



# Small Business Grant Applications: Annotated SF424 (R&R) Form Set

\* FORMS-C Series \*



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## Important Notes

- The Application Guides and Supplemental Instructions found at <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.
- Don't forget to periodically check the Related Notices section of the FOA for any updates to instructions or policies since the opportunity was posted. At a minimum, check this section when you download the application and again a week or two before the due date.
- The red outlined boxes 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 this resource represent processing notes and eRA system business rule checks (i.e., validations).
- Upon submission, NIH eRA systems check submitted applications against many of the business rules defined in the Application Guide. Not all system validations are contained in this resource. For a complete list of validations that are systematically enforced see: <http://grants.nih.gov/grants/ElectronicReceipt/files/SP-eSub-validations.pdf>. Be aware that additional manual application checks may be conducted by NIH staff – especially for FOA-specific requirements.
- All application attachments must be in PDF format. PDF Guidelines can be found at: [http://grants.nih.gov/grants/ElectronicReceipt/pdf\\_guidelines.htm](http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm).

## Grant Application Package

<b>Opportunity Title:</b>	PHS 2014-02 Omnibus Solicitation of the NIH, CDC, FDA a
<b>Offering Agency:</b>	National Institutes of Health
<b>CFDA Number:</b>	
<b>CFDA Description:</b>	
<b>Opportunity Number:</b>	PA-14-071
<b>Competition ID:</b>	FORMS-C
<b>Opportunity Open Date:</b>	05/13/2014
<b>Opportunity Close Date:</b>	01/07/2015
<b>Agency Contact:</b>	eRA Commons Help Desk Monday to Friday 7 am to 8 pm ET <a href="http://grants.nih.gov/support/">http://grants.nih.gov/support/</a>

Header information is pre-populated with Funding Opportunity Announcement information provided to Grants.gov by the funding agency and is not editable.

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. Agency has no visibility to Filing Name.

### Select Forms to Complete

**Mandatory** Mandatory forms are automatically included in your application and must be completed in order to submit to Grants.gov.

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

[PHS 398 Research Plan](#)

[SBIR/STTR Information](#)

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

[Research And Related Other Project Information](#)

[Research & Related Budget](#)

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

[PHS 398 Cover Page Supplement](#)

**Optional** Consult Application Guide and Supplemental instructions to determine which of the 'Optional' forms must be included with your application.

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

☐ [Planned Enrollment Report](#)

☐ [PHS 398 Cumulative Inclusion Enrollment Report](#)

This sample screen is for an SBIR application. The STTR forms are the same, except the R&R Subaward Attachment form is listed with the Mandatory forms.

Click the checkbox to include the appropriate Optional forms in your application.

### 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&amp;R)

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 4. a. Federal Identifier

## b. Agency Routing Identifier

## c. Previous Grants.gov Tracking ID

If New (box 8), leave blank unless otherwise instructed in FOA. If Resubmission, Renewal or Revision (box 8), use institute and serial # of previous NIH grant/application # (e.g., use CA987654 from 1R43CA987654-01).

If Changed/Corrected (box 1), provide previous Grants.gov tracking #. (e.g., GRANT12345678).

## 1. TYPE OF SUBMISSION

Use Application for first submission attempt for due date.

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

## 2. DATE SUBMITTED

Do not use Pre-application unless specifically noted in FOA.

Use Changed/Corrected when correcting eRA identified errors/warnings.

## 5. APPLICANT INFORMATION

## Organizational DUNS:

Legal Name:

Department:

Division:

Street1:

Street2:

City:

County / Parish:

State:

Province:

Country:

USA: UNITED STATES

Small business must be in the US.

ZIP / Postal Code:

Must provide zip+4 for all zip codes.

Must match DUNS used for System for Award Management (SAM), Grants.gov and eRA Commons registrations. Must be 9 or 13 digits; no letters or special characters.

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:

USA: UNITED STATES

ZIP / Postal Code:

Phone Number:

Fax Number:

Email:

Contact e-mail is required by NIH. If not included, or improperly formatted, the AOR e-mail provided in item 19 will be used.

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

Must select "Small Business" for SBIR/STTR applications.

## 7. TYPE OF APPLICANT:

Please select one of the following

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

Once "Small Business" is selected, Organization Type is active.

## 8. TYPE OF APPLICATION:

See Application Guide for definitions.

If Revision, mark appropriate box(es).

