organization has established lower levels).

Equipment Item:

Equipment is defined as an item of property that has an acquisition cost of $5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year.

List each item of equipment separately and justify each in Section L. Budget Justification. Allowable items ordinarily will be limited to research equipment not already available for the conduct of the work.

Funds Requested:

This information is required. List the estimated cost of each item, including shipping and any maintenance costs and agreements.

Additional Equipment:

If you're requesting funds for more equipment than the form allows, you must include an attachment listing the additional equipment items in this "Additional Equipment" field. Enter the information in a separate file and attach it as a PDF. List each additional item and the funds requested for each individual item. The dollar amount for each item should exceed $5,000 (unless the organization has established lower levels).

Total funds requested for all equipment listed in the attached file:

If you have attached a file with additional equipment, enter the total funds requested for all the equipment listed in the attachment.

Total Equipment:

This total will be automatically calculated based on the sum of the "Funds Requested" column and the "Total funds requested for all equipment listed in the attached file" field.

D. Travel

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

Enter the total funds requested for domestic travel. Domestic travel includes destinations in the U.S., Canada, Mexico, and U.S. possessions. In Section L. Budget Justification, include the purpose, destination, dates of travel (if known), and the number of individuals for each trip. If the dates of travel are not known, specify the estimated length of trip (e.g., 3 days).

2. Foreign Travel Costs:

Identify the total funds requested for foreign travel. Foreign travel includes any destination outside of the U.S., Canada, Mexico, or U.S. possessions. In Section L. Budget Justification, include the purpose, destination, dates of travel (if known), and the number of individuals for each trip. If the dates of travel are not known, specify the estimated length of trip (e.g., 3 days).

Total Travel Cost:

This total will be automatically calculated based on the sum of the Domestic and Foreign Funds Requested fields.

E. Participant/Trainee Support Costs

Unless specifically stated otherwise in a FOA, NIH and other PHS agencies applicants should skip Section E. Participant/Trainee Support Costs. **Note:** Tuition remission for graduate students should be included in Section F. Other Direct Costs when applicable.

1. Tuition/Fees/Health Insurance:

List the total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.

2. Stipends:

List the total funds requested for Participant/Trainee stipends.

3. Travel:

List the total funds requested for Participant/Trainee travel.

4. Subsistence:

List the total funds requested for Participant/Trainee subsistence.

5. Other:

Describe any other Participant/Trainee support costs and list the total funds requested for all other Participant/Trainee costs described.

Number of Participants/Trainees:

List the total number of proposed Participants/Trainees. Value cannot be greater than 999.

Total Participant/Trainee Support Costs:

This field is required if any data has been entered in "Section E. Participant/Trainee Support Costs." This total will be automatically calculated based on the sum of the Funds Requested column in "Section E. Participant/Trainee Support Costs."

F. Other Direct Costs

1. Materials and Supplies:

List the total funds requested for materials and supplies. In Section L. Budget Justification, indicate general categories such as glassware, chemicals, animal costs, etc., including an amount for each category. Categories with amounts less than $1,000 are not required to be itemized.

Special Instructions for Applications Proposing the Use of Human Fetal Tissue: If costs for human fetal tissue obtained from elective abortions (HFT) as defined in the NIH Grants Policy Statement are included in the proposed budget, they must **not** be included here but listed as a specific line item under *Section F.8-10 Other*.

2. Publication Costs:

List the total funds requested for publication costs. The proposal budget may request funds for the costs of documenting, preparing, publishing, or otherwise making available to others, the findings and products of the work conducted under the award. Include supporting information in Section L. Budget Justification.

3. Consultant Services:

List the total funds requested for all consultant services. Identify the following items in Section L. Budget Justification, as applicable:

- each consultant, the services he/she will perform, total number of days, travel costs, and the total estimated costs;
- the names and organizational affiliations of all consultants, other than those involved in consortium/contractual arrangements;
- consulting physicians in connection with patient care; and
- persons who are confirmed to serve on external monitoring boards or advisory committees to the project. Describe the services to be performed.

4. Automatic Data Processing (ADP)/Computer Services:

List the total funds requested for ADP/computer services. The cost of computer services, including computer-based retrieval of scientific, technical, and education information may be requested. In Section L. Budget Justification, include the established computer service rates at the proposing organization, if applicable.

5. Subawards/Consortium/Contractual Costs:

List the total funds requested for:

1. all subaward/consortium organization(s) proposed for the project and
2. any other contractual costs proposed for the project.

This line item should include both direct and indirect costs for all subaward/consortium organizations.

Contractual costs for support services, such as laboratory testing of biological materials, clinical services, or data processing, are occasionally sufficiently high to warrant a categorical breakdown of costs. When this is the case, provide detailed information as part of Section L. Budget Justification.

NIH policy provides for exclusion of consortium/contractual F&A costs when determining if an applicant is in compliance with a direct cost limitation. However, you must include the full cost of consortium/subawards in this field. See the NIH Grants Policy Statement, Section 2.3.7.1: Applications that Include Consortium/Contractual F&A Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

6. Equipment or Facility Rental/User Fees:

List the total funds requested for equipment or facility rental/user fees. In Section L. Budget Justification, identify and justify each rental user fee.

7. Alterations and Renovations:

List the total funds requested for alterations and renovations (A&R). In Section L. Budget Justification, itemize by category and justify the costs of alterations and renovations, including repairs, painting, and removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.

Under certain circumstances the public policy requirements that apply to construction activities may also apply to A&R activities. Refer to the NIH Grants Policy Statement, Section 10.10: Construction Grants – Public Policy Requirements and Objectives for more information.

> **Special Instructions for Foreign Organizations (Non-domestic [non-U.S.] Entities):** Minor A&R costs (≤$500,000) are allowable on applications from foreign organizations and domestic institutions with foreign components. When requesting minor A&R costs under this policy, please provide detailed information on the planned A&R in the budget justification.

8-17 Other:

Add descriptions for any "other" direct costs not requested above. Use Section L. Budget Justification to further itemize and justify.

List funds requested for each of the items in lines "8-10 Other." Use lines 8-10 for costs such as patient care and tuition remission. If requesting patient care costs, request inpatient and outpatient costs separately.

Lines "8-17 Other" may also be used to request direct costs related to the use of single Institutional Review Board (sIRB) for multi-site human subjects research.

For more information on charging direct and indirect costs for single IRB activities, see the Scenarios to Illustrate the Use of Direct and Indirect Costs for Single IRB Review under the NIH Policy on the Use of a Single IRB for Multi-Site Research.

Special Instructions for Applications Proposing the Use of Human Fetal Tissue: If the use of human fetal tissue obtained from elective abortions (HFT) (as defined in the NIH Grants Policy Statement) is included in the proposed application, regardless of whether costs will be incurred, it must be noted as a single line item here. The line item must be titled "Human Fetal Tissue Costs" (without quotation marks, but following exact phrase and spacing). The line item must only be used for HFT costs and cannot include or be combined with any "Other" costs. If no cost will be incurred (e.g. if HFT will be donated), enter "0" in the "Funds Requested" column. Details regarding HFT must be specified in the Budget Justification attachment (L), pursuant to the instructions.

Applications proposing HFT that do not address these requirements will be administratively withdrawn. For further information on HFT policy refer to the NIH Grants Policy Statement, Section 2.3.7.11 Human Fetal Tissue from Elective Abortions, Section 4.1.14 Human Fetal Tissue Research and Section 4.1.14.2 Human Fetal Tissue from Elective Abortions.

Additional Instructions for Research:

Special Instructions for Patient Care Costs: If inpatient and/or outpatient costs are requested, provide the names of any hospitals and/or clinics and the amounts requested for each in the Budget Justification.

State whether each hospital or clinic has a currently effective HHS-negotiated research patient care rate agreement and, if not, what basis is used for calculating costs. If an applicant does not have a HHS-negotiated rate, the PHS awarding component can approve a provisional rate. Indicate, in detail, the basis for estimating costs in this category, including the number of patient days, estimated cost per day, and cost per test or treatment. If multiple sites are to be used, provide detailed information by site.

Include information regarding projected patient accrual for the project/budget periods and relate this information to the budget request for patient care costs. If patient accrual is anticipated to be lower at the start or during the course of the project, plan budget(s) accordingly.

Provide specific information regarding anticipated sources of Other Support for patient care costs, e.g., third party recovery or pharmaceutical companies. Include any potential or expected utilization of the Clinical and Translational Science Awards (CTSA) program.

Total Other Direct Costs:

This total will be automatically calculated based on the sum of the Funds Requested column in "Section F. Other Direct Cost."

G. Direct Costs

This total will be automatically calculated based on the sum of the Total funds requested for all direct costs (sections A-F).

H. Indirect Costs

Indirect costs (Facilities & Administrative [F&A] costs) are defined as costs that are incurred by a grantee for common or joint objectives and that, therefore, cannot be identified specifically with a particular project or program. See the NIH Glossary's definition of Indirect Costs.

For more information:

You are encouraged to visit the following Division of Financial Advisory Services (DFAS) Websites or call DFAS staff at 301-496-2444 for guidance: Main DFAS website, DFAS Frequently Asked Questions. The following website has a listing of unallowable and unallocable costs and the related Federal Acquisition Regulation (FAR) citation for each: NIH Office of Management's Unallowable/Unallocable Costs.

Refer to the NIH Grants Policy Statement, Section 7.4: Reimbursement of Facilities and Administrative Costs for more information.

Special Instructions for Foreign Organizations (Non-domestic [non-U.S.] Entities): Foreign institutions and international organizations may request funds for limited F&A costs (8% of modified total direct costs less equipment) to support the costs of compliance with HHS and NIH requirements including, but not limited to, those related to the protection of human subjects, animal welfare, invention reporting, financial conflict of interest, and research misconduct. Foreign organizations may not include any charge-back of customs and import fees, such as consular fees, customs surtax, value-added taxes (VAT), and other related charges.

Indirect Cost Type:

Enter the type of indirect cost (e.g., Salary & Wages, Modified Total Direct Costs, etc.) and whether the cost is off-site. If more than one rate or base is involved for a given type of indirect cost, then list them as separate entries. If you do not have a current indirect (F&A) rate(s) approved by a federal agency, indicate “None--will negotiate” and include information for a proposed rate. Use Section L. Budget Justification if additional space is needed.

Indirect Cost Rate (%):

Enter the most recent indirect cost rate(s) established with the cognizant federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to the NIH awarding IC or to the PHS awarding office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency. This field should be entered using a rate such as “55.5.”

Indirect Cost Base ($):

Enter the amount of the base for each indirect cost type.

Funds Requested ($):

Enter the funds requested for each indirect cost type.

Total Indirect Costs:

This total will be automatically calculated from the “Funds Requested” column in "Section H. Indirect Cost."

Cognizant Federal Agency:

Enter the name of the cognizant Federal Agency and the name and phone number of the individual responsible for negotiating your rate (your point of contact). If no cognizant agency is known, enter "None."

I. Total Direct and Indirect Costs

This total will be automatically populated from the sum of Total Direct Costs (from Section G. Direct Cost) and the Total Indirect Costs (from Section H. Indirect Costs).

J. Fee

Do not include a fee in your budget, unless the FOA specifically allows inclusion of a "fee." If a fee is allowable, enter the requested fee.

K. Total Costs and Fee

This total will be automatically calculated from the sum of Total Direct Costs and Fee (from sections "I. Total Direct and Indirect Costs" and "J. Fee").

L. Budget Justification

The "Budget Justification" attachment is required. Attach only one file.

Use the Budget Justification to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. If you have a quote(s), you may include it here (information in the quote may be not used to supplement information provided in page-limited sections of the application, such as the Research Strategy). The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support, and other direct cost categories.

In addition to the justifications described in the above sections, also include a justification for any significant increases or decreases from the initial budget period. Justify budgets with more than a standard escalation from the initial to the future year(s) of support.

Also use the Budget Justification to explain any exclusions applied to the F&A base calculation.

If your application includes a subaward/consortium budget, a separate Budget Justification must be submitted. See R.310 - R&R Subaward Budget Attachment(s) Form.

Special Instructions for Applications Proposing the Use of Human Fetal Tissue: If the use of human fetal tissue obtained from elective abortions (HFT) (as defined in the NIH Grants Policy Statement) is included in the proposed application include a detailed justification including the quantity, type(s), and source(s) of the HFT, including the stage of fetal development. This information must be included if costs for the HFT are assigned to the grant or if the HFT is acquired under the grant at no costs. The HFT justification must be clearly labeled in the budget justification attachment.

Research & Related Budget - Cumulative Budget

All values on this form are automatically calculated, and the fields are pre-populated. They present the summations of the amounts you entered previously, under Sections A through K, for each of the individual budget periods. Therefore, no data entry is allowed or required to complete this "Cumulative Budget" section.

If any of the amounts displayed on this form appear to be incorrect, you may correct it by adjusting one or more of the values that contribute to that total. To make any such corrections, you will need to revisit the appropriate budget period form(s).

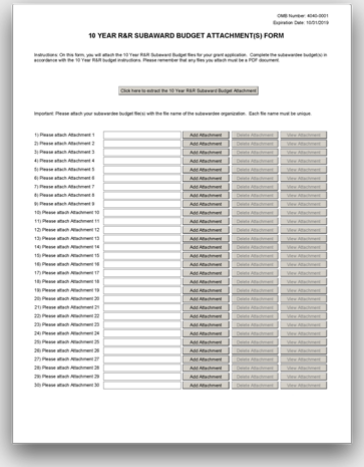
R.310 - R&R Subaward Budget Attachment(s) Form

The R&R Subaward Budget Attachment(s) Form is used for applications with a subaward or consortium.

This form is required only when the prime grantee is submitting an R&R Budget Form and has subaward/consortium budgets.

Applicants using the Modular Budget Form should see R.320 - Modular Budget Form for instructions concerning information on consortium budgets.

View larger image



10 YEAR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Who should use the R&R Subaward Budget Attachment(s) Form?

The R&R Subaward Budget Attachment(s) Form is required if you have a subaward/consortium and are using the R.300 - R&R Budget Form.

Do not use this form if you are using the PHS Modular Budget Form or if you do not have a subaward/consortium.

Each consortium grantee organization that performs a substantive portion of the project must complete an R&R Subaward Budget Attachment, including the Budget Justification section.

Consortium/Contractual F&A Costs:

NIH policy provides for the exclusion of consortium/contractual F&A costs when determining if an applicant is in compliance with a direct cost limitation. However, you must include the full cost of subaward/consortium in the Subawards/Consortium Costs field (R.300 - R&R Budget Form, Section F. Other Direct Costs, Question 5). If a subaward/consortium is not performing a substantive portion of the project, they do not need to complete an R&R Subaward Budget Form; however, their costs must be included in the prime grantee's R&R Budget Form. All F&A costs count toward the direct cost limit.

Refer to the NIH Grants Policy Statement, Section 2.3.7.1: Applications That Include Consortium/Contractual F&A Costs for policy related to the exclusion of consortium/subaward amounts in determining whether an applicant is in compliance with a direct cost limitation.

Applicants should document how their budget falls below the direct cost limit in their Budget Justification on the R&R Subaward Budget Form.

Note on Project Roles for Consortium Lead Investigators:

It is appropriate and expected that someone may serve as the consortium lead investigator responsible for ensuring proper conduct of the project or program at each subaward or consortium site.

Unless you are submitting your application under the multiple PD/PI policy, consortium lead investigators are NOT considered PD/PIs for the "Project Role" field. This individual should be assigned some other project role on the R.300 - R&R Budget Form and in the R.240 – R&R Senior/Key Person Profile (Expanded) Form. However, the project role of "PD/PI" should be used for a consortium lead investigator if they also serve as PD/PI for the entire application under the multiple PD/PI policy.

Using the R&R Subaward Budget Attachment(s) Form:

The location of the R&R Subaward Budget Attachment(s) Form may vary with the type of submission (e.g., under an "Optional Forms" tab).

The steps needed to include a subaward budget in your application vary by submission method. If submitting using the Grants.gov Workspace, the prime applicant can extract a copy of the R&R Budget Form from the R&R Subaward Budget Attachment(s) Form and send the extracted file to the consortium for completion. After the consortium completes the R&R Budget Form, following the instructions here and in R.300 – R&R Budget Form, the prime grantee must then upload the R&R Budget Form to the R&R Subaward Budget Attachment(s) Form.

