

Grant Application Package

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-07-070
Competition ID:	ADOBE-FORMS-A
Opportunity Open Date:	12/05/2008
Opportunity Close Date:	01/07/2010
Agency Contact:	Grants Info TTY 301-451-0088 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.

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

* Application Filing Name:

Do not add spaces or special characters in this field, naming convention PRF#, PI's last name, Agency Acronym

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

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

Optional Documents

Research & Related Budget

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

PHS 398 Cover Letter File
 PHS 398 Modular 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)

2. DATE SUBMITTED	Applicant Identifier PRFPNameAgency
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	Renewal or Change/Corrected

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

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: Hennepin

* State: MN: Minnesota Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 55455

Person to be contacted on matters involving this application

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

* Last Name: GA 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 Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

New Resubmission

Renewal Continuation Revision

If Revision, mark appropriate box(es).

A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration

E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project title-should match PRF

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Dependent on project

13. PROPOSED PROJECT: * Start Date 06/01/2009 * Ending Date 05/31/2011

14. CONGRESSIONAL DISTRICTS OF: a. * Applicant MN-005 b. * Project MN-005

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: PI Middle Name:

* Last Name: PI Suffix:

Position/Title: PI

* Organization Name: Regents of the University of Minnesota

Department: PI info Division:

* Street1: PI info

Street2: PI info

* City: PI info County: Hennepin

* State: MN: Minnesota Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: PI info

* Phone Number: PI info Fax Number: PI info

* Email: PI info@umn.edu

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px; height:15px;" type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px; height:15px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width:150px; height:15px;" type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width:100px;" type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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18. 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.

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative
* Date Signed

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

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"/>	Department: <input type="text" value="PI info"/>
Organization Name: <input type="text" value="Regents of the University of Minnesota"/> Division: <input type="text"/>	
* Street1: <input type="text" value="PI info"/>	
Street2: <input type="text" value="PI info"/>	
* City: <input type="text" value="PI info"/>	County: <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 info"/>
* Phone Number: <input type="text" value="PI info"/>	Fax Number: <input type="text" value="PI info"/>
* E-Mail: <input type="text" value="PI info@umn.edu"/>	
Credential, e.g., agency login: <input type="text"/>	<input type="text"/>
* Project Role: <input type="text" value="PD/PI"/>	Other Project Role Category: <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"/>

eRA Commons User name is required



PROFILE - Senior/Key Person 1	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/> Division: <input type="text"/>	
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	County: <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"/>
*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"/>

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a If YES to Human Subjects

Is the IRB review Pending? Yes No

IRB Approval Date:

Exemption Number: 1 2 3 4 5 6

Human Subject Assurance Number:

← 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

← if applicable

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

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.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract

required attachments

7. * Project Narrative

8. Bibliography & References Cited

9. Facilities & Other Resources

10. Equipment

11. Other Attachments

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

Project/Performance Site Location 1

Organization Name:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

Additional Location(s)

OMB Number: 4040-0001
Expiration Date: 04/30/2008

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

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

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

* New Investigator? No Yes

Degrees:

2. Human Subjects

Clinical Trial? No Yes

* Agency-Defined Phase III Clinical Trial? No Yes

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:
* State:
Province:
* Country: * Zip / Postal Code:

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

- New
 Resubmission
 Renewal
 Continuation
 Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application <small>(for RESUBMISSION or REVISION only)</small>	<input type="text"/>	Add Attachment	Delete Attachment
2. Specific Aims	<input type="text"/>	Add Attachment	Delete Attachment
3. Background and Significance	<input type="text"/>	Add Attachment	Delete Attachment
4. Preliminary Studies / Progress Report	<input type="text"/>	Add Attachment	Delete Attachment
5. Research Design and Methods	<input type="text"/>	Add Attachment	Delete Attachment
6. Inclusion Enrollment Report	<input type="text"/>	Add Attachment	Delete Attachment
7. Progress Report Publication List	<input type="text"/>	Add Attachment	Delete Attachment

Sections 2-5 are mandatory. Read instructions for Research Plan length, may differ based on announcement. All attachments must be PDF format.

