



NIH Electronic Multi-project Applications: Annotated SF424 (R&R) Form Set Forms-C Series



Multi-project applications are comprised of Overall application information, one or more sets of Component information and system-generated summary information. Although data will be collected through ASSIST or other system-to-system solutions instead of downloadable forms, the data collected are the same data fields found on the SF424 R&R Adobe forms currently used for NIH single-project applications.

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

Forms Currently Supported for Multi-project Applications

Data Collection	Overall	Other Named Components	Page #
SF424 R&R cover	✓	✓ Subset of data items	2
PHS 398 Cover Page Supplement	✓	✓	4
R&R Other Project Information	✓	✓	6
Project/Performance Sites	✓	✓	7
R&R Sr/Key Person Profile (Expanded)	✓	✓	8
R&R Budget		✓ (All components except NRSA-Training.)	9
R&R Subaward Budget Attachment		✓ (Optional for all components except NRSA-Training.)	13
PHS 398 Research Plan	✓	✓ (All components except Indiv Career Dev, Inst Career Dev, and NRSA-Training.)	14
Planned Enrollment Report		✓ (Optional for all components except NRSA-Training.)	15
Cumulative Inclusion Enrollment Report		✓ (Optional for all components except NRSA-Training.)	16
PHS 398 Career Development Award Supplemental Form		Indiv Career Dev component only.	17
PHS 398 Training Budget		NRSA-Training component only.	19
Training Subaward Budget Attachment Form		NRSA-Training component only.	21
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PHS Additional Indirect Costs	✓ (Optional)		24

Important Note

The Application Guide and Supplemental Instructions found at <http://grants.nih.gov/grants/funding/424/index.htm> and the announcement text for the target Funding Opportunity Announcement (FOA) remain the official documents for defining application requirements. This resource is meant to compliment, not replace, those documents.

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

If New (box 8), leave blank unless otherwise instructed in FOA. If Resubmission, Renewal or Revision (box 8), use institute and serial # of previous NIH grant/application # (e.g., use CA987654 from 1R01CA987654-01).

If Changed/Corrected (box 1), provide previous Grants.gov tracking #. (e.g., GRANT12345678).

1. TYPE OF SUBMISSION

☒ Pre-application ☐ Application ☐ Changed/Corrected Application

2. DATE SUBMITTED

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

Applicant Information

Use Application for first submission attempt for due date.

Use Changed/Corrected when correcting eRA identified errors/warnings.

5. APPLICANT INFORMATION

Organizational DUNS:

Legal Name:

Department:

Division:

Street1:

Street2:

City:

County / Parish:

State:

Province:

Country:

USA: UNITED STATES

ZIP / Postal Code:

Must provide zip+4 for all zip codes.

Must match DUNS used for System for Award Management (SAM), Grants.gov and eRA Commons registrations. Must be 9 or 13 digits; no letters or special characters.

ASSIST - For Overall component, the Applicant information address fields are populated from the Commons institution Profile and are not editable.

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: Contact e-mail is required by NIH. If not included, or improperly formatted, the AOR e-mail provided in item 19 will be used.

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

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:

See Application Guide for definitions.

If Revision, mark appropriate box(es).

☐

New

☐

Resubmission

☐

Renewal

☐

Continuation

☐

Revision

☐

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:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

NIH will assign CFDA post-submission.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Up to 200 characters.

12. PROPOSED PROJECT:

Start Date

Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

Format: 2 character state abbreviation - 3 character District number (e.g., CA-005. Use 00-000 if outside the US. See Application Guide for additional details.

Start date is an estimate; typically at least nine months after submission. Project period should not exceed what is allowed in announcement.

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:

PD/PI first/last name should match name on file for Commons ID provided in the Credential field of the R&R Senior/Key Person Profile (Expanded) form.

ASSIST - For Overall component, the PD/PI information is pulled from the PD/PI section of the R&R Sr/Key Person Profile form and must be changed on that form.

