

<b>Opportunity Title:</b>	Research Project Grant (Parent R01)
<b>Offering Agency:</b>	National Institutes of Health
<b>CFDA Number:</b>	
<b>CFDA Description:</b>	
<b>Opportunity Number:</b>	PA-10-067
<b>Competition ID:</b>	ADOBE-FORMS-B
<b>Opportunity Open Date:</b>	01/05/2010
<b>Opportunity Close Date:</b>	01/07/2013
<b>Agency Contact:</b>	Grants Info Grants Information E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

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.

The naming convention for the University of Minnesota is PRF#, PI's last name and Agency Acronym (55555\_Smith\_NIH is an example).

This opportunity is only open to organizations, applicants who are subm, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name: PRF\_PI\_AgencyAcroynm

### Mandatory Documents

Move Form to Complete

Move Form to Delete

### Optional Documents

Move Form to Submission List

Move Form to Delete

SPA recommends moving all the mandatory forms over to the right boxes before starting any entry. The proposal instructions will inform you of what optional documents are necessary for this package.

### Mandatory Documents for Submission

SF424 (R & R)  
Project/Performance Site Location(s)  
Research And Related Other Project Information  
Research And Related Senior/Key Person Profile  
PHS 398 Cover Page Supplement  
PHS 398 Research Plan  
PHS 398 Checklist

### Optional Documents for Submission

PHS Cover Letter  
PHS 398 Modular Budget  
Research & Related Budget  
R & R Subaward Budget Attachment(s) Form

## Instructions

- 1** Enter a name for the application in the Application Filing Name field.
  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
  
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
  
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.
  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

Required for  
renewals,  
resubmissions and  
change/corrected  
proposals

ED BY STATE State Application Identifier

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

2. DATE SUBMITTED Applicant Identifier  
PRF\_PI\_AgencyAcroynm

5. APPLICANT INFORMATION \* Organizational DUNS: 5559179960000  
\* Legal Name: Regents of the University of Minnesota  
Department: Sponsored Projects Admin Division:  
\* Street1: 450 McNamara Alumni Center  
Street2: 200 Oak Street SE  
\* City: Minneapolis County / Parish: Hennepin  
\* State: MN: Minnesota Province:  
\* Country: USA: UNITED STATES \* ZIP / Postal Code: 55455-2003

Person to be contacted on matters involving this application  
Prefix: \* First Name: Your GA's first name Middle Name:  
\* Last Name: Your GA's last name Suffix:  
\* Phone Number: 612-624-5599 Fax Number: 612-624-4843  
Email: awards@umn.edu

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): 41-6007513

7. \* TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education  
Other (Specify):  
Small Business Organization  check appropriate box  Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION: In this section, 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 check appropriate box

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Project title must match PRF

12. PROPOSED PROJECT: \* Start Date 01/01/2011 \* Ending Date 12/31/2014  
\* 13. CONGRESSIONAL DISTRICT OF APPLICANT MN-005

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  
Prefix: \* First Name: PI Middle Name:  
\* Last Name: PI Suffix:  
Position/Title: PI dependent  
\* Organization Name: Regents of the University of Minnesota  
Department: PI dependent Division: PI dependent  
\* Street1: PI dependent  
Street2: PI dependent  
\* City: Minneapolis County / Parish: Hennepin  
\* State: MN: Minnesota Province:  
\* Country: USA: UNITED STATES \* ZIP / Postal Code: PI dependent  
\* Phone Number: PI dependent Fax Number: PI dependent  
\* Email: PI dependent@umn.edu

all zip codes must  
be +4. If you do  
not know the 4  
digits add 4 zeroes

Must match budget total

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input type="text"/></p> <p>b. Total Non-Federal Funds <input type="text"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input type="text"/></p> <p>d. Estimated Program Income <input type="text"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p><b>a. YES</b> <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>b. NO</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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**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 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:

To clear error messages, pick the name of a SPA manager, SPA will change if necessary

**20. Pre-application**

**INSTRUCTIONS FOR THE SF-424**

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (\*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

Item	Entry:	Item:	Entry:
1.	<b>Type of Submission:</b> (Required) Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.	10.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the federal agency from which assistance is being requested with this application.
		11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	<b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions.  • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.  A. Increase Award                      D. Decrease Duration B. Decrease Award                      E. Other (specify) C. Increase Duration	12.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.		
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the federal agency, if any.	16.	<b>Congressional Districts Of:</b> 15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the state, if applicable.		
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the state, if applicable.		
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:		
	<b>a. Legal Name:</b> (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting <a href="http://www.Grants.gov">www.Grants.gov</a> .	17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
	<b>b. Employer/Taxpayer Number (EIN/TIN):</b> (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	<b>Estimated Funding:</b> (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	<b>c. Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting <a href="http://www.Grants.gov">www.Grants.gov</a> .	19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> (Required) Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
	<b>d. Address:</b> Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).	20.	<b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.

