FORMS CURRENTLY SUPPORTED BY ERA:

- Sample Grants.gov Grant Application Package management screen included with downloaded application form package [Page 2]

Federal-wide Forms

- SF424 (R&R) Cover [Page 3]
- Project/Performance Site Location(s) [Page 5]
- R&R Other Project Information [Page 6]
- R&R Senior/Key Person Profile (Expanded) [Page 7]
- R&R Budget [Page 8]
- R&R Subaward Budget Attachment(s) Form [Page 12]
- Construction Budget [Page 13]

Agency-specific (PHS) Forms

- PHS 398 Cover Page Supplement [Page 14]
- PHS 398 Modular Budget [Page 16]
- PHS 398 Research Plan [Page 17]
- Planned Enrollment Report [Page 18]
- Cumulative Inclusion Enrollment Report [Page 19]
- PHS 398 Career Development Award Supplemental Form [Page 20]
- PHS 398 Training Budget [Page 22]
- Training Subaward Budget Attachment Form [Page 24]
- PHS 398 Research Training Program Plan [Page 26]
- PHS Fellowship Supplemental Form [Page 27]

IMPORTANT NOTES:

- The Application Guides found at [http://grants.nih.gov/grants/funding/424/index.htm](http://grants.nih.gov/grants/funding/424/index.htm) and the announcement text for the target Funding Opportunity Announcement (FOA) remain the official documents for defining application requirements. This resource is meant to compliment, not replace, those documents.
- NIH electronic application packages include a subset of the forms included in this resource. The forms included for a specific FOA are dependent on the activity code used for that FOA.
- The yellow boxes with red outlines are fields required by Grants.gov for all federal agencies. The Application Guide and this resource describe NIH form field requirements above what is marked on the federal-wide forms.
- The blue boxes throughout the document represent processing notes and eRA system validations. The purple boxes indicate changes from ADOBE-FORMS-B to FORMS-C series form sets.
## Grant Application Package

<table>
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<th>Opportunity Title:</th>
<th>Sample Research Project</th>
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<tr>
<td>Offering Agency:</td>
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<tr>
<td>CFDA Number:</td>
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<td>eRA Commons Help Desk</td>
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<tr>
<td></td>
<td>Monday to Friday 7 am to 8 pm ET</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:helpdesk@od.nih.gov">helpdesk@od.nih.gov</a></td>
</tr>
<tr>
<td></td>
<td>Phone: 1-866-504-9552</td>
</tr>
</tbody>
</table>

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: For applicant use and tracking in Grants.gov only. Agency has no visibility to this Filing Name.

### Select Forms to Complete

<table>
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<td>PHS 398 Research Plan</td>
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<td>PHS 398 Cover Page Supplement</td>
<td></td>
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<tr>
<td>Research and Related Senior/Key Person Profile (Expanded)</td>
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<td>Research And Related Other Project Information</td>
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<tr>
<td>Project/Performance Site Location(s)</td>
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<td>R &amp; R Subaward Budget Attachment(s) Form 5 YR 30 ATT</td>
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</tr>
<tr>
<td>Planned Enrollment Report</td>
<td>Consult Application Guide to determine which of the 'Optional' forms should be included with your application.</td>
</tr>
<tr>
<td>PHS 398 Cumulative Inclusion Enrollment Report</td>
<td></td>
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<tr>
<td>PHS 398 Modular Budget</td>
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</tr>
<tr>
<td>Research &amp; Related Budget</td>
<td>Click the check box to include the appropriate Optional forms in your application.</td>
</tr>
</tbody>
</table>

### 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.
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: [ ]
Country: [ ] USA: UNITED STATES
ZIP / Postal Code: [ ]
Phone Number: [ ] Fax Number: [ ]
Email: [ ]

15. ESTIMATED PROJECT FUNDING
Manually enter estimated project funding amounts.
I agree See Application Guide for full list of NIH policies and certifications.

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)

*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
Add Attachment expanded to clarify ‘SFLLL’.

