FORMS CURRENTLY SUPPORTED BY ERA:

Federal-wide Forms

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- Project/Performance Site Location(s) [Page 4]
- R&R Other Project Information [Page 5]
- R&R Senior/Key Person Profile (Expanded) [Page 6]
- R&R Budget [Page 7]
- R&R Subaward Budget Attachment(s) Form [Page 11]
- Construction Budget [Page 12]
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Agency-specific (PHS) Forms

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- PHS 398 Cover Page Supplement [Page 16]
- PHS 398 Modular Budget [Page 18]
- PHS 398 Research Plan [Page 21]
- PHS 398 Checklist [Page 22]
- PHS 398 Career Development Award Supplemental Form [Page 24]
- PHS Fellowship Supplemental Form [Page 26]
- PHS 398 Training Budget [Page 29]
- PHS 398 Training Budget Attachment Form [Page 31]
- PHS 398 Research Training Program Plan [Page 32]

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 required fields. The Application Guide and this resource describe NIH form field requirements above what is marked on the federal-wide forms.
- The light blue boxes throughout the document represent processing notes and eRA system validations. The purple boxes indicate changes from ADOBE-FORMS-A to ADOBE-FORMS-B 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_Version.pdf.
- General attachment tips:
  - Use simple PDF formatted files for all attachments
    - Do not use Portfolio or similar feature to bundle multiple files into a single PDF
    - Disable security features like password protection
  - Keep filenames to 50 characters or less and use only letters, numbers and underscore (_)
  - Follow guidelines for fonts, margins and avoid 2-column and “landscape” formats

** Footer not part of forms **
APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION
   - Pre-application
   - Application
   - Changed/Corrected Application

2. DATE SUBMITTED
   - Application Identifier

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   - Organizational DUNS:
   - Legal Name:
   - Department:
   - Division:
   - Street1:
   - Street2:
   - City:
   - State:
   - USA: UNITED STATES
   - Province:
   - ZIP / Postal Code:
   - Country:

5. APPLICANT INFORMATION
   - Person to be contacted on matters involving this application
   - Prefix:
   - First Name:
   - Middle Name:
   - Last Name:
   - Suffix:
   - Phone Number:
   - Fax Number:
   - Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
   - Other (Specify):

7. * TYPE OF APPLICANT:
   - Please select one of the following
   - Small Business Organization Type
     - Women Owned
     - Socially and Economically Disadvantaged
   - Other (Specify):

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

9. * NAME OF FEDERAL AGENCY:
   - National Institutes of Health
   - Pre-populated from opportunity info.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
   - NIH will assign CFDA post-submission.

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
   - Project period should not exceed what is allowed in announcement.
   - 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
   - Congressional District of Applicant
   - Note: Congressional District for Project moved to Project/Performance Site form.
   - Note: Areas Affected by Project field (item #12 in ADOBE-FORMS-A) was removed and remaining fields renumbered.

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:
   - USA: UNITED STATES
   - Province:
   - ZIP / Postal Code:
   - Country:
   - Phone Number:
   - Fax Number:
   - Email:

** Footer not part of forms

ADOBE-FORMS-B Page2

Updated: June 10, 2010 **
### 15. ESTIMATED PROJECT FUNDING
Manually enter Estimated Project Funding Amounts.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total Federal Funds Requested</td>
<td></td>
</tr>
<tr>
<td>b. Total Non-Federal Funds</td>
<td>Note: New field.</td>
</tr>
<tr>
<td>c. Total Federal &amp; Non-Federal Funds</td>
<td></td>
</tr>
<tr>
<td>d. Estimated Program Income</td>
<td></td>
</tr>
</tbody>
</table>

### 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 & 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 or other Explanatory Documentation
Note: Used in place of Assurances/Certifications Explanation attachment on PHS 398 Checklist form and for disclosure of lobbying activities on the SFLLL form, when applicable.

### 19. Authorized Representative

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Last Name:</td>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td></td>
<td></td>
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<tr>
<td>Organization:</td>
<td></td>
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<tr>
<td>Department:</td>
<td>Division:</td>
<td></td>
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<tr>
<td>* Street1:</td>
<td>Street2:</td>
<td></td>
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<tr>
<td>* City:</td>
<td>County / Parish:</td>
<td></td>
</tr>
<tr>
<td>* State:</td>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>* Country:</td>
<td>USA: UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>* Phone Number:</td>
<td>* ZIP / Postal Code:</td>
<td></td>
</tr>
<tr>
<td>* Email:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

### 20. Pre-application

* Do not use unless specifically noted in the opportunity.
Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: [ ]

DUNS Number: [ ]

* Street1: [ ]

Street2: [ ]

* City: [ ]

* State: [ ]

Province: [ ]

* Country: USA: UNITED STATES

* ZIP / Postal Code: [ ]

* Project/Performance Site Congressional District: [ ]

Project/Performance Site Location 1

Organization Name: [ ]

DUNS Number: [ ]

* Street1: [ ]

Street2: [ ]

* City: [ ]

* State: [ ]

Province: [ ]

* Country: USA: UNITED STATES

* ZIP / Postal Code: [ ]

* Project/Performance Site Congressional District: [ ]

Additional Location(s) [ ]

Note: Form now allows up to 30 Project/Performance locations prior to using attachment for additional locations. Next Site button appears once Site Location 1 is completed.