	<p><b>e. Organizational Unit:</b> Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.</p>	21.	<p><b>Authorized Representative:</b> To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)</p>		
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="1" data-bbox="203 367 820 959"> <tr> <td data-bbox="203 367 511 959"> <ul style="list-style-type: none"> <li>A. State Government</li> <li>B. County Government</li> <li>C. City or Township Government</li> <li>D. Special District Government</li> <li>E. Regional Organization</li> <li>F. U.S. Territory or Possession</li> <li>G. Independent School District</li> <li>H. Public/State Controlled Institution of Higher Education</li> <li>I. Indian/Native American Tribal Government (Federally Recognized)</li> <li>J. Indian/Native American Tribal Government (Other than Federally Recognized)</li> <li>K. Indian/Native American Tribally Designated Organization</li> <li>L. Public/Indian Housing Authority</li> </ul> </td> <td data-bbox="511 367 820 959"> <ul style="list-style-type: none"> <li>M. Nonprofit</li> <li>N. Private Institution of Higher Education</li> <li>O. Individual</li> <li>P. For-Profit Organization (Other than Small Business)</li> <li>Q. Small Business</li> <li>R. Hispanic-serving Institution</li> <li>S. Historically Black Colleges and Universities (HBCUs)</li> <li>T. Tribally Controlled Colleges and Universities (TCCUs)</li> <li>U. Alaska Native and Native Hawaiian Serving Institutions</li> <li>V. Non-US Entity</li> <li>W. Other (specify)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>A. State Government</li> <li>B. County Government</li> <li>C. City or Township Government</li> <li>D. Special District Government</li> <li>E. Regional Organization</li> <li>F. U.S. Territory or Possession</li> <li>G. Independent School District</li> <li>H. Public/State Controlled Institution of Higher Education</li> <li>I. Indian/Native American Tribal Government (Federally Recognized)</li> <li>J. Indian/Native American Tribal Government (Other than Federally Recognized)</li> <li>K. Indian/Native American Tribally Designated Organization</li> <li>L. Public/Indian Housing Authority</li> </ul>	<ul style="list-style-type: none"> <li>M. Nonprofit</li> <li>N. Private Institution of Higher Education</li> <li>O. Individual</li> <li>P. For-Profit Organization (Other than Small Business)</li> <li>Q. Small Business</li> <li>R. Hispanic-serving Institution</li> <li>S. Historically Black Colleges and Universities (HBCUs)</li> <li>T. Tribally Controlled Colleges and Universities (TCCUs)</li> <li>U. Alaska Native and Native Hawaiian Serving Institutions</li> <li>V. Non-US Entity</li> <li>W. Other (specify)</li> </ul>		
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### 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:

form requires zip code plus 4 digits, if unknown use 0000

\* 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)**

Add Attachment

Delete Attachment

View Attachment

# RESEARCH & RELATED Other Project Information

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:

Note: If IRB is currently pending, the system will not allow the entry of the IRB assurance number

only if applicable

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

only if applicable

yes or no must be entered

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

4.a. \* Does this project have an actual or potential impact on the environment?  Yes  No

yes or no must be entered

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

yes or no must be

5.a. If yes, please explain:

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

NIH required, 30 lines

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

NIH required, 2-3 sentence limit

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

PROFILE - Project Director/Principal Investigator				
Prefix:	<input type="text"/>	* First Name: <input type="text" value="PI"/>	Middle Name: <input type="text"/>	
* Last Name:	<input type="text" value="PI"/>	Suffix:	<input type="text"/>	
Position/Title:	<input type="text" value="PI dependent"/>	Department:	<input type="text" value="PI dependent"/>	
Organization Name:	<input type="text" value="Regents of the University of Minnesota"/>		Division: <input type="text" value="PI depen"/>	
* Street1:	<input type="text" value="PI dependent"/>			
Street2:	<input type="text" value="PI dependent"/>			
* City:	<input type="text" value="Minneapolis"/>	County/ Parish:	<input type="text" value="Hennepin"/>	
* State:	<input type="text" value="MN: Minnesota"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="PI dependent"/>	
* Phone Number:	<input type="text" value="PI dependent"/>	Fax Number:	<input type="text" value="PI dependent"/>	
* E-Mail:	<input type="text" value="PI dependent@umn.edu"/>			
Credential, e.g., agency login:	<input type="text" value="PI's Common's ID, mandatory for PI/PD and optional for other key personnel"/>			
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text" value="Ph.D."/>			
Degree Year:	<input type="text" value="1970"/>			
*Attach Biographical Sketch	<input type="text" value="samplebiosketch.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

includes rule of 9 digit zip code

Must be a PDF document no longer than 4 pages following the NIH format

PROFILE - Senior/Key Person 1				
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>	
* Last Name:	<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.

