

Grant Application Package

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

All fields that are yellow with a red border or marked with a * are mandatory and must be completed before submission

Filing name can be any name that will help identify the application

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

Application Filing Name:

Select Forms to Complete

Mandatory

All mandatory documents must be completed

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

[PHS 398 Cover Page Supplement](#)

[Research And Related Other Project Information](#)

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

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

[PHS 398 Research Plan](#)

Optional

[Research & Related Budget](#)

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

[PHS 398 Modular Budget](#)

[PHS 398 Inclusion Enrollment Report](#)

[PHS Assignment Request Form](#)

The PHS 398 Modular Budget box should be checked to enable completion of the modular budget

PHS 398 Inclusion Enrollment Report is required only for NIH defined clinical trials.

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

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

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

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

1. TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier	<input type="text"/>
b. Agency Routing Identifier	<input type="text"/>
c. Previous Grants.gov Tracking ID	<input type="text"/>

2. DATE SUBMITTED	Applicant Identifier
<input type="text"/>	<input type="text"/>

5. APPLICANT INFORMATION

Organizational DUNS:

Legal Name: ←

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Note the legal name that should be used for NIH proposals

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

Use OSP contact info

Note the EIN for NIH proposals is slightly different from our standard EIN

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

7. TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY: <input type="text" value="National Institutes of Health"/>	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <input type="text"/>
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:	13. CONGRESSIONAL DISTRICT OF APPLICANT
Start Date: <input type="text" value="06/01/2017"/> Ending Date: <input type="text" value="05/31/2020"/>	<input type="text" value="IL-013"/>

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization Name:

Department: Division:

Street1: Use PI contact info

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

Totals listed in estimated project funding must match totals in PHS 398 Modular Budget

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	<input type="text" value="1,084,598.00"/>
b. Total Non-Federal Funds	<input type="text" value="0.00"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="1,084,598.00"/>
d. Estimated Program Income	<input type="text" value="0.00"/>

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

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

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

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division: Use OSP contact info

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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

20. Pre-application

21. Cover Letter Attachment

PHS 398 Cover Page Supplement

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

1. Human Subjects Section

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

Answer if human subjects was marked "yes" on the R&R Other Project Information Form

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

Answer if vertebrate animals are used on the project

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

3. *Program Income Section

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

Yes No

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Human Embryonic Stem Cells Section

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

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

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

Cell Line(s) (Example: 0004):

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents: Yes No

Only complete if application is a renewal

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:

RESEARCH & RELATED Other Project Information

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

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

Human Subjects and Vertebrate Animals are project specific. If marked "yes", additional materials are needed on the PHS 398 Research Plan page.

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

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

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

4.b. If yes, please explain:

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

4.d. If yes, please explain:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

The Summary should be no more than 30 lines of text and the Narrative should only be 2-3 sentences

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

All attachments must be in PDF format. Filenames should be no more than 50 characters long, including spaces, and not use the "&" character. Review the specific RFP to determine if additional attachments are required beyond those listed here.

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

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

Although this field is not marked as mandatory, it is a required field for NIH

This address should always be used for the Performance Site

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

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

Any other location where substantial project work is being performed, typically used for subawards

Additional Location(s)

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Roger"/>	Middle Name: <input type="text"/>
* Last Name:	<input type="text" value="Ebert"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text" value="Assistant Professor"/>	Department:	<input type="text" value="Chemistry"/>
Organization Name:	<input type="text" value="University of Illinois Urbana-Champaign"/>		Division: <input type="text"/>
* Street1:	<input type="text" value="234 E. Green Street"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Champaign"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text" value="IL: Illinois"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="61820-7124"/>
* Phone Number:	<input type="text" value="555-555-5555"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text" value="ebertr@illinois.edu"/>		
Credential, e.g., agency login:	<input type="text" value="ROGER_EBERT"/>		
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
*Attach Biographical Sketch	<input type="text" value="Biosketch.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Commons ID must be listed for any individual assigned the PD/PI role.

PROFILE - Senior/Key Person 1			
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Suze"/>	Middle Name: <input type="text"/>
* Last Name:	<input type="text" value="Orman"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text" value="Assistant Professor"/>	Department:	<input type="text" value="Chemistry"/>
Organization Name:	<input type="text" value="University of Illinois Urbana-Champaign"/>		Division: <input type="text"/>
* Street1:	<input type="text" value="100 E. Green Street"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Champaign"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text" value="IL: Illinois"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="61820-7124"/>
* Phone Number:	<input type="text" value="555-555-5556"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text" value="ormans@illinois.edu"/>		
Credential, e.g., agency login:	<input type="text" value="SUZE_ORMAN"/>		
* Project Role:	<input type="text" value="Co-Investigator"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
Attach Biographical Sketch	<input type="text" value="Biosketch.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

This field is required by NIH, even though it is not marked as mandatory

Co-Investigator should be used rather than Co-PI. Co-PI role is reserved only for Multiple PD/PI submissions

To ensure proper performance of the Reader, and reopen it.

Individuals who contribute to the scientific development or execution of a project but do not provide measurable effort should be given the project role "Other" and listed as "Other Significant Contributor" in the "Other Project Role Category." Collaborators may also be listed in this field.