Note: Congressional District field and attachment removed from SF424 R&R cover and replaced with this field.

Note: New field.
1. * Are Human Subjects Involved?
   - [ ] Yes
   - [ ] No

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

   If IRB Pending = No, provide IRB Approval Date and Human Subject Assurance Number. Warning given if Human Subject Assurance Number does not match the number on file in eRA Commons Institution profile.

   If IRB Pending = Yes, the IRB Approval Date and Human Subject Assurance Number are not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data.

2. * Are Vertebrate Animals Used?
   - [ ] Yes
   - [ ] No

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

2.a. If YES to Vertebrate Animals

   Is the IACUC review Pending?
   - [ ] Yes
   - [ ] No

   IACUC Approval Date:

   Animal Welfare Assurance Number

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

   If Vertebrate Animals = Yes, the 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.

3. * Is proprietary/privileged information included in the application?
   - [ ] Yes
   - [ ] No

4. a. * Does this project have an actual or potential impact 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
   - Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page.

8. * Project Narrative
   - Typically 2-3 sentence statement of public health relevance; system will give error if over 1 page.

9. Bibliography & References Cited

10. Facilities & Other Resources
    - Note: See Application Guide for new instructions. Changed to require a description of how the scientific environment will contribute to the probability of success of the project, unique features of the environment, and for Early Stage Investigators, the institutional investment in the success of the investigator (e.g., resources, classes, etc.).

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
<td></td>
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<tr>
<td>* First Name:</td>
<td></td>
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<tr>
<td>* Last Name:</td>
<td></td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Organization Name:</td>
<td>Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF424 (R&amp;R) cover.</td>
</tr>
<tr>
<td>Division:</td>
<td></td>
</tr>
<tr>
<td>* Street1:</td>
<td></td>
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<tr>
<td>Street2:</td>
<td></td>
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<td>* City:</td>
<td>County/ Parish:</td>
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<td>* Zip / Postal Code:</td>
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<td>* Phone Number:</td>
<td></td>
</tr>
<tr>
<td>* E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td></td>
</tr>
</tbody>
</table>

**Project Role:** PD/PI

Project Role will default to PD/PI and must remain PD/PI (do not edit.)

**Other Project Role Category:**

#### Degree Type: Note: New field; replaces Degrees fields from PHS 398 Cover Page Supplement form. Degree information in Commons profile is considered official data source.

**Degree Year:** Note: New field.

*Attach Biographical Sketch*

Attach Biographical sketch for each person. Limited to 4 pages.

*Attach Current & Pending Support*

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Prefix:</td>
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<td>* Last Name:</td>
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<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Organization Name:</td>
<td>Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts.</td>
</tr>
<tr>
<td>* Street1:</td>
<td></td>
</tr>
<tr>
<td>Street2:</td>
<td></td>
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<td>* City:</td>
<td>County/ Parish:</td>
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<td>* Zip / Postal Code:</td>
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<td>* Phone Number:</td>
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<tr>
<td>* E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td></td>
</tr>
</tbody>
</table>

**Project Role:**

*Other Project Role Category:*

#### Degree Type: Note: Postdoctoral Scholar and Co-Investigator added to Project Role list of values.

**Degree Year:**

*Attach Biographical Sketch*

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.

*Attach Current & Pending Support*

See Application Guide for Biographical Sketch format instructions. Limited to 4 pages (except limited to 2 pages for DP1, DP2).

---

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.