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

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

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**2. Human Subjects**

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

*Must answer if human subjects was marked yes*

*Auto fills from first page*

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**3. Applicant Organization Contact**

Person to be contacted on matters involving this application

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Phone Number:  Fax Number:   
Email:

---

\* Title:

\* Street1:   
Street2:   
\* City:   
County/Parish:   
\* State:   
Province:   
\* Country:  \* Zip / Postal Code:





# PHS 398 Checklist

OMB Number: 0925-0001

## 1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

\* Type of Application:

New  Resubmission  Renewal  Continuation  Revision

Auto fills from page 1

Federal Identifier:

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

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Change of Grantee Institution

\* Name of former institution:

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

\* Inventions and Patents: Yes  No

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

\* Previously Reported: Yes  No

**4. \* Program Income**

Check appropriate box

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"/>
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**5. \* 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

# PHS Cover Letter

OMB Numbers: 0925-0001  
0925-0002

\*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

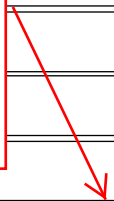
This page is optional at initial package submission, but mandatory with renewal/resubmission applications and late applications

# PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

<b>Budget Period: 1</b>			
	Start Date: <input style="width: 100%;" type="text" value="01/01/2011"/>	End Date: <input style="width: 100%;" type="text" value="12/31/2011"/>	
<b>A. Direct Costs</b>			
			<b>* Funds Requested (\$)</b>
* Direct Cost less Consortium F&A			<input style="width: 100%;" type="text" value="200,000.00"/>
Consortium F&A			<input style="width: 100%;" type="text"/>
* Total Direct Costs			<input style="width: 100%;" type="text" value="200,000.00"/>
<b>B. Indirect Costs</b>			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1.	<input style="width: 100%;" type="text" value="MTDC"/>	<input style="width: 100%;" type="text" value="51"/>	<input style="width: 100%;" type="text" value="200,000.00"/> <input style="width: 100%;" type="text" value="102,000.00"/>
2.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		check the SPA webpage for this information: <a href="http://www.ospa.umn.edu/manual/InstitutionalInformation.html">http://www.ospa.umn.edu/manual/InstitutionalInformation.html</a>	
Indirect Cost Rate Agreement Date <input style="width: 100%;" type="text" value="03/23/2010"/>		Total Indirect Costs <input style="width: 100%;" type="text" value="102,000.00"/>	
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$) <input style="width: 100%;" type="text" value="302,000.00"/>
<b>Budget Period: 2</b>			
	Start Date: <input style="width: 100%;" type="text" value="01/01/2012"/>	End Date: <input style="width: 100%;" type="text" value="12/31/2012"/>	
<b>A. Direct Costs</b>			
			<b>* Funds Requested (\$)</b>
* Direct Cost less Consortium F&A			<input style="width: 100%;" type="text" value="200,000.00"/>
Consortium F&A			<input style="width: 100%;" type="text"/>
* Total Direct Costs			<input style="width: 100%;" type="text" value="200,000.00"/>
<b>B. Indirect Costs</b>			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1.	<input style="width: 100%;" type="text" value="MTDC"/>	<input style="width: 100%;" type="text" value="51"/>	<input style="width: 100%;" type="text" value="200,000.00"/> <input style="width: 100%;" type="text" value="102,000.00"/>
2.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		check the SPA webpage for this information: <a href="http://www.ospa.umn.edu/manual/InstitutionalInformation.html">http://www.ospa.umn.edu/manual/InstitutionalInformation.html</a>	
Indirect Cost Rate Agreement Date <input style="width: 100%;" type="text" value="03/23/2010"/>		Total Indirect Costs <input style="width: 100%;" type="text" value="102,000.00"/>	
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$) <input style="width: 100%;" type="text" value="302,000.00"/>

Always check the SPA webpage for the most current name, phone number and rate agreement date



# PHS 398 Modular Budget, Periods 3 and 4

<b>Budget Period: 3</b>	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>
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<b>A. Direct Costs</b>	* Direct Cost less Consortium F&A	* Funds Requested (\$)
	Consortium F&A	
	* Total Direct Costs	

