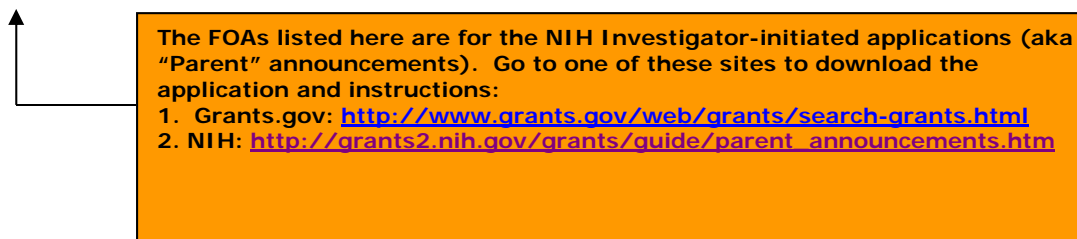


Guide for assembling Version D Series PHS SF424 (R&R) Application*

*All page references included in this guide are from Version D Series – [Grants.gov Application Guide SF424 \(R&R\)](#). ;

- NIH & other PHS agencies **require** all text attachments be submitted as **PDF files**.
 - **ALL attachments in this application must be converted to PDF prior to uploading into each section. The file name should not contain any spaces or special characters. Underscores are acceptable separators to make the file name easier to read.**
 - PDF files can be done easily by clicking on the Acrobat icon on the Word toolbar.
 - However, when converting to PDF forms that have embedded form fields/data (such as Endnotes or Reference Manager), do not use the Acrobat icon on the Word toolbar because it will keep all the fill able form fields and the application will be rejected when it reaches Commons. Instead, to convert to PDF, go through the Print menu to convert. Click on File, Print, and then click on Printer Name and highlight Acrobat Distiller.
 - All text attachments must follow formatting instructions, i.e., font requirements, margins.
- **Find** a Funding Opportunity Announcement (FOA), **download** application instructions, and **download** Grant Application Package to your desktop.
 - For NIH
 - R01s, the parent FOA is PA-16-160
 - Unsolicited investigator-initiated R03s, the parent FOA is PA-16-162
 - For R21s, the parent FOA is PA-16-161
 - For more NIH programs, browse [Grants.gov](#)



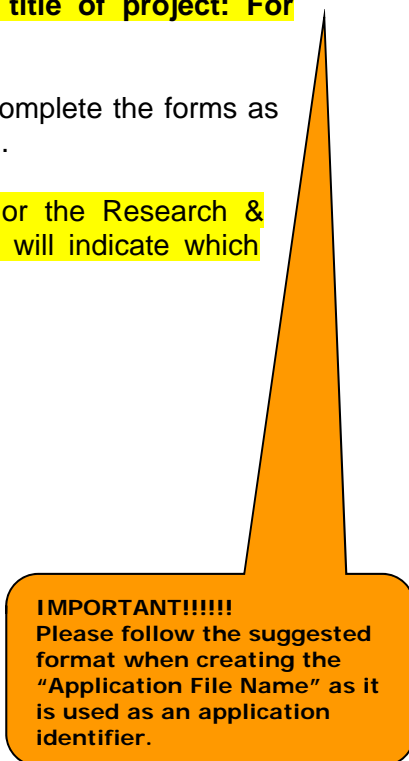
The FOAs listed here are for the NIH Investigator-initiated applications (aka "Parent" announcements). Go to one of these sites to download the application and instructions:

1. Grants.gov: <http://www.grants.gov/web/grants/search-grants.html>
2. NIH: http://grants2.nih.gov/grants/guide/parent_announcements.htm

- For complete details for preparing your application with Forms D, refer to the [Grants.gov Application Guide SF424\(R&R\)](#). **If you wish to print this document, please note that it consists of over 200 pages.** This link will take you to the General Instructions where you will also find Filtered Instructions per application type.

Grant Application Package

- For those of you who are planning to work on NIH Grants.gov submissions using a shared drive or folder, please be aware that several people have experienced file corruption errors resulting in a loss of all work.
 - To avoid these errors, Grants.gov recommends copying the file onto your own desktop to work on and then pushing it out when finished onto the shared drive/folder.
 - Do not work on the application on that shared drive or within that folder at all.
 - Be sure to communicate with others working on the drive/folder when changes have been made to avoid saving over someone else's work.
- Once downloaded, verify the Grant Application screen corresponds with the FOA.
- The top portion on the first page of the Grant Application Package will be pre-populated when the application is downloaded.
- First required box to complete: “*Application Filing Name”. Enter a name for the application using the following format: **Agency initials, PI last name, partial title of project: For example: NHBondKissofDeath**
- **Open** and complete all **Mandatory Documents**. Work logically and complete the forms as they are laid out in the PHS Grants.gov Application Guide SF424 (R&R).
- Under the **Optional Documents**, either the PHS Modular Budget or the Research & Related Budget will need to be selected and completed. The FOA will indicate which budget format will be required.



IMPORTANT!!!!!!
Please follow the suggested format when creating the “Application File Name” as it is used as an application identifier.

Grant Application Package

Opportunity Title:	NIH Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-16-160
Competition ID:	FORMS-D
Opportunity Open Date:	04/17/2016
Opportunity Close Date:	05/07/2019
Agency Contact:	eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

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:

Select Forms to Complete

Mandatory

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

[PHS 398 Cover Page Supplement](#)

[Research And Related Other Project Information](#)

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

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

[PHS 398 Research Plan](#)

Optional

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

[PHS 398 Modular Budget](#)

[Research & Related Budget](#)

[PHS 398 Inclusion Enrollment Report](#)

[PHS Assignment Request Form](#)

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.