Up to 39 formatted Sr/Key entries can be made in addition to PD/PI. Option to provide Attachment with additional Sr/Key info is available after 39 entries are made.
RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

** ORGANIZATIONAL DUNS: 

* Budget Type: [ ] Project [ ] Subaward/Consortium

Enter name of Organization: 

* Start Date:  * End Date:  

Only the primary applicant organization should specify 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

Prefix  * First Name  Middle Name  * Last Name  Suffix  * Project Role  Base Salary ($)  Cal. Months  Acad. Months  Sum. Months  * Requested Salary ($)  * Fringe Benefits ($)  * Funds Requested ($)

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. Total Funds requested for all Senior Key Persons in the attached file

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

Additional Senior Key Persons: 

B. Other Personnel

* Number of Personnel  * Project Role  Cal. Months  Acad. Months  Sum. Months  * Requested Salary ($)  * Fringe Benefits ($)  * Funds Requested ($)

Post Doctoral Associates
Graduate Students
Undergraduate Students
Secretarial/Clerical

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

Total Number Other Personnel

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

PD/PI must be listed as a Sr/Key with measurable effort in every budget period. Base Salary can be left blank for submission, but is required prior to award.
**C. Equipment Description**

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

<table>
<thead>
<tr>
<th>Equipment item</th>
<th>* Funds Requested ($)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Itemize up to 10 pieces of equipment.</td>
</tr>
<tr>
<td>4.</td>
<td>If more, include total dollars in line 11 and provide details in the Additional Equipment Attachment.</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
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<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

11. Total funds requested for all equipment listed in the attached file

**Total Equipment**

**Additional Equipment:**

<table>
<thead>
<tr>
<th>* ORGANIZATIONAL DUNS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>* Budget Type:</th>
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<tbody>
<tr>
<td>Project</td>
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<td>Subaward/Consortium</td>
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<table>
<thead>
<tr>
<th>Enter name of Organization:</th>
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</table>

<table>
<thead>
<tr>
<th>* End Date:</th>
</tr>
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<td></td>
</tr>
</tbody>
</table>

**Budget Period 1**

**D. Travel**

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

2. Foreign Travel Costs

**Total Travel Cost**

**E. Participant/Trainee Support Costs**

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

**Number of Participants/Trainees**

**Total Participant/Trainee Support Costs**

**RESEARCH & RELATED Budget (C-E) (Funds Requested)**
RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

F. Other Direct Costs

1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations
8.
9.
10.

Total Other Direct Costs

G. Direct Costs

Total Direct Costs (A thru F)

H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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</tbody>
</table>

Total Indirect Costs

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested ($)

K. * Budget Justification [Required]

(Only attach one file.)
### RESEARCH & RELATED BUDGET - Cumulative Budget

<table>
<thead>
<tr>
<th>Section A, Senior/Key Person</th>
<th>Totals ($)</th>
</tr>
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<tbody>
<tr>
<td>Section B, Other Personnel</td>
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<tr>
<td>Total Number Other Personnel</td>
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<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
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<tr>
<td>Section C, Equipment</td>
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<td>Section D, Travel</td>
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<tr>
<td>1. Domestic</td>
<td></td>
</tr>
<tr>
<td>2. Foreign</td>
<td></td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
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</tr>
<tr>
<td>2. Stipends</td>
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<td>3. Travel</td>
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<tr>
<td>4. Subsistence</td>
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<tr>
<td>5. Other</td>
<td></td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
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<tr>
<td>Section F, Other Direct Costs</td>
<td></td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
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</tr>
<tr>
<td>2. Publication Costs</td>
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<td>3. Consultant Services</td>
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<td>4. ADP/Computer Services</td>
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<td>5. Subawards/Consortium/Contractual Costs</td>
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<td>6. Equipment or Facility Rental/User Fees</td>
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<tr>
<td>7. Alterations and Renovations</td>
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</tr>
<tr>
<td>8. Other 1</td>
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</tr>
<tr>
<td>9. Other 2</td>
<td></td>
</tr>
<tr>
<td>10. Other 3</td>
<td></td>
</tr>
</tbody>
</table>

### Totals ($)

- **Total Salary, Wages and Fringe Benefits (A+B)**
- **Total Number Other Personnel**
- **Section F, Other Direct Costs**
- **Section G, Direct Costs (A thru F)**
- **Section H, Indirect Costs**
- **Section I, Total Direct and Indirect Costs (G + H)**
- **Section J, Fee**
R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

Click here to extract the R&R Subaward Budget Attachment

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

1) Please attach Attachment 1
2) Please attach Attachment 2
3) Please attach Attachment 3
4) Please attach Attachment 4
5) Please attach Attachment 5
6) Please attach Attachment 6
7) Please attach Attachment 7
8) Please attach Attachment 8
9) Please attach Attachment 9
10) Please attach Attachment 10

If submitting an application with >10 subaward budgets, budgets 11 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.

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.