<b>B. Indirect Costs</b>			
	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
2. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
3. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
4. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number) <input style="width: 95%;" type="text"/>			
Indirect Cost Rate Agreement Date <input style="width: 60%;" type="text"/>	Total Indirect Costs		<input style="width: 60%;" type="text"/>

<b>C. Total Direct and Indirect Costs (A + B)</b>	Funds Requested (\$)
	<input style="width: 60%;" type="text"/>

<b>Budget Period: 4</b>	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>
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<b>A. Direct Costs</b>	* Direct Cost less Consortium F&A	* Funds Requested (\$)
	Consortium F&A	
	* Total Direct Costs	

<b>B. Indirect Costs</b>			
	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
2. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
3. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
4. <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 60%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number) <input style="width: 95%;" type="text"/>			
Indirect Cost Rate Agreement Date <input style="width: 60%;" type="text"/>	Total Indirect Costs		<input style="width: 60%;" type="text"/>

<b>C. Total Direct and Indirect Costs (A + B)</b>	Funds Requested (\$)
	<input style="width: 60%;" type="text"/>

# PHS 398 Modular Budget, Periods 5 and Cumulative

**Budget Period: 5**

Start Date:  End Date:

**A. Direct Costs**

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text"/>

**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Indirect Cost Rate Agreement Date  Total Indirect Costs

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

Funds Requested (\$)

**Cumulative Budget Information**

**1. Total Costs, Entire Project Period**

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	<input type="text" value="400,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$	<input type="text"/>
*Section A, Total Direct Costs for Entire Project Period	\$	<input type="text" value="400,000.00"/>
*Section B, Total Indirect Costs for Entire Project Period	\$	<input type="text" value="204,000.00"/>
*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	<input type="text" value="604,000.00"/>

**2. Budget Justifications**

Personnel Justification	<input type="text" value="budget_justification.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

The attached justification is for all personnel who are included in the proposal whether they are paid or not and must be in PDF format

## MODULAR BUDGET FORM

### For each budget period:

- **Confirm Start and End dates** – Should be in 12 month increments. Year 1 start date should match start date on SF424 Form and PRF.
- **Section A. Direct Costs** - Confirm amounts in Section A are correct. NOTE: When modular, Direct Costs less Consortium F&A should be in \$25,000 increments.
- **Section B. Indirect Costs** - Confirm amount of F&A requested is correct.
  - Indirect Cost Type = MTDC
  - Rate = 51% for on-campus or 26% for off-campus projects
  - Base = Total Direct Cost amount less any exclusions (i.e. Grad RA fringe, equipment, patient care, subaward dollars in excess of the first \$25,000 etc.)
  - Funds Requested = Base x Rate
- Cognizant Agency =
- Indirect Cost Rate Agreement Date =

### Page 3 – Cumulative Budget Information

- **Section 1** – Amounts pre-fill from cumulative dollars entered in each section of the individual budget periods. **NOTE: Make sure the Total provided in Section C (Total Direct & Indirect Costs for Entire Project Period) matches the amounts that were listed on Page 2 of the SF424 Form.**
- **Section 2 – Budget Justifications**
  - Personnel Justification - There must be a .pdf file attached with the justification for ALL personnel working on the project (whether they are paid or unpaid). The justification must, at minimum, list the individual's name, role on project, effort (in calendar/academic/summer months) and brief description of the work they will be performing on this project.
  - Consortium Justification – only required if subwards are included in the project. If included, the attachment must be a .pdf file.
  - Additional Narrative Justification – should only be completed if there is a spike in the modular levels (i.e. Year 1 is \$250,000 and each of the remaining years are \$225,000).

**NOTE: ACCEPTANCE OF THE MODULES LISTED IN THE MODULAR BUDGET FORM ASSUMES YOU HAVE ALREADY REVIEWED THE DETAILED/CATEGORICAL BUDGET (OR F&A CALCULATION FORM) THE DEPARTMENT ALSO PROVIDED WITH THE APPLICATION MATERIALS.**

RESEARCH & RELATED BUDGET

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period 1

All personnel listed on a proposal must show effort. Effort is shown in either calendar or acad/summer months

Personnel are allowed to show effort and no requested salary

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	<input type="text" value="PI"/>	<input type="text"/>	<input type="text" value="PI"/>	<input type="text"/>	<input type="text" value="PD/PI"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<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"/>
3.	<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"/>
4.	<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"/>
5.	<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"/>
6.	<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"/>
7.	<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"/>
8.	<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"/>
9.	Total Funds requested for all Senior Key Persons in this proposal											<input type="text"/>
											Total Senior/Key Person	<input type="text"/>

