

# NIH Electronic Applications: Annotated SF424 (R&R) Form Set FORMS-C Series



## FORMS CURRENTLY SUPPORTED BY ERA:

### Federal-wide Forms

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## IMPORTANT NOTES:

- The Application Guides 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.
- NIH electronic application packages include a subset of the forms included in this resource. The forms included for a specific FOA are dependent on the activity code used for that FOA.
- The yellow boxes with red outlines are fields required by Grants.gov for all federal agencies. The Application Guide and this resource describe NIH form field requirements above what is marked on the federal-wide forms.
- The blue boxes throughout the document represent processing notes and eRA system validations. The purple boxes indicate changes from ADOBE-FORMS-B to FORMS-C series form sets.
- The eRA system checks submitted applications against many of the business rules defined in the Application Guide. Not all system validations are contained in this resource. For a complete list of eRA eSubmission Validations see: [http://grants.nih.gov/grants/ElectronicReceipt/files/SF424RR\\_Validation.pdf](http://grants.nih.gov/grants/ElectronicReceipt/files/SF424RR_Validation.pdf).
- **General attachment tips:**
  - Use simple PDF formatted files for all attachments
    - Do not exceed 8.5 x 11 inches (or 11 x 8.5) on any page in your attachments.
    - Do not use Portfolio or similar feature to bundle multiple files into a single PDF
    - Disable security features like password protection
    - More more tips on generating PDFs see: [http://grants.nih.gov/grants/ElectronicReceipt/pdf\\_guidelines.htm](http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm).
  - Keep filenames to 50 characters or less and use only A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, period. Follow Application Guide instructions for fonts and margins.



# Grant Application Package

Opportunity Title:	Sample Research Project
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-xx-xxx
Competition ID:	FORMS-C
Opportunity Open Date:	09/08/2013
Opportunity Close Date:	09/07/2014
Agency Contact:	eRA Commons Help Desk Monday to Friday 7 am to 8 pm ET E-mail: helpdesk@od.nih.gov Phone: 1-866-504-9552

Header information is pre-populated with Funding Opportunity Announcement information provided to Grants.gov by the funding agency and is not editable.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

For applicant use and tracking in Grants.gov only. Agency has no visibility to this Filing Name.

## Select Forms to Complete

### Mandatory

Mandatory forms are automatically included in your application and must be completed in order to submit to Grants.gov.

[SF424 \(R & R\)](#)

[PHS 398 Research Plan](#)

[PHS 398 Cover Page Supplement](#)

[Research and Related Senior/Key Person Profile \(Expanded\)](#)

[Research And Related Other Project Information](#)

[Project/Performance Site Location\(s\)](#)

### Optional

[R & R Subaward Budget Attachment\(s\) Form 5 YR 30 ATT](#)

[Planned Enrollment Report](#)

[PHS 398 Cumulative Inclusion Enrollment Report](#)

[PHS 398 Modular Budget](#)

[Research & Related Budget](#)

Consult Application Guide to determine which of the 'Optional' forms should be included with your application.

↑ Click the check box to include the appropriate Optional forms in your application.

## Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

# 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

Use Application for first submission attempt.

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. Resubmission, Renewal or Revision (box 8), use institute and serial # of previous NIH grant/application # (e.g., use CA987654 from 1R01CA987654-01).

2. DATE SUBMITTED  Applicant Information   
Do not use Pre-application unless specifically noted in FOA.  
Use Changed/Corrected when correcting eRA identified errors/warnings.

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

5. APPLICANT INFORMATION Organizational DUNS:

Legal Name:   
Department:  Division:   
Street1:   
Street2:   
City:  County / Parish:   
State:  Province:   
Country:  USA: UNITED STATES ZIP / Postal Code:

Must match DUNS used for Grants.gov and eRA Commons registrations. Must be 9 or 13 digits; no letters or special characters.

Must provide zip+4 for all zip codes.

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:

FORMS-C Change: Contact section expanded to request full address information.

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:  New  Resubmission  Renewal  Continuation  Revision  
See Application Guide for definitions.  
If Revision, mark appropriate box(es).  
 A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  
 E. Other (specify):

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:  
 NIH only saves first 81 characters of project title. If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant.

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. Ending date 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: [ ] 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.

15. ESTIMATED PROJECT FUNDING

Manually enter estimated project funding amounts. a. Total Federal Funds Requested [ ] b. Total Non-Federal Funds [ ] c. Total Federal & Non-Federal Funds [ ] d. Estimated Program Income [ ]

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

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

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

I agree See Application Guide for full list of NIH policies and certifications.

\*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 FORMS-C Change: Field label expanded to clarify 'SFLLL'. 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: [ ] 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

Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application

FORMS-C Change: New attachment. Agencies no longer need to use separate Cover Letter form. Attachment Delete Attachment View Attachment

21. Cover Letter Attachment

Cover Letter will be posted as a separate document in Commons and is not part of the assembled application image. See Application Guide for suggested cover letter format. Attachment

### 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.**

\* 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 prior to using Additional Location(s) attachment.