NOTE: PLEASE PAY SPECIAL ATTENTION TO THE INSTRUCTIONS IN THE RED-BORDERED BOXES FOR THE FOLLOWING SECTION “SF424 (R&R) – COVER COMPONENT” AS THEY REFER TO “COMMON ERRORS” ENCOUNTERED DURING APPLICATION SUBMISSIONS.

SF424 (R&R)- Cover

- **Open** and **complete** document **SF424 (R&R)** **first** as this page will pre-populate information on pages where the same information is requested;
 - **Box 1** – Type of Submission:
 - Pre-application – This is NOT used by NIH/PHS
 - **Application** – Check this if this is a new application
 - **Change/Corrected Application** (this is checked if submitting the same application again with corrections) – if selected, **Item 4.c. Previous Grants.gov Tracking ID** field becomes a required field..
 - – Box 4c Previous Grants.gov Tracking ID – enter the **Grants.gov tracking number**. If you do not have the number enter “N/A”.
 - If submitting after the submission date– include a **Cover Letter Component**.
 - **Box 2** – Date Submitted and Applicant Identifier
 - **Leave** the “Date Submitted” box **blank**.
 - Applicant Identifier – initials of funding agency, PI’s last name, brief version of title, such as NIHBondKissofDeath. This field is not required.
 - **Box 3** – Date Received by State and State Application Identifier
 - for **NIH/PHS submissions** – **leave blank**
 - **Box 4** Federal Identifier/Agency Routing Identifier/Previous Grants.gov Tracking ID

a. Federal Identifier

- **New** projects – leave blank,
- If application will be a **Resubmission, Renewal, Continuation** or **Revision** as denoted in Box 8, in Box 4.a. enter the **previously assigned Federal Identifier number**. For NIH example- **CA987654** for award number **1R01CA987654-01A1**. This number is entered even if submitting a **Changed/Corrected application**.

b. Agency Routing Identifier - leave blank unless otherwise directed by the FOA.

c. Previous Grants.gov Tracking ID – If submitting a Change/Corrected Application, enter the previous Grants.gov tracking number.

- **Box 5** – Applicant Information
 - **Organizational DUNS Number 053785812**
 - **Legal Name: The Administrators of the Tulane Educational Fund**
 - **Department:** Sponsored Projects Admin.,
 - **Street** 1430 Tulane Avenue, MB Code 8915
 - **City:** New Orleans **State:** LA **Zip Code:** 70112-2632
 - **Note: this address will pre-populate addresses for both PD/PI (box 14) and Authorized Representative (box 19)**
 - **PD/PI will need to change address to his/her own mailing address in box 14.**
 - **“Person to be contacted on matters involving this application”**
 - Kathleen M. Kozar
 - Phone: 504-988-5613
 - Fax: 504-988-1748

NOTE! For Uptown proposals use this info instead for Street: 6823 St. Charles Ave., MB Code 1640 Zip: 70118-5665

- Email: elecnotf@tulane.edu
- **Box 6 – Employer Identification**
 - Use s1720423889A5 or 1720423889A2.(DO NOT INCLUDE A DASH)
Note: the last digit (A5 or A2) determines the performance site location. A5 is used for the Tulane National Primate Center and A2 is used for all other Tulane sites.
- **Box 7 – Type of Applicant**
 - From the drop down menu choose **O. Private Institution of Higher Education**
- **Box 8 – Type of Application**
 - **New** – Application being submitted for the first time.
 - **Resubmission** – Application was previously submitted and not funded, is being resubmitted. **(PLEASE SEE SPECIAL INSTRUCTIONS IN NEXT SECTION)**
 - **Renewal** – Application requesting additional funding for a period subsequent to that provided by a current award.
 - **Continuation** – Non-competing application for an additional funding/budget period within a previously approved project period.
 - **Revision** – Check if application is either requesting a change in financial obligations or in the terms and conditions. If requesting a change in the financial obligations, check appropriate box(s); i.e.,
 - **Increase Award**
 - **Decrease Award**
 - **Increase Duration**
 - **Decrease Duration**
 - **Other** – Provide written explanation, i.e., any other change in the terms and conditions of the existing award
 - **For NIH K Awards Only** – Check “new” or “resubmission” unless otherwise stated in the applicable “K” Award FOA.
 - **Is this Application being submitted to other agencies?** – Check appropriate box.
- **Box 9 – Name of Federal Agency** – pre-populated
- **Box 10 – Catalog of Federal Domestic Assistance Number (CFDA)** – pre-populated
- **Box 11 – Descriptive Title of Applicant’s Project**
 - Fill in with the **Project Title (remember this is still limited to 200 characters—including spaces and punctuation)**
- **Box 12 – Proposed Project**
 - Enter proposed start and end dates – use format: **MM/DD/YYYY**
 - **For NIH K Awards Only** – Refer to FOA for specified limits
- **Box 13 - Congressional District of Applicant – LA-002**
- **Box 14 – Project Director/Principal Investigator Contact Information**
 - Complete all boxes in this section.
 - For TUHSC and TNPRC, “Division” will be School of Medicine or School of Public Health & Tropical Medicine
 - For TUSCC, “Division” will be School of Science and Engineering or School of Liberal Arts, School of Law, etc.
 - **For NIH K Awards Only** – Should reflect PD/PI’s current information even if not Tulane. The eRA Commons account must be affiliated with applicant’s current organization. For some career transition award programs (e.g., K22) the applicant may apply WITHOUT an institutional affiliation (refer to FOA).
- **Box 15 – Estimated Project Funding**
 - a. **Total Federal Funds Requested:** Enter total direct and indirect/F&A cost requested for entire project period.

