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</tbody>
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**NOTES:**
- The Funding Opportunity Announcement (FOA) and associated application guide remain the official documents for defining application requirements. This resource is meant to complement, not replace, those documents.
- NIH application packages include a subset of the forms included in this resource. You will only need to complete the forms provided to you with a specific FOA.
- This resource displays the forms as they would show if you use Grants.gov's downloadable forms option for submission, but the same forms, form fields and guidance apply regardless of submission option even if the display is slightly different.
- Don’t forget to periodically check the Related Notices section of the FOA for any updates to instructions or policies since the opportunity was posted. At a minimum, check this section when you download the application and again a week or two before the due date.
- The blue and pink annotations throughout this resource represent processing notes and eRA system business rule checks (i.e., validations). The pink ones are for new fields introduced with FORMS-D application packages.
APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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

2. DATE SUBMITTED
   - Applicant Identifier

3. DATE RECEIVED BY STATE
   - State Application Identifier

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

5. APPLICANT INFORMATION
   - Legal Name:
   - Department:
   - Division:
   - Street1:
   - Street2:
   - Cty:
   - County / Parish:
   - State:
   - Country:
   - USA: UNITED STATES
   - Province:
   - ZIP / Postal Code:
   - Must provide zip+4 for all zip codes.

Person to be contacted on matters involving this application
   - Prefix:
   - First Name:
   - Middle Name:
   - Last Name:
   - Position/Title:
   - Suffix:

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

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

8. TYPE OF APPLICATION:
   - See application guide for definitions.
   - If Revision, mark appropriate box(es).
   - 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

9. NAME OF FEDERAL AGENCY:
   - National Institutes of Health

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

11. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:
   - If Revision (box 8), provide exact title (including punctuation and spacing) as provided for awarded grant.

12. PROPOSED PROJECT:
   - Start Date
   - Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT
   - Format: 2 character state abbreviation - 3 character District number (e.g., CA-005. Use 00-000 if outside the US.
   - See application guide for additional details.

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

** Updated: March 1, 2016
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: __________________________  First Name: __________________________  Middle Name: __________________________
Last Name: __________________________  PD/PI first/last name should match name on file for Commons ID provided in the Credential field of the R&R Senior/Key Person Profile (Expanded) form.
Position/Title: __________________________
Organization Name: __________________________
Department: __________________________  Division: __________________________
Street1: __________________________  Street2: __________________________
City: __________________________  County / Parish: __________________________
State: __________________________  Province: __________________________
Country: __________________________  USA: UNITED STATES  ZIP / Postal Code: __________________________
Phone Number: __________________________  Fax Number: __________________________
Email: __________________________

15. ESTIMATED PROJECT FUNDING
Manually enter estimated project funding amounts.

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

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

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

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

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

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

19. Authorized Representative
Prefix: __________________________  First Name: __________________________  Middle Name: __________________________
Last Name: __________________________  Authorized Organization Representative (AOR) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission.
Position/Title: __________________________  In eRA Commons individuals with signature authority are called Signing Officials (SOs).
Organization: __________________________
Department: __________________________  Division: __________________________
Street1: __________________________  Street2: __________________________
Cnty: __________________________  County / Parish: __________________________
State: __________________________  Province: __________________________
Country: __________________________  USA: UNITED STATES  ZIP / Postal Code: __________________________
Phone Number: __________________________  Fax Number: __________________________
Email: __________________________

Signature of Authorized Representative __________________________
Date Signed __________________________
Completed on submission to Grants.gov

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

21. Cover Letter Attachment

** Updated: March 1, 2016
1. Human Subjects Section

Clinical Trial?
- Yes
- No

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

If Human Subjects = Yes on Other Project Information form, then an answer to the Clinical Trial question is required.

If Clinical Trial = Yes, then an answer to the Agency-Defined Phase III Clinical Trial question is required.

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

FORMS-D: Up to 1000 characters.

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)

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

FORMS-D: Expanded to accommodate up to 10 budget periods.