Grants.gov recognizes PD/PI not PI as an acceptable Project Role

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

\* ORGANIZATIONAL DUNS: 5559179960000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Regents of the University of M

\* Start Date: 01/01/2011 \* End Date: Budget Period 1

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	Total funds requested for all equipment listed in the attached file	
	<b>Total Equipment</b>	

Additional Equipment:

D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs	
	<b>Total Travel Cost</b>	

E. Participant/Trainee Support Costs

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other <input type="text"/>	

Number of Participants/Trainees      Total Participant/Trainee Support Costs

This section does not apply to NIH research proposals

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

\* ORGANIZATIONAL DUNS: 5559179960000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Regents of the University of M

\* Start Date: 01/01/2011 \* End Date: Budget Period 1

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

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.				
2.				
3.				
4.				
<b>Total Indirect Costs</b>				

See SPA webpage for appropriate to complete this box

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

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs</b>	

Budget justifications must be PDFs

J. Fee	Funds Requested (\$)

K. \* Budget Justification   Add Attachment Delete Attachment View Attachment  
 (Only attach one file.)

## RESEARCH & RELATED BUDGET - Cumulative Budget

		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"/>

If subaward costs are included, subaward information must be included with proposal

## DETAILED BUDGET FORM

### For each budget period:

- Confirm the Organizational DUNS number (should have defaulted from the SF424)
- **Budget Type** – For the University, it should indicate “Project”
- **Confirm the Start and End Dates** - Should be in 12 month increments. Year 1 start date should match start date on SF424 Form and PRF.
- **Section A. Senior/Key Person** – PI name pre-fills.
  - Confirm PI and all listed Senior/Key personnel reflect effort under the Cal. Months, Acad. Months or Sum. Months column.
  - Make sure that any salary requested does not exceed the NIH salary cap (currently \$191,300/year)
- **Section B. Other Person**
  - Confirm that the individuals listed reflect effort under the Cal. Months, Acad. Months or Sum. Months column.
  - Make sure that the total Grad Student compensation (salary plus fringe) does not exceed the NRSA -0- level post-doc stipend amount (currently \$36,996)
- **Section C, D & E**
  - Review amounts in Sections C & D (Equipment and Travel)
  - Section E – Participants – NOTE: For an NIH research grant, there should not be any dollar amounts listed under this section.
- **Sections F-K**
  - Section F - Review amounts.
    - NOTE: If an amount is included under #5 (Subawards/Consortium/Contractual Costs), there should also be included in the application a completed PureEdge budget package for each subawardee.
  - Section G – pre-fills
  - Section H. Indirect Costs
    - Indirect Type = MTDC
    - Rate = 51% for on-campus or 26% for off-campus projects
    - Base = Total Direct Cost amount less any exclusions (i.e. Grad RA fringe, equipment, patient care, subaward dollars in excess of the first \$25,000 etc.)
    - Funds Requested = Base x Rate
    - Cognizant Agency = **DHHS, Wanda Rayfield, 214-767-5249**
  - Section I. Total Direct and Indirect Costs – Amount Pre-fills
  - Section J. Leave Blank
  - Section K. A justification for ALL costs included in the budget should be attached as a .pdf file.

NOTE: To access the next year’s budget period, click on the “Next Period” tab on the last (3<sup>rd</sup>) page of the detailed budget you are looking at. To go back to a previous period, click on the “previous period” tab located on the first page of each budget period.

**Cumulative Budget Information**

- Amounts pre-fill. Are cumulative dollars entered in each section of the individual budget periods.
- **Section I** - Total Direct & Indirect Costs for Entire Project Period - **Make sure this amount matches the amounts that were listed on Page 2 of the SF424 Form.**
- **Section J** – This should be Blank

Statement of work or other subaward documentation is attached to the proposal at the PHS 398 Research Plan page under section 15

## 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		Add Attachment		
2) Please attach Attachment 2		Add Attachment		
3) Please attach Attachment 3		Add Attachment		
4) Please attach Attachment 4		Add Attachment		
5) Please attach Attachment 5		Add Attachment		
6) Please attach Attachment 6		Add Attachment		
7) Please attach Attachment 7		Add Attachment		
8) Please attach Attachment 8		Add Attachment		
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment

Subaward budgets must be extracted from the form package being used and emailed to the subrecipient for completion. Subaward budgets are subject to the same requirements as any SF424 R&R budget form. Subawards dates must match the dates of the proposal it is being submitted with

Include ONLY when the University is submitting its application in non-modular format. If a non-modular grant application is being submitted an attached Grants.gov Adobe file should be included for all subrecipients. Remember to check for DUNS numbers, dates, dollar amounts and that all attachments are in PDF format