15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts.

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

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

- a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:
b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☐ I agree

See Supplemental Grant Application Instructions for full list of NIH policies and certifications.
<http://grants.nih.gov/grants/funding/424/index.htm>

*The list of certifications and assurances, or an

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:

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

In eRA Commons this individual is called a Signing Official (SO).

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

Delete Attachment

View Attachment

21. Cover Letter Attachment

Cover Letter will be posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. See Application Guide for suggested cover letter format.

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

1. Project Director / Principal Investigator (PD/PI)			Section is pre-populated from SF 424 (R&R) cover form.
Prefix:	<input style="width: 100%;" type="text"/>		
*First Name:	<input style="width: 100%;" type="text"/>		
Middle Name:	<input style="width: 100%;" type="text"/>		
*Last Name:	<input style="width: 100%;" type="text"/>		
Suffix:	<input style="width: 100%;" type="text"/>		
<div style="border: 1px solid black; background-color: #e0f7fa; padding: 2px; margin-top: 5px;"> If Human Subjects = Yes on Other Project Information form, then an answer to Clinical Trial question is required. </div>			
2. Human Subjects			
Clinical Trial?	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>		
*Agency-Defined Phase III Clinical Trial?	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>		
<div style="border: 1px solid black; background-color: #e0f7fa; padding: 2px; margin-top: 5px;"> If Clinical Trial = No on all components, then Clinical Trial must be No on the Overall component for New and Renewal applications. </div> <div style="border: 1px solid black; background-color: #e0f7fa; padding: 2px; margin-top: 5px;"> If Clinical Trial = Yes on any components, then Clinical Trial must be Yes on the Overall component. </div> <div style="border: 1px solid black; background-color: #e0f7fa; padding: 2px; margin-top: 5px;"> If Phase III Clinical Trial = Yes on any component, then Phase III Clinical Trial must be Yes on the Overall component. </div> <div style="border: 1px solid black; background-color: #e0f7fa; padding: 2px; margin-top: 5px;"> If Phase III Clinical Trial = No on all components, then Phase III Clinical Trial must be No on the Overall component for New and Renewal applications. </div>			
3. *Disclosure Permission Statement			
If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?			
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			
4. *Program Income			
<div style="border: 1px solid black; background-color: #e0f7fa; padding: 2px; margin-top: 5px;"> NIH can accept Program Information at the Overall level, the component level or both. If the FOA does not explicitly indicate how to provide this data, then applicants can choose how best to reflect the information for their circumstances. </div>			
*Is program income anticipated during the periods for which the grant support is requested?			
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			
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)	
<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100%;" type="text"/>	

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

PHS 398 Cover Page Supplement

If Yes, then approved cell line entries must be entered or the "cannot be referenced" box must be checked.

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

5. Human Embryonic Stem Cells

*Does the proposed project involve human embryonic stem cells?

☐ No ☒ Yes

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, please check the box indicating that one from the registry will be used: ☒ Only check 'cell line cannot be referenced' if no cell lines are referenced on any component. Not

Only check 'cell line cannot be referenced' if no cell lines are referenced on any component. Note: Future enhancement planned to allow entry of cell lines and ability to check this box for the Overall component.

Cell Line(s): ☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

[illegible]

Error if provided human embryonic stem cell lines (e.g., 0024, 0139) are not listed at <http://stemcells.nih.gov/research/registry/> at time of submission.

Overall component must include any stem cell lines listed in other components.

6. Inventions and Patents (For renewal applications only)

*Inventions and Patents: Yes ☐ No ☐

If the answer is "Yes" then please answer the following:

*Previously Reported: Yes ☐ No ☐

7. Change of Investigator / Change of Institution Questions

☐ Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix: _____

☐ Change of Grantee Institution

*Name of former institution:

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RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001

If Human Subjects = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form. If Yes on any component, then must be Yes on Overall component.