For all submission methods, the R&R Budget Form with a "Budget Type" of Subaward/Consortium is used to collect subaward budget data. However, ASSIST and other system-to-system solutions may present a different interface than the R&R Subaward Budget Attachment Form shown here.

This form accommodates a set number of separate subaward budgets. If you need to add more subaward budgets than the form allows, include the remaining budgets as part of Budget Justification in R.300 – R&R Budget Form.

Regardless of how many subaward budgets you include, the sum of all subaward budgets (those attached within the R&R Subaward Budget Attachment(s) Form and those provided as part of the project budget's Budget Justification), must be included in R.300 - R&R Budget Form, Section F. Other Direct Costs, Question 5. Subawards/Consortium/Contractual Costs of the project budget.

Format:

All attachments, including all Subaward Budget Forms and Budget Justifications, must be PDF files. The R&R Budget Forms are already PDFs when extracted. Do not alter the format. Use of hyperlinks and URLs in this section is not allowed unless specified in the funding opportunity announcement.

Content:

On this R&R Subaward Budget Attachment(s) Form, you will attach the R&R Subaward Budget files for your application. Each consortium should complete the Subaward Budget(s) in accordance with the R.300 - R&R Budget Form instructions.

Submitting Subaward Budgets that are not Active for all Periods of the Prime Grant:

The R&R Budget Forms do not allow for "empty" budget periods.

Subaward/consortiums organizations should complete all budget periods in the R&R Subaward Budget Form for their subaward budgets, aligning the budget period numbers, start dates, and end dates with the budget periods of the prime grant.

Example: The prime fills out an R&R Budget Form with the following periods:

- period 1 - Jan 1, 2017 – Dec 31, 2017
- period 2 - Jan 1, 2018 – Dec 31, 2018
- period 3 - Jan 1, 2019 – Dec 31, 2019

- period 4 - Jan 1, 2020 – Dec 31, 2020
- period 5 - Jan 1, 2021 – Dec 31, 2021

The budget period numbers and dates should be the same in all the R&R Subaward Budget Forms included in the R&R Subaward Budget Attachment(s) Form.

The R&R Subaward Budget Forms include several required fields which must be completed (even for inactive periods) in order to successfully submit the application. Provide the following information for inactive budget periods in subaward/consortium budgets:

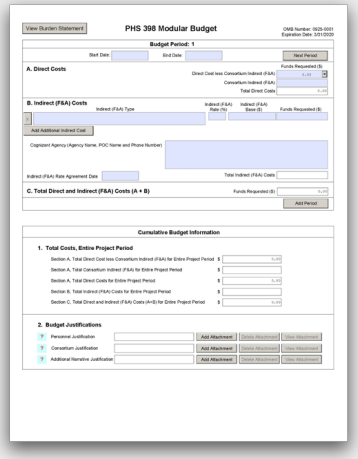
- Unique Entity Identifier
- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- In Question "A: Senior/Key Person," provide a single entry including the following:
    - PD/PI or subaward lead First and Last names
    - Project Role (may default to PD/PI; can be adjusted as needed)
    - Calendar Months = .01 (smallest amount effort allowed in the field)
    - Requested Salary = $0
    - Fringe Benefits = $0
- Explanation of the inactive budget periods in the Budget Justification of the subaward/consortium's R&R Subaward Budget Form

R.320 - PHS 398 Modular Budget Form

Some application forms packages include two budget forms — (1) the R&R Budget Form and (2) the PHS 398 Modular Budget Form. Include only one of these forms, but not both, in your application.

Generally, the PHS 398 Modular Budget Form is applicable only to research applications from domestic organizations that are requesting $250,000 or less per budget period in direct costs, but there are exceptions.

Refer to your specific FOA and these instructions for guidance on which budget form(s) to use.



View larger image

Quick Links

Budget Period 1

- A. Direct Costs
- B. Indirect (F&A) Costs
- C. Total Direct and Indirect (F&A) Costs (A+B)

Cumulative Budget Information

- 1. Total Costs, Entire Project Period
- 2. Budget Justifications

Who should use the PHS 398 Modular Budget Form?

There are two primary types of Budget Forms: the detailed R&R and PHS 398 modular. Generally, you must use the PHS Modular Budget Form if you are submitting a research grant application from a domestic organization and you are applying for $250,000 or less per budget period in direct costs. You must use the R&R Budget Form if you are applying for more than $250,000 per budget period in direct costs. However, there are exceptions and other distinctions. Refer to your FOA and to the following instructions for guidance on which Budget Form to use.

> **Special Instructions for Foreign Organizations (Non-domestic [non-U.S.] Entities):** Foreign organizations must use the R&R Budget Form in R.300 - R&R Budget Form.

> **Special Instructions for Applications Proposing the Use of Human Fetal Tissue**: If the use of human fetal tissue obtained from elective abortions (HFT) (as defined in the NIH Grants Policy Statement) isincluded in the proposed application, regardless of whether you will incur a cost for HFT, you cannot use the PHS Modular Budget Form regardless of the activity code and must use the R&R Budget Form in G.300 - R&R Budget Form.

Note: The terms “detailed budget” and “R&R Budget” are used interchangeably.

For more information:

For more information on how to prepare your budget, see NIH's Develop Your Budget page.

Also see NIH's Modular Research Grant Applications page.

Modular Budget Guidelines:

Modular budgets are simplified; therefore, detailed categorical information is not to be submitted with the application.

For all modular budgets, request total direct costs (**in modules of $25,000**), reflecting appropriate support for the project. There will be no future year escalations. A typical modular grant application will request the same number of modules in each budget period. Provide an additional narrative budget justification (in the Additional Narrative Justification section) for any variation in the number of modules requested.

Prior to award, NIH may request additional budget justification in exceptional circumstances.

Using the Modular Budget Form:

The Modular Budget Form provides budget fields for up to 5 periods of support (e.g., Budget Periods 1 - 5). A budget period is typically 1 year of support. If requesting fewer than 5 periods/years of support, complete only the applicable budget periods and leave the others blank. The fields are the same for all budget periods.

The form will generate information for the Cumulative Budget Information section, which reflects information for the total project period.

The following instructions (under "Budget Period 1") can be used for each Budget Period (1-5).

Budget Period 1

Start Date:

This field is required. Enter the requested/proposed start date of the budget period. Use the following format: MM/DD/YYYY. For period 1, the start date is typically the same date as the Proposed Project Start Date on the SF 424 (R&R) Form.

End Date:

This field is required. Enter the requested/proposed end date of the budget period. Use the following format: MM/DD/YYYY.

A. Direct Costs

Direct Cost less Consortium Indirect (F&A):

This field is required.

Enter the amount of direct costs, but do not include actual consortium indirect (F&A) costs. This figure must be in $25,000 increments, and it may not exceed $250,000 in a budget period. See the NIH Glossary's definitions of Direct Cost and Indirect Cost.

Consortium Indirect (F&A):

If this project involves a subaward/consortium, enter the actual consortium indirect (F&A) costs for the budget period. If this project does not involve a subaward/consortium, leave the field blank.

Total Direct Costs:

This field will be automatically calculated based on the sum of the "Direct Cost less Consortium Indirect (F&A)" and "Consortium Indirect (F&A)" fields.

B. Indirect (F&A) Costs

Indirect costs (Facilities & Administrative [F&A] costs) are defined as costs that are incurred by a grantee for common or joint objectives and that, therefore, cannot be identified specifically with a particular project or program. See the NIH Glossary's definition of Indirect Costs.

For more information:

You are encouraged to visit the following Division of Financial Advisory Services (DFAS) Websites or call DFAS staff at 301-496-2444 for guidance: Main DFAS website, DFAS Frequently Asked Questions. The following website has a listing of unallowable and unallocable costs and the related Federal Acquisition Regulation (FAR) citation for each: NIH Office of Management's Unallowable / Unallocated costs.

Refer to the NIH Grants Policy Statement, Section 7.4: Reimbursement of Facilities and Administrative Costs for more information.

Indirect (F&A) Type:

Enter the type/base of indirect cost (e.g., Salary & Wages, Modified Total Direct Costs, etc.) and whether the cost is off-site. If more than one rate or base is involved for a given type of indirect cost, then list them as separate entries. If you do not have a current indirect (F&A) rate(s) approved by a federal agency, indicate "None—will negotiate" and include information for a proposed rate. Use the Budget Justification if additional space is needed.

Indirect (F&A) Rate (%):

Indicate the most recent Indirect (F&A) cost rate(s) established with the cognizant federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to the NIH awarding IC or to the PHS awarding office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency. This field should be entered using a rate such as "55.5."

Indirect (F&A) Base ($):

Enter the amount of the base for each indirect cost type.

Funds Requested ($):

Enter the funds requested for each indirect cost type.

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

Enter the name of the cognizant Federal Agency and the name and phone number of the individual responsible for negotiating your rate (your point of contact). If no cognizant agency is known, enter "None."

Indirect (F&A) Rate Agreement Date:

If you have a negotiated rate agreement, enter the agreement date.

Total Indirect (F&A) Costs:

This field will be automatically calculated based on the sum of the "Funds Requested" fields from all of the Indirect (F&A) Costs.

C. Total Direct and Indirect (F&A) Costs (A+B)

Funds Requested ($):

This field will be automatically calculated based on the sum of the “Total Direct Costs” and “Total Indirect (F&A) Costs” fields.

Cumulative Budget Information

1. Total Costs, Entire Project Period

All values for the “Total Costs, Entire Project Period” section are automatically calculated and the fields are pre-populated. They present the summations of the amounts you entered for each of the individual budget periods. Therefore, no data entry is allowed or required in the “Total Costs, Entire Project Period” section.

If any of the amounts displayed in this “Total Costs, Entire Project Period” section appear to be incorrect, you may correct it by adjusting one or more of the values that contribute to that total. To make any such corrections, you will need to revisit the appropriate budget period form(s).

2. Budget Justifications

Personnel Justification:

Format:

Attach this information as a PDF file. See NIH’s Format Attachments page. Hyperlinks and URLs are not allowed in this section unless specified in the funding opportunity announcement.

Content:

List all personnel, including names, percent effort (use the Person Months metric), and roles on the project.

Do not provide individual salary information. You must use the current legislatively imposed salary limitation when estimating the number of modules. For guidance on current salary limitations, contact your office of sponsored programs.

Administrative, Secretarial, and Clerical Support Salaries: In most circumstances, the salaries of administrative, secretarial, or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs. However, examples of situations where direct charging of these salaries may be appropriate may be found at 45 CFR 75.403.

Inclusion of such costs may be appropriate only if all of the following conditions are met:

1. Administrative or clerical services are integral to a project or activity;
2. Individuals involved can be specifically identified with the project or activity;
3. Such costs are explicitly included in the budget or have prior written approval of the federal awarding agency; and
4. The costs are not also recovered as indirect costs.

Requests for direct charging for administrative, secretarial, or clerical personnel must be appropriately justified here in the "Personnel Justification." For each individual classified as administrative/secretarial/clerical, provide the name; percent effort; role; and a justification documenting how they meet all four conditions. NIH ICs may request additional information for these positions in order to assess allowability.

Graduate student compensation: NIH grants also limit compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the time of award. This limit should also be used when estimating the number of modules. For more guidance on this policy, see the NIH Grants Policy Statement, Section 2.3.7.9: Graduate Student Compensation.

Consortium Justification:

Format:

Attach this information as a PDF file. See the NIH's Format Attachment page.

Content:

Provide an estimate of total consortium/subaward costs (direct costs plus indirect [F&A] costs) for each budget period, rounded to the nearest $1,000.

List the individuals/organizations with whom consortium or contractual arrangements have been made and indicate whether the collaborating institution is foreign or domestic.

List all personnel, including names, percent effort (use the Person Months metric), and roles on the project.

Do not provide individual salary information.

Additional Narrative Justification:

Note: The Additional Narrative Justification is not needed in applications to FOAs with direct cost limits that do not spread evenly across budget periods (e.g., R21 FOAs that allow $275,000 in direct costs over two years).

Format:

Attach this information as a PDF file. See the NIH's Format Attachment page. Hyperlinks and URLs are not allowed in this section unless specified in the funding opportunity announcement.

Content:

If the requested budget requires any additional justification (e.g., variations in the number of modules requested), include that information in the Additional Narrative Justification attachment. If you have a quote(s), you may include it here (information in the quote may be not used to supplement information provided in page-limited sections of the application, such as the Research Strategy).

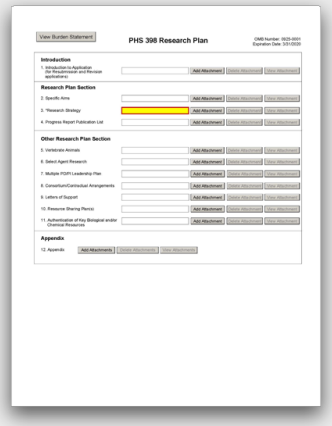
Additional justification should include explanations for any variations in the number of modules requested annually. Also, this section should describe any direct costs that were excluded from the total direct costs (such as equipment, tuition remission) and any work being conducted off-site, especially if it involves a foreign study site or an off-site F&A rate.

R.400 - PHS 398 Research Plan Form

The PHS 398 Research Plan form is used only for research, multi-project, and SBIR/STTR applications.

This form includes fields to upload several attachments, including the Specific Aims and Research Strategy.

The Research Plan, together with the rest of your application, should include sufficient information needed for evaluation of the project, independent of any other documents (e.g., previous application). Be specific and informative, and avoid redundancies.



View larger image

Quick Links

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. Authentication of Key Biological and/or Chemical Resources

Appendix

- 12. Appendix

Your application should represent a sound approach to the investigation of an important biomedical research, behavioral research, technological, engineering, or scientific question, and be worthy of support under the stated criteria of the FOA. It should be self-contained and written with the care and thoroughness accorded to papers for publication.

Review the application carefully to ensure you have included information essential for evaluation. The scientific and technical merit of the proposed research is the primary concern for all research supported by the National Institutes of Health (NIH) and other PHS agencies.

Read all the instructions in the FOA before completing this form to ensure that your application meets all IC-specific criteria.

Who should use the PHS 398 Research Plan Form:

Use the PHS 398 Research Plan Form only if you are submitting a research, multi-project, or SBIR/STTR application.

Applicants must follow all policies and requirements related to formatting, page limits, and proprietary information. See the following pages for more information:

- Format Attachments
- Page Limits
- NIH Grants Policy Statement, Section 2.3.11.2: Confidentiality of Information
- NIH Grants Policy Statement, Section 2.3.11.2.2: The Freedom of Information Act

Introduction

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

Who must complete the "Introduction to Application" attachment:

An "Introduction to Application" attachment is required only if the type of application is resubmission or revision or if the FOA specifies that one is needed. An introduction is not allowed for new or renewal applications.

Descriptions of different types of applications are listed here: NIH Types of Applications.

Format:

Follow the page limits for the introduction in the NIH Table of Page Limits unless otherwise specified in the FOA.

Attach this information as a PDF file. See NIH's Format Attachments page. Hyperlinks and URLs may not be used in this section unless specified as allowed in the funding opportunity announcement.

Content:

Resubmission applications: See specific instructions on the content of the introduction on the NIH's Resubmission Applications page.

Competing Revisions: See specific instructions on the content of the introduction on the NIH's Competing Revisions page.

Research Plan Section

2. Specific Aims

Who must complete the "Specific Aims" attachment:

The "Specific Aims" attachment is required unless otherwise specified in the FOA.

Format:

Follow the page limits for the Specific Aims in the NIH Table of Page Limits unless otherwise specified in the FOA. A "Specific Aims" attachment that exceeds the page limit will be flagged as an error by the Agency upon submission.

Attach this information as a PDF file. See NIH's Format Attachments page. Hyperlinks and URLs may not be used in this section unless specified as allowed in the funding opportunity announcement.

Content:

State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will have on the research field(s) involved.

List succinctly the specific objectives of the research proposed (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology).

3. Research Strategy

Who must complete the "Research Strategy" attachment:

The "Research Strategy" attachment is required.

Format:

Follow the page limits for the Research Strategy in the NIH Table of Page Limits, unless otherwise specified in the FOA. Although multiple sections of information are required in the Research Strategy as detailed below, the page limit applies to the entirety of the single "Research Strategy" attachment.