- b. **Total Non-Federal Funds:** Enter \$0 unless the FOA indicates cost sharing is a requirement.
- c. **Total Federal & Non-Federal Funds:** Enter the total estimated funds for entire project period. Both Federal and Non-Federal funds should be added together.
- d. **Estimated Program Income** – Identify any Program Income for the project period.
- **Box 16 – State Executive Order 12372 Process**
 - a. For NIH/PHS submissions – Check **No**, Program is not covered by EO 12372.
- **Box 17 – Certification – Be sure to click on the “I agree” button.** Although this box is for the AO to certify, if this box is not checked, an error message is the result.
- **Box 18 – SFLLL or other Explanatory Documentation** – If applicable then attach the Standard Form LLL, Disclosure of Lobbying Activities or other documents as appropriate.

An alternate “AO” may be the Assistant or Associate Director of Sponsored Projects Administration. Consult with your SPA representative before completing.

- **Box 19 – Authorized Organizational Representative (AO)** - Also known as Signing Official, this is Director of Sponsored Projects Administration.
Note: There is not enough space for the entire title; please input Position/Title and Department in the indicated boxes.
- **Box 20 – Pre-Applications, NIH/PHS** do not use pre-applications unless specifically noted in a program announcement – leave blank.
- **Box 21 – Cover Letter Attachment** – Attach in accordance with the announcement and/or the agency specific instructions. This must be uploaded as a PDF file. If submitting after the submission date or a changed/corrected application after the submission date a cover letter must be attached. Do not include assignment or review request information in your cover letter (use PHS Assignment Request Form for assignment and review information instead). The PHS Assignment Request Form is optional in most grant application packages.

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

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS:

Legal Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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

7. TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify):

Is this application being submitted to other agencies? Yes No What other Agencies?

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:

Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

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:

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="940,625.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="940,625.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

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

I agree

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

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

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

<p align="center">Signature of Authorized Representative</p> <p align="center"><input type="text" value="Completed on submission to Grants.gov"/></p>	<p align="center">Date Signed</p> <p align="center"><input type="text" value="Completed on submission to Grants.gov"/></p>
--	---

20. Pre-application

21. Cover Letter Attachment

Resubmissions/Renewals/Revisions – Special Instructions

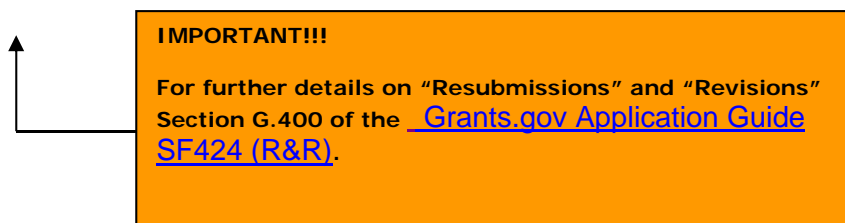
- The same R01 application package is used except under:
 - **Box 4.a. Federal Identifier**

Enter the IC (Institute/Center) number and Application number on the SF424 (R & R) cover page. If “Type of Application” is “Renewal”, “Revision” or “Resubmission”, enter the IC and serial number of the prior application/award number. The IC code is a two-letter code immediately following the activity code/grant program. The six-digit serial number follows the IC code. For example, the IC and serial number for application number 3R01**CA123456**-04S1A1 is **CA123456**.
 - **Box 8:**
 - Mark as a "resubmission", “renewal” or “revision” on the SF424 (R & R) cover page.
 - When submitting a Changed/Corrected Application for a “Resubmission,” “Renewal,” or “Revision” Type of Application (Item 8 = Resubmission, Renewal, or Revision), in the Federal Identifier field (Item 4a) enter the previously assigned grant number (e.g., **only CA123456**). The Previous Grants.gov Tracking I.D. field (Item 4c) will become highlighted requiring the Grants.gov Tracking I.D.
 - **Introduction to Resubmission/Revision Application:**

The resubmission must include a brief Introduction (1-3 pages depending on the mechanism) that *summarizes* the substantial additions, deletions, and changes. The Introduction must also include responses to the criticisms and issues raised in the Summary Statement. **Use Item 1., Introduction to Application, of the PHS 398 Research Plan component to provide this information.** Page limits for the Introduction vary for specialized mechanisms (e.g., R03 and R21 applications). Applicants **must** follow the page limits that are outlined in the specific announcement.

The revision must include a brief Introduction (1 page) regarding the nature of the supplement and how it will influence the specific aims, research design, and methods of the current grant.
 - **Research Plan of Resubmission Application:**

A resubmission application must include substantial changes. Identify the changes in each section of the Research Plan clearly by bracketing, indenting, or changing typography, unless the changes are so extensive as to include most of the text. This exception should be explained in the Introduction. **Do not underline or shade changes.** The Preliminary Studies/Progress Report section should incorporate any work done since the prior version was submitted.



PHS 398 Cover Page Supplement

- Can be found under the Mandatory Documents on the Grant Application Package page.
-
- **Section 1.** – Human Subjects / Clinical Trial? Check yes or no. If yes, complete Inclusion Enrollment Report. This report replaces Planned Enrollment Report and Cumulative Inclusion Enrollment Report Forms. Note--There are new questions added.
- **Section 2.** – Vertebrate Animals Section- Answer required if Vertebrate Animals Used is yes on the R&R Other Project Information Form.
- **Section 3.** – Program Income? Check yes or no. If yes, complete information. Expanded to accommodate up to 10 budget periods.
- **Section 4.** - Human Embryonic Stem Cells? Check yes or no. If yes, complete information on cell line(s).
- **Section 5.** - Inventions and Patents? For renewal applications only.
- **Section 6.** – Change of Investigator/Change of Institution? Complete as needed only.

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 10/31/2018

1. Human Subjects Section

Clinical Trial? Yes No

*Agency-Defined Phase III Clinical Trial? Yes No

2. Vertebrate Animals Section

Are vertebrate animals euthanized? Yes No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines? Yes No

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

3. *Program Income Section

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

Yes No

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

4. Human Embryonic Stem Cells Section

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

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

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

Cell Line(s) (Example: 0004):

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents: Yes No

If "Yes" then answer the following:

*Previously Reported: Yes No

6. Change of Investigator / Change of Institution Section

Change of Project Director / Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Change of Grantee Institution

*Name of former institution:

NOTE: If yes, you must provide additional information under the "Research Component Plan" (see page 19 of this document).