FORMS-C Change: Expanded to collect data for 300 sites; previously only collected data for 30.

**Additional Location(s)**

# RESEARCH & RELATED Other Project Information

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

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 is not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data. Date cannot be in the future.

IRB Approval Date:

Human Subject Assurance Number:

If Human Subjects = Yes, the Human Subject Assurance Number or the text 'None' must be provided.

2. Are Vertebrate Animals Used?

Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

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

IACUC Approval Date is not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data. If provided, date cannot be in the future.

IACUC Approval Date:

Animal Welfare Assurance Number:

If Vertebrate Animals = Yes, the Animal Welfare Assurance Number or the text 'None' must be provided.

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

Yes  No

FORMS-C Change: Question 4a reworded for clarity.

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:

Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page.

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

Only provide Other Attachments when requested in the FOA.

## 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"/>
Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF 424 (R&R) cover.	
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text"/>	Province: <input type="text"/>
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	Valid eRA Commons username required by NIH. Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and SO roles (if PD/PI also serves as SO, use a separate account for SO functions).
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"/>	Project Role will default to PD/PI and must remain PD/PI (do not edit).
Degree Year: <input type="text"/>	Attach Biographical Sketch for each person. Limited to 4 pages. Format and samples: <a href="http://grants.nih.gov/grants/funding/424/index.htm">http://grants.nih.gov/grants/funding/424/index.htm</a> .
* Attach Biographical Sketch <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	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: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	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. If multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the PHS 398 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"/>	
Degree Year: <input type="text"/>	
Attach Biographical Sketch <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

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.

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. FORMS-C Change: Expanded to collect data for 100 Sr/Key entries; previously only collected data for 40.

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

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

Enter name of Organization:

**ORGANIZATIONAL DUNS:**

Project  Subaward/Consortium

**Budget Period: 1** Start Date: End Date:

Only the primary applicant organization should use Budget Type of Project.

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

**A. Senior/Key Person**

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

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

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

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

FORMS-C Change: Data entry format for Section A changed (no change to actual data collection).

Additional Senior Key Persons:  Add Attachment Delete Attachment View Attachment

If more than 8 Sr./Key, use attachment and enter total funds requested for additional Sr/Key persons.

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

Once data for the row with undefined Project Role is entered, you will be able to add up to 5 more rows to this section.

FORMS-C Change: Data entry format for Section B changed (no change to actual data collection).

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

Once equipment data is entered, you will be able to add up to 9 more rows to this section for a total of 10 equipment items.

FORMS-C Change: Data entry format for Section C changed.

Funds Requested (\$)

Add Attachment

Additional Equipment:

Delete Attachment

FORMS-C Change: Grants.gov no longer allows entries less than \$5000. If your organization allows a lower limit, you can include the items under Materials & supplies (field F 1)

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**

Only complete this section if requested to do so in the FOA.

Funds Requested (\$)

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs





## 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](#)

[FORMS-C Change: Extracts updated R&R Budget form.](#)

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		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
2) Please attach Attachment 2		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
3) Please attach Attachment 3		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
4) Please attach Attachment 4		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
5) Please attach Attachment 5		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
6) Please attach Attachment 6		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
7) Please attach Attachment 7		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
8) Please attach Attachment 8		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
9) Please attach Attachment 9		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
10) Please attach Attachment 10		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
11) Please attach Attachment 11		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
12) Please attach Attachment 12		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

13) Please attach Attachment 13

14) Please attach Attachment 14

15) Please attach Attachment 15

16) Please attach Attachment 16

17) Please attach Attachment 17

18) Please attach Attachment 18

19) Please attach Attachment 19

20) Please attach Attachment 20

21) Please attach Attachment 21

22) Please attach Attachment 22

23) Please attach Attachment 23

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

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

When submitting subaward budgets that are not active for all periods of the project, fill out the subaward R&R Budget form and include only the number of periods for which the subaward is active. The budget period start/end dates reflected in each period of the subaward should match the project budget period start/end dates that correspond to the active periods.

Do not include the Subaward Budget Attachment form with applications that use the PHS 398 Modular Budget form.

24) Please attach Attachment 24		<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
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25) Please attach Attachment 25

26) Please attach Attachment 26

27) Please attach Attachment 27

28) Please attach Attachment 28

29) Please attach Attachment 29

30) Please attach Attachment 30

Common use scenarios:

1. Applicant extracts and sends the R&R Budget form to the subaward organization for completion.
2. Subaward organization completes form and returns it to the applicant organization.
3. Applicant attaches the completed form within project application package.

OR

1. Applicant requests budget information from subaward organization, extracts R&R Budget form, completes it with provided information and attaches it to the project application package.