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

If no, is the IRB review Pending?

☐ Yes ☐ No

IRB Approval Date:

Human Subject Assurance Number:

If Overall exemption number is 4, then no other exemption number can be set for any other component.

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

Overall: If Human Subjects = Yes, then Human Subject Assurance Number or the text 'None' must be provided. Other components: not collected.

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:

If Vertebrate Animals = Yes, additional attachments are required in the PHS 398 Research Plan form. If Yes on any component, then must be Yes on Overall component.

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

4.b. If yes, please explain:

If 4a is Yes, then 4b is required.

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

☐ Yes ☐ No

4.d. If yes, please explain:

If 4c is Yes, then 4d is required.

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

☐ Yes ☐ No

5.a. If yes, please explain:

If 5 is Yes, then 5a is required.

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

☐ Yes ☐ No

6.a. If yes, identify countries:

If 6 is Yes, then 6a is required.

6.b. Optional Explanation:

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

7. Project Summary/Abstract

Succinct project summary of proposed work. Typically 30 lines or less; system error if over 1 page. If awarded this information becomes public. Do not include proprietary or confidential information.

8. Project Narrative

Typically 2-3 sentence statement of public health relevance; system will give error if over 1 page. Overall: Required. Other components: optional - see FOA for instructions.

9. Bibliography & References Cited

User-defined bookmarks provided with this attachment will be included with the bookmarks for the assembled application image in eRA Commons.

Attachment

10. Facilities & Other Resources

Add Attachment

Delete Attachment

View Attachment

11. Equipment

User-defined bookmarks provided with this attachment will be included with the bookmarks for the assembled application image in eRA Commons.

View Attachment

12. Other Attachments

Add Attachments

Delete Attachments

View Attachments

☐

Only provide Other Attachments when requested in the FOA.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

Organization Name: **DO NOT check box. NIH only accepts applications from registered organizations.**

DUNS Number: **DUNS required and enforced by NIH. Must be 9 or 13 digits; no letters or special characters.**

* 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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Can collect data for 300 locations (including primary site) prior to using Additional Location(s) attachment.

Additional Location(s)

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/>	Division: <input type="text"/>
* Street1: <input type="text"/>	ASSIST - PD/PI Organization Name is pre-populated from SF 424 (R&R) cover.
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	Valid eRA Commons username required by NIH. Overall: Contact PD/PI must be affiliated in Commons with applicant organization.
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text" value="PD/PI"/>	Other Project Role Category: <input type="text"/>
Degree Type: <input type="text"/>	ASSIST - For other components. Project Role defaults to Other with an Other Project Role Category of Project Lead.
Degree Year: <input type="text"/>	Overall: Project Role must be PD/PI. Other components: Project Role can't be PD/PI.
* Attach Biographical Sketch <input type="checkbox"/>	Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. New format (NOT-OD-15-032) limited to 5 pages. Format and samples: http://grants.nih.gov/grants/funding/424/index.htm .
Attach Current & Pending Support <input type="checkbox"/>	Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.

PROFILE - Senior/Key Person 1	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/>	Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	Overall: For multiple PD/PI applications, you must use the PD/PI role and provide the eRA Commons username in the Credential field for all PD/PIs. When multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the Research Plan form is required.
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>
Degree Type: <input type="text"/>	Each Sr/Key person is allowed one biosketch for the entire application. When participating on multiple components, chose any single entry to attach biosketch and make sure it reflects participation on each component. New format (NOT-OD-15-032) limited to 5 pages. Format and samples: http://grants.nih.gov/grants/funding/424/index.htm .
Degree Year: <input type="text"/>	
Attach Biographical Sketch <input type="checkbox"/>	
Attach Current & Pending Support <input type="checkbox"/>	Only provide Current & Pending Support if specifically requested in FOA. May be requested later in pre-award process as Just-In-Time data.