Research and Related Other Project Information

- 1. Are Human Subjects Involved?** Check yes if activities involving human subjects are planned at any time during the proposed project period at any performance site.
 - Is project exempt from Federal Regulations?
 - Exemption Number – use appropriate number
 - IRB pending?
 - IRB approval date
 - Human subjects assurance number: **00002055**
- 2. Are Vertebrate Animals Used?** Check yes if activities involving vertebrate animals are planned at any time during the proposed project period at any performance site.
 - IACUC review pending?
 - IACUC approval date - either enter the approval date or *leave blank if Pending*.
 - Animal Welfare Assurance number: **A4499-01**
- 3. Is proprietary/privileged information included in the application?**
 - If yes is checked, clearly identify all proprietary information throughout the text and include a statement on each page stating: "The following contains proprietary/privileged information that (PI) requests not be released to persons outside the Government, except for purposes of review and evaluation."
- 4. Environmental Impact?** Unless the FOA indicates that the National Environmental Policy Act (NEPA) applies - check **No**
- 5. Historic Place?** Check yes or no.
- 6. International Collaborations?** For clarification see, PHS SF424 Application Guide, Version D Series Instructions section G.220.
- 7. Project Summary/Abstract:**
 - No more than 30 lines of text – following all font and margin specifications – must be converted to PDF format.
 - **For NIH K Awards Only – Do not exceed 1 page.** Include candidate's immediate and long-term career goals, key elements of the research career development plan, and description of the research project.
- 8. Project Narrative:**
 - Relevance to public health statement: No more that 2 or 3 sentences in lay language.
 - Convert to PDF format.
- 9. Bibliography & References Cited:** (Literature Cited)
 - Convert to PDF format.
 - Note: Information about select agents must be described in the Research Plan, Section 9 Select Agent Research.
- 10. Facilities & Other Resources:**
 - Follow instructions in PHS SF424 Application Guide, Version C Series Instruction page I-78.
 - **DO NOT LIST MAJOR EQUIPMENT UNDER THIS SECTION.**
- 11. Equipment:** List major items of equipment available for project.
- 12. Other Attachments.**
 - **For NIH K Awards Only – All mentored K applications must include a list of Referees:** name of referee, departmental affiliation and institution. Same list as in Cover Letter.

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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:

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

3. Is proprietary/privileged information included in the application? Yes No

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? Yes No

4.b. If yes, please explain:

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

4.d. If yes, please explain:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

NOTE: PLEASE PAY SPECIAL ATTENTION TO THE INSTRUCTIONS IN THE RED-BORDERED BOXES FOR THE FOLLOWING SECTION “PROJECT/PERFORMANCE SITE LOCATION(S)” AS THEY REFER TO “COMMON ERRORS” ENCOUNTERED DURING APPLICATION SUBMISSIONS.

Project/Performance Site Locations

- **Project/Performance Site Location(s).** List applicant organization i.e., Tulane University’s address. If the Primary site is an offsite facility, i.e. VA Hospital, etc., that site should be listed.
- For the statement: *“I will be submitting applications as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.”*
 - This should **NOT** be checked.
 - If this box is checked, on the SF 424 (R&R) page, the DUNS number (in box 5) – is automatically filled with zeros and an identifier for an individual.
- Project/Performance Site Congressional District is **LA-001** for Tulane National Primate Center and **LA-002** for all other Tulane sites.
- Up to 300 additional sites can be added; after completing Site Location 1 the additional locations are added as Attachments.

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* 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:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

NOTE: PLEASE PAY SPECIAL ATTENTION TO THE INSTRUCTIONS IN THE RED-BORDERED BOXES FOR THE FOLLOWING SECTION “SENIOR/KEY PERSON PROFILE(S) COMPONENT” AS THEY REFER TO “COMMON ERRORS” ENCOUNTERED DURING APPLICATION SUBMISSIONS.

NOTE: For NIH proposals, the eRA Commons username must be exactly as listed in Commons profile.

Research and Related Senior/Key Person Profile (Expanded)