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):

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Provide up to 200 cell lines.
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:

** Updated: March 1, 2016
RESEARCH & RELATED Other Project Information

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

1. Are Human Subjects Involved?
   - Yes
   - No

1.a. If Yes to Human Subjects
   - Is the Project Exempt from Federal regulations? Yes or No
     - If yes, check appropriate exemption number: 1 2 3 4 5 6
     - IRB Approval Date is not required at time of submission, but may be requested later in the pre-award process as Just-In-Time data. Date cannot be in the future.
     - Human Subject Assurance Number:

2. Are Vertebrate Animals Used?
   - Yes
   - No

2.a. If YES to Vertebrate Animals
   - Is the IACUC review Pending? Yes or No
     - 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. Date cannot be in the future.
     - Animal Welfare Assurance Number:

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

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

4.b. If yes, please explain: If 4a is Yes, then 4b is required.

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

4.d. If yes, please explain: If 4c is Yes, then 4d is required.

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

5.a. If yes, please explain: If 5 is Yes, then 5a is required.

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

6.a. If yes, identity countries: If 6 is Yes, then 6a is required.

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. If awarded this information becomes public. Do not include proprietary or confidential information.

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

9. Bibliography & References Cited
   - Required unless otherwise noted in opportunity. Not system enforced.

10. Facilities & Other Resources
    - Required unless otherwise noted in opportunity. Not system enforced.

11. Equipment
    - Add Attachment

12. Other Attachments
    - Only provide Other Attachments when requested in the funding opportunity announcement text.
**Project/Performance Site Location(s)**

**Project/Performance Site Primary Location**

- **Organization Name:**
  - **DUNNS Number:**
  - **Street1:**
  - **City:**
  - **State:**
  - **Province:**
  - **Country:** USA: UNITED STATES
  - **ZIP / Postal Code:**
  - **Project/Performance Site Congressional District:**

**Project/Performance Site Location 1**

- **Organization Name:**
- **DUNNS Number:**
- **Street1:**
- **Street2:**
- **City:**
- **State:**
- **Province:**
- **Country:** USA: UNITED STATES
- **ZIP / Postal Code:**
- **Project/Performance Site Congressional District:**

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

**Additional Location(s):**

- **Add Attachment**
- **Delete Attachment**
- **View Attachment**
**RESEARCH & RELATED Senior/Key Person Profile (Expanded)**

**PROFILE - Project Director/Principal Investigator**

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

**Position/Title:**

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>* Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF424 (R&amp;R) cover.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Street1:</td>
<td></td>
</tr>
<tr>
<td>Street2:</td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>County/Parish:</td>
</tr>
<tr>
<td>* State:</td>
<td>Province:</td>
</tr>
<tr>
<td>* Country:</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>* E-Mail:</td>
<td></td>
</tr>
</tbody>
</table>

**VALID ERA COMMONS USERNAME MUST BE SUPPLIED.** Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and SO roles (if PD/PI also serves as SO, use a separate account for SO functions).

**Project Role:** PD/PI

<table>
<thead>
<tr>
<th>Other Project Role Category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree Type:</td>
</tr>
<tr>
<td>Degree Year:</td>
</tr>
</tbody>
</table>

**PROJECT ROLE WILL DEFAULT TO PD/PI AND MUST REMAIN PD/PI (DO NOT EDIT).**

**Attachment Information**

* Attach Biographical Sketch
* Attach Current & Pending Support

| Add Attachment | Delete Attachment | View Attachment |

**PROFILE - Senior/Key Person**

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

**Position/Title:**

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>* Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential review conflicts of interest.</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Street1:</td>
<td></td>
</tr>
<tr>
<td>Street2:</td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>County/Parish:</td>
</tr>
<tr>
<td>* State:</td>
<td>Province:</td>
</tr>
<tr>
<td>* Country:</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>* E-Mail:</td>
<td></td>
</tr>
</tbody>
</table>

**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.**

*** Project Role: **

<table>
<thead>
<tr>
<th>Other Project Role Category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree Type:</td>
</tr>
<tr>
<td>Degree Year:</td>
</tr>
</tbody>
</table>

**Attachment Information**

* Attach Biographical Sketch
* Attach Current & Pending Support

| Add Attachment | Delete Attachment | View Attachment |

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

To ensure proper performance of this form; after adding 20 additional Senior/Key Persons; please save your application, close the Adobe Reader, and reopen it.