Delete Entry

Can collect data for 100 Sr/Key personnel (including PD/PI). Option to provide attachment for additional Sr./Key info is available after the 100 entries are made.

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 will NOT be used in the Overall component. Instead, NIH will summarize budget information from other components and include the summaries in the assembled application in eRA Commons post submission.

Budget summary information available in ASSIST pre-submission using the Preview Application action.

Provide DUNS for the organization whose budget is reflected on this form.

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

ORGANIZATIONAL DUNS:

Enter name of Organization:

For New and Resubmission applications, the first budget period start date must match the start date listed on the SF 424 (R&R) cover. Start/end dates must be within or equal to the project period dates on the SF 424 (R&R) cover.

Budget Type:

☒ Project ☐ Subaward/Consortium

Budget Period: 1

Start Date:

End Date:

Use Project when providing data for the budget associated with the component's lead organization. DUNS is used to differentiate applicant and subaward budgets.

A. Senior/Key Person

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

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

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

Project Role:

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

Additional Senior Key Persons:

Add Attachment

Delete Attachment

View Attachment

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

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

Total Senior/Key Person

B. Other Personnel

Aggregate information should be provided in section B. More detailed information should be provided in Budget Justification.

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

You can name up to 5 additional Project Role categories. Once data for the first user-defined Project Role is entered, you will have the option to add another.

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 (\$)
<div>Once equipment data is entered, you will be able to add up to 99 more rows to this section for a total of 100 equipment items.</div>	
Additional Equipment:	
<div>Add Attachment</div>	<div>Delete Attachment</div>
<div>View Attachment</div>	
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	
<div>Number of Participants/Trainees</div>	<div>Total Participant/Trainee Support Costs</div>

F. Other Direct Costs

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

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

G. Direct Costs

	Funds Requested (\$)
Total Direct Costs (A thru F)	<input type="text"/>

H. Indirect Costs

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

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

I. Total Direct and Indirect Costs

	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	<input type="text"/>

J. Fee

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

K. Budget Justification

(Only attach one file.)

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

Budget justification is required and must cover all budget periods.

RESEARCH & RELATED BUDGET - Cumulative Budget

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

Totals (\$)

Section A, Senior/Key Person

Section B, Other Personnel

Total Number Other Personnel

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

Section C, Equipment

Section D, Travel

1. Domestic

2. Foreign

Section E, Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

6. Number of Participants/Trainees

Section F, Other Direct Costs

1. Materials and Supplies

2. Publication Costs

3. Consultant Services

4. ADP/Computer Services

5. Subawards/Consortium/Contractual Costs

6. Equipment or Facility Rental/User Fees

7. Alterations and Renovations

8. Other 1

9. Other 2

10. Other 3

Section G, Direct Costs (A thru F)

Section H, Indirect Costs

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

Section J, Fee

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

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

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

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

If submitting an application with >30 subaward budgets in a single component, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the main component budget in Section K of the R&R Budget form.

When subaward budgets are added to a component, the sum all subawards must be included in Line F.5 Subawards/Consortium/Contractual Costs of the budget marked Project within the component.

ASSIST provides the ability to add up to 30 subaward budgets per component using the Add Optional Form action available from the Summary tab for the component.

PHS 398 Research Plan

Please attach applicable sections of the research plan, below.

