

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Application</h2> <p style="margin: 0;"><i>Do not exceed character length restrictions indicated.</i></p>		LEAVE BLANK—FOR PHS USE ONLY.		
		Type	Activity	Number
		Review Group		Formerly
		Council/Board (Month, Year)		Date Received
1. TITLE OF PROJECT (<i>Do not exceed 81 characters, including spaces and punctuation.</i>)				
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If "Yes," state number and title</i>)				
Number: _____ Title: _____				
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR				
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name
3c. POSITION TITLE		3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
3f. MAJOR SUBDIVISION				
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>)				
TEL: _____ FAX: _____		E-MAIL ADDRESS: _____		
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes		
4b. Federal-Wide Assurance No.		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No.	
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>)		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
From _____ Through _____		7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)
				8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name Address		10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
		11. ENTITY IDENTIFICATION NUMBER DUNS NO. _____ Cong. District _____		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Title Address Tel: _____ FAX: _____ E-Mail: _____		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Title Address Tel: _____ FAX: _____ E-Mail: _____		
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 13. (<i>In ink. "Per" signature not acceptable.</i>)		DATE

Program Director/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Additional Project/Performance Site Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

The name of the program director/principal investigator must be provided at the top of each printed page and each continuation page.

**RESEARCH GRANT
TABLE OF CONTENTS**

	<i>Page Numbers</i>
Face Page	<u>1</u>
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells	<u>2</u>
Table of Contents	_____
Detailed Budget for Initial Budget Period	_____
Budget for Entire Proposed Period of Support	_____
Budgets Pertaining to Consortium/Contractual Arrangements	_____
Biographical Sketch – Program Director/Principal Investigator (<i>Not to exceed five pages each</i>)	_____
Other Biographical Sketches (<i>Not to exceed four pages each – See instructions</i>)	_____
Resources	_____
Checklist	_____
Research Plan	_____
1. Introduction to Resubmission Application, if applicable, or Introduction to Revision Application, if applicable *	_____
2. Specific Aims *	_____
3. Research Strategy *	_____
4. Bibliography and References Cited/Progress Report Publication List	_____
5. Protection of Human Subjects	_____
6. Data Safety Monitoring Plan	_____
7. Inclusion of Women and Minorities	_____
8. PHS Inclusion Enrollment Report	_____
9. Inclusion of Children	_____
10. Vertebrate Animals	_____
11. Select Agent Research	_____
12. Multiple PD/PI Leadership Plan	_____
13. Consortium/Contractual Arrangements	_____
14. Letters of Support (e.g., Consultants)	_____
15. Resource Sharing Plan(s)	_____
16. Authentication of Key Biological and/or Chemical Resources	_____
Appendix (<i>Five identical CDs.</i>)	<input type="checkbox"/> Check if Appendix is Included

* Follow the page limits for these sections indicated in the application instructions, unless the Funding Opportunity Announcement specifies otherwise.

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
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List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							

SUBTOTALS →

			0
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CONSULTANT COSTS 0

EQUIPMENT (*Itemize*) 0

SUPPLIES (*Itemize by category*)

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (*Itemize by category*) 0

OTHER EXPENSES (*Itemize by category*) 0

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
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SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (*Item 7a, Face Page*) \$

CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
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TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD \$

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>	0				
CONSULTANT COSTS	0				
EQUIPMENT	0				
SUPPLIES					
TRAVEL					
INPATIENT CARE COSTS	0				
OUTPATIENT CARE COSTS	0				
ALTERATIONS AND RENOVATIONS	0				
OTHER EXPENSES	0				
DIRECT CONSORTIUM/ CONTRACTUAL COSTS	0				
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>					
F&A CONSORTIUM/ CONTRACTUAL COSTS	0				
TOTAL DIRECT COSTS					

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD \$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

Air Fare

Housing Allowance

Per Diem

Laboratory Supplies & Reagents

Program Director/Principal Investigator (Last, First, Middle):

RESOURCES

Follow the 398 application instructions in Part I, 4.7 Resources.

Resources for implementation of the technology transferred to their home institution.

Program Director/Principal Investigator (Last, First, Middle):

Proposal Headers: Specific Aims, Significance, Innovation, Approach, Time Table, Plan for implementation of the technology transferred to their home institution.

Program Director/Principal Investigator (Last, First, Middle):

Program Director/Principal Investigator (Last, First, Middle):

Program Director/Principal Investigator (Last, First, Middle):

Program Director/Principal Investigator (Last, First, Middle):

Literature Cited

Program Director/Principal Investigator (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
 Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

Please refer to the Biographical Sketch sample in order to complete sections A, B, C, and D of the Biographical Sketch.