**Updated: March 1, 2016**
**Study Title (must be unique):**

Limited to 250 characters.

* 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**
  - [Yes]
  - [No]

  - **NIH-Defined Phase III Clinical Trial**
    - [Yes]
    - [No]

**Comments:**

Limited to 500 characters.

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<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Ethnic Categories</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>American Indian/ Alaska Native</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
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</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than One Race</td>
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<td>0</td>
</tr>
<tr>
<td>Unknown or Not Reported</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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To ensure proper performance, please save frequently.

**Updated: March 1, 2016**
PHS Assignment Request Form

The PHS Assignment Request Form will be posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff.

Funding Opportunity Number: Pre-populated from announcement information.

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#Awarding Components

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign to Awarding Component:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do Not Assign to Awarding Component:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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#Study Section

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign to Study Section: Only 20 characters allowed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do Not Assign to Study Section: Only 20 characters allowed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
List Individuals who should not review your application and why (optional)  

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

Note: Please do not provide names of individuals
### A. Direct Costs

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

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>Direct Cost less Consortium Indirect (F&amp;A)</th>
<th>Consortium Indirect (F&amp;A)</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

### B. Indirect (F&A) Costs

Indirect (F&A) Costs section changed to dynamically add indirect costs rather than providing static fields for four entries.

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number)  
Indirect (F&A) Rate Agreement Date  
Total Indirect (F&A) Costs

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

Funds Requested ($)  
0.00

Form allows for up to 5 Budget Periods.

### Cumulative Budget Information

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

Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period $ 0.00

Section A, Total Consortium Indirect (F&A) for Entire Project Period

Section A, Total Direct Costs for Entire Project Period $ 0.00

Section B, Total Indirect (F&A) Costs for Entire Project Period

Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period $ 0.00

#### 2. Budget Justifications

Personnel Justification  
Add Attachment  
Delete Attachment  
View Attachment  

Consortium Justification  
Add Attachment  
Delete Attachment  
View Attachment  

Additional Narrative Justification  
Add Attachment  
Delete Attachment  
View Attachment  

FORMS-D: Text "(F&A)" added to every "Indirect" reference on the form.
Provide DUNS for the organization whose budget is reflected on this form.

RESEARCH & RELATED BUDGET - Budget Period 1

** Updated: March 1, 2016 **
Page 13 of 29 **

FORMS-D Series (Footer not part of forms)
### 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Additional Equipment: ____________________________

- [ ] Add Attachment
- [ ] Delete Attachment
- [ ] View Attachment

Total funds requested for all equipment listed in the attached file

<table>
<thead>
<tr>
<th>Total Equipment</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### D. Travel

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

2. Foreign Travel Costs

<table>
<thead>
<tr>
<th>Total Travel Cost</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### E. Participant/Trainee Support Costs

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

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

<table>
<thead>
<tr>
<th>Number of Participants/Trainees</th>
<th>Total Participant/Trainee Support Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Other Direct Costs</td>
<td>Funds Requested ($)</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td></td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

**Total Other Direct Costs**

<table>
<thead>
<tr>
<th>G. Direct Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

**Total Direct Costs (A thru F)**

<table>
<thead>
<tr>
<th>H. Indirect Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

<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></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total Indirect Costs**

<table>
<thead>
<tr>
<th>Cognizant Federal Agency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Agency Name, POC Name, and POC Phone Number)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Total Direct and Indirect Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