Attach this information as a PDF file. See NIH's Format Attachments page. Hyperlinks and URLs may not be used in this section unless specified as allowed in the funding opportunity announcement.

Content:

Organize the Research Strategy in the specified order and use the instructions provided below unless otherwise specified in the FOA. Start each section with the appropriate heading – Significance, Innovation, Approach.

Cite published experimental details in the Research Strategy attachment and provide the full reference in R.220 - R&R Other Project Information Form, Bibliography and Reference Cited.

Note for Applications Proposing the Use of Human Fetal Tissue: If the use of human fetal tissue obtained from elective abortions (HFT) (as defined in the NIH Grants Policy Statement) is

included in the proposed application you must include specific information in the Approach section of the Research Strategy attachment. See specific instructions below in Section 3. Approach. This information must be provided regardless of whether Human Subjects research is proposed or not.

Applications proposing HFT that do not address these requirements will be administratively withdrawn. For further information on HFT policy refer to the NIH Grants Policy Statement, Section 2.3.7.11 Human Fetal Tissue from Elective Abortions, Section 4.1.14 Human Fetal Tissue Research and Section 4.1.14.2 Human Fetal Tissue from Elective Abortions.

Note for Applications Proposing the Involvement of Human Subjects and/or Clinical Trials:

- Do not duplicate information in the Research Strategy and the PHS Human Subjects and Clinical Trials Information form. Use the Research Strategy attachment to discuss the overall strategy, methodology, and analyses of your proposed research. Use the PHS Human Subjects and Clinical Trials Information form to provide detailed information for human subjects studies and clinical trials.
- The PHS Human Subjects and Clinical Trials Information form will capture detailed study information, including eligibility criteria; inclusion of women, minorities, and individuals across the lifespan; protection and monitoring plans; and statistical design and power.
- You are encouraged to refer to information in the PHS Human Subjects and Clinical Trials Information form as appropriate in your discussion of the Research Strategy (e.g., see Question 2.4 Inclusion of Women and Minorities).

Note for Applicants with Multiple Specific Aims: You may address the Significance, Innovation, and Approach either for each Specific Aim individually or for all of the Specific Aims collectively.

1. Significance

- Explain the importance of the problem or critical barrier to progress that the proposed project addresses.
- Describe the strengths and weaknesses in the rigor of the prior research (both published and unpublished) that serves as the key support for the proposed project.
- Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields.

Additional Instructions for Research:

Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.

2. Innovation

- Explain how the application challenges and seeks to shift current research or clinical practice paradigms.
- Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions.
- Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.

3. Approach

- Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Describe plans to address weaknesses in the rigor of the prior research that serves as the key support for the proposed project. Describe the experimental design and methods proposed and how they will achieve robust and unbiased results. Include how the data will be collected, analyzed, and interpreted, and reference any Resource Sharing Plans as appropriate. Resources and tools for rigorous experimental design can be found at the Enhancing Reproducibility through Rigor and Transparency website.
- For trials that randomize groups or deliver interventions to groups, describe how your methods for analysis and sample size are appropriate for your plans for participant assignment and intervention delivery. These methods can include a group- or cluster-randomized trial or an individually randomized group-treatment trial. Additional information is available at the Research Methods Resources webpage.
- Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
- If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work.
- Explain how relevant biological variables, such as sex, are factored into research designs and analyses for studies in vertebrate animals and humans. For example, strong justification from the scientific literature, preliminary data, or other relevant considerations, must be provided for applications proposing to study only one sex. Refer to the NIH Guide Notice on Sex as a Biological Variable in NIH-funded Research for additional information.
- Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised. A full discussion on the use of select agents should appear in the Select Agent Research attachment below.
- If research on Human Embryonic Stem Cells (hESCs) is proposed but an approved cell line from the NIH hESC Registry cannot be chosen, provide a strong justification for why an appropriate cell line cannot be chosen from the registry at this time.

Special Instructions for Applications Proposing the Use of Human Fetal Tissue: If the use of human fetal tissue obtained from elective abortions (HFT) (as defined in the NIH Grants Policy Statement) is included in the proposed application

- Use the specific heading: "Human Fetal Tissue Research Approach".
- Describe the proposed characteristics, procurement, and procedures for the research use of HFT. The description should be sufficiently detailed to permit meaningful evaluation by NIH.
- Justify the use of HFT in the proposed research by indicating the following:
    - Why the research goals cannot be accomplished by using an alternative to HFT.
    - What methods were used (e.g. literature review, preliminary data) to determine that alternatives could not be used.
    - Results from a literature review used to provide justifications.
    - Plans for the treatment of HFT and the disposal of HFT when research is complete.

- Description of planned written, voluntary, informed consent process for cell/tissue donation, or description and documentation of process if cells/tissue were already obtained.

Applications proposing HFT that do not address these requirements will be administratively withdrawn. For further information on HFT policy refer to the NIH Grants Policy Statement, Section 2.3.7.11 Human Fetal Tissue from Elective Abortions, Section 4.1.14 Human Fetal Tissue Research and Section 4.1.14.2 Human Fetal Tissue from Elective Abortions.

As applicable, also include the following information as part of the Research Strategy, keeping within the three sections (Significance, Innovation, and Approach) listed above.

Preliminary Studies for New Applications:

For new applications, include information on preliminary studies. Discuss the PD/PI's preliminary studies, data, and or experience pertinent to this application. Except for Exploratory/Developmental Grants (R21/R33), Small Research Grants (R03), and Academic Research Enhancement Award (AREA) Grants (R15), preliminary data can be an essential part of a research grant application and can help to establish the likelihood of success of the proposed project. Early stage investigators should include preliminary data.

Progress Report for Renewal and Revision Applications:

Note that the Progress Report falls within the Research Strategy and is therefore included in the page limits for the Research Strategy.

For renewal/revision applications, provide a Progress Report. Provide the beginning and ending dates for the period covered since the last competitive review. In the Progress Report, you should:

- Summarize the specific aims of the previous project period and the importance of the findings, and emphasize the progress made toward their achievement.
- Explain any significant changes to the specific aims and any new directions, including changes resulting from significant budget reductions.
- Discuss previous participant enrollment (e.g., recruitment, retention, inclusion of women, minorities, children, etc.) for any studies meeting the NIH definition for clinical research. Use the Progress Report section to discuss, but not duplicate information collected elsewhere in the application.

Do not include a list of publications, patents, or other printed materials in the Progress Report. That information will be included in the "Progress Report Publication List" attachment.

4. Progress Report Publication List

Who must complete the "Progress Report Publication List" attachment:

A "Progress Report Publication List" attachment is required only if the type of application is renewal.

Descriptions of different types of applications are listed here: NIH's Types of Applications.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page. Use of hyperlinks and URLs in this section is not allowed unless specified in these instructions or in the funding opportunity announcement.

Content:

List the titles and complete references to all appropriate publications, manuscripts accepted for publication, patents, and other printed materials that have resulted from the project since it was last reviewed competitively.

You are allowed to cite interim research products. **Note:** interim research products have specific citation requirements. See related Frequently Asked Questions on citing interim research products and claiming them as products of your NIH award.

Provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for each of the following:

- Articles that fall under the Public Access Policy,
- Articles that were authored or co-authored by the applicant and arose from NIH support,
- Articles that were authored or co-authored by the applicant and arose from AHRQ funding provided after February 19, 2016 (see the Guide Notice on Policy for Public Access to AHRQ-Funded Scientific Publications).

If the PMCID is not yet available because the Journal submits articles directly to PMC on behalf of their authors, indicate "PMC Journal – In Process." NIH maintains a list of such journals.

Citations that are not covered by the Public Access Policy, but are publicly available in a free, online format may include URLs or PubMed ID (PMID) numbers along with the full reference. Active hyperlinks are not allowed.

Other Research Plan Section

5. Vertebrate Animals

Who must complete the "Vertebrate Animals" attachment:

Include a "Vertebrate Animals" attachment if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the R.220 - R&R Other Project Information Form.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Do not use this attachment to circumvent the page limits of the Research Strategy.

Content:

If live vertebrate animals are involved in the project, address each of the following criteria:

1. **Description of Procedures:** Provide a concise description of the proposed procedures to be used that involve live vertebrate animals in the work outlined in the "Research Strategy" attachment. The description must include sufficient detail to allow evaluation of the procedures. Identify the species, strains, ages, sex, and total numbers of animals by species, to be used in the proposed work. If dogs or cats are proposed, provide the source of the animals.

2. **Justifications:** Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g. computational, human, invertebrate, in vitro).
3. **Minimization of Pain and Distress:** Describe the interventions including analgesia, anesthesia, sedation, palliative care and humane endpoints that will be used to minimize discomfort, distress, pain, and injury.

Each of the criteria must be addressed. Failure to adequately address the criteria may negatively affect the application's impact score. In addition to the 3 criteria above, you should also:

- Identify all project performance (or collaborating) sites and describe the proposed research activities with vertebrate animals that will be conducted at those sites.
- Explain when and how animals are expected to be used if plans for the use of animals have not been finalized.

See the following pages for more information:

- NIH's Office of Laboratory Animal Welfare website
- NIH's Vertebrate Animals Section Worksheet
- See the NIH Grants Policy Statement, Section 4.1.1: Animal Welfare Requirements (an applicable Animal Welfare Assurance will be required if the grantee institution does not have one)

6. Select Agent Research

Who must complete the "Select Agent Research" attachment:

Include a "Select Agent Research" attachment if your proposed activities involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any performance site.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

For more information:

Select agents are hazardous biological agents and toxins that have been identified by HHS or the U.S. Department of Agriculture (USDA) as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. The Centers for Disease Control and Prevention (CDC) and the Animal and Plant Health Inspection Service (APHIS) Select Agent Programs jointly maintain a list of these agents. See the Federal Select Agent Program website.

See also the NIH Grants Policy Statement, Section 4.1.24.1.1: Select Agents.

Content:

Excluded select agents: If the activities proposed in the application involve only the use of a strain(s) of select agents which has been excluded from the list of select agents and toxins as per 42 CFR 73.3, the select agent requirements do not apply. Use this "Select Agent Research" attachment to identify the strain(s) of the select agent that will be used and note that it has been excluded from this list. The CDC maintains a list of exclusions, which is available on the Select Agents and Toxins Exclusions website.

Applying for a select agent to be excluded: If the strain(s) is not currently excluded from the list of select agents and toxins but you have applied or intend to apply to HHS for an exclusion from the list, use this section to indicate the status of your request or your intent to apply for an exclusion and provide a brief justification for the exclusion.

All applicants proposing to use select agents: Address the following three points for each site at which select agent research will take place. Although no specific page limitation applies to this section, be succinct.

1. Identify the select agent(s) to be used in the proposed research.
2. Provide the registration status of all entities* where select agent(s) will be used.
    - If the performance site(s) is a foreign institution, provide the name(s) of the country or countries where select agent research will be performed.
    - *An "entity" is defined in 42 CFR 73.1 as "any government agency (Federal, State, or local), academic institution, corporation, company, partnership, society, association, firm, sole proprietorship, or other legal entity."
3. Provide a description of all facilities where the select agent(s) will be used.
    - Describe the procedures that will be used to monitor possession, use, and transfer of select agent(s).
    - Describe plans for appropriate biosafety, biocontainment, and security of the select agent(s).
    - Describe the biocontainment resources available at all performance sites.

7. Multiple PD/PI Leadership Plan

Who must complete the "Multiple PD/PI Leadership Plan" attachment:

Any applicant who designates multiple PD/PIs (on the R.240 - R&R Senior/Key Person Profile (Expanded) Form) must include a Multiple PD/PI Leadership Plan. For applications designating multiple PD/PIs, all such individuals must be assigned the PD/PI role on the R.240 - R&R Senior/Key Profile (Expanded) Form, even those at organizations other than the applicant organization.

Do not submit a Multiple PD/PI Leadership Plan if you are not submitting a multiple PD/PI application.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

A rationale for choosing a multiple PD/PI approach should be described. The governance and organizational structure of the leadership team and the research project should be described, including communication plans, processes for making decisions on scientific direction, and procedures for resolving conflicts. The roles and administrative, technical, and scientific responsibilities for the project or program should be delineated for the PD/PIs and other collaborators.

If budget allocation is planned, the distribution of resources to specific components of the project or the individual PD/PIs should be delineated in the Multiple PD/PI Leadership Plan. In the event of an award, the requested allocations may be reflected in a footnote on the Notice of Grant Award.

For more information:

For background information on the multiple PD/PI initiative, see NIH's Multiple Principal Investigators page.

8. Consortium/Contractual Arrangements

Who must complete the "Consortium/Contractual Arrangements" attachment:

Include a "Consortium/Contractual Arrangements" attachment if you have consortiums/contracts in your budget.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.

Note: The signature of the authorized organization representative in R.200 - SF 424 (R&R), Authorized Representative signifies that the applicant and all proposed consortium participants understand and agree to the following statement:

> *The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.*

For more information:

Refer to the NIH Grants Policy Statement, Section 15: Consortium Agreements for more information.

9. Letters of Support

Format:

Combine all letters of support into a single PDF file and attach this information here. Do not place these letters in the Appendix.

Follow the attachment guidelines on NIH's Format Attachments page. Use of hyperlinks and URLs in Letters of Support is not allowed unless specified in the funding opportunity announcement.

Content:

Attach a file with all letters of support, including any letters necessary to demonstrate the support of consortium participants and collaborators such as Senior/Key Personnel and Other Significant Contributors included in the grant application.

Letters should stipulate expectations for co-authorship, and whether cell lines, samples, or other resources promised in the letter are freely available to other investigators in the scientific community or will be provided to the particular investigators only.

For consultants, letters should include rate/charge for consulting services and level of effort / number of hours per budget period anticipated. In addition, letters ensuring access to core

facilities and resources should stipulate whether access will be provided as a fee-for-service.

Material Transfer Agreements may be included in this section.

Letters must focus on the topics listed above and not contain data / figures / tables / graphs, preliminary data, methods, background and significance details that are expected to be found in Research Strategy section of the application. Letters of Support serve to describe terms of a collaboration or consultation and also are not de facto letters of reference from persons not actively participating in the project. Applications with letters containing such excess information may be withdrawn from the review process.

Letters are not required for personnel (such as research assistants) not contributing in a substantive, measurable way to the scientific development or execution of the project.

Do not include consultant biographical sketches in the "Letters of Support" attachment, as consultant biosketches should be in the "Biographical Sketch" section.

10. Resource Sharing Plan(s)

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Data Sharing Plan: Investigators seeking $500,000 or more in direct costs (exclusive of consortium F&A) in any budget period are expected to include a brief 1-paragraph description of how final research data will be shared, or explain why data-sharing is not possible (for example human subject concerns, the Small Business Innovation Development Act provisions, etc.). Specific FOAs may require that all applications include this information regardless of the dollar level. Applicants are encouraged to read the FOA carefully and discuss their data-sharing plan with their program contact at the time they negotiate an agreement with the Institute/Center (IC) staff to accept assignment of their application. **For more information**, see the NIH Data Sharing Policy or the NIH Grants Policy Statement, Section 2.3.7.10: NIH Genomic Data Sharing and Section 8.2.3.3: Genomic Data Sharing (GDS) Policy/ Policy for Genome-Wide Association Studies (GWAS).

Sharing Model Organisms: Regardless of the amount requested, all applications where the development of model organisms is anticipated are expected to include a description of a specific plan for sharing and distributing unique model organisms or state why such sharing is restricted or not possible. **For more information**, see the NIH Grants Policy Statement, Section 8.2.3.2: Sharing Model Organisms.

Genomic Data Sharing (GDS): Applicants seeking funding for research that generates large-scale human or non-human genomic data are expected to provide a plan for sharing of these data. Examples of large-scale genomic data include genome-wide association studies (GWAS), single nucleotide polymorphisms (SNP) arrays, and genome sequence, transcriptomic, epigenomic, and gene expression data. Supplemental Information to the NIH GDS Policy provides examples of genomic research projects that are subject to the Policy. For guidance on developing a Genomic Data Sharing Plan, please see NIH Guidance for Developing Genomic Data Sharing Plans for NIH-Funded Studies.**For more information** see the NIH GDS Policy, the NIH Grants Policy Statement, Section 8.2.3.3: Genomic Data Sharing (GDS) Policy/ Policy for Genome-Wide Association Studies (GWAS), and the GDS website.

