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: 09/30/2017
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: PI last name_first name_USDA_v1_081415

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)

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

2. DATE SUBMITTED
   - Applicant Identifier
   - State Application Identifier

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   - Enter a Federal Identifier

4. b. Agency Routing Identifier
   - Enter when submitting a Changed/Corrected application

4. c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION
   - Organizational DUNS: 041544081
   - Legal Name: Board of Trustees of the University of Illinois
   - Department: c/o SPA
   - Division:
   - Street1: 1901 S. First Street, Suite A
   - Street2:
   - City: Champaign
   - County / Parish: Champaign
   - State: IL: Illinois
   - Country: USA: UNITED STATES
   - ZIP / Postal Code: 61820-7406
   - Phone Number: 217-333-2187
   - Fax Number: 217-239-6830
   - Email: spapreaward@illinois.edu
   - Person to be contacted on matters involving this application:
     - Prefix: Williams
     - First Name: Linda
     - Middle Name: 
     - Last Name: Williams
     - Position/Title: Pre-Award Director
     - Street1: 1901 S. First Street, Suite A
     - Street2:
     - City: Champaign
     - County / Parish: Champaign
     - State: IL: Illinois
     - Country: USA: UNITED STATES
     - ZIP / Postal Code: 61820-7406

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
   - 37-6000511

7. TYPE OF APPLICANT:
   - H: Public/State Controlled Institution of Higher Education
   - Other (Specify):

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

9. NAME OF FEDERAL AGENCY:
   - National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    - 10.310

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
    - Start Date: 01/01/2018
    - Ending Date: 12/31/2018

13. CONGRESSIONAL DISTRICT OF APPLICANT:
    - IL-013
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: ___________________ Country: ___________________
ZIP / Postal Code: ___________________
Phone Number: ___________________ Fax Number: ___________________ Email: ___________________

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested: 293,762.00
b. Total Non-Federal Funds: 0.00
c. Total Federal & Non-Federal Funds: 293,762.00
d. Estimated Program Income: 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: ___________________
Street1: ___________________ Street2: ___________________
City: ___________________ County / Parish: ___________________
State: ___________________ Country: ___________________
ZIP / Postal Code: ___________________
Phone Number: ___________________ Fax Number: ___________________ Email: ___________________

Signature of Authorized Representative: ___________________
Date Signed: ___________________

20. Pre-application

21. Cover Letter Attachment
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.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Grant Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>Standard Grant</td>
</tr>
<tr>
<td>Education</td>
<td>Coordinated Agricultural Project (CAP) Grant</td>
</tr>
<tr>
<td>Extension</td>
<td>Conference Grant</td>
</tr>
<tr>
<td>Integrated</td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>Food and Agriculture Science Enhancement (FASE) Grant</td>
</tr>
<tr>
<td></td>
<td>New Investigator</td>
</tr>
<tr>
<td></td>
<td>Postdoctoral Fellowship Grant</td>
</tr>
<tr>
<td></td>
<td>Predoctoral Fellowship Grant</td>
</tr>
<tr>
<td></td>
<td>Strengthening</td>
</tr>
<tr>
<td></td>
<td>Sabbatical</td>
</tr>
<tr>
<td></td>
<td>Equipment</td>
</tr>
<tr>
<td></td>
<td>Seed</td>
</tr>
<tr>
<td></td>
<td>Strengthening Standard</td>
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<tr>
<td></td>
<td>Strengthening CAP</td>
</tr>
<tr>
<td></td>
<td>Conference Grant</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

OMB Number: 0524-0039
Expiration Date: 02/29/2016
### RESEARCH & RELATED BUDGET - Budget Period 1

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

**ORGANIZATIONAL DUNS:** 0415440810000  
**Enter name of Organization:** Board of Trustees of the University of Illinois

**Budget Type:** Project  
**Subaward/Consortium:**  
**Budget Period:** 1  
**Start Date:** 01/01/2018  
**End Date:** 12/31/2018

### A. Senior/Key Person

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Base Salary ($)</th>
<th>Months</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI First Name</td>
<td>PI Last Name</td>
<td>100,000.00</td>
<td>1.00</td>
<td>11,000.00</td>
<td>4,925.00</td>
<td>15,925.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Role:** PD/PI

**Additional Senior Key Persons:**

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Project Role</th>
<th>Months</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Doctoral Associates</td>
<td>6.00</td>
<td>35,000.00</td>
<td>15,670.00</td>
<td>50,670.00</td>
</tr>
<tr>
<td>1</td>
<td>Graduate Students</td>
<td>9.00, 2.00</td>
<td>20,000.00</td>
<td>1,238.00</td>
<td>21,238.00</td>
</tr>
<tr>
<td>1</td>
<td>Undergraduate Students</td>
<td>3.00</td>
<td>2,400.00</td>
<td>3.00</td>
<td>2,403.00</td>
</tr>
<tr>
<td>1</td>
<td>Secretarial/Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Number Other Personnel:** 3  
**Total Senior/Key Person:** 15,925.00