<table>
<thead>
<tr>
<th>COST CLASSIFICATION</th>
<th>a. Total Cost</th>
<th>b. Costs Not Allowable for Participation</th>
<th>c. Total Allowable Costs (Columns a-b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrative and legal expenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Land, structures, rights-of-way, appraisals, etc.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3. Relocation expenses and payments</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4. Architectural and engineering fees</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5. Other architectural and engineering fees</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6. Project inspection fees</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7. Site work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8. Demolition and removal</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>9. Construction</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10. Equipment</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>11. Miscellaneous</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>12. SUBTOTAL (sum of lines 1-11)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>13. Contingencies</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>14. SUBTOTAL</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>15. Project (program) income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>16. TOTAL PROJECT COSTS (subtract #15 from #14)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**FEDERAL FUNDING**

17. Federal assistance requested, calculate as follows:
(Consult Federal agency for Federal percentage share.)
Enter eligible costs from line 16c Multiply X ___ %
   Enter the resulting Federal share.

*Be sure to include the multiplier or the Total will calculate to zero.*
<table>
<thead>
<tr>
<th>Questions 1-7 must be completed by all SBIR and STTR Applicants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Program Type (select only one)</td>
</tr>
<tr>
<td>SBIR [ ] STTR [ ] Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ] Must meet SBIR/STTR eligibility requirements at time of award (not submission).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1b. Anticipated Number of personnel to be employed at your organization at the time of award.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>View Attachment</strong> <strong>Delete Attachment</strong> <strong>Add Attachment</strong> <strong>View Attachment</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ] Required if Yes. Cannot include if No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Will all research and development on the project be performed in its entirety in the United States?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ] If no, provide an explanation in an attached file.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ] If yes, insert the names of the other Federal agencies:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and 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)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Attach File: <strong>View Attachment</strong> <strong>Delete Attachment</strong> <strong>Add Attachment</strong> <strong>View Attachment</strong></td>
</tr>
</tbody>
</table>

Required for Phase II and Fast Track submissions. Limited to 12 pages.
SBIR/STTR Information

SBIR-Specific Questions:
Questions 8 and 9 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 8 and 9 blank and proceed to question 10.

- Yes
- No

8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.

   * Attach File: [Add Attachment] [Delete Attachment] [View Attachment]

9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

   - Yes
   - No

STTR-Specific Questions:
Questions 10 and 11 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 10 and 11 blank.

- Yes
- No

10. Please indicate whether the answer to BOTH of the following questions is TRUE:

   1. Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND
   2. Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?

- Yes
- No

11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?

   - Yes
   - No
Cover letter is only for internal Agency use and will not be shared with peer reviewers.

Used to convey information to Receipt & Referral staff (e.g., request of assignment to a particular awarding component or Scientific Review Group, individuals/competitors that should not review application or reason for late submission.)

Required for any submission made after the submission deadline, including submissions to correct errors/warnings within the "error correction window" that follows the submission deadline.

If revising the cover letter for a Changed/Corrected application, include all previous submitted cover letter information. The system only retains the last cover letter submitted.

See Application Guide for suggested cover letter format.
1. **Project Director / Principal Investigator (PD/PI)**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

**Section is pre-populated from SF424 (R&R) cover.**

Note: New Investigator question and Degree fields were removed.

2. **Human Subjects**

| Clinical Trial? | ☐ No ☐ Yes |
| * Agency-Defined Phase III Clinical Trial? | ☐ No ☐ Yes |

3. **Applicant Organization Contact**

Person to be contacted on matters involving this application

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td></td>
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<tr>
<td>Suffix:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>* Phone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Provides additional Business Official contact information not included on SF424 (R&R) cover.**
4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?  

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:

Cell Line(s):  

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

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission.
PHS 398 Modular Budget, Periods 1 and 2

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

<table>
<thead>
<tr>
<th>Budget Period: 1</th>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
</table>

A. Direct Costs

Direct costs requested must be $250K or less per year to use Modular budget form. Request in "modules" of $25K.

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

Some grant programs have limits on Total Direct Costs. Check announcement.

B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
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</thead>
<tbody>
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</tbody>
</table>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested ($)

Budget Period: 2

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
</table>

A. Direct Costs

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
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</tbody>
</table>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested ($)
PHS 398 Modular Budget, Periods 3 and 4

### Budget Period: 3

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
</table>

**A. Direct Costs**

<table>
<thead>
<tr>
<th>* Funds Requested ($)</th>
<th>Direct Cost less Consortium F&amp;A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consortium F&amp;A</td>
</tr>
<tr>
<td></td>
<td>* Total Direct Costs</td>
</tr>
</tbody>
</table>

**B. Indirect Costs**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested ($)

### Budget Period: 4

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
</table>

**A. Direct Costs**

<table>
<thead>
<tr>
<th>* Funds Requested ($)</th>
<th>Direct Cost less Consortium F&amp;A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consortium F&amp;A</td>
</tr>
<tr>
<td></td>
<td>* Total Direct Costs</td>
</tr>
</tbody>
</table>