OMB Number: 0925-0001

1. Introduction to Application (for RESUBMISSION or REVISION only)	<input type="text" value="Limited to 1 page."/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2. Specific Aims	<input type="text" value="Required attachment. Limited to 1 page."/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>	
3. *Research Strategy	<input type="text" value="See Section IV of the FOA for Overall and component page limits. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages."/>			
4. Progress Report Publication List	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Human Subjects Sections <input type="text" value="Attachments typically required if Human Subjects= Yes on the Other Project Information form."/>				
5. Protection of Human Subjects	<input type="text" value="Required if Human Subjects is Yes."/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6. Inclusion of Women and Minorities	<input type="text" value="Required if Human Subjects is Yes and exemption number is not 4."/>	<input type="button" value="View Attachment"/>		
7. Inclusion of Children	<input type="text" value="Required if Human Subjects is Yes and exemption number is not 4."/>	<input type="button" value="View Attachment"/>		
Other Research Plan Sections				
8. Vertebrate Animals	<input type="text" value="Required if Vertebrate Animals is Yes on the Other Project Information form."/>	<input type="button" value="View Attachment"/>		
9. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10. Multiple PD/PI Leadership Plan	<input type="text" value="Overall: Required if more than one PD/PI is specified on R&R Sr./Key Person Profile form."/>			
11. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12. Letters of Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13. Resource Sharing Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Appendix (if applicable)				
14. Appendix	<input type="button" value="Add Attachments"/>	<input type="button" value="Remove Attachments"/>	<input type="button" value="View Attachments"/>	

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.

Planned Enrollment Report

OMB Number: 0925-0002

This report format should NOT be used for collecting data from study participants.

Study Title:

Domestic/Foreign:

Comments:

Racial Categories	Ethnic Categories				Form Totals automatically calculated.	
	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	
More than One Race recently added to this Planned Enrollment Report.						
Total	Form Totals automatically calculated.	0	0	0	0	

Study 1 of 1

Once the required fields are completed, you have the option of adding an additional study (up to 150 total).

To ensure proper performance, please save frequently.

Cumulative Inclusion Enrollment Report

OMB Number: 0925-0002

Use this form to 1) report on recruitment progress in a previous funding period (part of the Renewal progress report) and/or 2) to provide enrollment information for new studies proposing to use an existing dataset or resource where no ongoing or future contact with participants is anticipated.

Study Title:

Comments:

Form Totals
automatically
calculated.

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

Form Totals
automatically
calculated.

Study 1 of 1

Once the required fields are completed, you have the option of adding an additional study (up to 150 total).

To ensure proper performance, please save frequently.

FORMS-C Series (Footer not part of forms)

PHS 398 Career Development Award Supplemental Form

Please attach applicable sections, below

OMB Number: 0925-0001

Introduction (if applicable)

1. Introduction to Application
(for RESUBMISSION applications only)

Required for Resubmission and Revision applications. Limited to 1 page.

View Attachment

Candidate Information

2. Candidate's Background

Required.

The total number of pages for Items 2-4 (Candidate's Background, Career Goals and Objectives, and Candidate's Plan for Career Development/Training Activities During Award Period) and Item 12 (Research Strategy) combined may not exceed 12 pages.

Attachment

View Attachment

3. Career Goals and Objectives

Required.

Attachment

View Attachment

4. Candidate's Plan for Career Development/
Training Activities During Award Period

Required.

Attachment

View Attachment

5. Training in the Responsible Conduct
of Research

Required. Limited to 1 page.

Add Attachment

Delete Attachment

View Attachment

6. Candidate's Plan to Provide Mentoring
(as applicable)

When provided, limited to 6 pages.

Add Attachment

Delete Attachment

View Attachment

Statements and Letters of Support

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

Required. Limited to 6 page.

Add Attachment

Delete Attachment

View Attachment

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

When provided, limited to 6 pages.

Add Attachment

Delete Attachment

View Attachment

Environment and Institutional Commitment to Candidate

9. Description of Institutional Environment

Required. Check announcement for potential page limitation.

Delete Attachment

View Attachment

10. Institutional Commitment to Candidate's
Research Career Development

Required. Check announcement for potential page limitation.

Delete Attachment

View Attachment

Research Plan

11. Specific Aims

Required attachment. Limited to 1 page.

Add Attachment

Delete Attachment

View Attachment

12. * Research Strategy

The total number of pages for Items 2-4 (Candidate's Background, Career Goals and Objectives, and Candidate's Plan for Career Development/Training Activities During Award Period) and Item 12 (Research Strategy) combined may not exceed 12 pages. Error if total number of pages is greater than 15 and warning if total number of pages is greater than 12 and less than or equal to 15 (providing some allowance for page breaks).