Human Subjects Sections

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with.

8. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Targeted/Planned Enrollment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

All questions in this section must be completed if "yes" to human subjects are involved.

Other Research Plan Sections

12. Vertebrate Animals	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13. Select Agent Research	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14. Multiple PI Leadership Plan	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15. Consortium/Contractual Arrangements	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
16. Letters of Support	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17. Resource Sharing Plan(s)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

This question must be answered if "yes" to animals is selected.

18. Appendix

PHS 398 Checklist

OMB Number: 0925-0001

Expiration Date: 9/30/2007

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

Federal Identifier:

Prefils from the 424
R&R cover page

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

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"/>

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

If unable to certify compliance , where applicable, provide an explanation and attach below.

Explanation:

PHS 398 Cover Letter

OMB Number: 0925-0001

*Mandatory Cover Letter Filename:

Mandatory with renewal/resubmission applications and late applications

This page is optional at initial package submission

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Budget Period: 1	<input type="button" value="Reset Entries"/>	Start Date: <input type="text" value="06/01/2009"/>	End Date: <input type="text" value="05/31/2010"/>
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A. Direct Costs	* Funds Requested (\$)	
* Direct Cost less Consortium F&A		<input type="text" value="200,000.00"/>
Consortium F&A		<input type="text"/>
* Total Direct Costs		<input type="text" value="200,000.00"/>

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	51	200,000.00	102,000.00
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)	check the SPA webpage for this information: http://www.ospa.umn.edu/manual/InstitutionalInformation.html
Indirect Cost Rate Agreement Date <input type="text" value="01/15/2009"/>	Total Indirect Costs <input type="text" value="102,000.00"/>

check the SPA web page for the most current name and phone number and rate agreement date

C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)	<input type="text" value="302,000.00"/>
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Budget Period: 2	<input type="button" value="Reset Entries"/>	Start Date: <input type="text" value="06/01/2010"/>	End Date: <input type="text" value="05/31/2011"/>
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A. Direct Costs	* Funds Requested (\$)	
* Direct Cost less Consortium F&A		<input type="text" value="200,000.00"/>
Consortium F&A		<input type="text"/>
* Total Direct Costs		<input type="text" value="200,000.00"/>

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	51	<input type="text"/>	102,000.00
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)	check the SPA webpage for this information: http://www.ospa.umn.edu/manual/InstitutionalInformation.html
Indirect Cost Rate Agreement Date <input type="text" value="01/15/2009"/>	Total Indirect Costs <input type="text" value="102,000.00"/>

C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)	<input type="text" value="302,000.00"/>
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PHS 398 Modular Budget, Periods 3 and 4

Budget Period: 3

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 (\$)

Budget Period: 4

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 (\$)

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

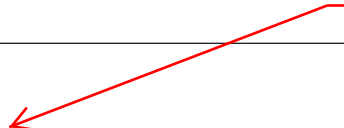
1. Total Costs, Entire Project Period

*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"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View 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"/>

Justification required for all personnel (whether paid or not)



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

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

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

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

Additional Equipment:

D. Travel

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

E. Participant/Trainee Support Costs

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

This section does not apply to NIH proposals

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

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

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"/>

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	<input type="text"/>

H. 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"/>
Total Indirect Costs	<input type="text"/>		

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)	<input type="text"/>

J. Fee	Funds Requested (\$)
	<input type="text"/>

K. * Budget Justification

(Only attach one file.)

← Budget justifications must be PDFs

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		<input type="text"/>
Section B, Other Personnel		<input type="text"/>
Total Number Other Personnel	<input type="text"/>	
Total Salary, Wages and Fringe Benefits (A+B)		<input type="text"/>
Section C, Equipment		<input type="text"/>
Section D, Travel		<input type="text"/>
1. Domestic	<input type="text"/>	
2. Foreign	<input type="text"/>	
Section E, Participant/Trainee Support Costs		<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"/>	
Section F, Other Direct Costs		<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"/>	
Section G, Direct Costs (A thru F)		<input type="text"/>
Section H, Indirect Costs		<input type="text"/>
Section I, Total Direct and Indirect Costs (G + H)		<input type="text"/>
Section J, Fee		<input type="text"/>

← If subaward costs are included subaward information must be attached.