### B. Other Personnel

<table>
<thead>
<tr>
<th>Number of Personnel</th>
<th>Project Role</th>
<th>Months</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Doctoral Associates</td>
<td>6.00</td>
<td>35,000.00</td>
<td>15,670.00</td>
<td>50,670.00</td>
</tr>
<tr>
<td>1</td>
<td>Graduate Students</td>
<td>9.00, 2.00</td>
<td>20,000.00</td>
<td>1,238.00</td>
<td>21,238.00</td>
</tr>
<tr>
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<td>3.00</td>
<td>2,400.00</td>
<td>3.00</td>
<td>2,403.00</td>
</tr>
<tr>
<td>1</td>
<td>Secretarial/Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Number Other Personnel:** 3  
**Total Other Personnel:** 74,311.00  
**Total Salary, Wages and Fringe Benefits (A+B):** 95,236.00
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>Microscope</td>
<td>5,000.00</td>
</tr>
</tbody>
</table>

Additional Equipment:

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>5,000.00</td>
</tr>
</tbody>
</table>

D. Travel

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

Total Travel Cost

<table>
<thead>
<tr>
<th>Total Travel Cost</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,000.00</td>
</tr>
</tbody>
</table>

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other

Number of Participants/Trainees

<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>
</tbody>
</table>
F. Other Direct Costs

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td>15,000.00</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>75,000.00</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. Tuition Remission</td>
<td>12,800.00</td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

Total Other Direct Costs: 102,800.00

G. Direct Costs

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Costs (A thru F)</td>
<td>201,036.00</td>
</tr>
</tbody>
</table>

H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTDC - capped at 30% of total award</td>
<td>6.00</td>
<td>133,236.00</td>
<td>78,076.00</td>
</tr>
</tbody>
</table>

Total Indirect Costs: 78,076.00

I. Total Direct and Indirect Costs

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct and Indirect Institutional Costs (G + H)</td>
<td>279,112.00</td>
</tr>
</tbody>
</table>

J. Fee

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

K. Budget Justification

The budget justification should include a statement similar to the following:

"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."

*Indirect costs have been assessed at 58.6% (the applicable Federally negotiated indirect cost rate) of modified total direct costs. The rate has been negotiated with and approved by the Federal government. In accordance with USDA/NIFA policy, the indirect cost recovery does not exceed 30% of total Federal funds awarded.

Base is Line G minus tuition remission, subawards over $25,000, equipment over $5,000, participant support costs, etc.

University of Illinois Federally negotiated indirect cost rate

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

Office of Naval Research, Beth Snyder, 703-696-5755
## RESEARCH & RELATED BUDGET - Cumulative Budget

<table>
<thead>
<tr>
<th>Section A, Senior/Key Person</th>
<th>15,925.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B, Other Personnel</td>
<td>74,311.00</td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
<td>3</td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
<td>90,236.00</td>
</tr>
<tr>
<td>Section C, Equipment</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Section D, Travel</td>
<td>3,000.00</td>
</tr>
<tr>
<td>1. Domestic</td>
<td>3,800.00</td>
</tr>
<tr>
<td>2. Foreign</td>
<td></td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<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>Section F, Other Direct Costs</td>
<td>102,808.00</td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
<td>15,800.00</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>
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<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td>75,000.00</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>19,800.00</td>
</tr>
<tr>
<td>9. Other 2</td>
<td></td>
</tr>
<tr>
<td>10. Other 3</td>
<td></td>
</tr>
<tr>
<td>Section G, Direct Costs (A thru F)</td>
<td>201,036.00</td>
</tr>
<tr>
<td>Section H, Indirect Costs</td>
<td>92,726.00</td>
</tr>
<tr>
<td>Section I, Total Direct and Indirect Costs (G + H)</td>
<td>293,762.00</td>
</tr>
<tr>
<td>Section J, Fee</td>
<td></td>
</tr>
</tbody>
</table>
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.
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  
   ProjectSummary.pdf

8. Project Narrative  
   ProjectNarrative.pdf

9. Bibliography & References Cited  
   BibliographyReferencesCited.pdf

10. Facilities & Other Resources  
    FacilitiesOtherResources.pdf

11. Equipment  
    Equipment.pdf

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".
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.

**Prefix:**

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

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

**Gender:**

<table>
<thead>
<tr>
<th>Race (check all that apply):</th>
<th>Ethnicity:</th>
<th>Disability Status (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
<td>Hearing</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td>Visual</td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td>Mobility/Orthopedic Impairment</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Do Not Wish to Provide</td>
<td></td>
<td>Do Not Wish to Provide</td>
</tr>
</tbody>
</table>

**Citizenship:**

<table>
<thead>
<tr>
<th>Citizenship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
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: Board of Trustees of the University of Illinois

DUNS Number: 0415440810000

* Street1: 506 S. Wright Street

Street2: 

* City: Urbana

County: 

* State: IL: Illinois

Province: 

* Country: USA: UNITED STATES

* ZIP / Postal Code: 61801-3620

* Project/ Performance Site Congressional District: IL-013

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: USA: UNITED STATES

* ZIP / Postal Code: 

* Project/ Performance Site Congressional District: 

Additional Location(s)
## 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?

- [x] Yes
- [ ] No

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

1790636 [Can be found in the Institutional 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.

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
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2) Please attach Attachment 2
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