13. Progress Report Publication List
(for RENEWAL applications only)

Human Subject Sections

Attachments typically required if Human Subjects= Yes on the Other Project Information form.

14. Protection of Human Subjects

Required if Human Subjects is Yes.

Add Attachment

Delete Attachment

View Attachment

15. Inclusion of Women and Minorities

Required if Human Subjects is Yes and exemption number is not 4.

Attachment

View Attachment

16. Inclusion of Children

Required if Human Subjects is Yes and exemption number is not 4.

Attachment

View Attachment

PHS 398 Career Development Award Supplemental Form

Other Research Plan Sections

17. Vertebrate Animals	<div>Required if Vertebrate Animals is Yes on the Other Project Information form.</div>	<div>View Attachment</div>
18. Select Agent Research	<div></div>	<div>Add AttachmentDelete AttachmentView Attachment</div>
19. Consortium/Contractual Arrangements	<div></div>	<div>Add AttachmentDelete AttachmentView Attachment</div>
20. Resource Sharing Plan(s)	<div></div>	<div>Add AttachmentDelete AttachmentView Attachment</div>

Appendix (if applicable)

21. Appendix	<div>Add Attachments</div>
--------------	----------------------------

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.

* Citizenship

<div><input type="checkbox"/> U.S. Citizen or noncitizen national</div>	<div><input type="checkbox"/> Permanent Resident of U.S.</div>
<div><input type="checkbox"/> Permanent Resident of U.S. (If a permanent resident of the U.S., a notarized statement must be provided by the time of award)</div>	<div><input type="checkbox"/> Non-U.S. Citizen with temporary U.S. visa</div>

Citizenship selection required.

'Non-U.S. Citizen with temporary U.S. visa' is not typically a valid option, though it may be accepted for K99/R00 applications.

PHS 398 TRAINING BUDGET, Period 1

Provide DUNS for the organization whose budget is reflected on this form.

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

Organizational DUNS:

Budget Type: ☒ Project☐ Subaward/Consortium

Organization Name:

Required.

Start Date:

End Date:

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

A. Stipends, Tuition/Fees

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

Number of Trainees

Full Time
Short Term☐☐

Undergraduate:

Number Per Stipend Level:

First-Year/Soph.

☐

Junior/Senior

☐☐☐

Predoctoral:

Single Degree

☐☐

Dual Degree

Total Predoctoral☐☐

Postdoctoral:

Number Per Stipend Level:

0

1

2

3

4

5

6

7

☐☐

Non-degree Seeking

☐☐☐☐☐☐☐☐☐☐

Degree Seeking

☐☐☐☐☐☐☐☐☐☐**Total Postdoctoral**☐☐☐☐☐☐☐☐☐☐

Other:

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

Totals:**Total Stipends + Tuition/Fees Requested****B. Other Direct Costs**

Trainee Travel

Training Related Expenses

Total Direct Costs from R&R Budget Form (if applicable)

Consortium Training Costs (if applicable)

Funds Requested (\$)

Warning if not provided.

Include sum of all attached Training Subaward Budget forms.

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

Indirect Cost Type

Indirect Cost Rate (%)

Indirect Cost Base (\$)

Funds Requested (\$)

1.

Indirect Cost Rate is typically 8%.

2.

Total Indirect Costs Requested**E. Total Direct and Indirect Costs Requested (C + D)****F. Budget Justification**

Budget justification is required and must cover all budget periods.

Add Attachment

Delete Attachment

View Attachment

PHS 398 TRAINING BUDGET, Cumulative Budget

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

A. Stipends, Tuition/Fees

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

B. Other Direct Costs

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

C. Total Direct Costs Requested (A + B)

D. Total Indirect Costs Requested

E. Total Direct and Indirect Costs Requested (C + D)

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

On this form, you will attach the PHS 398 Training Budget forms for all subawards in your grant application.