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



Sub budgets must be extracted from the form package being used. Sub budgets are subject to the same requirements as any 424 R&R budget form. Sub budgets dates must match the dates of the proposal it is being submitted with.

The statement of work or any other sub award documentation is attached to the proposal at the PHS 398 Research Plan under section 15.

NEW NIH (R01) GRANTS.GOV

Tips for a successful transmission

PACKAGE INSTRUCTION PAGE

- “Application File Name” format is PRF# LastName NIH (i.e. 123456 Jones NIH)
- Make sure all the “Mandatory Documents” and any “Optional Documents” the PI wants submitted have been moved to the right column

SF 424 (R&R) Form

Page 1

- Block #1
 - “**Application**” for the original submission
 - “**Change/Corrected**” for a second or subsequent submission
- Block #2 – Insert current date
- Application Identifier – same as on the Instruction Page (PRF# LastName NIH)
- Block #3 – Leave blank
- Block #4
 - **Blank** for New applications
 - **Complete** for **Change/Corrected, Renewal or Resubmission** applications
 - **Change/Corrected** – Use the eRA Commons generated number assigned when the grant was submitted (GRANT1234567). NOTE: Type everything including the word “GRANT”
 - **Renewal or Resubmission** – Use the previously assigned grant number (i.e. DA012345). NOTE: You can verify the grant number by checking the eRA Commons or from your previous award document.
- Block #5 –
 - DUNS # **5559179960000**
 - Legal Name: **Regents of the University of Minnesota**
 - Department: **Sponsored Projects Administration**
 - Street #1: **450 McNamara Alumni Center** Street #2: **200 Oak St. SE**
 - City: **Minneapolis** County: **Hennepin** State: **MN**
 - Province: **Blank** Country: **Defaults to US** Zip/Postal Code: **55455-2070**
 - Person to be Contacted:
 - **GA puts in their first and last name**
 - Phone: **612-624-5599**
 - Fax: **612-624-4843**
 - E-mail: **awards@umn.edu**
- Block #6 (EIN #) - **41-6007513**

- Block #7 (Type of Application) – **H** (Public/State Controlled Institution of Higher Education)
- Block #8
 - **New** if the grant application has never been submitted before
 - **Resubmission** if application was submitted during a previous deadline (whether as a New or Renewal). Allows PI to address Reviewer’s concerns/comments on an earlier submission for funding of the same project.
 - **Renewal** submission of a competitive renewal grant application (generally the first time)
 - **Make sure they answer ‘Yes’ or ‘No’ to question on whether grant is being submitted to another agency.**
- Block #9 – defaults when application package is selected
- Block #10 – Leave blank
- Block #11 – **Title of project (NOTE: should match title on the PRF)**
- Block #12 – **Must be completed.** Can be anything. Have seen N/A, Minnesota, US, etc.
- Block #13 – **Must be completed.** Should match dates on PRF AND dates provided in either the detailed or modular budget forms.
- Block #14 – **Must be completed.** Usually **MN-005** for both.
- Block #15 – **Confirm information.** At minimum should have PI name, Position, Organization, Department, Address, phone number and e-mail address.

