

Grant Application Package

Opportunity Title:	Agriculture and Food Research Initiative - Foundational
Offering Agency:	National Institute of Food and Agriculture
CFDA Number:	10.310
CFDA Description:	Agriculture and Food Research Initiative (AFRI)
Opportunity Number:	USDA-NIFA-AFRI-006351
Competition ID:	
Opportunity Open Date:	04/11/2017
Opportunity Close Date:	09/30/2018
Agency Contact:	NIFA Help Desk Phone: 202-401-5048 electronic@nifa.usda.gov Business hours are M-F, 7:00 am -5:00 pm ET, excluding Federal holidays

I will be submitting applications on my behalf, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Select Forms to Complete

Mandatory

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

[AFRI PROJECT TYPE](#)

[Research & Related Budget](#)

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

[Research And Related Other Project Information](#)

[Research & Related Personal Data](#)

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

[NIFA Supplemental Information](#)

Optional

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

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)**

Use when submitting a revised application package to correct errors

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

1. TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

Enter when submitting a Changed/Corrected application

c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS:

Legal Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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

7. TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:

Start Date: Ending Date:

13. CONGRESSIONAL DISTRICT OF APPLICANT

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="287,194.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="287,194.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

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

I agree

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

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

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

<p>Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 5px; width: 90%; margin: 0 auto;">Completed on submission to Grants.gov</div>	<p>Date Signed</p> <div style="border: 1px solid black; padding: 5px; width: 90%; margin: 0 auto;">Completed on submission to Grants.gov</div>
--	---

20. Pre-application	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
21. Cover Letter Attachment	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

AFRI PROJECT TYPE

Instructions:

Who completes this form: Each project director (PD) applying to the Agriculture and Food Research Initiative (AFRI) Request for Applications (RFA).

How this template is completed:

- * Check one Project Type Box and one Grant Type Box
- * For FASE Grants, select an appropriate sub-category. NOTE: New Investigators may also qualify for a strengthening sub-category.

Project Type

- Research
- Education
- Extension
- Integrated

Grant Type

- Standard Grant
- Coordinated Agricultural Project (CAP) Grant
- Conference Grant
- Other:
- Food and Agriculture Science Enhancement (FASE) Grant
 - New Investigator
 - Postdoctoral Fellowship Grant
 - Predoctoral Fellowship Grant
 - Strengthening
 - Sabbatical
 - Equipment
 - Seed
 - Strengthening Standard
 - Strengthening CAP
 - Conference Grant
 - Other:

RESEARCH & RELATED BUDGET - Budget Period 1

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

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

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

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	PI First Name		PI Last Name		100,000.00			1.00	11,000.00	4,925.00	15,925.00

Project Role:

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

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
1	Post Doctoral Associates	6.00			35,000.00	15,670.00	50,670.00
1	Graduate Students		9.00	2.00	20,000.00	1,238.00	21,238.00
1	Undergraduate Students	3.00			2,400.00	3.00	2,403.00
	Secretarial/Clerical						

Total Number Other Personnel **Total Other Personnel**
Total Salary, Wages and Fringe Benefits (A+B)

C. Equipment Description

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

Equipment item	Funds Requested (\$)
Microscope	5,000.00

Additional Equipment:

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	3,000.00
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	3,000.00

E. Participant/Trainee Support Costs

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

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		15,000.00
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		75,000.00
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Tuition Remission		12,800.00
9.		
10.		
Total Other Direct Costs		102,800.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	201,036.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
TDC - equivalent to 30% of total award	42.86	201,036.00	86,158.00
Total Indirect Costs			86,158.00

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

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	287,194.00

J. Fee	Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

The budget justification should include a statement similar to the following:
 "F&A costs have been assessed at 42.857% of total direct costs, equivalent to 30% of the total Federal funds requested, in accordance with USDA/NIFA policy"

"NIFA is prohibited from paying indirect costs exceeding 30 percent of the total Federal funds provided under each award. You should limit your request for the recovery of indirect costs to the lesser of your institution's official negotiated indirect cost rate or the equivalent of 30 percent of total Federal funds awarded."