- **Project Director/Principal Investigator**
 - Will pre-populate from SF424 R&R page.
 - **Important – Mandatory – DO NOT forget for NIH Submissions!**
 - **Fill in Credential, also known as “agency log in”, also known as “username”**
 - **NIH eRA Commons username is required – exactly as listed in eRA Commons profile.**
 - The eRA Commons profile of the PI must be affiliated with the applicant organization.
 - Attach Biographical Sketch using appropriate format. A personal Statement is needed. For further clarification see PHS SF424 Application Guide, Version C Series Instructions page I-84. *For instructions specific to “K” awards refer to FOA and detailed PHS SF424 Application Guide, Version C Series, section 7.4.4.*
 - **For NIH/PHS** - Do NOT include Current & Pending support – this is required only when requested for Just In Time (JIT).
 - **For NIH K Awards** – The “K” candidate is considered the Project Director/Principal Investigator (PD/PI). Candidate must be registered in the eRA Commons and assigned the PI role. “Multiple PIs” are not applicable to “K” applications; do not use the PD/PI role for any other senior/key personnel.
 - **For NIH** - Graduate Students and Post Docs needing Commons I.D.s should contact Sponsored Project Administration staff.
- **Follow by entering profile for each senior/key person** (contributors in substantive, measurable way) **in alphabetical order is preferred.**
 - Complete all requested information.
 - **For the box Project Role - DO NOT use the term “Co-PD/PI” unless FOA allows.** For Multi PD/Pis, each PD/PI must be assigned the PD/PI role, even those at subaward/consortium sites when applicable. Choose “Faculty” or other applicable role. If choosing “Other” the “Other Project Role Category” box becomes mandatory to complete.
 - To add next key personnel – click “Next Person” button. Attach Biographical Sketch for each person. Do NOT include Current & Pending support for NIH/PHS – this is required only when requested for “Just In Time” (JIT).
 - **NOTE: Biographical sketches must follow the five page limit. For further clarification see PHS SF424 Application Guide, Version D Series Instructions Section G.240.**
- **Other Significant Contributors**
 - After adding all key personnel – include individuals who are committed to contribute to the scientific development – with NO committed effort, i.e., “as needed”.
 - Under box Project Role, choose “Other” and indicate “Other Significant Contributor” (OSD) as the role in the “Other Project Role Category.” Attach Biographical Sketch for each person.
- NOTE: Unless required in FOA, for NIH and PHS agency submissions DO NOT upload Current and Pending support documentation – this will be requested JIT.
- If more than 99 individuals need to be added, attach “Additional Format Pages”.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator				
Prefix:	<input type="text" value="Dr."/>	* First Name:	<input type="text" value="James"/>	
		Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bond"/>	Suffix:	<input type="text"/>	
Position/Title:	<input type="text" value="Professor"/>	Department:	<input type="text" value="Microbiology and Immunology"/>	
Organization Name:	<input type="text" value="The Administrators of the Tulane Educational Fund"/>		Division:	<input type="text" value="School of Medicine"/>
* Street1:	<input type="text" value="1430 Tulane Avenue"/>			
Street2:	<input type="text"/>			
* City:	<input type="text" value="New Orleans"/>	County/ Parish:	<input type="text" value="Orleans"/>	
* State:	<input type="text" value="LA: Louisiana"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code:	<input type="text" value="70112-2632"/>
* Phone Number:	<input type="text" value="5049880007"/>	Fax Number:	<input type="text" value="5049880007"/>	
* E-Mail:	<input type="text" value="jbond@tulane.edu"/>			
Credential, e.g., agency login:	<input type="text" value="jbond"/>			
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
* Attach Biographical Sketch	<input type="text" value="BioSketchJB.pdf"/>	<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"/>

PROFILE - Senior/Key Person 1				
Prefix:	<input type="text" value="Dr."/>	* First Name:	<input type="text" value="George"/>	
		Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Smiley"/>	Suffix:	<input type="text"/>	
Position/Title:	<input type="text" value="Professor"/>	Department:	<input type="text" value="Chemical Engineering"/>	
Organization Name:	<input type="text" value="University of Illinois"/>		Division:	<input type="text" value="School of Engineering"/>
* Street1:	<input type="text" value="100 Division"/>			
Street2:	<input type="text"/>			
* City:	<input type="text" value="Chicago"/>	County/ Parish:	<input type="text"/>	
* State:	<input type="text" value="IL: Illinois"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code:	<input type="text" value="60608-1234"/>
* Phone Number:	<input type="text" value="7822877777"/>	Fax Number:	<input type="text"/>	
* E-Mail:	<input type="text" value="gsmiley@ui.edu"/>			
Credential, e.g., agency login:	<input type="text" value="gsmiley"/>			
* Project Role:	<input type="text" value="Faculty"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
Attach Biographical Sketch	<input type="text" value="BioSketchGS.pdf"/>	<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"/>

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.

NOTE: PLEASE PAY SPECIAL ATTENTION TO THE INSTRUCTIONS IN THE RED-BORDERED BOXES FOR THE FOLLOWING SECTION “RESEARCH PLAN COMPONENT” AS THEY REFER TO “COMMON ERRORS” ENCOUNTERED DURING APPLICATION SUBMISSIONS.

PHS 398 Research Plan

For NIH K Awards Only refer to SF424 application guidelines section G.410 for instructions specific to PHS 398 Career Development Award Supplemental Form.

Research Plan Attachments

- After determining that the proposal page limits have been adhered to, each section of the plan will need to be saved as a separate PDF document and attached to the appropriate section.
- **For NIH K Awards refer to section G.410 for Research Plan instructions as well as the FOA (FOA will take precedence).**

1. **Introduction to Application:** Include only for an R&R Resubmission or Revision, usually from 1-3 pages. Follow the page limits at http://grants.nih.gov/grants/forms_page_limits.htm unless specified otherwise in the FOA.
2. **Specific Aims:** Follow the page limits at http://grants.nih.gov/grants/forms_page_limits.htm unless specified otherwise in the FOA.
3. **Research Strategy:** Page limits for section 3 differ depending on the type of application. Follow the page limits at http://grants.nih.gov/grants/forms_page_limits.htm unless specified otherwise in the FOA. Always check your FOA on page limitations because it is the final authority.
4. **Progress Report Publication List: Renewal Applications Only**
 - List the titles and complete references to all appropriate publications, etc. that have resulted from the project since it was last reviewed competitively, including: Publications IN press, include only the link to publicly available on-line journals article or the NIH PubMed Central submission ID number. Do not include the entire article.

Human Subject Sections: If checked yes to Human Subjects on the Research and Related Other Project Information Component, you must address sections 5-8. For help in completing sections 5 – 87, see PHS SF424 Application Guide, Version D Series Instructions Part II,: Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and, Human Subjects Research Policy <https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/supplemental-instructions-forms-d.pdf>.

5. **Protection of Human Subjects**
6. **Data Safety Monitoring Plan- New attachment required if Clinical Trials is answered Yes on the PHS 398 Cover Page Supplement Form.**
7. **Inclusion of Women and Minorities**
8. **Inclusion of Children**

Other Research Plan Sections:

IMPORTANT!!
The instructions for this section have been significantly updated and clarified.