Page 2

- Block #16 – **Confirm amounts in sections “a” and “b”.** This should be the amount indicated on the PRF for total funding requested for the entire project period. Usually block “c” is blank and the amounts in “a” and “b” are the same. Also, this amount **MUST** be the same as the total amount of funding requested in either the detailed or modular budget form pages of the application.
- Block #17 – Usually “b” Program is not covered by E.O. 12372
- Block #18 – Box “**I agree**” should be checked
- Block #19:
 - **Can be completed by SPA**
 -
 - Legal Name: **Regents of the University of Minnesota**
 - Department: **Sponsored Projects Administration**
 - Street #1: **450 McNamara Alumni Center** Street #2: **200 Oak St. SE**
 - City: **Minneapolis** County: **Hennepin** State: **MN**
 - Province: **Blank** Country: **Defaults to US** Zip/Postal Code: **55455-2070**
 - Phone: **612-624-5599** Fax: **612-624-4843** E-mail: **awards@umn.edu**
- Blocks 20 & 21 – Usually left blank

RESEARCH & RELATED Senior/Key Personnel Profile Form

- **PROFILE – Project Director/Principal Investigator**
 - First block – PI name and information from the SF424 form pre-fills
 - Credential, e.g., agency login: **PI's eRA Commons ID must be included here**
 - Project Role: **Must be PI/PD** for the PI.
 - Biosketch Attachment - **Attachment must be a .pdf file AND may not exceed 4 pages**
 - Current & Pending Support should be blank for this type of application.
- **PROFILE – Senior/Key Person 1**
 - First Block – This block should be completed for each person identified as senior/key personnel. Review for completeness.
 - Credential, e.g., agency login: Can be left blank for all individuals EXCEPT those identified as **PI/PD**
 - Project Role: List of drop downs. Cannot be co-PI since NIH does not recognize this role.
 - Biosketch Attachment - **Attachment must be a .pdf file AND may not exceed 4 pages**
 - Current & Pending Support should be left blank for this type of application.
- **PROFILE – Senior/Key Person 2 thru 7**
 - Same as above. To access each person, click the “Next Person” button in lower right.
- **NOTE:** There should not be any additional Senior/Key Person biosketch forms attached in the section next to the “Reset Entry” button if persons 1 thru 7 detailed forms have not been completed.

RESEARCH & RELATED Other Project Information

- Block #1 – Human Subjects – **Yes or No must be selected**
 - **If “no”** skip to Block #2
 - **If “yes”** – Pending Yes or No must be selected
 - **If not pending**, insert IRB approval date
 - **If exempt**, choose the correct exemption number
 - **Human Subjects Assurance Code:** Must be entered as **00000312**
- Block #2 – Animals - **Yes or No must be selected**
 - **If “no”** skip to Block #3
 - **If “yes”** – Pending Yes or No must be selected
 - **If not pending**, insert IACUC approval date
 - **Animal Welfare Assurance Number:** Must be entered as **A3456-01**
- Block #3 - **Yes or No must be selected**
- Block #4 - **Yes or No must be selected**
 - **If “no”** skip to Block #5
 - **If “yes”** complete sections 4b thru 4d

- Block #5 - **Yes or No must be selected**
 - If “no” skip to Block #6
 - If “yes” complete section 5b, 5c is optional
- Block #6 – **Required - must have a .pdf attachment**
- Block #7 – **Required – must have a .pdf attachment**
- Block #8 – Optional. If attachment included, must be a .pdf file
- Block #9 - Optional. If attachment included, must be a .pdf file
- Block #10 - Optional. If attachment included, must be a .pdf file
- Block #11 – Optional. If attachments included, must be a .pdf file

RESEARCH & RELATED Project/Performance Site Location(s)

At least one Project/Performance Site must be included. Organizational Name should be **University of Minnesota.** Rest of address should be the location project will be completed (i.e. location of PI’s lab).

NOTE: Additional Project/Performance Site Locations should be completed for each subaward included in the project.

PHS 398 Cover Page Supplement

Page 1

- #1
 - **First Section** - pre-filled from the SF424 Form
 - **New Investigator ‘yes’ or ‘no’ box must checked**
 - **Degrees** – Optional but can be verified and completed by reviewing the Biosketch attached in the Senior/Key Person Section. If left blank, no degree/s will be printed on the application.
- #2
 - **Clinical trial ‘yes’ or ‘no’ box must checked**
 - **If yes, Agency-Defined Phase III Clinical Trial ‘yes’ or ‘no’ box must checked**
- #3
 - **First Section** – GA’s name pre-fills from the SF424 Form
 - Phone: **612-624-5599** Fax: **612-624-4843** E-mail: **awards@umn.edu**
 - Title: **GA enters their title**
 - Street #1: **450 McNamara Alumni Center**
 - Street #2: **200 Oak St. SE**
 - City: **Minneapolis**
 - County: **Hennepin**
 - State: **MN**
 - Province: **Blank**
 - Country: **Defaults to US** Zip/Postal Code: **55455-2070**