**B. Indirect Costs**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tr>
</tbody>
</table>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested ($)
### A. Direct Costs

<table>
<thead>
<tr>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Cost less Consortium F&amp;A</td>
</tr>
<tr>
<td>Consortium F&amp;A</td>
</tr>
<tr>
<td>* Total Direct Costs</td>
</tr>
</tbody>
</table>

### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
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<td>3.</td>
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<tr>
<td>4.</td>
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<td></td>
</tr>
</tbody>
</table>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested ($)

### Cumulative Budget Information

1. **Total Costs, Entire Project Period**

   *Section A, Total Direct Cost less Consortium F&A for Entire Project Period* $  
   *Section A, Total Consortium F&A for Entire Project Period* $  
   *Section A, Total Direct Costs for Entire Project Period* $  
   *Section B, Total Indirect Costs for Entire Project Period* $  
   *Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period* $  

2. **Budget Justifications**

   **Warning if not attached.**

   Add Attachment  
   Delete Attachment  
   View Attachment  

   Add Attachment  
   Delete Attachment  
   View Attachment  

   Add Attachment  
   Delete Attachment  
   View Attachment  

**Footer not part of forms**
PHS 398 Research Plan

1. Application Type:
From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

*Type of Application:
- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

2. Research Plan Attachments:
Please attach applicable sections of the research plan, below.

1. Introduction to Application
   (for RESUBMISSION or REVISION only)

2. Specific Aims

3. *Research Strategy

4. Inclusion Enrollment Report

5. Progress Report Publication List

6. Protection of Human Subjects

7. Inclusion of Women and Minorities

8. Targeted/Planned Enrollment Table

9. Inclusion of Children

10. Vertebrate Animals

11. Select Agent Research

12. Multiple PD/PI Leadership Plan

13. Consortium/Contractual Arrangements

14. Letters of Support

15. Resource Sharing Plan(s)

16. Appendix

Attachments typically required Human Subjects is Yes on the Other Project Information form:
- 6. Protection of Human Subjects
- 7. Inclusion of Women and Minorities
- 8. Targeted/Planned Enrollment Table
- 9. Inclusion of Children

Other Research Plan Sections
- 10. Vertebrate Animals
- 11. Select Agent Research
- 12. Multiple PD/PI Leadership Plan
- 13. Consortium/Contractual Arrangements
- 14. Letters of Support
- 15. Resource Sharing Plan(s)

Required for all apps (except S10), if Human Subjects is Yes.

Limited to 1 page (except R25 Resubmissions can be 3 pages).

Note: Specific Aims remains a separate required attachment. Limited to 1 page. See Application Guide for new language about the impact of the proposed research.

Required for all apps (except S10), if Human Subjects is Yes and Exception is not E4.

Required for S11 applications.

Required for S11 and R36 applications.

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

Appendices are stored separately in eRA Grant Folder (not as part of 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. See NIH Guide notice NOT-OD-10-077.
1. Application Type:
From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

☐ New   ☐ Resubmission   ☐ Renewal   ☐ Continuation   ☐ Revision

Federal Identifier: __________________________

2. Change of Investigator / Change of Institution Questions

☐ Change of principal investigator / program director

Name of former principal investigator / program director: __________________________

Prefix: __________________________

* First Name: __________________________

Middle Name: __________________________

* Last Name: __________________________

Suffix: __________________________

☐ Change of Grantee Institution

* Name of former institution: __________________________

3. Inventions and Patents   (For renewal applications only)

* Inventions and Patents:   Yes ☐ No ☐

If the answer is “Yes” then please answer the following:

* Previously Reported:   Yes ☐ No ☐
4. * Program Income

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

[ ] Yes  [ ] No

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

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.

<table>
<thead>
<tr>
<th>*Budget Period</th>
<th>*Anticipated Amount ($)</th>
<th>*Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

New section. Note: This item is similar to the pre-existing question on the SBIR/STTR Information form (item #6).

5. * 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

New section.
# PHS 398 Career Development Award Supplemental Form

**OMB Number: 0925-0001**

## 1. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.

<table>
<thead>
<tr>
<th>New</th>
<th>Resubmission</th>
<th>Renewal</th>
<th>Continuation</th>
<th>Revision</th>
</tr>
</thead>
</table>

## 2. Career Development Award Attachments:

Please attach applicable sections, below.