9. **Vertebrate Animals:** For detailed instructions see PHS SF424 Application Guide, Version D Series Instructions section G.400.
10. **Select Agents Research**
11. **Multiple PD/PI Leadership Plan:** The multiple PI option is only available in specific FOAs. Do not complete this section unless the proposal is in response to one of those specific announcements.
12. **Consortium/Contractual Arrangements**
13. **Letters of Support:** Save letters as a single file.
14. **Resource Sharing Plan(s):** (1) Data Sharing Plan, (2) Sharing Model Organisms, and (3) Genome Data Sharing or GDS.
15. **Authentication of Key Biological and/or Chemical Resources:** New attachment. Required if project involves key biological and/or chemical resources. Recommend one page. There is no system validation enforcement.
16. **Appendix:** A maximum of 10 PDF attachments is allowed. If more than 10 are needed, combine the remaining information in attachment # 10. **Publications – No longer allowed as appendix materials except in circumstances below:**
 - Manuscripts and/or abstracts accepted for publication, but not yet published – submit entire article in PDF attachment.
 - Manuscripts and/or abstracts published, but a free, online, publicly available journal link is not available – submit entire article in PDF attachment.
 - Patents directly relevant to the project - submit entire article in PDF attachment.

Password protected documents cannot be used as NIH Commons does not have access to the password and therefore cannot utilize them. Keep the new guidelines in mind regarding publications that have a url associated with them. For those kinds of publications, NIH now wants them listed with their full citation and the url where they can be found online.

PHS 398 Research Plan

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction to Application
(Resubmission and Revision)

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

Research Plan Section

2. Specific Aims

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

3. *Research Strategy

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

4. Progress Report Publication List

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

Human Subjects Section

5. Protection of Human Subjects

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

6. Data Safety Monitoring Plan

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

7. Inclusion of Women and Minorities

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

8. Inclusion of Children

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

Other Research Plan Section

9. Vertebrate Animals

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

10. Select Agent Research

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

11. Multiple PD/PI Leadership Plan

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

12. Consortium/Contractual Arrangements

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

13. Letters of Support

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

14. Resource Sharing Plan(s)

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

15. Authentication of Key Biological and/or
Chemical Resources

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

Appendix

16. Appendix

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

NOTE: PLEASE PAY SPECIAL ATTENTION TO THE INSTRUCTIONS IN THE RED-BORDERED BOXES FOR THE FOLLOWING SECTION “R&R BUDGET COMPONENT” AS THEY REFER TO “COMMON ERRORS” ENCOUNTERED DURING APPLICATION SUBMISSIONS.

R&R Budget Component
See below for NIH Modular Budget

- A separate detailed budget must be completed for each year of requested support
- All required fields must be completed before the system will allow for progression into the next budget period, **including the attachment of the Budget Justification.**
- Only one budget justification is required and all years' justifications will be included in this one document.
 - *This PDF document will be attached to section K. of the Research & Related Budget before the “Next Budget” button will become active on the top right corner of that specific page.*
- If no funds are requested for a required field – enter “0”
- DUNS number and name of Organization will pre-populate from SF 424 R&R. Check appropriate box if primary applicant or subaward/consortium applicant.
- Start and end dates. Use format: MM/DD/YYYY. Start date must be the same as the project start date (as indicated on SF 424 (R&R) Cover Component box 12).
- **For NIH K Awards Only** – “K” awards are not modular, therefore only the R&R budget component is applicable. Refer to FOA for specific budgetary requirements.

A. Senior/Key Personnel

- Start with PI information.
 - **PD/PI** must be the same as **PD/PI** designated for the application.
 - In all subsequent years, be consistent in “Project Role” title for **PD/PI**.
 - **Person months** must be used instead of percent effort. **To calculate standard person months: multiply %effort X 12, 9, or 3** (these are the appointment types; I.e. 12 = calendar appt., 9 = academic appt., 3 = summer comp. Please contact the Sponsored Projects Administration if you need assistance calculating person-months.
 - Requested Salary: indicate the amount of salary being requested (\$'s will generally be based on the % effort times the institutional base salary).
 - For NIH grants salary cap should be used for salaries in excess of the current cap. Please contact the Sponsored Projects Administration if you need assistance with salary caps.
 - Fringe Benefits should be calculated using the benefit rate associated with the type of appointment (faculty, staff, SCC, HSC, TNPRC, etc.).

Please contact the Sponsored Projects Administration if you need assistance with fringe benefit rates.

- Continue to add all Key personnel. Note: If there are more than 8 key personnel, attach a document in the same format as the Key personnel budget category and enter the total additional salary to the 2nd to last box under the “Funds Requested” column (right hand column).
- Do NOT include consultants in the salary fields – they are added in Section F. Other Direct Costs.

B. Other Personnel

- Number of personnel:
 - For each area identify the number of personnel proposed.
 - Enter the number of months devoted to the project for each project role category.
 - Requested Salary: indicate the amount of salary being requested (\$'s will generally be based on the % effort times the institutional base salary).
 - Fringe benefits: enter applicable benefits

C. Equipment

- List equipment and associated costs – the Tulane University Indirect Cost Rate Agreement defines equipment as having an acquisition price of \$2,500 and greater and a life expectancy of greater than one year.
- If space provided does not accommodate all the equipment needed, in an attached PDF document list the additional equipment and add the total dollars requested for this additional equipment to the box opposite line 11 - *“Total funds requested for all equipment listed in the attached file”*

D. Travel - List funds separately for domestic and foreign travel.

E. Participant/Trainee Support Costs

- ***NIH/PHS proposals DO NOT utilize this space – leave blank***
- If requesting tuition remission for graduate students on NIH/PHS proposal include the funds requested in Section F. Other Direct Costs

F. Other Direct Costs

- Request funds for categories listed
- Subaward/Consortium Costs – enter total funds for all subaward/consortium organizations proposed. Separate budgets and justifications will be attached under R&R Subaward Budget Attachment(s) Form.
- Sections 8-10, if requesting inpatient and outpatient costs, list these costs on separate lines, include tuition for graduate students in this area, and other costs. If additional space is needed for other direct costs combine all other direct costs and include in the last box. Description of these and all costs should be described in the budget justification.
- For further clarification, see PHS SF424 Application Guide, Version D Series Instructions section G.300.