☐ New☐ Resubmission☐ A. Increase Award☐ B. Decrease Award☐ C. Increase Duration☐ D. Decrease Duration☐ Renewal☐ Continuation☐ Revision☐ E. Other (specify):

Is this application being submitted to other agencies?

Yes

No

What other Agencies?

## 9. NAME OF FEDERAL AGENCY:

National Institutes of Health

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

NIH will assign CFDA post-submission.

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Phase II should have the same title as awarded Phase I. If Revision (box 8), provide exact title (including punctuation and spacing) as seen in eRA Commons for awarded grant.

## 12. PROPOSED PROJECT:

Start Date

Ending Date

## 13. CONGRESSIONAL DISTRICT OF APPLICANT

Format: 2 character state abbreviation - 3 character District number (e.g., CA-005. Use 00-000 if outside the US. See Application Guide for additional details.

Generally, SBIR Phase I awards do not exceed 6 months and STTR Phase I awards do not exceed one year. Generally, SBIR and STTR Phase II awards do not exceed two years.

## 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. Suffix:   
Position/Title:   
Organization Name:   
Department:  Division:   
Street1:   
Street2:   
City:  County / Parish:   
State:  Province:   
Country:  USA: UNITED STATES ZIP / Postal Code:   
Phone Number:  Fax Number:   
Email:

## 15. ESTIMATED PROJECT FUNDING

Manually enter amounts.

Guideline: SBIR/STTR  
Phase I - \$150K;  
Phase II - \$11M.

## 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: SBIR/STTR: Check "No-Program  
is not covered by E.O. 12372".b. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FORa. Total Federal Funds Requested b. Total Non-Federal Funds c. Total Federal & Non-Federal Funds d. Estimated Program Income Program Income is gross income earned by applicant  
organization that is directly generated by the proposed project.

17. By signing this application, I certify (1) 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 agreeSee Supplemental Grant Application Instructions for  
full list of NIH policies and certifications.

\*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

Delete Attachment

View Attachment

## 19. Authorized Representative

Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
Position/Title:   
Organization:   
Department:  Division:   
Street1:   
Street2:   
City:  County / Parish:   
State:  Province:   
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 individuals with  
signature authority are called Signing  
Officials (SOs).

Signature of Authorized Representative

Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

Delete Attachment

View Attachment

## 21. Cover Letter Attachment

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

Attachment

**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:  **DO NOT check box. NIH only accepts applications from registered organizations.**

DUNS Number:  **DUNS required and enforced by NIH. Must be 9 or 13 digits; no letters or special characters.**

\* 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.**

**Additional Location(s)**

Add Attachment

Delete Attachment

View Attachment

# RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001

**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**    ☐

## RESEARCH &amp; RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	* First Name:	Middle Name:	
* Last Name:			Suffix:
Position/Title:	Department:		
Organization Name:	<div style="border: 1px solid black; padding: 2px; font-size: small;">Organization Name required by NIH. PD/PI Organization Name is pre-populated from SF 424 (R&amp;R) cover.</div>		
* Street1:			
Street2:			
* City:	County/ Parish:		
* State:			Province:
* Country:	USA: UNITED STATES		* Zip / Postal Code:
* Phone Number:			Fax Number:
* E-Mail:	<div style="border: 1px solid black; padding: 2px; font-size: small;">VALID ERA COMMONS USERNAME MUST BE SUPPLIED. Contact PD/PI must be affiliated in Commons with applicant organization. Commons account designated on this form should not have both the PI and SO roles (if PD/PI also serves as SO, use a separate account for SO functions).</div>		
Credential, e.g., agency login:			
* Project Role:	Other Project Role Category:		
Degree Type:	<div style="border: 1px solid black; padding: 2px; font-size: small;">Project Role will default to PD/PI and must remain PD/PI (do not edit).</div>		
Degree Year:			
* Attach Biographical Sketch	<div style="border: 1px solid black; padding: 2px; font-size: small;">New biosketch format required for due dates on/after 5/25/2015 and encouraged for prior due dates (NOT-OD-15-032) is limited to 5 pages. Old format is limited to 4 pages. Format and samples: <a href="http://grants.nih.gov/grants/funding/424/index.htm">http://grants.nih.gov/grants/funding/424/index.htm</a>.</div>		
Attach Current & Pending Support	<div style="border: 1px solid black; padding: 2px; font-size: small;">Only provide Current &amp; Pending Support if specifically requested in funding opportunity announcement. May be requested later in pre-award process as Just-In-Time data.</div>		
PROFILE - Senior/Key Person 1			
Prefix:	* First Name:	Middle Name:	
* Last Name:			Suffix:
Position/Title:	Department:		
Organization Name:	<div style="border: 1px solid black; padding: 2px; font-size: small;">Organization Name required by NIH for all Sr/Key entries. This information is used by NIH staff to determine potential reviewer conflicts of interest.</div>		
* Street1:			
Street2:			
* City:	County/ Parish:		
* State:			Province:
* Country:	USA: UNITED STATES		* Zip / Postal Code:
* Phone Number:			Fax Number:
* E-Mail:	<div style="border: 1px solid black; padding: 2px; font-size: small;">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.</div>		
Credential, e.g., agency login:			
* Project Role:	Other Project Role Category:		
Degree Type:			
Degree Year:			
Attach Biographical Sketch	<div style="border: 1px solid black; padding: 2px; font-size: small;">New biosketch format required for due dates on/after 5/25/2015 and encouraged for prior due dates (NOT-OD-15-032) is limited to 5 pages. Old format is limited to 4 pages. Format and samples: <a href="http://grants.nih.gov/grants/funding/424/index.htm">http://grants.nih.gov/grants/funding/424/index.htm</a>.</div>		
Attach Current & Pending Support			
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Delete Entry</span> <div style="border: 1px solid black; padding: 2px; font-size: small;">Can collect data for 100 Sr/Key personnel (including PD/PI). Option to provide attachment for additional Sr./Key info is available after the 100 entries are made.</div> <span>Next Person</span> </div>			