Refer to the Table of Page Limits for guidance regarding the attachments to your grant application (<http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/table-of-page-limits.htm>)

PHS 398 Research Plan

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

Introduction			
1. Introduction to Application (Resubmission and Revision)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Research Plan Section			
2. Specific Aims	<input type="text" value="Specific_Aims.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="text" value="Research_Strategy.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. Progress Report Publication List	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Human Subjects Section			
5. Protection of Human Subjects	<input type="text" value="Protection_of_Human_Subject"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Data Safety Monitoring Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
7. Inclusion of Women and Minorities	<input type="text" value="Inclusion_of_Women_and_Mino"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
8. Inclusion of Children	<input type="text" value="Inclusion_of_Children.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Other Research Plan Section			
9. Vertebrate Animals	<input type="text" value="Vertebrate_Animals.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
10. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
11. Multiple PD/PI Leadership Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
12. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
13. Letters of Support	<input type="text" value="Letters_of_Support.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
14. Resource Sharing Plan(s)	<input type="text" value="Resource_Sharing_Plan.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
15. Authentication of Key Biological and/or Chemical Resources	<input type="text" value="Authentication.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Appendix			
16. Appendix	<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Include this attachment only for Resubmission and Revision applications. Refer to the SF 424 Application Guide for the required contents of the Introduction

Attachments must be included in 5, 7, & 8 if Human Subjects was marked "yes" on the R&R Other Project information form. Use field 6 for clinical trials

Attachment required if Vertebrate Animals marked "yes" on R&R Other Project Information Form

Review specific FOA to determine if Resource Sharing Plan is required -- Plans are often required budget request is over a specific threshold

New field in FORMS-D -- Use only if applicable to project

Modular budgets do not require a detailed breakdown of direct costs. Only direct costs, consortium F&A (if applicable), and indirect costs are listed

PHS 398 Modular Budget

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

Budget Period: 1

Start Date: 06/01/2017

End Date: 05/31/2018

A. Direct Costs

With modular budgets, direct costs (less consortium F&A) must be in modules of \$25,000 -- will be a drop down menu

	Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)	250,000.00
Consortium Indirect (F&A)	
Total Direct Costs	250,000.00

B. Indirect (F&A) Costs

Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
MTDC	58.60	220,360.00	129,131.00

Cognizant Agency (Agency Name, POC Name and Phone Number) ONR, Beth Snyder, 703-696-5755

The Modular Budget allows for a simplified presentation to the sponsor. The internal budget is still calculated as per usual.

Indirect (F&A) Rate Agreement Date 07/01/2016

Total Indirect (F&A) Costs 129,131.00

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

Funds Requested (\$) 379,131.00

Budget Period: 2

Start Date: 06/01/2018

End Date: 05/31/2019

A. Direct Costs

	Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)	225,000.00
Consortium Indirect (F&A)	
Total Direct Costs	225,000.00

B. Indirect (F&A) Costs

Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
MTDC	58.60	210,950.00	123,617.00

Cognizant Agency (Agency Name, POC Name and Phone Number) ONR, Beth Snyder, 703-696-5755

Indirect (F&A) Rate Agreement Date 07/01/2016

Total Indirect (F&A) Costs 123,617.00

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

Funds Requested (\$) 348,617.00

PHS 398 Modular Budget

Budget Period: 3			
Start Date:	<input type="text" value="06/01/2019"/>	End Date:	<input type="text" value="05/31/2020"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)			<input type="text" value="225,000.00"/>
Consortium Indirect (F&A)			<input type="text"/>
Total Direct Costs			<input type="text" value="225,000.00"/>
B. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
<input type="text" value="MTDC"/>	<input type="text" value="58.60"/>	<input type="text" value="225,000.00"/>	<input type="text" value="131,850.00"/>
Cognizant Agency (Agency Name, POC Name and Phone Number) <input type="text" value="ONR, Beth Snyder, 703-696-5755"/>			
Indirect (F&A) Rate Agreement Date	<input type="text" value="07/01/2016"/>	Total Indirect (F&A) Costs	<input type="text" value="131,850.00"/>
C. Total Direct and Indirect (F&A) Costs (A + B)			Funds Requested (\$) <input type="text" value="356,850.00"/>

Cumulative Budget Information	
1. Total Costs, Entire Project Period	
Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period	\$ <input type="text" value="700,000.00"/>
Section A, Total Consortium Indirect (F&A) for Entire Project Period	\$ <input type="text"/>
Section A, Total Direct Costs for Entire Project Period	\$ <input type="text" value="700,000.00"/>
Section B, Total Indirect (F&A) Costs for Entire Project Period	\$ <input type="text" value="384,598.00"/>
Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period	\$ <input type="text" value="1,084,598.00"/>
2. Budget Justifications	
Personnel Justification	<input type="text" value="Personnel_Justification.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text" value="Additional_Narrative.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

List only personnel, including names, percent of effort (in person months) and project roles. No individual salary information should be provided

The consortium/subaward's budget should be included here if applicable

Modular budgets that request a consistent number of modules over the period of performance (\$25,000 increments) only need to provide a personnel justification

If a varying number of modules is requested from one year to the next (e.g., \$250,000 in Year 1 and \$225,000 in Year 2) then an additional justification is required to explain the need for varying modules