**BUDGET INFORMATION - Construction Programs**

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

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
3. Relocation expenses and payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
4. Architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
5. Other architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
6. Project inspection fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
7. Site work	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
8. Demolition and removal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
9. Construction	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
10. Equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
11. Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
12. SUBTOTAL (sum of lines 1-11)	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
13. Contingencies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
14. SUBTOTAL	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
15. Project (program) income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
<b>FEDERAL FUNDING</b>			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X <input type="text"/> %		\$ <input type="text" value="0.00"/>
Be sure to include the multiplier or the Total will calculate to zero.			

# 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:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

## 2. Human Subjects

Clinical Trial?

No  Yes

\*Agency-Defined Phase III Clinical Trial?

No  Yes

## 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)?

Yes  No

## 4. \*Program Income

\*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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input 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.



Form sometimes used in place of R&R Budget when detailed categorical information is not required. See Application Guide and/or funding opportunity announcement to determine appropriate use.

# PHS 398 Modular Budget

OMB Number: 0925-0001

<b>Budget Period: 1</b>				
Start Date: <input style="width: 100px;" type="text"/>		End Date: <input style="width: 100px;" type="text"/>		
<b>A. Direct Costs</b>	Direct costs requested must be \$250K or less per year to use Modular Budget form. Request in "modules" of \$25K.		Funds Requested (\$)	
	Direct Cost less Consortium F&A		<input style="width: 100px;" type="text" value="0.00"/>	
	Consortium F&A		<input style="width: 100px;" type="text"/>	
Some grant programs have limits on Total Direct Costs. Check announcement.		Total Direct Costs	<input style="width: 100px;" type="text" value="0.00"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	<input style="width: 400px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 400px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 400px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 400px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 400px;" type="text"/>		
Indirect Cost Rate Agreement Date <input style="width: 100px;" type="text"/>		Total Indirect Costs <input style="width: 100px;" type="text"/>		
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)	<input style="width: 100px;" type="text" value="0.00"/>

Form allows for up to 5 Budget Periods.

<b>Cumulative Budget Information</b>			
<b>1. Total Costs, Entire Project Period</b>			
Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	<input style="width: 150px;" type="text" value="0.00"/>	
Section A, Total Consortium F&A for Entire Project Period	\$	<input style="width: 150px;" type="text"/>	
Section A, Total Direct Costs for Entire Project Period	\$	<input style="width: 150px;" type="text" value="0.00"/>	
Section B, Total Indirect Costs for Entire Project Period	\$	<input style="width: 150px;" type="text"/>	
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	<input style="width: 150px;" type="text" value="0.00"/>	
<b>2. Budget Justifications</b>			
Personnel Justification	<input style="width: 200px;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Consortium Justification	<input style="width: 200px;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Additional Narrative Justification	<input style="width: 200px;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>



# 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"/>	Limited to 1 page (except R25 Resubmission can be 3 pages.)	<input type="button" value="View Attachment"/>
2. Specific Aims	<input type="text"/>	Required attachment (except DP1, DP2 and X02). Limited to 1 page.	<input type="button" value="Attachment"/>
3. *Research Strategy	<input type="text"/>	Adhere to page limits specified in Application Guide and/or FOA. Typically 6 or 12 pages; a small number of FOAs will specify 30	<input type="button" value="Attachment"/>
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"/>
<b>Human Subjects Sections</b>			
Attachments typically required if Human Subjects= Yes on the Other Project Information form.			
5. Protection of Human Subjects	<input type="text"/>	Required for all apps. (except S10), if Human Subjects is Yes.	<input type="button" value="Attachment"/>
6. Inclusion of Women and Minorities	<input type="text"/>	Required for all apps. (except S10), if Human Subjects is Yes and Exemption is not E4.	
7. Inclusion of Children	<input type="text"/>	Required for all apps. (except S10), if Human Subjects is Yes and Exemption is not E4.	
<b>Other Research Plan Sections</b>			
8. Vertebrate Animals	<input type="text"/>	Required for all apps. (except S10), if Vertebrate Animals is Yes.	<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"/>	Required if more than one PD/PI is specified on R&R Sr./Key Person Profile	
11. Consortium/Contractual Arrangements	<input type="text"/>	Required for S11 applications.	<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"/>	Required for S11 and R36 applications.	<input type="button" value="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"/>
<b>Appendix (if applicable)</b>			
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 Grant Folder (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
<b>Total</b>	0	0	0	0	0

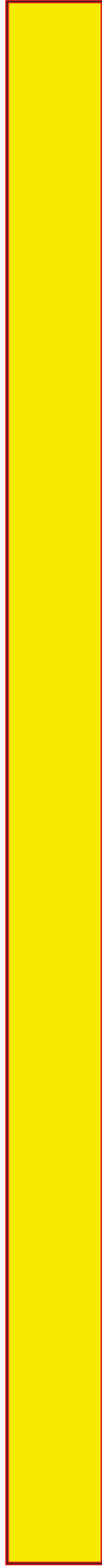
## Study 1 of 1

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.**

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

**Study Title:**



**Comments:**



Form Totals automatically calculated.

Racial Categories	Ethnic Categories										Total
	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	0
Asian	0	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	0
Black or African American	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	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.**