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.

Provide DUNS for the organization whose budget is reflected on this form.

## RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

ORGANIZATIONAL DUNS:

Budget Type: ☐ Project ☐ Subaward/Consortium

Only the primary applicant organization should use Budget Type of Project. For STTR, there must be at least one Research Institution budget included with type Subaward/Consortium for each year of the STTR Project budget.

Budget Period: 1

Start Date:

End Date:

SBIR/STTR: Commercial organizations usually treat fringe benefits as indirect costs, so in most cases the value will be \$0.

### A. Senior/Key Person

PD/PI must be listed as a Sr/Key with measurable effort in every budget period.

Every Sr./Key listed must have measurable effort in either Calendar Months or a combination of Academic and Summer Months.

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			

Project Role:

Base Salary can be left blank for submission, but is required prior to award.

STTR: If the PD/PI is an employee of the Research Institution (RI), then their information should be entered on the RI subaward budget page and the amounts on the Project budget can be blank or \$0.

SBIR: There must be a Sr/Key entry with a role of PD/PI for each budget year of Project budget.

Additional Senior Key Persons:

[View Attachment](#)

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

Total Senior/Key Person

### B. Other Personnel

Aggregate information should be provided in section B. Additional detail can be given in Budget Justification.

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
	<div>You can name up to 5 additional Project Role categories. Once data for the first user-defined Project Role is entered, you will have the option to add another.</div>						

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 (\$)
<div>Once equipment data is entered, you will be able to add up to 9 more rows to this section for a total of 10 equipment items.</div>		
Additional Equipment:	<div>Add Attachment</div> <div>Delete Attachment</div> <div>View Attachment</div>	
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)	
2. Foreign Travel Costs	<div>Generally, Foreign Travel Costs do not apply to SBIR/STTR applications.</div>
Total Travel Cost	

E. Participant/Trainee Support Costs

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

**F. Other Direct Costs**

	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs	<input type="text"/>

Subaward/Consortium/Contractual Costs is not pre-populated. Include both Direct and Indirect costs.

**G. Direct Costs**

Funds Requested (\$)
Total Direct Costs (A thru F)

**H. Indirect Costs**

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs			<input type="text"/>

Applicants without a NIH-negotiated Indirect Cost Rate can request up to 40% in both Phase 1 and Phase II.

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)

**J. Fee**

Funds Requested (\$)
A Fee cannot be entered for a Subaward/Consortium budget.

**K. Budget Justification**

(Only attach one file.)  Budget justification is required and must cover all budget periods.

## RESEARCH & RELATED BUDGET - Cumulative Budget

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

Totals (\$)

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

This form is mandatory for STTR and optional for SBIR applications.