Note on GDS: For proposed studies generating human genomic data under the scope of the GDS Policy, an institutional certification may be submitted at the time of application submission, but it is not required at that time. The institutional certification, however, will be requested as Just-in-

Time (JIT) information prior to award. The institutional certification, or in some cases, a provisional institutional certification, must be submitted and accepted before the award can be issued.

For more information:

NIH considers the sharing of unique research resources developed through NIH-sponsored research an important means to enhance the value and further the advancement of the research. When resources have been developed with NIH funds, and the associated research findings published or provided to NIH, it is important that they be made readily available for research purposes to qualified individuals within the scientific community. See the NIH Grants Policy Statement, Section 8.2.3: Sharing Research Resources.

11. Authentication of Key Biological and/or Chemical Resources

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

If applicable to the proposed science, briefly describe methods to ensure the identity and validity of key biological and/or chemical resources used in the proposed studies. A maximum of one page is suggested.

For more Information:

Key biological and/or chemical resources are characterized as follows.

- Key biological and/or chemical resources may or may not have been generated with NIH funds and: 1) may differ from laboratory to laboratory or over time; 2) may have qualities and/or qualifications that could influence the research data; and 3) are integral to the proposed research. These include, but are not limited to, cell lines, specialty chemicals, antibodies, and other biologics.
- Standard laboratory reagents that are not expected to vary do not need to be included in the plan. Examples are buffers and other common biologicals or chemicals.
- See NIH's page on Rigor and Reproducibility for more information.

Appendix

12. Appendix

Refer to the FOA to determine whether there are any special appendix instructions for your application. See the updated NIH Guide Notice on the Appendix Policy.

Format:

A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 allowable appendix attachments are needed, combine the remaining information into attachment #10.

Use filenames for attachments that are descriptive of the content.

A summary sheet listing all of the items included in the Appendix is encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment.

Content:

The only allowable appendix materials are:

- Blank data collection forms, blank survey forms, and blank questionnaire forms - or screenshots thereof
- Simple lists of interview questions

  Note: In your blank forms and lists, do not include items such as: data, data compilations, lists of variables or acronyms, data analyses, publications, manuals, instructions, descriptions or drawings/figures/diagrams of data collection methods or machines/devices.

- Blank informed consent/assent forms
- Other items *only if* they are specified in the FOA as allowable appendix materials

No other items are allowed in the Appendix. Simply relocating disallowed materials to other parts of the application will result in a noncompliant application.

Some FOAs may have different instructions for the Appendix. Always follow the instructions in your FOA if they conflict with these instructions.

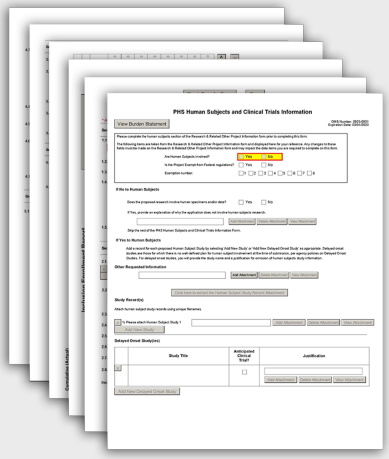
Note: Applications will be withdrawn and not reviewed if they do not follow the appendix requirements in these instructions or in your FOA.

Information that expands upon or complements information provided in any section of the application – even if it is not required for the review – is not allowed in the Appendix unless it is listed in the allowed appendix materials above or in your FOA. For example, do not include material transfer agreements (MTA) in the appendix unless otherwise specified in the FOA.

For more information:

- The NIH Guide Notice on Reminder: NIH Applications Must Be Complete and Compliant With NIH Policy and Application Instructions At Time of Submission.
- Failure of reviewers to address non-required appendix materials in their reviews is not an acceptable basis for an appeal of initial peer review. For more information, see the NIH Grants Policy Statement, Section 2.4.2: Appeals of Initial Scientific Review.
- Appendix Policy Frequently Asked Questions

R.500 - PHS Human Subjects and Clinical Trials Information



The PHS Human Subjects and Clinical Trials Information form is used to collect information on human subjects research, clinical research, and/or clinical trials, including study population characteristics, protection and monitoring plans, and a protocol synopsis.

This form accommodates the full spectrum of all types of clinical trials, including, but not limited to, behavioral, exploratory/development, mechanistic, pilot/feasibility, early phase, efficacy, effectiveness, group-randomized, and others.

Read all the instructions in the Funding Opportunity Announcement (FOA) before completing this form to ensure your application meets all IC-specific criteria. "Section II. Award Information" of the FOA will indicate whether clinical trials are or are not allowed and whether clinical trial research experience is or is not allowed. The designation of your FOA will determine how to use these instructions, and subsequently, how to fill out this form.

The PHS Human Subjects and Clinical Trials Information form, together with the rest of your application, should include sufficient information for the evaluation of the project, independent of any other documents (e.g., previous application). Be specific, describe each study clearly, and avoid redundancies. Be especially careful to avoid redundancies with your research strategy.

View larger image

Quick Links

PHS Human Subjects and Clinical Trials Information

Use of Human Specimens and/or Data

If No to Human Subjects

If Yes to Human Subjects

Other Requested Information

Study Record(s)

Delayed Onset Study(ies)

Study Record: PHS Human Subjects and Clinical Trials Information

Section 1 - Basic Information

1.1 Study Title (each study title must be unique)
1.2 Is this Study Exempt from Federal Regulations?
1.3 Exemption Number
1.4 Clinical Trial Questionnaire
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
2.3.a Inclusion of Individuals Across the Lifespan
2.4 Inclusion of Women and Minorities
2.5 Recruitment and Retention Plan
2.6 Recruitment Status
2.7 Study Timeline
2.8 Enrollment of First Participant
2.9 Inclusion Enrollment Report(s)
Section 3 - Protection and Monitoring Plans
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?
3.3 Data and Safety Monitoring Plan
3.4 Will a Data and Safety Monitoring Board be appointed for this study?
3.5 Overall Structure of the Study Team
Section 4 - Protocol Synopsis
4.1 Study Design
4.2 Outcome Measures
4.3 Statistical Design and Power
4.4 Subject Participation Duration
4.5 Will the study use an FDA-regulated intervention?
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

Complete the PHS Human Subjects and Clinical Trials Information form after you have completed the R.220 - R&R Other Project Information Form.

This form accommodates the full spectrum of all types of clinical trials, including, but not limited to, exploratory/development, mechanistic, pilot/feasibility, early phase, efficacy, effectiveness, group-randomized, and others.

Who should use the PHS Human Subjects and Clinical Trials Information form:

The designation of your FOA will determine how to use these instructions, and subsequently, how to fill out this form.

All applicants must use the PHS Human Subjects and Clinical Trials Information form regardless of your answer to the question "Are human subjects involved?" on the R.220 - R&R Other Project Information Form.

Note for studies involving only the secondary use of identifiable biospecimens or data: For studies where the only involvement of human subjects is the use of identifiable biospecimens or data originally collected for another purpose, complete the PHS Human Subjects and Clinical Trials Information form with information specific to the current study and not the original collection unless the information associated with the original collection is pertinent to the proposed study. If information about the original collection is necessary, provide context and clearly distinguish between the current study and historical information.

Using the PHS Human Subjects and Clinical Trials Information form:

Everyone must complete the "Use of Human Specimens and/or Data" section of the PHS Human Subjects and Clinical Trials Information form. However, your answer to the "Are human subjects involved?" question will determine which other sections of the PHS Human Subjects and Clinical Trials Information form you must complete. Once you have completed the "Use of Human Specimens and/or Data" section, follow instructions on the form that are specific to your answer to the "Are human subjects involved?" question on the R.220 - R&R Other Project Information Form:

- if you answered "Yes" to the question "Are human subjects involved?" on the R.220 - R&R Other Project Information Form, see the "If Yes to Human Subjects" section for instructions.
- if you answered "No" to the question "Are human subjects involved?" on the R.220 - R&R Other Project Information Form, see the "If No to Human Subjects" section for instructions.

The PHS Human Subjects and Clinical Trials Information form allows you to add Study Record(s) and/or Delayed Onset Study(ies), as applicable.

Within each Study Record, you will add detailed information at the study level. Do not duplicate studies within your application. Each study within the application should be unique and should have a unique study title. Each Study Record is divided into numbered sections:

- Section 1 - Basic Information
- Section 2 – Study Population Characteristics (includes Inclusion Enrollment Report)
- Section 3 – Protection and Monitoring Plans
- Section 4 – Protocol Synopsis
- Section 5 – Other Clinical Trial-related Attachments

Note: The PHS Human Subjects and Clinical Trials Information form will capture detailed information at the study level. Although you are encouraged to refer to information in the PHS Human Subjects and Clinical Trials Information form in your discussion of the Research Strategy, do not duplicate information between the Research Strategy attachment and the PHS Human Subjects and Clinical Trials Information form.

For more information on what a "study" is for the purposes of the PHS Human Subjects and Clinical Trials Information form, see the relevant FAQ on the Applying Electronically FAQ page.

The PHS Human Subjects and Clinical Trials Information form is dynamic and may eliminate sections that are not relevant to your application. The dynamic form behavior may not be enabled on all submission methods.

Note: Some fields in this form match fields within ClinicalTrials.gov and are identified as such within these instructions. Additional information about the fields can be found on the ClinicalTrials.gov Protocol Registration Data Element Definitions website.

Additional Instructions for Research:

R25 applicants who are proposing to provide clinical trial research experience for their participants (i.e., participants will not be leading an independent clinical trial): You will generally follow the standard instructions to complete the PHS Human Subjects and Clinical Trials Information form, but follow relevant Research instructions where they are given. Make sure you are applying to a FOA that allows Clinical Trial Research Experience (this is noted in "Section II. Award Information" of the FOA). Additionally, your mentor or co-mentor is required to include a statement to document leadership of the clinical trial. The statement must include the following:

- Source of funding;
- ClinicalTrials.gov identifier (e.g., NCT87654321), if applicable;
- A description of how the mentor's expertise is appropriate to guide participants in any proposed clinical trials research experience; and
- A statement/attestation that the mentor will be responsible for the clinical trial.
    - The mentor must have primary responsibility for leading and overseeing the trial and must describe how she/he will provide this oversight.
    - Include details on the specific roles / responsibilities of the mentor and participants.

This statement must be included in the "Other Attachment" attachment in the R.220 – R&R Other Project Information Form.

R36 applicants who are proposing to gain clinical trial research experience under a mentor's supervision (i.e., you will not be leading an independent clinical trial): You will generally follow the standard instructions to complete the PHS Human Subjects and Clinical Trials Information form, but follow relevant Research instructions where they are given. Make sure you are applying to a FOA that allows Clinical Trial Research Experience (this is noted in "Section II. Award Information" of the FOA). Additionally, your mentor or co-mentor is required to include a statement to document leadership of the clinical trial. The statement must include the following:

- Source of funding;
- ClinicalTrials.gov identifier (e.g., NCT87654321), if applicable;
- A description of how your expertise is appropriate to guide the applicant in any proposed clinical trials research experience; and
- A statement/attestation that the mentor will be responsible for the clinical trial.
  - The mentor must have primary responsibility for leading and overseeing the trial and must describe how she/he will provide this oversight (be careful not to overstate the candidate's responsibilities).
  - Include details on the specific roles/responsibilities of the applicant and mentor.

This statement must be included in the "Other Attachment" attachment in the R.220 - Other Project Information Form..

All other Research applicants: Follow the standard instructions to complete the PHS Human Subjects and Clinical Trials Information form.

Applicants must follow all policies and requirements related to formatting, proprietary information, human subjects, and clinical trials. See the following pages for more information:

- Format Attachments
- Rules for Text Fields
- NIH Grants Policy Statement, Section 2.3.11.2: Confidentiality of Information
- NIH Grants Policy Statement, Section 2.3.11.2.2: The Freedom of Information Act
- NIH's Human Subjects Research website
- NIH's Clinical Trials website
- Policy on Good Clinical Practice Training for NIH Awardees Involved in NIH-funded Clinical Trials

Note: There are no page limits for any attachments in the PHS Human Subjects and Clinical Trials Information form.

PHS Human Subjects and Clinical Trials Information

Applicants must complete the human subjects questions on the R.220 - R&R Other Project Information Form prior to completing this form.

Use of Human Specimens and/or Data

Regardless of your answer to the question "Are Human Subjects Involved?" on the R.220 - R&R Other Project Information Form, answer the following question(s) about the use of human specimens and/or human data.

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

Select "Yes" or "No" to indicate whether the proposed research involves human specimens and/or data.

Note: Applications involving the use of human specimens or data may not be considered to be research involving human subjects, depending on the details of the materials to be used.

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

If you answered "No" to the "Does any of the proposed research in the application involve human specimens and/or data?" question, you do not need to attach an explanation here.

If you answered "Yes" to the "Does any of the proposed research in the application involve human specimens and/or data?" question, you must provide an explanation for any use of human specimens and/or data not considered to be human subjects research. To help determine whether your research is classified as human subjects research, refer to the Research Involving Private Information or Biological Specimens flowchart. Do not describe use of human specimens and / or data considered to be human subjects research here. For any human specimens and/or data that is considered human subjects research, you will add a Study Record. Do not duplicate the information in your explanation in any of your Study Records.

Attach the explanation as a PDF file. See NIH's Format Attachments page.

This explanation should include:

- information on who is providing the data/biological specimens and their role in the proposed research;
- a description of the identifiers that will be associated with the human specimens and data;
- a list of who has access to subjects' identities; and
- information about the manner in which the privacy of research participants and confidentiality of data will be protected.

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

Are Human Subjects Involved? Yes/No

This field is pre-populated from the R.220 - R&R Other Project Information Form. If the value in this field appears to be incorrect, you may correct it by adjusting it on the R.220 - R&R Other Project Information Form.

Is the Project Exempt from Federal regulations? Yes/No

This field is pre-populated from the R.220 - R&R Other Project Information Form. If the value in this field appears to be incorrect, you may correct it by adjusting it on the R.220 - R&R Other Project Information Form.

Exemption number: 1, 2, 3, 4, 5, 6, 7, 8

This field is pre-populated from the R.220 - R&R Other Project Information Form. If the value in this field appears to be incorrect, you may correct it by adjusting it on the R.220 – R&R Other Project Information Form.

Note: If you change your answer to the "Are Human Subjects Involved" question on the R.220 - R&R Other Project Information Form after you have started entering information into the PHS Human Subjects and Clinical Trials Information form, your data in the PHS Human Subjects and Clinical Trials Information form may be lost.

If No to Human Subjects

If you answered "No" to the question "Are Human Subjects Involved?" on the R.220 - R&R Other Project Information Form, skip the rest of the PHS Human Subjects Clinical Trials Information form unless otherwise directed by your FOA.

If Yes to Human Subjects

If you answered "Yes" to the question "Are Human Subjects Involved?" on the R.220 - R&R Other Project Information Form, add a Study Record for each proposed study involving human subjects by selecting "Add New Study" or "Add New Delayed Onset Study," as appropriate.

Other Requested Information

Who may provide Other Requested Information:

Follow the instructions below and any instructions in your FOA to determine whether you are permitted to include the "Other Requested Information" attachment.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page. Hyperlinks and URLs are not allowed unless specified in the funding opportunity announcement.

Content:

Content is limited to what is described in your FOA or in these instructions. Do not use the "Other Requested Information" attachment to include any other information.

Renewal applications: When preparing a renewal (or resubmission of a renewal), you can provide a list of ongoing studies or ClinicalTrials.gov identifiers (e.g., NCT87654321).

Study Record(s)

Adding Study Record Attachment(s):

Add a study record for each proposed study involving human subjects. Projects involving public health surveillance activities described in 45 CFR 46.102(l)(2) must complete one or more Study Records describing those public health surveillance activities as if the exclusion does not apply. If specific plans for your study involving human subjects can be described in the application but will not begin immediately (i.e., your study has a delayed start), you must add a Study Record for that

study. If your study anticipates involving human subjects within the period of award but specific plans cannot be described in the application (i.e., delayed onset), see the instructions for Delayed Onset Study(ies).

For all submission methods, the Study Record is used to collect human subjects study data. **Note:** The steps to add a Study Record attachment(s) may vary with the submission method. For example, from the ASSIST Human Subjects and Clinical Trials tab, use the 'Add New Study' button to access the data entry screens to enter Study Record information directly into ASSIST. With other submission methods, you may have to extract a blank copy of the Study Record, complete it offline, and then attach it to your application.