19. Authorized Representative
Prefix: [ ] First Name: [ ] Middle Name: [ ]
Last Name: [ ]
Position/Title: [ ]
Organization: [ ]
Department: [ ] Division: [ ]
Street1: [ ]
Street2: [ ]
City: [ ] County / Parish: [ ]
State: [ ]
Country: [ ] USA: UNITED STATES
ZIP / Postal Code: [ ]
Phone Number: [ ] Fax Number: [ ]
Email: [ ]
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.
In eRA Commons this individual is called a Signing Official (SO).

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

20. Pre-application
FORMS-C Change: New attachment. Agencies no longer need to use separate Cover Letter form.

21. Cover Letter Attachment
Cover Letter will be posted as a separate document in Commons and is not part of the assembled application image. See Application Guide for suggested cover letter format.
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: USA: UNITED STATES  

* 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: USA: UNITED STATES  

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

---

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

FORMS-C Change: Expanded to collect data for 300 sites; previously only collected data for 30.

Additional Location(s)  

Add Attachment  Delete Attachment  View Attachment
RESEARCH & RELATED Other Project Information

1. Are Human Subjects Involved?
   - Yes [ ] No [ ]
   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: [ ]
     If Human Subjects = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.

2. Are Vertebrate Animals Used?
   - Yes [ ] No [ ]
   If Yes to Vertebrate Animals
     - Is the IACUC review Pending? [ ] Yes [ ] No
     - IACUC Approval Date:
     - Animal Welfare Assurance Number: [ ]
     If Vertebrate Animals = Yes, additional attachments are required in the PHS 398 Research Plan or equivalent form.

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:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation: [ ]

7. Project Summary/Abstract
   - Succinct project summary of proposed work. Typically 30 lines or less; system will give error if over 1 page.

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

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

FORMS-C Change: Question 4a reworded for clarity.

Only provide Other Attachments when requested in the FOA.
# RESEARCH & RELATED Senior/Key Person Profile (Expanded)

**PROFILE - Project Director/Principal Investigator**

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

**Organization Name:** Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF 424 (R&R) cover.

| * Street1: |
| Street2: |
| * Cty: County/ Parish: |
| * State: |
| * Country: USA: UNITED STATES |
| * Phone Number: Fax Number: |
| * E-Mail: Valid eRA Commons username required by NIH. 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

**Other Project Role Category:**

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

**Degree Year:**

**Attach Biographical Sketch**

**Attach Current & Pending Support**

---

**PROFILE - Senior/Key Person 1**

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

**Organization Name:** Organization Name required by NIH for all SrKey entries. This information is used by NIH staff to determine potential review conflicts of interest.

| * Street1: |
| Street2: |
| * Cty: County/ Parish: |
| * State: |
| * Country: USA: UNITED STATES |
| * Phone Number: Fax Number: |
| * E-Mail: 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. |

**Credential, e.g., agency login:**

**Project Role:**

**Other Project Role Category:**

**Degree Type:**

**Degree Year:**

**Attach Biographical Sketch**

**Attach Current & Pending Support**

---

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.

**FORMS-C Change:** Expanded to collect data for 100 Sr/Key entries; previously only collected data for 40.
# Planned Enrollment Report

This report format should NOT be used for collecting data from study participants.

## Study Title:

---

## Domestic/Foreign:

---

## Comments:

---

## Racial Categories

<table>
<thead>
<tr>
<th>Racial Categories</th>
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<th>Total</th>
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<td>Female</td>
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<tr>
<td>American Indian/Alaska Native</td>
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<td>Asian</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
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<tr>
<td>White</td>
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<td>More than One Race</td>
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<tr>
<td><strong>Total</strong></td>
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## Ethnic Categories

**Form Totals automatically calculated.**

---

**Study 1 of 1**

Once the required fields are completed, you have the option of adding an additional study (up to 150 total).

To ensure proper performance, please save frequently.
## Cumulative Inclusion Enrollment Report

This report format should NOT be used for collecting data from study participants.

### Study Title:

### Comments:

### Ethnic Categories

<table>
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<tr>
<th>Racial Categories</th>
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**Form Totals automatically calculated.**

---

**Study 1 of 1**

Once the required fields are completed, you have the option of adding an additional study (up to 150 total).