## 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.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	<p>The sum of all subaward budgets (e.g., those attached separately on this form and those provided as part of the budget justification), must be included in Line F.5 Subawards/Consortium/Contractual Costs of the parent budget.</p>		
7) Please attach Attachment 7	<input type="text"/>			
8) Please attach Attachment 8	<input type="text"/>			
9) Please attach Attachment 9	<input type="text"/>	<p>Common ways to handle Subaward budget forms:</p> <ol style="list-style-type: none"> <li>1. Applicant extracts and sends the R&amp;R Budget form to the subaward organization for completion.</li> <li>2. Subaward organization completes form and returns it to the applicant organization.</li> <li>3. Applicant attaches the completed form within their application using the Add Attachment button.</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>1. Applicant requests budget information from subaward organization, extracts R&amp;R Budget form, completes it with provided information and attaches it to their application using the Add Attachment button.</li> </ol>		
10) Please attach Attachment 10	<input type="text"/>			
11) Please attach Attachment 11	<input type="text"/>			
12) Please attach Attachment 12	<input type="text"/>			
13) Please attach Attachment 13	<input type="text"/>			
14) Please attach Attachment 14	<input type="text"/>			
15) Please attach Attachment 15	<input type="text"/>	<p>If submitting an application with &gt;30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section K of the R&amp;R Budget form. This form should only be used in conjunction with the R&amp;R Budget form.</p> <p>When submitting subaward budgets that are not active for all periods of the project, fill out the subaward R&amp;R Budget form and include only the number of budget periods for which the subaward is active. The budget period start/end dates reflected in each period of the subaward should match the project budget period start/end dates that correspond to the active periods.</p>		
16) Please attach Attachment 16	<input type="text"/>			
17) Please attach Attachment 17	<input type="text"/>			
18) Please attach Attachment 18	<input type="text"/>	<p>If submitting an application with &gt;30 subaward budgets, budgets 31 and above should be converted to PDF and included as part of the Budget Justification of the parent budget in Section K of the R&amp;R Budget form. This form should only be used in conjunction with the R&amp;R Budget form.</p> <p>When submitting subaward budgets that are not active for all periods of the project, fill out the subaward R&amp;R Budget form and include only the number of budget periods for which the subaward is active. The budget period start/end dates reflected in each period of the subaward should match the project budget period start/end dates that correspond to the active periods.</p>		
19) Please attach Attachment 19	<input type="text"/>			
20) Please attach Attachment 20	<input type="text"/>			
21) Please attach Attachment 21	<input type="text"/>			
22) Please attach Attachment 22	<input type="text"/>			
23) Please attach Attachment 23	<input type="text"/>			
24) Please attach Attachment 24	<input type="text"/>			
25) Please attach Attachment 25	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

# SBIR/STTR Information

OMB Number: 4040-0001

Expiration Date: 6/30/2016

\* Program Type (select only one)

☐ SBIR
 ☐ STTR
 ☐ Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

Must select SBIR or STTR (not Both).

\* SBIR/STTR Type (select only one)

☐ Phase I
 ☐ Phase II
 ☐ Fast-Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

Select one.

## Questions 1-7 must be completed by all SBIR and STTR Applicants:

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?
	Must meet SBIR/STTR eligibility requirements at time of award (not submission).
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies:
	Required if Yes. Cannot include if No.
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation:
	Required if Yes. Cannot include if No.
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies:
	Required if Yes. Cannot include if No.
	Warning provided if answer is not consistent with similar disclosure statement question on the PHS 398 Cover Page Supplement form.
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File:
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Required for Phase II and Fast Track submissions. Limited to 12 pages.

## SBIR/STTR Information

### SBIR-Specific Questions:

*Questions 8 and 9 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 8 and 9 blank and proceed to question 10.*

**Required for SBIR applications only.**

☐ Yes ☐ No \* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.

\* Attach File:

Add Attachment

Delete Attachment

View Attachment

☐ Yes ☐ No \* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

**Required for SBIR applications only.**

### STTR-Specific Questions:

*Questions 10 and 11 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 10 and 11 blank.*

**Required for STTR applications only.**

☐ Yes ☐ No \* 10. Please indicate whether the answer to BOTH of the following questions is TRUE:  
(1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND  
(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?

☐ Yes ☐ No \* 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?

**Required for STTR applications only.**

1. Project Director / Principal Investigator (PD/PI)

Section is pre-populated from SF 424 (R&R) cover form.

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

2. Human Subjects

Clinical Trial? ☐ No ☐ Yes

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

3. \*Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

☐ Yes ☐ No

Warning provided if answer is not consistent with similar disclosure statement question on the SBIR/STTR Information form.

4. \*Program Income

\*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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

# PHS 398 Cover Page Supplement

## 5. Human Embryonic Stem Cells

\*Does the proposed project involve human embryonic stem cells?