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		15,925.00
Section B, Other Personnel		74,311.00
Total Number Other Personnel	3	
Total Salary, Wages and Fringe Benefits (A+B)		90,236.00
Section C, Equipment		5,000.00
Section D, Travel		3,000.00
1. Domestic	3,000.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		102,800.00
1. Materials and Supplies	15,000.00	
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	75,000.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	12,800.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		201,036.00
Section H, Indirect Costs		86,158.00
Section I, Total Direct and Indirect Costs (G + H)		287,194.00
Section J, Fee		

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator				
Prefix:	<input type="text"/>	* First Name: <input type="text" value="PI First Name"/>	Middle Name: <input type="text"/>	
* Last Name:	<input type="text" value="PI Last Name"/>	Suffix:	<input type="text"/>	
Position/Title:	<input type="text" value="PI Title"/>	Department:	<input type="text" value="PI Department"/>	
Organization Name:	<input type="text" value="Board of Trustees of the University of Illinois"/>		Division: <input type="text"/>	
* Street1:	<input type="text" value="PI Department Address"/>			
Street2:	<input type="text"/>			
* City:	<input type="text" value="Champaign"/>	County/ Parish:	<input type="text" value="Champaign"/>	
* 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="61820-7406"/>	
* Phone Number:	<input type="text" value="PI Phone Number"/>	Fax Number:	<input type="text" value="PI Fax Number"/>	
* E-Mail:	<input type="text" value="PI Email@illinois.edu"/>			
Credential, e.g., agency login:	<input type="text"/>			
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
* Attach Biographical Sketch	<input type="text" value="BiographicalSketchLastName.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" value="CurrentPendingSupportLastName.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1				
Prefix:	<input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>	
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>	
Position/Title:	<input type="text"/>	Department:	<input type="text"/>	
Organization Name:	<input type="text"/>	Division:	<input type="text"/>	
* Street1:	<input type="text"/>			
Street2:	<input type="text"/>			
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>	
* State:	<input type="text"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text"/>	
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	
* E-Mail:	<input type="text"/>			
Credential, e.g., agency login:	<input type="text"/>			
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

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.

RESEARCH & RELATED Other Project Information

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

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

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

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

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

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

4.b. If yes, please explain:

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

4.d. If yes, please explain:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

Attachments must all be in PDF format. Please check your specific guidelines to see if any additional documents are required in "Other Attachments".

RESEARCH & RELATED PERSONAL DATA

Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/Pis and co-PDs/Pis. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/Pis with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Project Director/Principal Investigator

Prefix: *** First Name:** **Middle Name:**

*** Last Name:** **Suffix:**

Gender:

Race (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):

- Hearing
- Visual
- Mobility/Orthopedic Impairment
- Other
- None
- Do Not Wish to Provide

Citizenship:

Project/Performance Site Location(s)

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

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

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

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

Additional Location(s)

Supplemental Information Form

OMB Number: 0524-0039
Expiration Date: 2/29/2016

Please complete this form in conjunction with the SF-424 Application for Federal Financial Assistance.

1. Funding Opportunity

Funding Opportunity Name

Agriculture and Food Research Initiative - Foundational Program

Funding Opportunity Number

USDA-NIFA-AFRI-006351

2. Program to which you are applying

Program Code Name

Plant-Associated Microbes and Plant-Microbe Interactions

Program Code

A1121

3. Type of Applicant

H: Public/State Controlled Institution of Higher Education

4. Additional Applicant Types

1862 Land-Grant University

5. Supplemental Applicant Types (Check all that apply)

- Alaska Native-Serving Institution
- Cooperative Extension Service
- Hispanic-Serving Institution
- Historically Black College or University (other than 1890)
- Minority-Serving Institution
- Native Hawaiian-Serving Institution
- Public Nonprofit Junior or Community College
- Public Secondary School
- School of Forestry
- State Agricultural Experiment Station
- Tribal College (other than 1994)
- Veterinary School or College

6. ASAP Recipient Information

Does the legal applicant have an active Automated Standard Application for Payments (ASAP) Recipient Identification Number for NIFA awards?

Yes No

What is the ASAP Recipient ID (which corresponds with this applications's DUNS and EIN) to be used in the event of an award?

1790636 Can be found in the Institution Profile form on the SPA website

7. Key Words

Plant, Microbe, Interactions

8. Conflict of Interest List

ConflictofInterest.pdf

Add Attachment

Delete Attachment

View Attachment

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.

Be sure the format is correct! Extract the R&R Subaward Budget using the button above

1) Please attach Attachment 1	UniversityofWisconsin.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18		Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19		Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20		Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21		Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22		Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23		Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24		Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25		Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26		Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27		Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28		Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29		Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30		Add Attachment	Delete Attachment	View Attachment