G. Indirect Costs

- List the indirect cost type. For Tulane University, that will be MTDC – Modified Total Direct Costs.
- If Off-site rate will be used – list that here as well as the fact that it also is MTDC
- List Indirect Cost Rate % - using the current rates in effect at the time of application.
- List MTDC base

- Multiply MTDC base X the rate listed and add to the Funds Requested box.
- If you need assistance calculating the Indirect Costs, please contact the Sponsored Projects Administration.
- **On the bottom of 1st year budget pages, after the Indirect Cost Sections there is a box requesting the Cognizant Federal Agency, POC Name and POC Phone Number. The following information must be used when completing these sections: DHHS, Uyen Tran 214-767-3261**
- **For NIH K Awards Only** – Leave Cognizant Federal Agency section blank.

IMPORTANT!!!!
Use the POC Name and
Phone Number provide
here.

K. Budget Justification

- Upload one PDF document justifying all budget costs requested for all years.
- Remember personnel must now be justified in “person months” not percent effort.
- This PDF document must be attached to section K. of the year 1 Research & Related Budget before the “Add Period” button will become active on the bottom right corner of that specific page.

Budget Periods 2 – 5 If requesting funds for more than the one budget period, a separate detailed budget for each year of support is requested.

- Click the button “Add Period” at the bottom right corner of the 3rd budget screen.
- All required fields will need to be completed on the budget form before the “Add Period” button will be activated.
- System automatically calculates the cumulative budget page.

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS: **Enter name of Organization:**

Budget Type: Project Subaward/Consortium **Budget Period: 1** **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad. Sum.			
Dr.	James		Bond		85,000.00	1.20		8,500.00	1,462.00	9,962.00

Project Role:

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

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad. Sum.			
<input type="text" value="1"/>	Post Doctoral Associates	6.00		22,000.00	5,368.00	27,368.00
<input type="text" value="1"/>	Graduate Students	12.00		26,000.00	1,534.00	27,534.00
<input type="text"/>	Undergraduate Students					
<input type="text"/>	Secretarial/Clerical					
<input type="text"/>						

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

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

Additional Equipment:

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)	3,000.00
2. Foreign Travel Costs	
Total Travel Cost	3,000.00

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	<input type="text"/>
Total Participant/Trainee Support Costs	<input type="text"/>

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		43,136.00
2. Publication Costs		2,000.00
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		12,000.00
9.		
10.		
Total Other Direct Costs		57,136.00

G. Direct Costs Funds Requested (\$)
Total Direct Costs (A thru F) 125,000.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	50.50	125,000.00	63,125.00
Total Indirect Costs			63,125.00

Cognizant Federal Agency
 (Agency Name, POC Name, and POC Phone Number)
 DHHS, Uyen Tran, 214-767-3261

I. Total Direct and Indirect Costs Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H) 188,125.00

J. Fee Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

[BudgetJustification.pdf](#) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	9,962.00
Section B, Other Personnel	54,902.00
Total Number Other Personnel	2
Total Salary, Wages and Fringe Benefits (A+B)	64,864.00
Section C, Equipment	
Section D, Travel	3,000.00
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	57,136.00
1. Materials and Supplies	43,136.00
2. Publication Costs	2,000.00
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	12,000.00
9. Other 2	
10. Other 3	
Section G, Direct Costs (A thru F)	125,000.00
Section H, Indirect Costs	63,125.00
Section I, Total Direct and Indirect Costs (G + H)	188,125.00
Section J, Fee	

R&R Subaward Budget Attachment(S) Form

- If funds will be requested for subawards, a Subaward Budget Attachment Form should be extracted and emailed to the subaward for their completion. Once completed Subaward should return file so it can be uploaded to the Tulane application.
- File should be saved using the first 10 letters of the consortium organization's name and have ".pdf" file extension.
- The subawards site's DUNS number must be reflected on the budget(s) pages.
- International Organizations enter 44-4444444 for the DUNS number.

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	ConsortiumName.pdf	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

Modular Budget Component for NIH

- **Must be used if the NIH proposal is either being submitted as a R01, R03, R15, R21, or R34 AND if the average direct costs per year do NOT exceed \$250,000.** See modular budget instructions section G.320 of the Grants.gov Application Guide SF424 (R&R), PHS 398 instructions, or contact the Sponsored Projects Administration for help.
- ***Only one budget justification (in PDF format) is required and all years' justifications will be included in this one document. This PDF document will be included on the form "PHS 398 Modular Budget, Period 5 and Cumulative" page, and will be appended under Cumulative Budget Information Box 2 Budget Justification.***
- **On the end of each year's modular budget page, after the Indirect Cost section, there is a box requesting the Cognizant Federal Agency, POC Name and POC Phone Number. The following information should be used when completing these sections: DHHS, Uyen Tran 214-767-3261.**



IMPORTANT!!!!
Use the POC
Name and Phone
Number
provided here.