**Total Direct and Indirect Institutional Costs (G + H)**

<table>
<thead>
<tr>
<th>J. Fee</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>K. Budget Justification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Only attach one file.)</td>
<td><strong>Budget Justification is required and must cover all budget periods.</strong></td>
</tr>
</tbody>
</table>

Subaward/Consortium/Contractural Costs is not pre-populated. Include both Direct and Indirect costs.
## RESEARCH & RELATED BUDGET - Cumulative Budget

### Totals ($)  

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

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

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

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Please attach Attachment 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Please attach Attachment 2</td>
<td></td>
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<tr>
<td>3) Please attach Attachment 3</td>
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<tr>
<td>4) Please attach Attachment 4</td>
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<tr>
<td>5) Please attach Attachment 5</td>
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<td></td>
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<tr>
<td>6) Please attach Attachment 6</td>
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<tr>
<td>7) Please attach Attachment 7</td>
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<td>8) Please attach Attachment 8</td>
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<td>9) Please attach Attachment 9</td>
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<td>10) Please attach Attachment 10</td>
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<td>11) Please attach Attachment 11</td>
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<td>12) Please attach Attachment 12</td>
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<td>13) Please attach Attachment 13</td>
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<td>14) Please attach Attachment 14</td>
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<td>15) Please attach Attachment 15</td>
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<td>16) Please attach Attachment 16</td>
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<td>17) Please attach Attachment 17</td>
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<td>18) Please attach Attachment 18</td>
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<td>21) Please attach Attachment 21</td>
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</tr>
<tr>
<td>30) Please attach Attachment 30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 project budget.

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

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

Do not include the Subaward Budget Attachment form with applications that use the PHS 398 Modular Budget form.
### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th>Number of Trainees</th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Number Per Stipend Level:

- Undergraduate:
  - First-Year/Soph.
  - Junior/Senior
- Predoctoral:
  - Single Degree
  - Dual Degree
- Postdoctoral:
  - Non-degree Seeking
  - Degree Seeking
- Total Postdoctoral

#### Total Predoctoral

#### Other:

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

### 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.**

**Must be manually entered.**

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

### D. Indirect (F&A) Costs

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) 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.**

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

### F. Budget Justification

**Budget justification is required and must cover all budget periods.**

**Updated: March 1, 2016**

**OMB Number: 0925-0001**

**Expiration Date: 10/31/2018**

**PHS 398 TRAINING BUDGET, Period 1**
### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th></th>
<th>Stipends Requested ($)</th>
<th>Tuition/Fees Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Undergraduate:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Predoctoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Postdoctoral:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Postdoctoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Stipends + Tuition/Fees Requested</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Other Direct Costs

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Travel</td>
<td></td>
</tr>
<tr>
<td>Training Related Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Direct Costs from R&amp;R Budget Form (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Consortium Training Costs (if applicable)</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 (F&A) Costs Requested

|                      |                     |

**FORMS-D: Text "(F&A)" added to every "Indirect" reference on the form.**

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

|                      |                     |

**Updated: March 1, 2016**

FORMS-D Series (Footer not part of forms)
TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

**Instructions:**
FORMS-D: Streamlined instructions.

This form allows you to attach a PHS 398 Training Budget form for each subaward/consortium associated with your application. Use the "Click here to extract the PHS 398 Training Subaward Attachment" button to extract a blank copy of the PHS 398 Training Budget form, complete the form in accordance with the agency instructions, and attach the completed form using one of the "Add Attachment" buttons.

**Important:**
Attach Training Subaward Budget forms, using the blocks below. 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.