Note on Grouping Studies into Study Records: While there may be more than one way to split or group studies into Study Records, you are encouraged to group studies that use the same human subjects population and same research protocols into a single Study Record, to the extent that the information you provide is accurate and understandable to NIH staff and reviewers.

If information in any attachment is identical across studies, include the complete information only in the first Study Record for which the information is relevant. In the subsequent Study Records for which the identical information is needed, upload an attachment that says, "See information for attachment X in Study Record entitled [include study title]." No other information is needed in the attachment. Do not submit attachments that are duplicated from one Study Record to another. Note that you should not name Study Records by number. Examples of attachments that may be identical across studies include, but are not limited to, the 3.1 Protection of Human Subjects and 3.5 Overall Structure of the Study Team attachments.

See the NIH Glossary definitions of Study and Study Record.

The PHS Human Subjects and Clinical Trials Information form accommodates up to 150 separate Study Records.

Format:

All attachments must be PDF files. If you extract a Study Record, it will already be in a fillable PDF format. Please use this PDF file and do not alter the format of the Study Record file. Use unique filenames for each human subject study record. The filename for each attachment within a study must be unique within the application (i.e., do not use the same filename in multiple Study Records). Use of hyperlinks and URLs is not allowed unless specified in the funding opportunity announcement.

Content:

Follow the instructions in the "Study Record: PHS Human Subjects and Clinical Trials Information" section below.

Delayed Onset Study(ies)

If you anticipate conducting research involving human subjects but cannot describe the study at the time of application (i.e., your study is a delayed onset human subject study), enter a Delayed Onset Study Record as instructed below.

Generally, for any study that you include as a delayed onset study in this section, you will provide a study title, indicate whether the study is anticipated to include a clinical trial, and include a justification attachment. Since by definition, information for a delayed onset study is not available at the time of application, you will not be given the option to complete a full Study Record for a delayed onset study. For delayed onset studies, the Delayed Onset Study Record is sufficient.

Notes on delayed onset studies:

- Delayed onset does NOT apply to a study that can be described but will not start immediately (i.e., delayed start). Refer to the NIH Glossary definition of Delayed Onset Study and Delayed Start.
- If you anticipate multiple delayed onset studies, you can include them together in a single Delayed Onset Study Record.

Study Title

This field is required.

The Study Title can have a maximum of 600 characters.

Enter a brief, unique title that describes the study the participants will be involved in. Each study within your application must have a unique Study Title. The first 150 characters will display in the application image bookmarks.

Note on multiple delayed onset studies: If you are including multiple delayed onset studies in one delayed onset study entry, you may enter "Multiple Delayed Onset Studies" as the title of this record.

Anticipated Clinical Trial?

This field is required.

Check this box if you anticipate that this study will be a clinical trial. For help determining whether your study meets the definition of clinical trial, see the Clinical Trial Questionnaire below.

Read your FOA carefully to determine whether clinical trials are allowed in your application.

Note on multiple delayed onset studies: If you are including multiple delayed onset studies in one delayed onset study entry, and you anticipate that any of these studies will be a clinical trial, check the "Anticipated Clinical Trial?" checkbox.

Justification Attachment

This attachment is required.

Attach the justification as a PDF file. See NIH's Format Attachments page. Use of hyperlinks and URLs is not allowed unless specified in the funding opportunity announcement.

- All delayed onset studies must provide a justification explaining why human subjects study information is not available at the time of application.
- If NIH's Policy on the Dissemination of NIH-Funded Clinical Trial Information will apply to your study, this justification must also include the dissemination plan.

Note on multiple delayed onset studies: If you are including more than one delayed onset study in any given delayed onset study entry, address all the included studies in a single justification attachment.

Study Record: PHS Human Subjects and Clinical Trials Information

Section 1 - Basic Information

Who must complete "Section 1 – Basic Information:"

"Section 1 – Basic Information" is required for all studies involving human subjects.

1.1 Study Title (each study title must be unique)

The "Study Title" field is required.

The Study Title can have a maximum of 600 characters.

Enter a brief title that describes the study the participants will be involved in. If there is more than one study (i.e., you are including more than one Study Record and/or delayed onset study in your application), each one must have a unique study title. The first 150 characters will display in the bookmarks of the application image.

Note: When registering a clinical trial in ClinicalTrials.gov, all study titles across your organization must be unique.

Note: This field matches a ClinicalTrials.gov field (Official Title).

1.2 Is this Study Exempt from Federal Regulations?

An answer to the "Is this Study Exempt from Federal Regulations?" question is required.

Indicate whether the study is exempt from Federal regulations for the Protection of Human Subjects.

For more information, see the NIH's Definition of Human Subjects Research website.

1.3 Exemption Number

The "Exemption Number" field is required if you selected "Yes" to the "Is this Study Exempt from Federal Regulations?" question.

Select the appropriate exemption number(s) for this particular study. Multiple selections are permitted. Regardless of whether these exemptions may apply to you in the future, you must fill out your application following the instructions below.

For more information:

The categories of research that qualify for exemption are defined in the Common Rule for the Protection of Human Subjects. These regulations can be found at 45 CFR 46.

Need help determining the appropriate exemption number?

- Refer to NIH's Human Subjects FAQs.
- See the NIH's Human Subjects Frequently Asked Questions section on Exemptions.

The Office for Human Research Protections (OHRP) guidance states that appropriate use of exemptions described in 45 CFR 46 should be determined by an authority independent from the investigators (for more information, see OHRP's Frequently Asked Questions). Institutions often designate their Institutional Review Board (IRB) to make this determination. Because NIH does not require IRB approval at the time of application, the exemptions designated often represent the opinion of the PD/PI, and the justification provided for the exemption by the PD/PI is evaluated during peer review. See NIH Grants Policy Statement Section 4.1.15 for more information.

1.4 Clinical Trial Questionnaire

The Clinical Trial Questionnaire is required.

Note for basic and mechanistic studies involving human participants: The NIH definition of a clinical trial encompasses a broad range of studies, including studies using human participants that aim to understand fundamental aspects of phenomena, the pathophysiology of a disease, or the mechanism of action of an intervention. This includes many mechanistic studies and studies submitted to Basic Experimental Studies with Humans FOAs.

Answer "Yes" or "No" to the following questions to determine whether this study involves a clinical trial. Answer the following questions based only on the study you are describing in this Study Record.

Note: The answer to question "1.4.a Does the study involve human participants?" will be pre-populated with "Yes" for all study records. You will not be able to change this answer.

1.4.a. Does the study involve human participants? Yes/No

1.4.b. Are the participants prospectively assigned to an intervention? Yes/No

1.4.c. Is the study designed to evaluate the effect of the intervention on the participants? Yes/No

1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome? Yes/No

If you answered "Yes" to all the questions in the Clinical Trial Questionnaire, this study meets the definition of a clinical trial.

Refer to the table below for information about what sections of this form are required, based on your answers to Question 1.4 "Clinical Trial Questionnaire."

Form Section	If you answered "yes" to all the questions in the Clinical Trial Questionnaire	If you answered "no" to any of the questions in the Clinical Trial Questionnaire
Section 2 - Study Population Characteristics	Required	Required
Section 3 - Protection and Monitoring Plans	Required	Required

Form Section	If you answered "yes" to all the questions in the Clinical Trial Questionnaire	If you answered "no" to any of the questions in the Clinical Trial Questionnaire
Section 4 - Protocol Synopsis	Required	Do not complete
Section 5 - Other Clinical Trial-related Attachments	Required if specified in the FOA	Do not complete

Additional Instructions for Research:

R25 applicants who are proposing to provide clinical trial research experience for their participants (i.e., participants will not be leading an independent clinical trial): Even if you answered "Yes" to all the questions in the Clinical Trial Questionnaire, only certain fields of the PHS Human Subjects and Clinical Trials Information form are required (and other fields are not allowed) because the study is not an independent clinical trial. Do not provide information in "Section 4 – Protocol Synopsis" or in "Section 5 – Other Clinical Trial-related Attachments" of the Study Record. Inputting information into these sections will result in errors and will prevent your application from being accepted.

R36 applicants who are proposing to gain clinical trial research experience under a mentor's supervision (i.e., you will not be leading an independent clinical trial): Even if you answered "Yes" to all the questions in the Clinical Trial Questionnaire, only certain fields of the PHS Human Subjects and Clinical Trials Information form are required (and other fields are not allowed) because the study is not an independent clinical trial. Do not provide information in "Section 4 – Protocol Synopsis" or in "Section 5 – Other Clinical Trial-related Attachments" of the Study Record. Inputting information into these sections will result in errors and will prevent your application from being accepted.

For more information:

- NIH Glossary's definition of an NIH-defined clinical trial
- NIH's Definition of a Clinical Trial page
- NIH Definition of Clinical Trials Case Studies page
- FAQs on the NIH Clinical Trial Definition
- NIH's decision tool will help determine whether your human subjects research study is an NIH-defined clinical trial
- Your study may also be subject to additional regulations. Read NIH's Requirements for Registering & Reporting NIH-funded Clinical Trials in ClinicalTrials.gov.

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

If a clinical trial has already been entered into ClinicalTrials.gov, enter the ClinicalTrials.gov identifier (e.g., NCT87654321) for this trial. Enter the identifier only if you are proposing to work on that specific clinical trial. If you are only getting samples and/or data from a clinical trial that has already been entered into ClinicalTrials.gov, do NOT enter the identifier.

If you are building on an existing study (e.g., ancillary study), enter the ClinicalTrials.gov identifier only for the ancillary study (if registered separately), not the parent study.

Note: The number you enter in this field should match the ClinicalTrials.gov identifier assigned by ClinicalTrials.gov.

Section 2 - Study Population Characteristics

Who must complete "Section 2 - Study Population Characteristics:"

All of "Section 2 – Study Population Characteristics" is required (see exceptions for Question 2.7 Study Timeline and for Question 2.8 Enrollment of First Subject) for all human subjects studies unless the following applies to you:

- If you selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question, then "Section 2 – Study Population Characteristics" is not required.

2.1 Conditions or Focus of Study

At least 1 entry is required, and up to 20 entries are allowed (enter each entry on its own line). Each entry is limited to 255 characters.

Identify the name(s) of the disease(s) or condition(s) you are studying, or the focus of the study. If available, use appropriate descriptors from NLM's Medical Subject Headings (MeSH) so the application can be categorized. Include an entry for each condition.

Note: This field matches a ClinicalTrials.gov field (Primary Disease or Condition Being Studied in the Trial, or the Focus of the Study).

2.2 Eligibility Criteria

List the study's inclusion and exclusion criteria. To provide a bulleted list, use a dash (or other character) followed by a space ("- ") at the start of each bullet. Be sure to check the formatting in the assembled application image. Further explanation or justification should be included in the Recruitment and Retention plan.

Your text entry is limited to 15,000 characters (but typically needs only 500 characters).

Note: This field matches a ClinicalTrials.gov field (Eligibility Criteria).

For more information about formatting text entry fields, see NIH's Rules for Text Fields page and the ClinicalTrials.gov's Protocol Registration and Results System User's Guide.

2.3 Age Limits

Minimum Age

Enter the numerical value for the minimum age a potential participant can be to be eligible for the study. Provide the relevant units of time (i.e., years, months, weeks, days, hours, or minutes). If there is no lower limit or no lower limit is known, enter "N/A (No Limit)" and do not enter a unit of time.

Maximum Age

Enter the numerical value for the maximum age a potential participant can be to be eligible for the study. Provide the relevant units of time (i.e., years, months, weeks, days, hours, or minutes). If there is no upper limit or no upper limit is known, enter "N/A (No Limit)" and do not enter a unit of time.

Note: This field matches a ClinicalTrials.gov field (Age Limits).

2.3.a Inclusion of Individuals Across the Lifespan

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Discuss each of the points listed below. Also include any additional information requested in the FOA.

You will also have to complete an Inclusion Enrollment Report (IER). Note that you may need to include multiple IERs for each study. Refer to the instructions for the IER below for more information.

Inclusion of Individuals Across the Lifespan

For the purposes of the Inclusion of Individuals Across the Lifespan, exclusion of any specific age or age range group (e.g., children or older adults) should be justified in this section. In addition, address the following points:

- Individuals of all ages are expected to be included in all NIH-defined clinical research unless there are scientific or ethical reasons not to include them. Discuss whether individuals will be excluded based on age and provide a rationale for the minimum and maximum age of study participants, if applicable. Additionally, if individuals will be excluded based on age, provide a scientific or ethical rationale for their exclusion. See the NIH Policy and Guidelines on the Inclusion of Individuals Across the Lifespan as Participants in Research Involving Human Subjects for additional information about circumstances that may justify the exclusion of individuals based on age.
- Include a description of the expertise of the investigative team for working with individuals of the ages included, the appropriateness of the available facilities to accommodate individuals in the included age range, and how the age distribution of participants will contribute to a meaningful analysis relative to the purpose of the study.

When children are involved in research, the policies under HHS' 45 CFR 46, Subpart D - Additional Protections for Children Involved as Subjects in Research apply and must be addressed in the Protection of Human Subjects attachment.

Existing Datasets or Resources. If you will use an existing dataset, resource, or samples that may have been collected as part of a different study, you must address inclusion, following the instructions above. Generally, you must provide details about the sex/gender, race, and ethnicity of the existing dataset/resource and justify the details as appropriate to the scientific goals of the proposed study.

For more information about what is considered an existing dataset or resource for inclusion policy, see the NIH FAQs on Monitoring Inclusion When Working with Existing Datasets and/or Resources.

For more information, see:

- NIH Policy Implementation Page on Inclusion Across the Lifespan
- Inclusion Across the Lifespan: Guidance for Applying the Policy infographic
- NIH FAQs on Inclusion Across the Lifespan
- HHS' 45 CFR 46 Subpart D – Additional Protections for Children
- NIH Grants Policy Statement, Section 4.1.15.7: Inclusion of Individuals Across the Lifespan as Participants in Research Involving Human Subjects

2.4 Inclusion of Women and Minorities

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Discuss each of the points listed below and include any additional information requested in the FOA.

You will also have to complete an Inclusion Enrollment Report (IER). Note that you may need to include multiple IERs for each study. Refer to the instructions for the IER below for more information.

Inclusion of Women and Minorities

Address the following points:

- Describe the planned distribution of subjects by sex/gender, race, and ethnicity.
- Describe the rationale for selection of sex/gender, racial, and ethnic group members in terms of the scientific objectives and proposed study design. The description may include, but is not limited to, information on the population characteristics of the disease or condition under study.
- Describe proposed outreach programs for recruiting sex/gender, racial, and ethnic group members.
- Inclusion and Excluded Groups: Provide a reason for limiting inclusion of any group by sex/gender, race, and/or ethnicity. In general, the cost of recruiting certain groups and/or geographic location alone are not acceptable reasons for exclusion of particular groups. See the Inclusion of Women and Minorities as Participants in Research Involving Human Subjects - Policy Implementation Page for more information.

Existing Datasets or Resources. If you will use an existing dataset, resource, or samples that may have been collected as part of a different study, you must address inclusion, following the instructions above. Generally, you must provide details about the sex/gender, race, and ethnicity of the existing dataset/resource and justify the details as appropriate to the scientific goals of the proposed study.

For more information about what is considered an existing dataset or resource for inclusion policy, see the NIH FAQs on Monitoring Inclusion When Working with Existing Datasets and/or Resources.

NIH-Defined Phase III Clinical Trials. If the proposed research includes an NIH-Defined Phase III Clinical Trial, the "Inclusion of Women and Minorities" attachment MUST address plans for how sex/gender, race, and ethnicity will be taken into consideration in the design and valid analysis of the trial. See the instructions for "Valid Analysis" and "Plans to test for Differences in Effect among Sex/gender, Racial, and/or Ethnic Groups" below.

Additional information about valid analysis is available on the NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research page.

Valid Analysis (for NIH-Defined Phase III Clinical Trials only):

Address the following issues for ensuring valid analyses:

- Inclusive eligibility criteria – in general, the cost of recruiting certain groups and/or geographic location alone are not acceptable reasons for exclusion of particular groups;
- Allocation of study participants of both sexes/genders and from different racial and/or ethnic groups to the intervention and control groups by an unbiased process such as randomization;
- Unbiased evaluation of the outcome(s) of study participants; and
- Use of unbiased statistical analyses and proper methods of inference to estimate and compare the intervention effects by sex/gender, race, and/or ethnicity, particularly if prior evidence strongly suggests that such differences exist.