PHS 398 Modular Budget

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Budget Period: 1			
Start Date:	<input type="text" value="06/01/2016"/>	End Date:	<input type="text" value="05/31/2017"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)			<input type="text" value="125,000.00"/>
Consortium Indirect (F&A)			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
B. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
<input type="text" value="MTDC"/>	<input type="text" value="50.50"/>	<input type="text" value="125,000.00"/>	<input type="text" value="63,125.00"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS, Uyen Tran, 214-767-3261"/>	
Indirect (F&A) Rate Agreement Date	<input type="text" value="02/03/2016"/>	Total Indirect (F&A) Costs	<input type="text" value="63,125.00"/>
C. Total Direct and Indirect (F&A) Costs (A + B)			Funds Requested (\$)
			<input type="text" value="188,125.00"/>

Budget Period: 2			
Start Date:	<input type="text" value="06/01/2017"/>	End Date:	<input type="text" value="05/31/2018"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)			<input type="text" value="125,000.00"/>
Consortium Indirect (F&A)			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
B. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
<input type="text" value="MTDC"/>	<input type="text" value="50.50"/>	<input type="text" value="125,000.00"/>	<input type="text" value="63,125.00"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS, Uyen Tran, 214-767-3261"/>	
Indirect (F&A) Rate Agreement Date	<input type="text" value="02/03/2016"/>	Total Indirect (F&A) Costs	<input type="text" value="63,125.00"/>
C. Total Direct and Indirect (F&A) Costs (A + B)			Funds Requested (\$)
			<input type="text" value="188,125.00"/>

PHS 398 Modular Budget

Budget Period: 3			
Start Date:	<input type="text" value="06/01/2018"/>	End Date:	<input type="text" value="05/31/2019"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)			<input type="text" value="125,000.00"/>
Consortium Indirect (F&A)			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
B. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
<input type="text" value="MTDC"/>	<input type="text" value="50.50"/>	<input type="text" value="125,000.00"/>	<input type="text" value="63,125.00"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS, Uyen Tran, 214-767-3261"/>	
Indirect (F&A) Rate Agreement Date	<input type="text" value="02/03/2016"/>	Total Indirect (F&A) Costs	<input type="text" value="63,125.00"/>
C. Total Direct and Indirect (F&A) Costs (A + B)			Funds Requested (\$)
			<input type="text" value="188,125.00"/>

Budget Period: 4			
Start Date:	<input type="text" value="06/01/2019"/>	End Date:	<input type="text" value="05/31/2020"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)			<input type="text" value="125,000.00"/>
Consortium Indirect (F&A)			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
B. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
<input type="text" value="MTDC"/>	<input type="text" value="50.50"/>	<input type="text" value="125,000.00"/>	<input type="text" value="63,125.00"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS, Uyen Tran, 214-767-3261"/>	
Indirect (F&A) Rate Agreement Date	<input type="text" value="02/03/2016"/>	Total Indirect (F&A) Costs	<input type="text" value="63,125.00"/>
C. Total Direct and Indirect (F&A) Costs (A + B)			Funds Requested (\$)
			<input type="text" value="188,125.00"/>

PHS 398 Modular Budget

Budget Period: 5			
Start Date:	<input type="text" value="06/01/2020"/>	End Date:	<input type="text" value="05/31/2021"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)			<input type="text" value="125,000.00"/>
Consortium Indirect (F&A)			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
B. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
<input type="text" value="MTDC"/>	<input type="text" value="50.50"/>	<input type="text" value="125,000.00"/>	<input type="text" value="63,125.00"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS, Uyen Tran, 214-767-3261"/>	
Indirect (F&A) Rate Agreement Date	<input type="text" value="02/03/2016"/>	Total Indirect (F&A) Costs	<input type="text" value="63,125.00"/>
C. Total Direct and Indirect (F&A) Costs (A + B)			Funds Requested (\$)
			<input type="text" value="188,125.00"/>

Cumulative Budget Information	
1. Total Costs, Entire Project Period	
Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period	\$ <input type="text" value="625,000.00"/>
Section A, Total Consortium Indirect (F&A) for Entire Project Period	\$ <input type="text"/>
Section A, Total Direct Costs for Entire Project Period	\$ <input type="text" value="625,000.00"/>
Section B, Total Indirect (F&A) Costs for Entire Project Period	\$ <input type="text" value="315,625.00"/>
Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period	\$ <input type="text" value="940,625.00"/>
2. Budget Justifications	
Personnel Justification	<input type="text" value="PersonnelJustification.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Consortium Justification	<input type="text" value="ConsortiumJustification.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text" value="AdditionalNarrativeJustificati"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

PHS Inclusion Enrollment Report

OMB Number: 0925-0001 and 0925-0002
Expiration Date: 10/31/2018

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

*Study Title
(must be
unique):



* Delayed Onset Study? Yes No

If study is not delayed onset, the following selections are required:

Enrollment Type

Planned Cumulative (Actual)

Using an Existing Dataset or Resource

Yes No

Enrollment Location

Domestic Foreign

Clinical Trial

NIH-Defined Phase III Clinical Trial Yes No

Comments:

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

PHS Assignment Request Form

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Funding Opportunity Number:

Funding Opportunity Title:

Awarding Component Assignment Request *(optional)*

If you have a preference for an Awarding Component (e.g., NIH Institute/Center) assignment, please use the link below to identify the most appropriate assignment then enter the short abbreviation (e.g., NCI for National Cancer Institute) in "Assign to/Do Not Assign To Awarding Component" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

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

	1	2	3
Assign to Awarding Component:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do Not Assign to Awarding Component:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Study Section Assignment Request *(optional)*

If you have a preference for a study section assignment, please use the link below to identify the most appropriate study section then enter the short abbreviation for that study section in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

For example, you would enter "CAMP" if you wish to request assignment to the Cancer Molecular Pathobiology study section or enter "ZRG1 HDM-R" if you wish to request assignment to the Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

Information about Study Sections can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

	1	2	3
Assign to Study Section: <i>Only 20 characters allowed</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do Not Assign to Study Section: <i>Only 20 characters allowed</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHS Assignment Request Form

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

Only 1000 characters allowed

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

Note: Please do not provide names of individuals

1

2

3

4

5

Expertise:

Only 40 characters allowed