<table>
<thead>
<tr>
<th>Attach Training Subaward Budget 1</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach Training Subaward Budget 2</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 3</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 4</td>
<td>Add Attachment</td>
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<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 5</td>
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<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 6</td>
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</tr>
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</tr>
<tr>
<td>Attach Training Subaward Budget 8</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 9</td>
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<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 10</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 11</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 12</td>
<td>Add Attachment</td>
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<tr>
<td>Attach Training Subaward Budget 13</td>
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<td>View Attachment</td>
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<tr>
<td>Attach Training Subaward Budget 14</td>
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<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 15</td>
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<tr>
<td>Attach Training Subaward Budget 16</td>
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<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 17</td>
<td>Add Attachment</td>
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<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 18</td>
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<td>View Attachment</td>
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<td>Attach Training Subaward Budget 19</td>
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</tr>
<tr>
<td>Attach Training Subaward Budget 21</td>
<td>Add Attachment</td>
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</tr>
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<td>Attach Training Subaward Budget 22</td>
<td>Add Attachment</td>
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<td>View Attachment</td>
</tr>
<tr>
<td>Attach Training Subaward Budget 23</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
<td>View Attachment</td>
</tr>
</tbody>
</table>

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

If submitting an application with >30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section F of the PHS 398 Training Budget form.
## 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>$ 0.00</td>
</tr>
<tr>
<td>2. Land, structures, rights-of-way, appraisals, etc.</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>3. Relocation expenses and payments</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>4. Architectural and engineering fees</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>5. Other architectural and engineering fees</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>6. Project inspection fees</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>7. Site work</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>8. Demolition and removal</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>9. Construction</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>10. Equipment</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
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<tr>
<td>11. Miscellaneous</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>12. SUBTOTAL (sum of lines 1-11)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>13. Contingencies</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>14. SUBTOTAL</td>
<td>$ 0.00</td>
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</tr>
<tr>
<td>15. Project (program) income</td>
<td>$</td>
<td>$</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>16. TOTAL PROJECT COSTS (subtract #15 from #14)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

### FEDERAL FUNDING

- 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.**

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**Previous Edition Usable**

**Authorized for Local Reproduction**

**Standard Form 424C (Rev. 7-97)**

**Prescribed by OMB Circular A-102**

**Updated: March 1, 2016**

**FORMS-D Series (Footer not part of forms)**

**Page 21 of 29**
Introduction

1. Introduction to Application (Resubmission and Revision) [Limited to 1 page (except R25 Resubmission can be 3 pages)].

Research Plan Section

2. Specific Aims [Required attachment (except DP1, DP2, DP4 and R35). Limited to 1 page.]

3. *Research Strategy Adhere to page limits specified in Application Guide and/or FOA. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.


Human Subjects Section

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

5. Protection of Human Subjects [Required if Human Subjects is Yes.]


7. Inclusion of Women and Minorities [Required if Human Subjects is Yes and exemption number is not 4.]

8. Inclusion of Children [Required if Human Subjects is Yes and exemption number is not 4.]

Other Research Plan Section

9. Vertebrate Animals [Required for all apps. (except S10), if Vertebrate Animals is Yes on the Other Project Information form.]

10. Select Agent Research [Add Attachment | Delete Attachment | View Attachment]

11. Multiple PD/PI Leadership Plan [Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.]

12. Consortium/Contractual Arrangements [Add Attachment | Delete Attachment | View Attachment]

13. Letters of Support [Required for R36 applications.]

14. Resource Sharing Plan(s) [Add Attachment | Delete Attachment | View Attachment]

15. Authentication of Key Biological and/or Chemical Resources [FORMS-D: New attachment. Required if project involves key biological and/or chemical resources. Recommend 1 page. No system validation enforcement.]

Appendix

16. Appendix [Add Attachments | Delete Attachments | View Attachments]

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

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

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.
PHS 398 Career Development Award Supplemental Form

1. Introduction
   Required for Resubmission and Revision applications. Must not be included for New or Renewal applications. Limited to 1 page.

2. Candidate Information and Goals for Career Development
   FORMS-D: New required attachment combining "Candidate's Background", "Career Goals and Objectives" and "Candidate's Plan for Career Development/Training Activities during Award Period" attachments from FORMS-C. This attachment and the Research Strategy attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.

3. Specific Aims
   Required. Limited to 1 page.

4. Research Strategy
   This attachment and the Candidate Information and Goals for Career Development attachment are limited to a combined total of 12 pages unless otherwise stated in the announcement.