### Introduction (if applicable)

1. Introduction to Application
   - **Required for Resubmissions.**
   - Add Attachment | Delete Attachment | View Attachment

### Candidate Information

2. Candidate’s Background
   - **Required for all K’s except K12.**
   - Add Attachment | Delete Attachment | View Attachment

3. Career Goals and Objectives
   - **Required for all K’s except K12.**
   - Add Attachment | Delete Attachment | View Attachment

4. Career Development/Training Activities During Award Period
   - **Required for all K’s except K12.**
   - Add Attachment | Delete Attachment | View Attachment

5. Training in the Responsible Conduct of Research
   - **Required for all K’s except K12.**
   - Add Attachment | Delete Attachment | View Attachment

6. Mentoring Plan (when applicable)
   - **Required for K05 and K24. Do not include for mentored K’s.**
   - Add Attachment | Delete Attachment | View Attachment

### Statements of Support

7. Statements by Mentor, Co-Mentors, Consultants, Contributors (as appropriate)
   - **Required for all mentored K’s.**
   - Add Attachment | Delete Attachment | View Attachment

### Environment and Institutional Commitment to Candidate

8. Description of Institutional Environment
   - **Required for all K’s except K12.**
   - Add Attachment | Delete Attachment | View Attachment

9. Institutional Commitment to Candidate’s Research Career Development
   - **Required for all K’s except K12.**
   - Add Attachment | Delete Attachment | View Attachment

### Research Plan

10. Specific Aims
    - Note: Specific Aims remains a separate attachment. Limited to 1 page.
    - Add Attachment | Delete Attachment | View Attachment

11. * Research Strategy
    - Note: The total number of pages for Items 2-5 (Candidate’s Background, Career Goals and Objectives, Career Development/Training Activities During Award Period, and Training in the Responsible Conduct of Research) and Item 11 (Research Strategy) combined may not exceed 12 pages.

12. Inclusion Enrollment Report (for RENEWAL applications only)

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

### Human Subject Sections

14. Protection of Human Subjects
   - **Required if Human Subjects is Yes.**
   - Add Attachment | Delete Attachment | View Attachment

15. Inclusion of Women and Minorities
   - **Required if Human Subjects is Yes and Exemption is not E4.**
   - Add Attachment | Delete Attachment | View Attachment

16. Targeted/Planned Enrollment
   - **Required if Human Subjects is Yes and Exemption is not E4.**
   - Add Attachment | Delete Attachment | View Attachment

17. Inclusion of Children
   - **Required if Human Subjects is Yes and Exemption is not E4.**
   - Add Attachment | Delete Attachment | View Attachment
### 2. Career Development Award Attachments (continued):

<table>
<thead>
<tr>
<th>Other Research Plan Sections</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Vertebrate Animals</td>
<td><strong>Required if Vertebrate Animals Used is Yes.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Select Agent Research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Consortium/Contractual Arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Resource Sharing Plan(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Appendix (if applicable)

**22. Appendix**

Add Attachments  Delete Attachments  View Attachment

---

**3. Citizenship:**

- [ ] U.S. Citizen or noncitizen national
- [ ] Permanent Resident of U.S.  
  *(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)*
- [ ] Non-U.S. Citizen with temporary U.S. visa
### A. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>Resubmission</td>
<td>Renewal</td>
<td>Continuation</td>
<td>Revision</td>
</tr>
</tbody>
</table>

### B. Research Training Plan

1. **Introduction to Application**  
   *(for RESUBMISSION applications only)*
   - Required for Resubmissions. Limited to 1 page.

2. **Specific Aims**
   - **Note:** Specific Aims remains a separate, required attachment. Limited to 1 page.
   - Add Attachment | Delete Attachment | View Attachment
   - [Add Attachment]
   - [Delete Attachment]
   - [View Attachment]

3. **Research Strategy**
   - **Note:** Background and Significance, Preliminary Studies/Progress Report and Research Design and Methods attachments combined into single required Research Strategy attachment. Limited to 6 pages.
   - Add Attachment | Delete Attachment | View Attachment
   - [Add Attachment]
   - [Delete Attachment]
   - [View Attachment]

4. **Inclusion Enrollment Report**  
   *(for RENEWAL applications only)*

5. **Progress Report Publication List**  
   *(for RENEWAL applications only)*

### Human Subjects

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

<table>
<thead>
<tr>
<th>Are Human Subjects Involved?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

6. **Human Subjects Involvement Indefinite?**
   - Yes | No |

7. **Clinical Trial?**
   - Yes | No |

8. **Agency-Defined Phase III Clinical Trial?**
   - Yes | No |

9. **Protection of Human Subjects**
   - Required if Human Subjects is Yes.
   - Add Attachment | Delete Attachment | View Attachment
   - [Add Attachment]
   - [Delete Attachment]
   - [View Attachment]