Plan to Test for Differences in Effect among Sex/gender, Racial, and/or Ethnic Groups (for NIH-Defined Phase III Clinical Trials only):

Applicants also should address whether they plan to test for differences in effect among sex/gender, racial, and/or ethnic groups and why such testing is or is not appropriate.

This plan must include selection and discussion of one of the following analysis plans:

- Plans to conduct analyses to detect significant differences in intervention effect among sex/gender, racial, and/or ethnic subgroups when prior studies strongly support these significant differences among one or more subgroups, or
- Plans to include and analyze sex/gender, racial, and/or ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups. (Representation of sex/gender, racial, and ethnic groups is not required as subject selection criteria, but inclusion is encouraged.), or
- Plans to conduct valid analyses of the intervention effect in sex/gender, racial, and/or ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect among subgroups.

For more information, see:

- NIH's Policy Implementation Page on the Inclusion of Women and Minorities
- HHS' 45 CFR 46 Subpart B – Additional Protections for Pregnant Women, Fetuses, and Neonates
- NIH Grants Policy Statement, Section 4.1.15.8: Inclusion of Women and Minorities as Subjects in Clinical Research and Reporting Sex/Gender, Racial, and Ethnic Participation

2.5 Recruitment and Retention Plan

Who must complete the "Recruitment and Retention Plan" attachment:

The "Recruitment and Retention Plan" attachment is required unless the following applies to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Describe how you will recruit and retain participants in your study. You should address both planned recruitment activities as well as proposed engagement strategies for retention.

2.6. Recruitment Status

Who must complete the "Recruitment Status" question:

The "Recruitment Status" question is required unless the following applies to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.

Content:

From the dropdown menu, select the "Recruitment Status" that best describes the proposed study, based upon the status of the individual sites. If any facility in a multi-site study has an individual site status of "recruiting," then choose "recruiting" for this question. Only one selection is allowed. Choose from the following options:

- Not yet recruiting
- Recruiting
- Enrolling by invitation
- Active, not recruiting
- Completed
- Suspended
- Terminated (Halted Prematurely)
- Withdrawn (No Participants Enrolled)

Note: This field matches a ClinicalTrials.gov field (Overall Recruitment Status).

2.7. Study Timeline

Who must complete the "Study Timeline" attachment:

The "Study Timeline" attachment is required if you answered "Yes" to all the questions in the "Clinical Trial Questionnaire" (i.e., your study is a clinical trial).

The "Study Timeline" attachment is optional if either of the following apply to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.
- You answered "No" to any of the questions in the "Clinical Trial Questionnaire" (i.e., your study is not a clinical trial).

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Provide a description or diagram describing the study timeline. The timeline should be general (e.g., "one year after notice of award"), and should not include specific dates.

Note: Additional milestones or timelines may be requested as just-in-time information or post-award.

2.8. Enrollment of First Participant

Who must complete the "Enrollment of First Participant" question:

Do not complete this field if you will answer "Yes" to the question "Using an Existing Dataset or Resource" in the Inclusion Enrollment Report.

The "Enrollment of First Participant" question is otherwise required unless the following applies to you:

- You selected only **Exemption 4** and no other exemptions on the "1.3 Exemption Number" question.

Content:

Enter the date (MM/DD/YYYY) of the enrollment of the first participant into the study. From the dropdown menu, select whether this date is anticipated or actual.

2.9. Inclusion Enrollment Report(s)

Who must complete the Inclusion Enrollment Report(s):

An Inclusion Enrollment Report is required for all human subjects studies unless, on Question 1.3 "Exemption Number," you selected only Exemption 4 and no other exemptions.

Using the Inclusion Enrollment Report:

Each proposed study, unless it falls under Exemption 4, must contain at least one Inclusion Enrollment Report (IER). However, more than one IER per study is allowed.

Once you have added an IER for a given study, you may edit, remove, or view it.

Note: You can add a maximum of 20 IERs per Study Record. These can be a combination of planned and cumulative reports.

Multi-site studies: Generally, if the application includes a study recruiting subjects at more than one site/location, investigators may create one IER or separate, multiple IERs to enable reporting by study or by site, depending on the scientific goals of the study and whether monitoring of inclusion enrollment would benefit from being combined or separated. At a minimum, participants enrolled at non-U.S. sites must be reported separately from participants enrolled at U.S. sites, even if they are part of the same study. Please review the FOA to determine whether there are any other specific requirements about how to complete the IER.

Duplicative Inclusion Reports: It is important that the IER for a given study be associated with only one application and be provided only once in a given application (e.g., do not submit the same IER on both the data coordinating center and the research site). If submitting individual application(s) as part of a network or set of linked applications, please provide the IER with the individual site applications unless otherwise directed by the FOA.

Renewal applications: When preparing a renewal (or resubmission of a renewal), investigators should provide a narrative description regarding the cumulative enrollment from the previous funding period (s) as part of the progress report section of the research strategy attachment in the application. The IER should NOT be used for this purpose. If a given study will continue with the same enrollment or additional enrollment, or if new studies are proposed, provide a new IER for each as described in the instructions below.

Resubmission applications: If IERs were provided in the initial submission application, and if those studies will be part of the resubmission application, complete the IER and submit again with the resubmission application, regardless of whether the enrollment has changed or not. Also, provide any new (additional) IERs.

Revision applications: Provide an IER if new studies are planned as part of the Revision and they meet the NIH definition for clinical research.

For more information:

Refer to the Inclusion of Women and Minorities as Participants in Research Involving Human Subjects - Policy Implementation Page.

1. Inclusion Enrollment Report Title

The "Inclusion Enrollment Report Title" field is required.

The "Inclusion Enrollment Report title can have a maximum of 600 characters.

Enter a unique title for each IER. The title should indicate specific criteria that uniquely identify each report. If the Project Title is pre-populated, you may edit it so that each IER title is unique.

2. Using an Existing Dataset or Resource?

The "Using an Existing Dataset or Resource" question is required.

If the study involves analysis of an existing dataset or resource (e.g., biospecimens) only, answer "Yes" to this question. If the study involves prospective recruitment or new contact with participants answer "No" to this question. Use separate IERs for studies involving use of existing datasets or resources only and for studies that involve prospective recruitment or new contact with study participants.

For additional guidance on what is considered an existing dataset, refer to the NIH FAQs on Monitoring Inclusion When Working with Existing Datasets and/or Resources.

3. Enrollment Location Type (Domestic/Foreign)

The "Enrollment Location Type" field is required.

Select whether the participants described in the IER are based at a U.S. (Domestic) or at a non-U.S. (Foreign) site. Participants at U.S. and non-U.S. sites must be reported separately (i.e., on separate IERs), even if it is for the same study.

For additional guidance on how to complete the IER if you will be working with non-U.S. populations, refer to these FAQs on Inclusion on the Basis of Sex/Gender and Race/Ethnicity.

4. Enrollment Country(ies)

The "Enrollment Country(ies)" field is optional.

Indicate the country or countries in which participants will be enrolled. Multiple U.S. sites can be reported together in one IER. Foreign countries can be reported together in one IER. However, you must use separate IERs for U.S. and non-U.S. sites. You can add up to 200 countries per IER.

5. Enrollment Location(s)

The "Enrollment Location(s)" field is optional.

Indicate the type of enrollment location (e.g., hospital, university, or research center), not the name of the enrollment location.

Enrollment locations are typically where the research is conducted, and can be different from the recruitment site.

6. Comments

Your comments are limited to 500 characters.

Enter information you wish to provide about this IER. This includes, but is not limited to, addressing information about distinctive subpopulations if relevant to the scientific hypotheses being studied. If inclusion monitoring is conducted on another study or NIH grant (e.g., data coordinating center or research site), please indicate here.

Revision applications: If there are no updates to the IER(s) in your original grant application, do not include an IER in your Revision application. Instead, provide a comment in this field to the effect that previous IER(s) are still applicable. If you are revising the IER(s) in your original grant application, provide a comment here to that effect.

Planned

Who must complete planned enrollment tables:

All studies must enter planned enrollment counts unless your proposed study will use only an existing dataset or resource. Planned enrollment generally means that individuals will be recruited

into the study and/or that individuals have already been recruited and continue to be part of the study.

For more information about what is considered an existing dataset or resource for inclusion policy, see the NIH FAQs on Inclusion on the Basis of Sex/Gender and Race/Ethnicity.

For more information on racial categories, see the NIH Glossary definition of Racial Categories.

For more information on ethnic categories, see the NIH Glossary definition of Ethnic Categories.

Racial Categories

American Indian/Alaska Native:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Hispanic or Latino.

Asian:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both Asian **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Asian **and** Hispanic or Latino.

Native Hawaiian or Other Pacific Islander:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Hispanic or Latino.

Black or African American:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both Black or African American **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Black or African American **and** Hispanic or Latino.

White:

These fields are required.

Enter the expected number of females and males (in the respective fields) who are both White **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both White **and** Hispanic or Latino.

More than One Race:

These fields are required.

Enter the expected number of females and males (in the respective fields) who both identify with more than one racial category **and** are Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who both identify with more than one racial category **and** are Hispanic or Latino.

Total:

The total fields at the bottom will be automatically calculated and reflect the totals of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Not Hispanic or Latino and of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Hispanic or Latino. The "Total" fields in the right column will be automatically calculated to total all individuals.

Cumulative (Actual)

Who must complete cumulative (actual) enrollment tables:

You must enter cumulative enrollment counts if your proposed study will use an existing dataset or resource.

For more information about what is considered an existing dataset or resource for inclusion policy, see the NIH FAQs on Inclusion on the Basis of Sex/Gender and Race/Ethnicity.

For more information on racial categories, see the NIH Glossary definition of Racial Categories.

For more information on ethnic categories, see the NIH Glossary definition of Ethnic Categories.

Racial Categories

American Indian/Alaska Native:

These fields are required.

Enter the number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Not Hispanic or Latino. Enter the number of females and males (in the respective fields) who are both American Indian/Alaska Native **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Asian:

These fields are required.

Enter the number of females and males (in the respective fields) who are both Asian **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Asian **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Native Hawaiian or Other Pacific Islander:

These fields are required.

Enter the number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Native Hawaiian or Other Pacific Islander **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Black or African American:

These fields are required.

Enter the number of females and males (in the respective fields) who are both Black or African American **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both Black or African American **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

White:

These fields are required.

Enter the number of females and males (in the respective fields) who are both White **and** Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who are both White **and** Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

More than One Race:

These fields are required.

Enter the number of females and males (in the respective fields) who both identify with more than one racial category **and** are Not Hispanic or Latino. Enter the expected number of females and males (in the respective fields) who both identify with more than one racial category **and** are Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Unknown or Not Reported:

These fields are required.

Enter the number of females, males, and individuals of unknown/not reported sex/gender (in the respective fields) whose race is unknown/not reported **and** who are Not Hispanic or Latino. Enter the number of females, males, and individuals of unknown/not reported sex/gender (in the respective fields) whose race is unknown/not reported **and** who are Hispanic or Latino. Enter the number of females, males, and individuals of unknown/not reported sex/gender (in the respective fields) who are both of unknown/not reported race and of unknown/not reported ethnicity. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown).

Total:

The total fields at the bottom will be automatically calculated and reflect the totals of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Not Hispanic or Latino and of all racial categories for females, males, and individuals of unknown/not reported sex/gender who are Hispanic or Latino. Use the "Unknown/Not Reported" fields as needed (i.e., race and/or ethnicity is unknown). The "Total" fields in the right column will be automatically calculated to total all individuals.

Section 3 – Protection And Monitoring Plans

Who must complete "Section 3 – Protection and Monitoring Plans:"

All of "Section 3 – Protection and Monitoring Plans" is required for all studies involving human subjects, unless otherwise noted.

3.1 Protection of Human Subjects

The "Protection of Human Subjects" attachment is required.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Do not use the "Protection of Human Subjects" attachment to circumvent the page limits of the Research Strategy.

For Human Subjects Research Claiming Exemptions: If you are claiming that your human subjects research falls under any exemptions, justify why the research meets the criteria for the exemption(s) that you have claimed. This justification should explain how the proposed research meets the criteria for the exemption claimed. Do not merely repeat the criteria or definitions themselves.

For Studies that involve Non-Exempt Human Subjects Research: For any proposed non-exempt study involving human subjects, NIH requires a Protection of Human Subjects attachment that is commensurate with the risks of the study, its size, and its complexity. Organize your attachment into four sections, following the headings and specified order below, and discuss each of the points listed below. Start each section with the appropriate section heading – Risks to Human Subjects, Adequacy of Protection Against Risks, Potential Benefits of the Proposed Research to Research Participants and Others, and Importance of the Knowledge to be Gained. Also include any additional information requested in the FOA.

1. Risks to Human Subjects

a. Human Subjects Involvement, Characteristics, and Design

- Briefly describe the overall study design.
- Describe the subject population(s) to be included in the study; the procedures for assignment to a study group, if relevant; and the anticipated numbers of subjects for each study group.
- List any collaborating sites where human subjects research will be performed, and describe the role of those sites and collaborating investigators in performing the proposed research.

b. Study Procedures, Materials, and Potential Risks

- Describe all planned research procedures (interventions and interactions) involving study subjects; how research material, including biospecimens, data, and/or records, will be obtained; and whether any private identifiable information will be collected in the proposed research project.
- For studies that will include the use of previously collected biospecimens, data or records, describe the source of these materials, whether these can be linked with living individuals, and who will be able to link the materials.
- Describe all the potential risks to subjects associated with each study intervention, procedure or interaction, including physical, psychological, social, cultural, financial, and legal risks; risks to privacy and/or confidentiality; or other risks. Discuss the risk level and the likely impact to subjects.
- Where appropriate, describe alternative treatments and procedures, including their risks and potential benefits. When alternative treatments or procedures are possible, make the rationale for the proposed approach clear.

2. Adequacy of Protection Against Risks

a. Informed Consent and Assent

- Describe the process for obtaining informed consent. Include a description of the circumstances under which consent will be sought and obtained, who will seek it, the nature of

the information to be provided to prospective subjects, and the method of documenting consent. When appropriate, describe how potential adult subjects' capacity to consent will be determined and the plans for obtaining consent from a legally authorized representative for adult subjects not able to consent.

  - **For research involving children:** If the proposed studies will include children, describe the process for meeting HHS regulatory requirements for parental permission and child assent (45 CFR 46.408). See the HHS page on Research with Children FAQs and the NIH page on Requirements for Child Assent and Parent/Guardian Permission.

- If a waiver of some or all of the elements of informed consent will be sought, provide justification for the waiver. Do not submit informed consent document(s) with your application unless you are requested to do so.

b. Protections Against Risk

- Describe planned strategies for protecting against or minimizing all potential risks identified, including strategies to manage and protect the privacy of participants and confidentiality of research data.
- Where appropriate, discuss plans for ensuring necessary medical or professional intervention in the event of adverse effects on participants.
- Describe plans for handling incidental findings, such as those from research imaging, screening tests, or paternity tests.

c. Populations that are vulnerable to coercion or undue influence and pregnant women, fetuses and neonates, if relevant to your study

Explain the rationale for the involvement of populations that are vulnerable to coercion or undue influence, such as children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons or others who may be considered vulnerable populations. 'Prisoners' includes all subjects involuntarily incarcerated (for example, in detention centers). Additionally, explain the rationale for the involvement of pregnant women, human fetuses and neonates.

Pregnant Women, Fetuses, and Neonates or Children

If the study involves subjects afforded additional protections under Subparts B and D (pregnant women, fetuses, and neonates or children), provide a clear description of the risk level and additional protections necessary to meet the HHS regulatory requirements.

- HHS' Subpart B - Additional Protections for Pregnant Women, Fetuses, and Neonates
- HHS' Subpart D - Additional Protections for Children
- OHRP Guidance on Subpart D Special Protections for Children as Research Subjects and the HHS 407 Review Process

Prisoners

If the study involves vulnerable subjects afforded additional protections under Subpart C (prisoners), describe how proposed research meets the additional regulatory requirements, protections, and plans to obtain OHRP certification for the involvement of prisoners in research.