5. Progress Report Publication List
   For RENEWAL applications only.

6. Training in the Responsible Conduct of Research
   Required. Limited to 1 page.

7. Candidate's Plan to Provide Mentoring
   Required for K05 and K24. Do not include for K01, K07, K08, K18, K22, K23, K25, K76, K99, K99/R00. Limited to 6 pages.

8. Plans and Statements of Mentor and Co-Mentor(s)
   Required for K01, K08, K18, K23, K25, K76, K99, K99/R00. Warning: if not included for K07 or K22. Limited to 6 pages.

9. Letters of Support from Collaborators, Contributors, and Consultants
   Limited to 6 pages.

10. Description of Institutional Environment
    Required. Limited to 1 page.

11. Institutional Commitment to Candidate's Research Career Development
    Required. Limited to 1 page.

12. Protection of Human Subjects
    Required if Human Subjects is Yes on R&R Other Project Information form.

13. Data Safety Monitoring Plan
    FORMS-D: New attachment. Required if project involves key biological and/or chemical resources. Recommend 1 page. No system validation enforcement.

14. Inclusion of Women and Minorities
    Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form.

15. Inclusion of Children
    Required if Human Subjects is Yes and exemption number is not 4 on R&R Other Project Information form.
### Other Research Plan Sections

16. Vertebrate Animals
   - Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

17. Select Agent Research

18. Consortium/Contractual Arrangements

19. Resource Sharing

20. Authentication of Key Biological and/or Chemical Resources
   - FORMS-D: New attachment. Required if project involves key biological and/or chemical resources. No system validation enforcement.

### Appendix

21. Appendix

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

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

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

### Citizenship

* U.S. Citizen or Non-Citizen National?
   - Yes
   - No

   If no, you must select the single, most appropriate Non-U.S. Citizen option.

   - Not allowed for K43.
   - With a Permanent U.S. Resident Visa
   - With a Temporary U.S. Visa
   - Not Residing in the U.S.

   If with a temporary U.S. visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, also check here:  

** Updated: March 1, 2016
## Introduction

1. Introduction to Application (for Resubmission and Revision)
   - Required for Resubmission applications; limited to 3 pages.
   - Required for Revision applications; limited to 1 page.

## Training Program Section

2. Program Plan
   - Required. Limited to 25 pages.
   - FORMS-D: Program plan now includes information previously included in "Background" and "Recruitment Plan to Enhance Diversity" attachments.

3. Plan for Instruction in the Responsible Conduct of Research
   - Required. Limited to 3 pages.

4. Plan for Instruction in Methods for Enhancing Reproducibility
   - FORMS-D: New attachment. Rigor & transparency changes for training applications delayed (NOT-OD-16-034). Until further notice, do not use this attachment unless specifically indicated in your FOA.

5. Multiple PD/PI Leadership Plan (if applicable)
   - Required when multiple Sr/Key entries with the role of PD/PI are included on the R&R Sr/Key Person form.

6. Progress Report (for RENEWAL applications only)
   - Required for Renewal applications.

## Faculty, Trainees and Training Record Section

7. Participating Faculty Biosketches
   - Warning if not included.

8. Letters of Support
   - Warning if not included. User defined bookmarks in this attachment are included with the bookmarks in the submitted application image in eRA Commons.

## Other Training Program Section

10. Human Subjects
    - Required if Human Subjects is Yes on the R&R Other Project Information form.

11. Data Safety Monitoring Plan
    - FORMS-D: New attachment. Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement form.