10. **Inclusion of Women and Minorities**
    - Required if Human Subjects is Yes and Exemption is not E4.
    - Add Attachment | Delete Attachment | View Attachment
    - [Add Attachment]
    - [Delete Attachment]
    - [View Attachment]

11. **Targeted/Planned Enrollment**
    - Required if Human Subjects is Yes and Exemption is not E4.
    - Add Attachment | Delete Attachment | View Attachment
    - [Add Attachment]
    - [Delete Attachment]
    - [View Attachment]

12. **Inclusion of Children**
    - Required if Human Subjects is Yes and Exemption is not E4.
    - Add Attachment | Delete Attachment | View Attachment
    - [Add Attachment]
    - [Delete Attachment]
    - [View Attachment]

### Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

<table>
<thead>
<tr>
<th>Are Vertebrate Animals Used?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

13. **Vertebrate Animals Use Indefinite?**
    - Yes | No |

14. **Vertebrate Animals**
    - Required if Vertebrate Animals Used is Yes.
    - Add Attachment | Delete Attachment | View Attachment
    - [Add Attachment]
    - [Delete Attachment]
    - [View Attachment]

15. **Select Agent Research**

16. **Resource Sharing Plan**

17. **Respective Contributions**
    - Limited to 1 page.
    - Add Attachment | Delete Attachment | View Attachment
    - [Add Attachment]
    - [Delete Attachment]
    - [View Attachment]

18. **Selection of Sponsor and Institution**
    - Limited to 1 page.
    - Add Attachment | Delete Attachment | View Attachment
    - [Add Attachment]
    - [Delete Attachment]
    - [View Attachment]

19. **Responsible Conduct of Research**
    - Limited to 1 page.
    - Add Attachment | Delete Attachment | View Attachment
    - [Add Attachment]
    - [Delete Attachment]
    - [View Attachment]
C. Additional Information

Human Embryonic Stem Cells

1. * 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), using the registry information provided within the agency instructions. 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):

   [ ] [ ] [ ] [ ] [ ] [ ]

Fellowship Applicant

2. Alternate Phone Number: ____________________________

3. Degree Sought During Proposed Award:
   
   Degree: ____________________________ If "other", please indicate degree type:

   Expected Completion Date (month/year):

   4. * Field of Training for Current Proposal:

   5. * Current Or Prior Kirschstein-NRSA Support?  
      [ ] Yes  [ ] No

      * Level  * Type  Start Date (if known)  End Date (if known)  Grant Number (if known)

      [ ] [ ] [ ] [ ] [ ]

      [ ] [ ] [ ] [ ] [ ]

      [ ] [ ] [ ] [ ] [ ]

      [ ] [ ] [ ] [ ] [ ]

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

   [ ] [ ] [ ] [ ] [ ]

   [ ] [ ] [ ] [ ] [ ]

   [ ] [ ] [ ] [ ] [ ]

   [ ] [ ] [ ] [ ] [ ]

6. * Applications for Concurrent Support?  
   [ ] Yes  [ ] No

   If yes, please describe in an attached file:

   [ ] [ ] [ ] [ ] [ ]

   Add Attachment  Delete Attachment  View Attachment

7. * Goals for Fellowship Training and Career

   Limited to 1 page.

   Add Attachment  Delete Attachment  View Attachment

8. * Activities Planned Under This Award

   Limited to 1 page.

   Add Attachment  Delete Attachment  View Attachment

9. Doctoral Dissertation and Other Research Experience

   Limited to 2 pages.

   Add Attachment  Delete Attachment  View Attachment

10. * Citizenship:
    
    [ ] U.S. Citizen or noncitizen national
    [ ] Permanent Resident of U.S.
    [ ] Permanent Resident of U.S. (if a permanent resident of the U.S., a notarized statement must be provided by the time of award)
    [ ] Non-U.S. Citizen with temporary U.S. visa

    Applicants must meet citizenship requirements at time of award (not time of application submission.)

    [ ] [ ] [ ] [ ] [ ]

    Non-US Citizen w/ temp visa only valid for F05.
C. Additional Information  (continued)

Institution

11. □ Change of Sponsoring Institution

Name of Former Institution:

D. Budget

All Fellowship Applicants:

1. * Tuition and Fees:

☐ None Requested  ☐ Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

Total Funds Requested:

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount  Academic Period  Number of Months

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

a. Federal Stipend Requested:

Amount  Number of Months

b. Supplementation from other sources:

Amount  Number of Months

Type (sabbatical leave, salary, etc.)