Page 2

- #4
 - Use of Stem Cells ‘yes’ or ‘no’ box must checked
 - **If yes, either specify the Cell Lines** (Note: Lines listed must be ones approved/provided on the NIH registry) **or check the box that says specific lines cannot be referenced at this time.**

PHS 398 Research Plan

- #1 **Application Type** pre-fills from the SF424 Form
- #2 **Research Plan Attachments**
 - #1 Introduction – Only completed for “Resubmissions”
 - #2 Specific Aims – Attachment in .pdf format required
 - #3 Background and Significance - Attachment in .pdf format required
 - #4 Preliminary Studies/Progress Report - Attachment in .pdf format required
 - #5 Research Design and Methods - Attachment in .pdf format required

NOTE: FOR R01 APPLICATIONS, PARTS 2-5 MAY NOT EXCEED 25 PAGES.

- #6 Inclusion Enrollment Report – Optional. If included, attachment must be in .pdf format.
- #7 Progress Report Publication List – Optional. If included, attachment must be in .pdf format.

Human Subjects Sections

NOTE: Complete the following ONLY if “Human Subjects Involved” was marked “yes” in the Research & Related Other Project Information section.

- #8 Protection of Human Subjects - Attachment in .pdf format required
- #9 Inclusion of Women and Minorities - Attachment in .pdf format required
- #10 Targeted/Planned Enrollment - Attachment in .pdf format required
- #11 Inclusion of Children - Attachment in .pdf format required

NOTE: If human subjects are included, ALL sections above must be completed.

- #12 Vertebrate Animals - **Complete ONLY if “Vertebrate Animal Used” was marked “yes” in the Research & Related Other Project Information section.** If included, attachment must be in a .pdf format.
- #13 Select Agent Research - Optional. If included, attachment must be in .pdf format.
- #14 Multiple PI Leadership Plan – **Complete only IF more than one individual has been identified as a PI/PD in the Senior/Key Person Profile section of the application.** If included, attachment must be in .pdf format.
- #15 Consortium/Contractual Arrangements – Should only be completed if subawards are included under the project. If included, attachment must be in .pdf format.
- #16 Letters of Support - Optional. If included, attachment must be in .pdf format.
- #17 Resource Sharing Plan(s) - Optional. If included, attachment must be in .pdf format.

- #18 Appendix. Click “View Attachments” to see if any files attached. If so, they must be in .pdf format.

PHS 398 Checklist

Page 1

- #1 **Application Type** pre-fills from the SF424 Form
- #2 **Change of Investigator/Change of Institution Questions** – Left blank
- #3 **Inventions and Patents** – Completed for Renewal or Renewal/Resubmission applications only.
 - **If yes, indicate whether it was previously reported.**

Page 2

- #4 **Program Income** – Appropriate box (“Yes or “No”) should be marked
 - **If yes, complete section regarding source of income.**
- #5 **Assurances/Certifications** – Leave blank

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 = check the SPA webpage
- Indirect Cost Rate Agreement Date = check the SPA

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.

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 (3rd) 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

PHS 398 Cover Letter

Though the cover letter is optional, one should be completed for Renewal/Resubmission applications and late applications. When included, the attached file must be a .pdf.

R&R Subaward Budget Attachment(s) Form

Included ONLY when the University is submitting its' application in non-modular format. If a non-modular grant application is being submitted an attached PureEdge file should be included for all subawardees. When included, open each attachment and verify the subawardee has included their DUNS number, the dates are correct, the dollar amount requested matches what is in the University's budget and that any attachment included in the document is in .pdf format.