☐ No ☒ Yes

If Yes, then approved cell line entries must be entered or the "cannot be referenced" box must be checked.

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:

**Cell Line(s):** ☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

[illegible]

## 6. Inventions and Patents (For renewal applications only)

\*Inventions and Patents:      Yes ☐      No ☐

**SBIR/STTR:** Only applies to Phase II applications.

If the answer is "Yes" then please answer the following:

\*Previously Reported:      Yes ☐      No ☐

## 7. Change of Investigator / Change of Institution Questions

☐ Change of principal investigator / program director

Change of Investigator not allowed for Revision applications.

Name of former principal investigator / program director:

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix: \_\_\_\_\_

☐ Change of Grantee Institution

\*Name of former institution:

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# PHS 398 Research Plan

Please attach applicable sections of the research plan, below.

OMB Number: 0925-0001

1. Introduction to Application (for RESUBMISSION or REVISION only)	<input type="text"/>	Limited to 1 page. Required for Resubmission and Revision applications.	ment
2. Specific Aims	<input type="text"/>	Required. Limited to 1 page.	Attachment Delete Attachment View Attachment
3. *Research Strategy	<input type="text"/>	Required. Phase 1 SBIR/STTR: limited to 6 pages. Phase II: SBIR/STTR and Fast Track SBIR/STTR: limited to 12 pages.	Attachment
4. Progress Report Publication List	<input type="text"/>	Add Attachment Delete Attachment View Attachment	

  

<b>Human Subjects Sections</b>		Attachments typically required if Human Subjects is Yes on the Other Project Information form.	
5. Protection of Human Subjects	<input type="text"/>	Required if Human Subjects is Yes.	chment Delete Attachment View Attachment
6. Inclusion of Women and Minorities	<input type="text"/>	Required if Human Subjects is Yes and exemption number is not 4.	ew Attachment
7. Inclusion of Children	<input type="text"/>	Required if Human Subjects is Yes and exemption number is not 4.	ew Attachment

  

<b>Other Research Plan Sections</b>			
8. Vertebrate Animals	<input type="text"/>	Required if Vertebrate Animals is Yes.	ment Delete Attachment View Attachment
9. Select Agent Research	<input type="text"/>	Add Attachment Delete Attachment View Attachment	
10. Multiple PD/PI Leadership Plan	<input type="text"/>	Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.	
11. Consortium/Contractual Arrangements	<input type="text"/>	Add Attachment Delete Attachment View Attachment	
12. Letters of Support	<input type="text"/>	Add Attachment Delete Attachment View Attachment	
13. Resource Sharing Plan(s)	<input type="text"/>	Add Attachment Delete Attachment View Attachment	

  

<b>Appendix (if applicable)</b>			
14. Appendix	<input type="text"/>	Add Attachments Remove Attachments View Attachments	

Phase 1 SBIR/STTR: do not include appendices unless specifically requested in the funding opportunity announcement.

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

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

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

## Planned Enrollment Report

OMB Number: 0925-0002

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

**Study Title:**

**Domestic/Foreign:**

**Comments:**

Racial Categories	Ethnic Categories				Form Totals automatically calculated.	
	Not Hispanic or Latino		Hispanic or Latino			Total
	Female	Male	Female	Male		
American Indian/ Alaska Native	0	0	0	0	0	
Asian	0	0	0	0	0	
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	
Black or African American	0	0	0	0	0	
White	0	0	0	0	0	
More than One Race	0	0	0	0	0	
Total	Form Totals automatically calculated.	0	0	0	0	

**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

OMB Number: 0925-0002

Use this form to 1) report on recruitment progress in a previous funding period (part of the Renewal progress report) and/or 2) to provide enrollment information for new studies proposing to use an existing dataset or resource where no ongoing or future contact with participants is anticipated.

Study Title:

Comments:

Form Totals  
automatically  
calculated.

Racial Categories		Ethnic Categories									automatically calculated.
		Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			Total
		Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	
American Indian/ Alaska Native		0	0	0	0	0	0	0	0	0	0
Asian		0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander		0	0	0	0	0	0	0	0	0	0
Black or African American		0	0	0	0	0	0	0	0	0	0
White		0	0	0	0	0	0	0	0	0	0
More than One Race		0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported		0	0	0	0	0	0	0	0	0	0
Total	Form Totals automatically calculated.	0	0	0	0	0	0	0	0	0	0

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.