To ensure proper performance, please save frequently.
PHS Fellowship Supplemental Form

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

[ ] New  [ ] Resubmission  [ ] Renewal  [ ] Continuation  [ ] Revision

Pre-populated from SF 424 (R&R) cover.

B. Research Training Plan

1. Introduction to Application (for RESUBMISSION applications only)
   [ ] Required for Resubmission and Revision applications. Limited to 1 page.

2. * Specific Aims
   [ ] Required attachment. Limited to 1 page.

3. * Research Strategy
   [ ] Required attachment. Limited to 6 pages.

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

Human Subjects

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

Are Human Subjects Involved?  [ ] Yes  [ ] No

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

5. Human Subjects Involvement Indefinite?  [ ] Yes  [ ] No
   [ ] Required if Human Subjects is Yes.

6. Clinical Trial?  [ ] Yes  [ ] No
   [ ] Required if Human Subjects is Yes.

7. Agency-Defined Phase III Clinical Trial?  [ ] Yes  [ ] No
   [ ] Required if Human Subjects is Yes.

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

9. Inclusion of Women and Minorities
   [ ] Required if Human Subjects is Yes and Exemption is not E4.

10. Inclusion of Children
     [ ] Required if Human Subjects is Yes and Exemption is not E4.

Other Research Training Plan Sections

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

Are Vertebrate Animals Used?  [ ] Yes  [ ] No

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

11. Vertebrate Animals Use Indefinite?  [ ] Yes  [ ] No
    [ ] Required if Vertebrate Animals Used is Yes.

12. Vertebrate Animals
    [ ] Required if Vertebrate Animals Used is Yes.

13. Select Agent Research

14. Resource Sharing Plan

15. * Respective Contributions
    [ ] Required attachment. Limited to 1 page.

16. * Selection of Sponsor and Institution
    [ ] Required attachment. Limited to 1 page.

17. * Responsible Conduct of Research
    [ ] Required attachment. Limited to 1 page.
C. Additional Information

Human Embryonic Stem Cells

1. * Does the proposed project involve human embryonic stem cells?  
   [ ] Yes  [ ] No

   If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) 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):

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<th>Grant Number (if known)</th>
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</table>

   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).

Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

   Degree:  
   [ ] if "other", please indicate degree type:  
   Expected Completion Date (month/year):

4. * Field of Training for Current Proposal:

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

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

<table>
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<th>End Date (if known)</th>
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</tbody>
</table>

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

   If yes, please describe in an attached file:

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

   7. * Goals for Fellowship Training and Career

   Required attachment. Limited to 1 page.

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

   8. * Activities Planned Under This Award

   Required attachment. Limited to 1 page.

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

   9. Doctoral Dissertation and Other Research Experience

   Limited to 2 pages.

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

10. * Citizenship:

    [ ] U.S. Citizen or noncitizen national

    [ ] Permanent Resident of U.S. Pending

    [ ] Permanent Resident of U.S. (If a permanent resident of the U.S., a notarized statement must be provided by the time of award)

    [ ] Non-U.S. Citizen with temporary U.S. visa only valid for F05

    [ ] Non-U.S. Citizen with temporary U.S. visa only valid for F05.
C. Additional Information (continued)

11. Change of Sponsoring Institution

Name of Former Institution:

D. Sponsor(s) and Co-Sponsor(s)

* Sponsor(s) and Co-Sponsor(s) Information

Limited to 6 pages.

Add Attachment  Delete Attachment  View Attachment

E. Budget

All Fellowship Applicants:

1. * Tuition and Fees:

   [ ] None Requested  [ ] Funds Requested:

   Year 1
   Year 2
   Year 3
   Year 4
   Year 5
   Year 6 (when applicable)

Total Funds Requested:

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

   Amount  Academic Period  Number of Months

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

   a. Federal Stipend Requested:

      Amount  Number of Months

   b. Supplementation from other sources:

      Amount  Number of Months

      Type (sabbatical leave, salary, etc.)

      Source

F. 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 Grant Folder (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.