Refer to HHS regulations, and OHRP guidance:

- HHS' Subpart C - Additional Protections Pertaining to Prisoners as Subjects
- OHRP Subpart C Guidance on Involvement of Prisoners in Research

3. Potential Benefits of the Proposed Research to Research Participants and Others

- Discuss the potential benefits of the research to research participants and others.
- Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to research participants and others.
- **Note:** Financial compensation of subjects should not be presented as a benefit of participation in research.

4. Importance of the Knowledge to be Gained

- Discuss the importance of the knowledge to be gained as a result of the proposed research.
- Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that reasonably may be expected to result.

For more information:

- Refer to the NIH's Human Subjects Research website.

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?

Select "Yes" or "No" to indicate whether this is a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site.

Select "N/A" only if any of the following apply (do not select "N/A" if none of the following apply):

- You answered "Yes" to "Question 1.2 Is this Study Exempt from Federal Regulations? (Yes/No)"
- You are a training grant applicant.

Applicants who check "Yes" and are subject to the revised Common Rule are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research unless review by a sIRB would be prohibited by law (including tribal law passed by the official governing body of an American Indian or Alaska Native tribe).

Applicants who check "Yes" and are subject only to the NIH sIRB policy are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy.

> **Note:** The NIH sIRB policy applies to participating domestic sites. Foreign sites participating in NIH-funded, multi-site studies are not expected to follow this policy.

For more information:

- HHS regulations and requirements for the Protections of Human Subjects can be found at 45 CFR 46.
- See NIH's Single IRB Policy for Multi-site Research for more information.

- See the FAQ about answering "No" for this question on the Applying Electronically FAQ page.

Single IRB Plan Attachment

For NIH Applicants, the single IRB plan is no longer required. See additional information in the content section below.

For AHRQ applicants, if this is a research project that involves more than one institution and that will be conducted in the United States, Applicants are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan as instructed below, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in AHRQ-funded, cooperative research studies are not expected to follow this requirement.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Although one sIRB plan attachment per application is sufficient, you must include a file for each study within your application. All filenames within your application must be unique. You may either attach the same sIRB plan (with different filenames) to different studies or attach a file that refers to the sIRB plan in another study within your application. For example, you may attach a file that says "See sIRB plan in the 'My Unique Study Name' study."

Content:

For NIH applicants, the single IRB plan is no longer required. Do not provide an attachment. The applicant must provide a statement naming the sIRB of record in the Just-in-Time submission prior to award.

For more information:

- NIH's Single IRB Policy for Multi-site Research page
- NIH's FAQs on Single IRB Policy for Multi-site Research
- NIH's Office of Science Policy's FAQs on NIH Policy on the Use of a Single IRB for Multi-Site Research Costs
- NIH's Office of Science Policy's FAQs on Implementation of the sIRB policy

For AHRQ applicants, the single IRB plan should include the following elements:

- Describe how you will comply with the single IRB review requirement under the Revised Common Rule at 45 CFR 46.114 (b) (cooperative research). If available, provide the name of the IRB that you anticipate will serve as the sIRB of record.
- Indicate that all identified participating sites will agree to rely on the proposed sIRB and that any sites added after award will rely on the sIRB.
- Briefly describe how communication between sites and the sIRB will be handled.

- Indicate that all participating sites will, prior to initiating the study, sign an authorization/reliance agreement that will clarify the roles and responsibilities of the sIRB and participating sites.
- Indicate which institution or entity will maintain records of the authorization/reliance agreements and of the communication plan.
- Note: Do not include the authorization/reliance agreement(s) or the communication plan(s) documents in your application.
- Note: If you anticipate research involving human subjects but cannot describe the study at the time of application, include information regarding how the study will comply with the single Institutional Review Board (sIRB) requirement prior to initiating any multi-site study in the delayed onset study justification.

For Studies with Legal-, Regulatory-, or Policy-based Claims for Exception as described by the sIRB Policy: Indicate that review by a sIRB will not be possible for all or some sites (specify which sites) because local IRB review is required by an existing federal/state/tribal law or policy. Include a specific citation to the relevant law, policy, or regulation.

For more information:

- AHRQ Guide Notice on Single IRB
- AHRQ Protection of Human Subjects page

3.3 Data and Safety Monitoring Plan

A "Data and Safety Monitoring Plan" attachment is required if you answered "Yes" to all the questions in the "Clinical Trial Questionnaire." The "Data and Safety Monitoring Plan" attachment is optional for all other human subjects research.

For human subjects research that does not involve a clinical trial: Your study, although it is not a clinical trial, may have significant risks to participants, and it may be appropriate to include a data and safety monitoring plan. If you choose to include a data and safety monitoring plan, you may follow the content criteria listed below, as appropriate.

For AHRQ Applicants, Data and Safety Monitoring (DSM) plans are required in all non-exempt research applications when support is sought to study the effect of a health-related intervention on outcomes in human subjects where there is greater than minimal risk.

If you seek AHRQ support to conduct non-exempt research to study the effect of a health-related intervention on outcomes in human subjects where there is greater than minimal risk, a "Data and Safety Monitoring Plan" attachment is required.

Refer to AHRQ Data and Safety Monitoring Policy

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

For any proposed clinical trial, NIH requires a data and safety monitoring plan (DSMP) that is commensurate with the risks of the trial, its size, and its complexity. Provide a description of the

DSMP, including:

- Indicate how many people and what type of entity will provide the monitoring. Include such details as whether a single person, multiple people, or a data safety monitoring board will provide monitoring. Also indicate what type of entity will provide the monitoring (e.g., PD/PI, Independent Safety Monitor/Designated Medical Monitor, Independent Monitoring Committee, Safety Monitoring Committee, Data and Safety Monitoring Board, etc.).
- The overall framework for safety monitoring and what information will be monitored.
- The frequency of monitoring, including any plans for interim analysis and stopping rules (if applicable).
- The process by which Adverse Events (AEs), including Serious Adverse Events (SAEs) such as deaths, hospitalizations, and life threatening events and Unanticipated Problems (UPs), will be managed and reported, as required, to the IRB, the person or group responsible for monitoring, the awarding IC and the Food and Drug Administration.
- The individual(s) or group that will be responsible for trial monitoring and advising the appointing entity. Because the DSMP will depend on potential risks, complexity, and the nature of the trial, a number of options for monitoring are possible. These include, but are not limited to, monitoring by a:
    - PD/PI: While the PD/PI must ensure that the trial is conducted according to the approved protocol, in some cases (e.g., low risk trials, not blinded), it may be acceptable for the PD/PI to also be responsible for carrying out the DSMP.
    - Independent safety monitor/designated medical monitor: a physician or other expert who is independent of the study.
    - Independent Monitoring Committee or Safety Monitoring Committee: a small group of independent experts.
    - Data and Safety Monitoring Board (DSMB): a formal independent board of experts including investigators and biostatisticians. NIH requires the establishment of DSMBs for multi-site clinical trials involving interventions that entail potential risk to the participants, and generally, for all Phase III clinical trials, although Phase I and Phase II clinical trials may also need DSMBs. If a DSMB is used, please describe the general composition of the Board without naming specific individuals.

For more information:

- NIH Grants Policy Statement, Section 4.1.15.6: Data and Safety Monitoring
- NIH Data and Safety Monitoring Policies
- NIH Policies and IC Guidance for Data and Safety Monitoring of Clinical Trials

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

The "Data Safety and Monitoring Board" question is required if you answered "Yes" to all the questions in the "Clinical Trial Questionnaire." This question is optional for all other human subjects research.

Check the appropriate box to indicate whether a Data Safety and Monitoring Board (DSMB) will be appointed for this study.

3.5 Overall Structure of the Study Team

The "Overall Structure of the Study Team" attachment is optional. Refer to your specific FOA for specific instructions on the "Overall Structure of the Study Team" attachment.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Provide a brief overview of the organizational/administrative structure and function of the study team, particularly the administrative sites, data coordinating sites, enrollment/participating sites, and any separate laboratory or testing centers. The attachment may include information on study team composition and key roles (e.g., medical monitor, data coordinating center), the governance of the study, and a description of how study decisions and progress are communicated and reported.

Note: Do not include study team members' individual professional experiences (i.e., biosketch information).

Section 4 – Protocol Synopsis

Who must complete "Section 4 – Protocol Synopsis:"

If you answered "Yes" to all the questions in the "Clinical Trial Questionnaire:" All the questions in the "Protocol Synopsis" section are required.

If you answered "No" to any question in the "Clinical Trial Questionnaire:" Do not provide information in this section. Inputting information in this section will result in errors and will prevent your application from being accepted.

Additional Instructions for Research:

R25 applicants who are proposing to provide clinical trial research experience for their participants (i.e., participants will not be leading an independent clinical trial): Do not provide information in "Section 4 - Protocol Synopsis." Inputting information in this section will result in errors and will prevent your application from being accepted.

R36 applicants who are proposing to gain clinical trial research experience under a mentor's supervision (i.e., you will not be leading an independent clinical trial): Do not provide information in "Section 4 - Protocol Synopsis." Inputting information in this section will result in errors and will prevent your application from being accepted.

4.1. Study Design

4.1.a. Detailed Description

Enter a narrative description of the protocol. Studies differ considerably in the methods used to assign participants and deliver interventions. Describe your plans for assignment of participants and delivery of interventions. You will also need to show that your methods for sample size and data analysis are appropriate given those plans. For trials that randomize groups or deliver interventions to groups, special methods are required; additional information is available at the Research Methods Resources webpage. The Narrative Study Description is not meant to be a repeat of the Research Strategy.

The narrative description is limited to 32,000 characters (but typically needs only 5,000 characters), should be written in layperson's terms, and may repeat some of the information in the Research Strategy.

Note: This field matches a ClinicalTrials.gov field (Detailed Description).

For more information about formatting text entry fields, see NIH's Rules for Text Fields page.

4.1.b. Primary Purpose

Enter or select from the dropdown menu a single "Primary Purpose" that best describes the clinical trial. Choose from the following options:

- Treatment
- Prevention
- Diagnostics
- Supportive Care
- Screening
- Health Services Research
- Basic Science
- Device Feasibility
- Other (If you select "Other," provide a description in the space provided. Your response is limited to 255 characters.)

Note: This field matches a ClinicalTrials.gov field (Primary Purpose).

4.1.c. Interventions

Complete the "Interventions" fields for each intervention to be used in your proposed protocol. If an arm of the study to which subjects will be assigned (as discussed in 4.1.a. Detailed Description) includes more than one intervention (e.g., drug plus educational intervention), complete this section for each intervention. You can add up to 20 interventions.

Intervention Type: Enter or select from the dropdown menu the intervention type the clinical trial will administer during the proposed award. Choose from the following options:

- 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)
- Dietary Supplement (e.g., vitamins, minerals)
- Combination Product
- Diagnostic Test
- Other

Name: Enter the name of the intervention. The name is limited to 200 characters.

Description: Enter a description of the intervention. The description is limited to 1,000 characters.

Note: This field matches a ClinicalTrials.gov field. (Interventions, including Intervention Type and Intervention Name(s)).

For more information on how to answer this question for behavioral research trials, refer to the relevant FAQ on the Applying Electronically FAQ page.

4.1.d. Study Phase

Enter or select from the dropdown menu a "Study Phase" that best describes the clinical trial. If your study involves a device or behavioral intervention, choose "N/A".

Choose from the following options:

- Early Phase 1 (or Phase 0)
- Phase 1
- Phase 1/2
- Phase 2
- Phase 2/3
- Phase 3
- Phase 4
- N/A

Is this an NIH-defined Phase III clinical trial? Yes/No

Select "Yes" or "No" to indicate whether the study includes an NIH-defined Phase III clinical trial. Device and behavioral intervention studies may select "Yes" here even if the answer above is "Other".

For more information on how to answer this question for devices or behavioral interventions, refer to the relevant FAQ on the Applying Electronically FAQ page.

4.1.e. Intervention Model

Enter or select from the dropdown menu a single "Intervention Model" that best describes the clinical trial. If you select "Other," provide a description in the space provided. Choose from the following options:

- Single Group
- Parallel
- Cross-Over

- Factorial
- Sequential
- Other (If you select "Other," provide a description in the space provided. Your response is limited to 255 characters.)

Note: This field matches a ClinicalTrials.gov field (Interventional Study Model).

For more information: Definitions of intervention models may be found in ClinicalTrials.gov's Glossary of Common Site Terms or in the ClinicalTrials.gov's description of Study Design.

4.1.f. Masking

Select "Yes" or "No" to indicate whether the protocol uses masking. Note that masking is also referred to as "blinding."

If you answered "Yes" to the "Masking" question, select one or more types of masking that best describes the protocol. Choose from the following options:

- Participant
- Care Provider
- Investigator
- Outcomes Assessor

Note: This field matches a ClinicalTrials.gov field (Masking).

4.1.g. Allocation

Enter or select from the dropdown menu a single "Allocation" that best describes how subjects will be assigned in your protocol. If allocation is not applicable to your clinical trial, select "N/A" (e.g., for a single-arm trial). Choose from the following options:

- N/A
- Randomized
- Non-randomized

Note: This field matches a ClinicalTrials.gov field (Allocation).

4.2. Outcome Measures

Complete the "Outcome Measures" fields for each primary, secondary, and other important measures to be collected during your proposed clinical trial. You may have more than one primary outcome measure, and you can add up to 50 outcome measures.

Name: Enter the name of the individual outcome measure. The outcome measure must be unique within each Study Record.

Type: Enter or select from the dropdown menu the type of the outcome measure. Choose from the following options:

- Primary – select this option for the outcome measures specified in your protocol that are of greatest importance to your study
- Secondary – select this option for outcome measures specified in your protocol that are of lesser importance to your study than your primary outcomes

- Other – select this option for additional key outcome measures used to evaluate the intervention.

Time Frame: Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment).

Brief Description: Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Your description is limited to 999 characters.

NIH-Defined Phase III Clinical Trials: If the proposed research includes an NIH-Defined Phase III Clinical Trial, then outcomes for required analyses by sex/gender, race, and ethnicity should be entered.

Additional information about valid analysis is available on the NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research page.

Note: This field matches a ClinicalTrials.gov field (e.g., Primary Outcome Measure Information, which includes Title, Description, and Time Frame).

For more information:

- Refer to the relevant FAQ for question 4.2 Outcome Measures on the Applying Electronically FAQ page.

4.3. Statistical Design and Power

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Content:

Specify the number of subjects you expect to enroll, the expected effect size, the power, and the statistical methods you will use with respect to each outcome measure you listed in 4.2 Outcome Measures.

You will need to show that your methods for sample size and data analysis are appropriate given your plans for assignment of participants and delivery of interventions. For trials that randomize groups or deliver interventions to groups, special methods are required; additional information is available at the Research Methods Resources webpage.

4.4 Subject Participation Duration

Enter the time (e.g., in months) it will take for each individual participant to complete all study visits. If the participation duration is unknown or not applicable, write "unknown" or "not applicable." The subject participation duration is limited to 255 characters.

4.5 Will the study use an FDA-regulated intervention?

Select "Yes" or "No" to indicate whether the study will use an FDA-regulated intervention (see the definition of "FDA Regulated Intervention" under the Oversight section of the ClinicalTrials.gov Protocol Registration Data Element Definitions for Interventional and Observational Studies page).

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

This attachment is required if you answered "Yes" to the "Will the study use an FDA-regulated intervention?" question.

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

This attachment's typical length is approximately 3,000 characters.

Content:

Provide a summary describing the availability of study agents and support for the acquisition and administration of the study agent(s).

Please indicate, if applicable, the IND/IDE status of the study agent, including whether a clinical investigation is exempt from the IND/IDE requirement. Also indicate whether the investigators have had any interactions with the FDA (e.g., indicate if the FDA has stated that research may proceed). If the study agent currently has an IND/IDE number, provide that information.

Do not include the IND/IDE application, manufacturer's product specifications, study protocol, or protocol amendments in this attachment.

Additional information such as FDA letters or correspondence with the FDA may be requested in the FOA.

Note: The awarding component may request consultation with the FDA and the IND/IDE sponsor about the proposed clinical trial after peer review and prior to award.

4.6 Is this an applicable clinical trial under FDAAA?

Select "Yes" or "No" to indicate whether the study is an applicable clinical trial (ACT) under the Food and Drug Administration Amendments Act (FDAAA).