The means to obtain a training subaward budget attachment is provided here on this form, using the button below. In order to extract, fill, and attach each additional training subaward budget form, simply follow these steps:

- Select the button labeled "Select to Extract a Training Subaward Budget Attachment", which appears below.
- Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Training_Subaward_Budget_MyOrganization.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using your Adobe Acrobat Reader software.
- Using the Open icon in Adobe Acrobat Reader, open the new form that you have just saved.
- Enter the subawardee's training budget information, in this supplemental form. It is essentially the same as the PHS 398 Training Budget form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save it and close it.
- Return to this "PHS 398 Training Subaward Budget Attachment(s)" form.
- Attach the saved supplemental form, that you just filled in, to one of the "Attach Training Subaward" blocks provided below.

Select to Extract a Training Subaward Budget Attachment

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

Attach Training Subaward Budget 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 16	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 17	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

If submitting an application with >30 subaward budgets in a single component, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the main component budget in Section K of the R&R Budget form.

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

ASSIST provides the ability to add up to 30 subaward budgets per component using the Add Optional Form action available from the Summary tab for the component.

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Attach Training Subaward Budget 18	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 19	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 20	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 21	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 22	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 23	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 24	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 25	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 26	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 27	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 28	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 29	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Training Subaward Budget 30	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

PHS 398 Research Training Program Plan

Please attach applicable sections of the research training program plan, below.

OMB Number: 0925-0001

1. Introduction to Application (for RESUBMISSION or REVISION only)	<input type="checkbox"/>	Required attachment for Resubmission applications; limited to 3 pages. Required attachment for Revision applications; limited to 1 page.	<input type="button" value="View Attachment"/>
2. Background	<input type="checkbox"/>	Required.	Attachments 2-4 (Background, Program Plan, Recruitment and Retention Plan to Enhance Diversity and Plan for Instruction in the Responsible Conduct of Research) together can not exceed the page limitation indicated in the announcement.
3. Program Plan	<input type="checkbox"/>	Required.	<input type="button" value="View Attachment"/>
4. Recruitment and Retention Plan to Enhance Diversity	<input type="checkbox"/>	Required.	<input type="button" value="View Attachment"/>
5. Plan for Instruction in the Responsible Conduct of Research	<input type="checkbox"/>	Required.	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Progress Report (for RENEWAL applications only)	<input type="checkbox"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
7. Human Subjects	<input type="checkbox"/>	Required if Human Subjects is Yes on the Other Project Information form.	<input type="button" value="View Attachment"/>
8. Vertebrate Animals	<input type="checkbox"/>	Required if Vertebrate Animals Used is Yes on the Other Project Information form.	<input type="button" value="View Attachment"/>
9. Select Agent Research	<input type="checkbox"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
10. Multiple PD/PI Leadership Plan (if applicable)	<input type="checkbox"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
11. Consortium/Contractual Arrangements	<input type="checkbox"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
12. Participating Faculty Biosketches	<input type="checkbox"/>	Generally required. Check announcement instructions.	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
13. Data Tables	<input type="checkbox"/>	Generally required. Check announcement. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.	
14. Letters of Support	<input type="checkbox"/>		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
15. Appendix	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>		

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.

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

OMB Number: 0925-0001

ASSIST: Use the Add Optional Form action to include the form in your Overall component.

PHS Additional Indirect Costs - Budget Period 1

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: ☐ Project ☐ Subaward/Consortium

Budget Period: 1

* Start Date:

* End Date:

Indirect Costs

Indirect Cost Type

Indirect Cost Rate (%)

Indirect Cost Base (\$)

Funds Requested (\$)

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

Total Indirect Costs

Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

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

PHS Additional Indirect Costs - Cumulative Budget

Totals (\$)

Indirect Costs

System calculated.