Source

E. Appendix

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

Appendices are stored separately in eRA Grant Folder (not as part of 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-10-077.
### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th>Number of Trainees</th>
<th>Full Time</th>
<th>Short Term</th>
<th>Undergraduate:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Single Degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dual Degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Predoctoral</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-degree Seeking</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Degree Seeking</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Postdoctoral</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

#### Number Per Stipend Level:
- First-Year/Soph.
- Junior/Senior

#### Stipends Requested ($)

#### Tuition/Fees Requested ($)

---

**Warning if information for Undergraduate Trainees is not provided for T34 applications and if it is provided for T15, T32 or T35 applications.**

**Error if any Predoctoral or Postdoctoral info is provided for T34.**

---

### B. Other Direct Costs

- Trainee Travel
- Training Related Expenses
- Total Direct Costs from R&R Budget Form (if applicable)
- Consortium Training Costs (if applicable)

#### Funds Requested ($)

**Warning if not provided.**

**Error if R&R Budget form included and it's Total Direct Cost not provided here.**

---

### C. Total Direct Costs Requested (A + B)

**Warning if over $500K.**

---

### D. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Indirect Cost Rate must be 8 for all Ts.**

**Total Indirect Costs Requested**

---

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

---

### F. Budget Justification

**Add Attachment**

**Delete Attachment**

**View Attachment**

---

**For New and Resubmission applications, the start date for the first budget period must be the same as the start date listed on the SF424 (R&R) cover. The start date in subsequent periods must be greater than or equal to the start date on the SF424 (R&R) cover.**

---

**If Project budget, use applicant organization DUNS. If Subaward/Consortium, use Subaward organization's DUNS.**

---

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

---

**Only the applicant organization should specify Project.**

---

**The end date for each budget period must be later than the budget start date and less than or equal to the proposed project end date listed on the SF424 (R&R) cover.**

---

**Warning if not provided.**

---

**Error if any Predoctoral or Postdoctoral info is provided for T34.**

---

**Error if R&R Budget form included and it’s Total Direct Cost not provided here.**

---

**Warning if over $500K.**

---

**Indirect Cost Rate must be 8 for all Ts.**

---

**If Project budget, use applicant organization DUNS. If Subaward/Consortium, use Subaward organization's DUNS.**
# PHS 398 TRAINING BUDGET, Cumulative Budget

**Values automatically calculated by form.**

## A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th>Undergraduate:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Single Degree</td>
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<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Predoctoral</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Predoctoral:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Non-Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Postdoctoral</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong>:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Stipends + Tuition/Fees Requested</th>
<th></th>
</tr>
</thead>
</table>

## B. Other Direct Costs

<table>
<thead>
<tr>
<th>Trainee Travel</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Related Expenses</td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Direct Costs Requested</strong></td>
<td></td>
</tr>
</tbody>
</table>

## C. Total Direct Costs Requested (A + B)

## D. Total Indirect Costs Requested

## E. Total Direct and Indirect Costs Requested (C + D)
TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

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

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

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

Select to Extract a Training Subaward Budget Attachment

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

** Footer not part of forms **
PHS 398 Research Training Program Plan

1. Application Type:
From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the appropriate sections of the research training program plan.

| New | Resubmission | Renewal | Continuation | Revision |

Read only - pulled from SF424 R&R cover.

2. Research Training Program Plan Attachments:
Please attach applicable sections of the research training program plan, below.

| 1. Introduction to Application | Required for resubmission applications; error if greater than 3 pages. Required for revision applications; error if greater than 1 page. |

| 2. Background | Warning if attachments 2-5 together are greater than 25 and less than or equal to 28 pages. (Need to allow for "white" space introduced when separating plan into sections.) |

| 3. Program Plan | Required. |

| 4. Recruitment and Retention Plan to Enhance Diversity | Required except D43, D71, U2R, T34 and T36. Error if attachments 2-5 together are greater than 28 pages. |

| 5. Plan for Instruction in the Responsible Conduct of Research | Required except T36. |


| 7. Human Subjects | Required if Human Subjects is Yes. |

| 8. Vertebrate Animals | Required if Vertebrate Animals Used is Yes. |

| 9. Select Agent Research | |

| 10. Multiple PD/PI Leadership Plan (if applicable) | Required when multiple Sr/Key entries with the role PD/PI are included. |

| 11. Consortium/Contractual Arrangements | |

| 12. Participating Faculty Biosketches | Error if not included for K12; Warning if not included for all other programs. |

| 13. Data Tables | Warning if not included. User defined bookmarks will be pulled into NIH application image Table of Contents. |

| 14. Letters of Support | |

| 15. Appendix | Allows for up to 10 appendices. See Application Guide and announcement for restrictions. Appendices are stored separately in eRA Grant Folder (not as part of 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. See NIH Guide notice NOT-OD-10-077. |

** Footer not part of forms **