For more information:

- NIH Glossary's definition of an applicable clinical trial
- FAQs on the ClinicalTrials.gov & FDAAA
- ClinicalTrials.gov FAQs

4.7 Dissemination Plan

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

Although one Dissemination Plan per application is sufficient, you must include a file for each study within your application. All filenames within your application must be unique. You may either attach the same Dissemination Plan to different studies or attach a file that refers to the Dissemination Plan in another study within your application. For example, you may attach a file that says "See Dissemination Plan in the 'My Unique Study Name' study."

Content:

Explain briefly your plan for the dissemination of NIH-funded clinical trial information and address how the expectations of the policy will be met. The plan must contain sufficient information to assure the following:

- the applicant will ensure that clinical trial(s) under the award are registered and results information is submitted to ClinicalTrials.gov as outlined in the policy and according to the specific timelines stated in the policy;
- informed consent documents for the clinical trial(s) will include a specific statement relating to posting of clinical trial information at ClinicalTrials.gov; and
- the recipient institution has an internal policy in place to ensure that clinical trials registration and results reporting occur in compliance with policy requirements.

Note: Do not include informed consent documents in the Dissemination Plan attachment.

Note: If your human subjects study meets the definition of "Delayed Onset," include the Dissemination Plan attachment in the delayed onset study justification.

For more information:

- See the NIH Policy on the Dissemination of NIH-Funded Clinical Trial Information
- See the NIH Guide Notice on the Delayed Enforcement and Short-Term Flexibilities for Some Requirements Affecting Prospective Basic Science Studies Involving Human Participants
- See the NIH Grants Policy Statement, Section 4.1.3.1 NIH Policy on Dissemination of NIH-Funded Clinical Trial Information.

Section 5 – Other Clinical Trial-related Attachments

Who must complete "Section 5 – Other Clinical Trial-related Attachments:"

If you answered "Yes" to all the questions in the "Clinical Trial Questionnaire:" Include an attachment only if your FOA specifies that an attachment(s) is required or permitted; otherwise, do not include any Other Clinical Trial-related attachments.

If you answered "No" to any question in the "Clinical Trial Questionnaire:" Do not provide information in this section. Inputting information in this section will result in errors and will prevent your application from being accepted.

Additional Instructions for Research:

R25 applicants who are proposing to provide clinical trial research experience for their participants (i.e., participants will not be leading an independent clinical trial): Do not provide information in "Section 5 – Other Clinical Trial-related Attachments." Inputting information in this section will result in errors and will prevent your application from being accepted.

R36 applicants who are proposing to gain clinical trial research experience under a mentor's supervision (i.e., you will not be leading an independent

clinical trial): Do not provide information in "Section 5 – Other Clinical Trial-related Attachments." Inputting information in this section will result in errors and will prevent your application from being accepted.

5.1 Other Clinical Trial-related Attachments

Format:

Attach this information as a PDF file. See NIH's Format Attachments page.

A maximum of 10 PDF attachments is allowed in the "Other Clinical Trial-related Attachments" section.

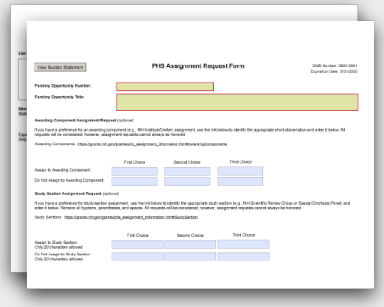
Content:

Provide additional trial-related information only if your FOA specifically requests it. Include only attachments requested in the FOA, and use requested filenames. If a specific filename is not given in the FOA, use a meaningful filename since it will become a bookmark in the assembled application image. Each attachment included in the application must have a unique filename. Do not use the same file name in multiple study records. If the FOA requires a specific filename, add unique numbers at the end of the filenames for each study record (e.g. study_filename1, study_filename2). File name sizes are limited to 50 characters.

R.600 - PHS Assignment Request Form

The PHS Assignment Request Form may be used to communicate specific application assignment and review preferences to the Division of Receipt and Referral (DRR) and to Scientific Review Officers (SROs).

This information will not be part of your assembled application, and it will neither be made available to program staff nor provided to reviewers. It is used specifically to convey additional, optional information about your preference(s) for assignment and review of your application to DRR and SROs.



View larger image

Completing the PHS Assignment Request Form:

This form is optional. Use it only if you wish to communicate specific awarding component assignments or review preferences. There is no requirement that all fields or all sections be completed. You have the flexibility to make a single entry or to provide extensive information using this form.

Note on Application Assignments: The Division of Receipt and Referral (DRR), Center for Scientific Review (CSR) is responsible for assigning applications to awarding components such as NIH Institutes/Centers (ICs) and other PHS agencies for funding consideration. DRR also assigns applications to NIH Scientific Review Groups (SRGs) and Special Emphasis Panels (SEPs).

Awarding Component Assignment Suggestions (optional)

To facilitate accurate communication of any assignment preferences to NIH referral and review staff, use the short abbreviation (e.g., NCI for the National Cancer Institute).

All assignment suggestions will be considered; however, not all assignment suggestions can be honored. Applications are assigned based on relevance of your application to an individual awarding component mission and scientific interests in addition to administrative requirements such as IC participation in the funding opportunity announcement used to submit your application.

Descriptions of the scientific areas covered by all NIH ICs and links to other PHS agency information can be found on the PHS Assignment Information website.

You do not need to make entries in all three boxes of the "Awarding Component Assignment Suggestions" section.

Suggested Awarding Component(s):

You may enter up to three preferences for primary assignment in the boxes in the "Suggested Awarding Component(s)" row. **Note:** Your application will be assigned based on the most

appropriate match between it, the terms of the FOA, and the mission of each possible awarding component, with your preference(s) taken into consideration when possible.

Study Section Assignment Suggestions (optional)

To facilitate accurate communication of any review assignment preferences to NIH referral and review staff, use the short abbreviation of the SRG/SEP you would prefer. For example, enter "CAMP" for the NIH Cancer Molecular Pathobiology study section or enter "ZRG1HDMR" for the NIH Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Be careful to remove all hyphens, parentheses, and spaces when you type in the suggestion. Freeform text (such as "special emphasis panel" or "member conflict SEP") should not be entered.

All suggestions will be considered; however, not all assignment suggestions can be honored.

More information about how to identify CSR and NIH SRGs and SEPs, including their short abbreviations, can be found on CSR Study Sections and Special Emphasis Panel. A list of all NIH SRGs and SEPs is also available.

While the majority of NIH research grant and fellowship applications are reviewed by CSR, some are assigned to individual IC review groups and some are clustered for review in SRGs/SEPs, depending on existing locus of review agreements within NIH and other PHS agencies. This limits flexibility for honoring assignment preferences.

You do not need to make an entry in all three boxes of the "Study Section Assignment Suggestions" section.

Suggested Study Sections:

You may enter up to three preferences for SRGs/SEPs in the boxes in the "Suggested Study Sections" row. Use one box per individual SRG/SEP preference suggestion. All review preferences will be considered. **Note:** Your application will be assigned based on the most appropriate match between it, the terms of the FOA, and the guidelines for each SRG/SEP, with your preference(s) taken into consideration when possible.

Note: This information is not applicable if you are submitting an application to an RFA.

Rationale for assignment suggestions (optional)

Enter the rationale (i.e., why you think the assignment is appropriate) for your Awarding Component and Study Section suggestions.

Your answer can have a maximum of 1000 characters.

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

You may list specific individuals, if any, who should not review your application and why they should not review your application. Provide sufficient information (e.g., name, organizational affiliation) so that the SRO can correctly identify the individual. Be prepared to provide additional information to the SRO if needed. Simply stating "Dr. John Smith is in conflict with my application" is not helpful.

Your answer can have a maximum of 1000 characters.

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

You may list up to five general or specific types of expertise needed for the review of your application. Limit your answers to areas of expertise – do not enter names of individuals you would like to review your application.

Each field can have a maximum of 40 characters.

Form Screenshots

Quick Links

- SF 424 (R&R) Form
- PHS 398 Cover Page Supplement Form
- R&R Other Project Information Form
- Project/Performance Site Location(s) Form
- R&R Senior/Key Person Profile (Expanded) Form
- R&R Budget Form
- R&R Subaward Budget Attachment(s) Form
- PHS 398 Modular Budget Form
- PHS 398 Research Plan Form
- PHS Human Subjects and Clinical Trials Information
- PHS Assignment Request Form

SF 424 (R&R) Form

View Burden Statement

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

UEI:

Legal Name:
Department:
Division:
Street1:
Street2:
City:
County / Parish:
State:
Province:
Country: USA: UNITED STATES
ZIP / Postal Code:

Person to be contacted on matters involving this application

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

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

7. TYPE OF APPLICANT: Please select one of the following

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

New Resubmission
Renewal Continuation Revision

If Revision, mark appropriate box(es).

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

Is this application being submitted to other agencies? Yes No

What other Agencies?

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:

Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE **Page 2**

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: USA: UNITED STATES 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

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

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

Signature of Authorized Representative **Date Signed**

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment Add Attachment | Delete Attachment | View Attachment

PHS 398 Cover Page Supplement Form

PHS 398 Cover Page Supplement

View Burden Statement

OMB Number: 0925-0001
Expiration Date: 2/28/2023

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)
x		

Add

3. Human Embryonic Stem Cells Section

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

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

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

Cell Line(s) (Example: 0004):

X

Add

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 Institution Section

☐ Change of Project Director/Principal Investigator

Name of former Project Director/Principal Investigator:

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

☐ Change of Grantee Institution

*Name of former institution:

R&R Other Project Information Form

RESEARCH & RELATED Other Project Information

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

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 Add Attachment | Delete Attachment | View Attachment

8. Project Narrative Add Attachment | Delete Attachment | View Attachment

9. Bibliography & References Cited Add Attachment | Delete Attachment | View Attachment

10. Facilities & Other Resources Add Attachment | Delete Attachment | View Attachment

11. Equipment Add Attachment | Delete Attachment | View Attachment

12. Other Attachments Add Attachments | Delete Attachments | View Attachments

Project/Performance Site Location(s) Form

View Burden Statement

OMB Number: 4040-0010
Expiration Date: 12/31/2022

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

Organization Name:

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:

Delete Entry

Next Site

Additional Location(s)

Add Attachment | Delete Attachment | View Attachment

R&R Senior/Key Person Profile (Expanded) Form

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

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: Province:
* Country: USA: UNITED STATES * 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** Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

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: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

Degree Type:
Degree Year:

Attach Biographical Sketch Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete 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.

R&R Budget Form

RESEARCH & RELATED BUDGET - Budget Period 1

Delete Period

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

UEI: Enter name of Organization:

Budget Type: Project Subaward/Consortium Budget Period: 1 Start Date: End Date:

A. Senior/Key Person

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

Project Role: PD/PI

Add Additional Key Person

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

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 Cal.	Months Acad.	Months Sum.	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						

Add Additional Other Personnel

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 ($)

Add Additional Equipment

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.
9.
10.
11.
12.
13.
14.
15.
16.
17.

Total Other Direct Costs

G. Direct Costs — Funds Requested ($)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
X			

Add Additional Indirect Cost

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

Add Period

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals ($)
Section A, Senior/Key Person		
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		
Section C, Equipment		
Section D, Travel		
1. Domestic		
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
11. Other 4		
12. Other 5		
13. Other 6		
14. Other 7		
15. Other 8		
16. Other 9		
17. Other 10		

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

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

10 YEAR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the 10 Year R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the 10 Year R&R budget instructions. Please remember that any files you attach must be a PDF document.

Click here to extract the 10 Year 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

PHS 398 Modular Budget Form

View Burden Statement

PHS 398 Modular Budget

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

Budget Period: 1

Start Date: End Date: Next Period

A. Direct Costs

	Funds Requested ($)
Direct Cost less Consortium Indirect (F&A)	0.00
Consortium Indirect (F&A)	
Total Direct Costs	0.00

B. Indirect (F&A) Costs

	Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base ($)	Funds Requested ($)
X				

Add Additional Indirect Cost

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

Indirect (F&A) Rate Agreement Date

Total Indirect (F&A) Costs

C. Total Direct and Indirect (F&A) Costs (A + B) Funds Requested ($) 0.00

Add Period

Cumulative Budget Information

1. Total Costs, Entire Project Period

Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period	$	0.00
Section A, Total Consortium Indirect (F&A) for Entire Project Period	$	
Section A, Total Direct Costs for Entire Project Period	$	0.00
Section B, Total Indirect (F&A) Costs for Entire Project Period	$	
Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period	$	0.00

2. Budget Justifications

? Personnel Justification		Add Attachment	Delete Attachment	View Attachment
? Consortium Justification		Add Attachment	Delete Attachment	View Attachment
? Additional Narrative Justification		Add Attachment	Delete Attachment	View Attachment

PHS 398 Research Plan Form

View Burden Statement

PHS 398 Research Plan

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

Introduction

1. Introduction to Application (for Resubmission and Revision applications)		Add Attachment	Delete Attachment	View Attachment

Research Plan Section

2. Specific Aims		Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy		Add Attachment	Delete Attachment	View Attachment
4. Progress Report Publication List		Add Attachment	Delete Attachment	View Attachment

Other Research Plan Section

5. Vertebrate Animals		Add Attachment	Delete Attachment	View Attachment
6. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
7. Multiple PD/PI Leadership Plan		Add Attachment	Delete Attachment	View Attachment
8. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment
9. Letters of Support		Add Attachment	Delete Attachment	View Attachment
10. Resource Sharing Plan(s)		Add Attachment	Delete Attachment	View Attachment
11. Authentication of Key Biological and/or Chemical Resources		Add Attachment	Delete Attachment	View Attachment

Appendix

12. Appendix	Add Attachments	Delete Attachments	View Attachments

PHS Human Subjects and Clinical Trials Information

PHS Human Subjects and Clinical Trials Information

View Burden Statement

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

Use of Human Specimens and/or Data

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

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 the study name and a justification for omission of human subjects 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.

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

Add New Study

Delayed Onset Study(ies)

	Study Title	Anticipated Clinical Trial?	Justification
x		☐	Add Attachment | Delete Attachment | View Attachment

Add New Delayed Onset Study

Study Record: PHS Human Subjects and Clinical Trials Information

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

* Always required field

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

x

Add New Condition

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

OMB Number: 0925-0770
Expiration Date: 09/30/2024

Inclusion Enrollment Report

Remove 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)

Add New Country

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
Total	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	
Asian	0	0	0	0	0	0	0	0	0	
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	
Black or African American	0	0	0	0	0	0	0	0	0	
White	0	0	0	0	0	0	0	0	0	
More than One Race	0	0	0	0	0	0	0	0	0	
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	0	

< Previous Report Report 1 of 1 Next Report

|<< First Report Delete Report Last Report >>

Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects Add Attachment | Delete Attachment | View Attachment

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

☐ Yes ☐ No ☐ N/A

Single IRB plan attachment Add Attachment | Delete Attachment | View Attachment

3.3. Data and Safety Monitoring Plan Add Attachment | Delete Attachment | View Attachment

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

☐ Yes ☐ No

3.5. Overall Structure of the Study Team Add Attachment | Delete Attachment | View Attachment

Section 4 - Protocol Synopsis

4.1. Study Design

4.1.a. Detailed Description

4.1.b. Primary Purpose

4.1.c. Interventions

×	**Intervention Type**
	Name
	Description

Add New Intervention

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

×	**Name**
	Type
	Time Frame
	Brief Description

Add New Outcome

4.3. Statistical Design and Power Add Attachment | Delete Attachment | View Attachment

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 Add Attachment | Delete Attachment | View Attachment

4.6. Is this an applicable clinical trial under FDAAA? ☐ Yes ☐ No

4.7. Dissemination Plan Add Attachment | Delete Attachment | View Attachment

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments Add Attachments | Delete Attachments | View Attachments

PHS Assignment Request Form

View Burden Statement

PHS Assignment Request Form

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

Funding Opportunity Number:

Funding Opportunity Title:

Awarding Component Assignment Suggestions *(optional)*

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

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

Suggested Awarding Components:

Study Section Assignment Suggestions *(optional)*

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

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

Information about Study Sections can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

Suggested Study Sections:
Each entry is limited to 20 characters

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

PHS Assignment Request Form

List individuals who should not review your application and why *(optional)* *Entry is limited to 1000 characters*

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