12. Vertebrate Animals
    - Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

13. Select Agent Research
    - Warning if not included.

14. Consortium/Contractual Arrangements
    - Warning if not included.

## Appendix

15. Appendix
    - Allows for up to 10 appendices. See Application Guide and announcement for restrictions.
    - Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate Agency staff and peer reviewers.
    - DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.
** Introduction **

1. Introduction  
   (RESUBMISSION)

   Required for Resubmission applications. Limited to 1 page.
   [Add Attachment] [Delete Attachment] [View Attachment]

** Fellowship Applicant Section **

2. *Applicant's Background and Goals for Fellowship Training

** Research Training Plan Section **

3. * Specific Aims

4. * Research Strategy

5. * Respective Contributions

6. * Selection of Sponsor and Institution

7. Progress Report Publication List (RENEWAL)

8. * Training in the Responsible Conduct of Research

   Required. Limited to 1 page.
   [Add Attachment] [Delete Attachment] [View Attachment]

** Sponsor(s), Collaborator(s), and Consultant(s) Section **

9. Sponsor and Co-Sponsor Statements

   Limited to 6 pages.
   [Add Attachment] [Delete Attachment] [View Attachment]

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

** Institutional Environment and Commitment to Training Section **

11. Description of Institutional Environment and Commitment to Training

   FORMS-D: New attachment.
   [Add Attachment] [Delete Attachment] [View Attachment]

** Other Research Training Plan Section **

** 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.

Are Human Subjects Involved?  
[ ] Yes  
[ ] No

Pre-populated from R&R Other Project Information form.

Required if Human Subjects is Yes on the R&R Other Project Information form.

Required if Clinical Trial is Yes.

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

Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement form.

Other requirements are repeated from the Research & Related Other Project Information form.
**PHS Fellowship Supplemental Form**

**Vertebrate Animals**

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used?  
- Yes
- No

19. Vertebrate Animals Use Indefinite?  
- Yes
- No

20. 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

**Other Research Training Plan Information**

21. Vertebrate Animals

22. Select Agent Research

Add Attachment  | Delete Attachment  | View Attachment

23. Resource Sharing Plan

Add Attachment  | Delete Attachment  | View Attachment

24. Authentication of Key Biological and/or Chemical Resources

Add Attachment  | Delete Attachment  | View Attachment

**Additional Information Section**

**25. Human Embryonic Stem Cells**

* 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/](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):**

Error if provided human embryonic stem cell lines are not listed at [http://stemcells.nih.gov/research/registry/](http://stemcells.nih.gov/research/registry/) at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Add up to 200 cell lines.

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

Degree:  

If "other", please indicate degree type:

Expected Completion Date (month/year):

28. *Field of Training for Current Proposal:

FORMS-D: Drop-down list of values updated; changed from 4-digit codes to 3-digit codes.

**Updated: March 1, 2016**

**Page 27 of 29**
29. *Current Or Prior Kirschstein-NRSA Support?  
\[\begin{array}{ll} 
\text{Yes} & \quad \text{No} \\
\end{array}\] 
* Level  
* Type  
Start Date (if known)  
End Date (if known)  
Grant Number (if known)  

At least one entry is required if 'Current Or Prior Kirschstein-NRSA Support' is Yes. Can provide up to 4 support items.

30. * Applications for Concurrent Support  
\[\begin{array}{ll} 
\text{Yes} & \quad \text{No} \\
\end{array}\]

If yes, please describe in an attached file:

31. * Citizenship:  
\[\begin{array}{ll} 
\text{U.S.Citizen} & \quad \text{Non-U.S.Citizen} \\
\end{array}\]

If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here.

32. Change of Sponsoring Institution  
Name of Former Institution:  

**E. Budget**

**All Fellowship Applicants:**

1. * Tuition and Fees:  
\[\begin{array}{ll} 
\text{None Requested} & \quad \text{Funds Requested} \\
\end{array}\]  
Year 1  
Year 2  
Year 3  
Year 4  
Year 5  
Year 6 (when applicable)  

Total Funds Requested:

**Senior Fellowship Applicants Only:**

**Fields in this section are required for F33.**

2. Present Institutional Base Salary:

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

   a. Federal Stipend Requested:

   b. Supplementation from other sources:

       Type (sabbatical leave, salary, etc.):

       Source:
F. Appendix

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