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**Some tips for filling in a SF 424 Adobe B2 grant application form  
&  
An example of a completed SF 424 Adobe B2 form with USF Tampa campus info.**

If you know your specific funding opportunity number, the most direct route is to use the “Apply for Grants” feature. From the Grants.gov home page, <http://www.grants.gov/> select “Apply for Grants” and follow the steps provided. “Step 1” allows you to download an application package by inserting a specific Funding Opportunity Number (FOA). If you do not know the specific Funding Opportunity Number there is a link that will take you back to the Find Grant Opportunities page.

A Funding Opportunity Number is referenced in every announcement. It may be called a Program Announcement (PA) Number or a Request for Application (RFA) Number. Enter this number in the Funding Opportunity Number field and click **Download Package**. This takes you to a “Selected Grant Applications for Download” screen.

If you searched only on a specific opportunity number, only one announcement is provided in the chart. Click the corresponding **download** link to access the actual application form pages and instruction material.

To access the instructions, click **Download Application Instructions** this action will download a document containing a link to the NIH Web site where the most current set of application instructions is available: <http://grants.nih.gov/grants/funding/424/index.htm> Applicants are encouraged to check this site regularly for the most current version.

To access the form pages, click **Download Application Package**

On the Download Opportunity Instructions and Applications screen you will be given an opportunity to provide an e-mail address if you would like to be notified of any changes to this particular opportunity. Applicants to NIH and other PHS agencies are strongly encouraged to complete this information. The agency can then use it to provide additional information to prospective applicants.

The **SF424 (R&R)** form set is comprised of a number of components. In addition to these components, NIH and other PHS agencies applicants will also complete supplemental components called “PHS 398” components.

The application forms package associated with most NIH research grant funding opportunities includes **two** optional budget components: (1) *SF424 (R&R) Budget* and (2) *PHS398 Modular Budget*. NIH application submissions must include **either** the *SF424 (R&R) Budget Component* **or** the *PHS398 Modular Budget Component*, but never both. (Note AHRQ does not accept modular budgets.) Unless otherwise stated in a funding announcement, an application **must** always be submitted with a budget component. For those programs where *either* form is a possibility, the budget forms will be considered “*optional*” by the Grants.gov package. Nonetheless, it is still **required** that you *select and submit one* of these budget forms for an application to be accepted by the NIH.

To determine which budget component to use for NIH applications, consult the modular budget guidelines found in Section 5.4. Additional guidance may also be provided in the specific funding opportunity announcement.

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Some funding opportunities will explicitly state the use of only one of the budget components. In this case, the application package will only include the accepted budget form which will appear in the list of "mandatory" forms (not in the optional list).

**\*\*\*All required and optional forms** for electronic submission listed above are available through Grants.gov and *should be downloaded from the FOA being applied to*. Do **not** use any forms or format pages from other sources; these may include extraneous headers/footers or other information that could interfere with the electronic application process.

### **Format Specifications for Text (PDF) Attachments**

#### **File Name**

Save all files with descriptive file names of 50 characters or less and be sure to only use standard characters in file names: A through Z, a through z, 0 through 9, and underscore (\_). Do **not** use any special characters (example: "&", "-", "\*", "%", "/", and "#") or spacing in the file name. For word separation use underscore (example: "My\_Attached\_File.pdf") in naming the attachments.

#### **Font**

Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface, a black font color, and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.)

Type density, including characters and spaces, must be no more than 15 characters per inch.

Type may be no more than six lines per inch.

### **Form SF 424 Adobe B2 version mandatory in May 2011**

**Page one** information **for USF Tampa Campus** users:

Certain information will come pre-loaded onto the SF 424 form you have downloaded. This usually includes: Opportunity title, Agency, CFDA Number and Description, Opportunity Number, Competition ID, Opportunity Open and Close Dates, and Agency Contact

*You **must** enter an **Application Filing Name*** in the box outlined in red. (this is a required field). This name is for use solely by the applicant for tracking the application through the Grants.gov submission process. It is not used by the receiving agency.

Open and complete all of the documents listed in the **Mandatory Documents** box. **Complete the component titled SF424 (R&R) first.** Data entered in this component populates other mandatory and optional forms where applicable. Click the document name in the Mandatory docs box and click the "Move form to Complete" button to add these forms to your SF 424 form.

### **Open and Complete Optional Documents**

These documents can be used to provide additional information for the application or may be required for specific types of grant activities. Information on each of these documents is found later in these instructions. In some application packages applicants will see two budget options; e.g., Research & Related Budget and PHS398 Modular Budget in the Optional Documents section. While both appear as Optional Documents, one or the other will always be required.

**Type of Submission:** check appropriate box. These instructions will be for an "Application"

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Leave blank: #s 2. **Date Submitted**, 3. **Date Received by State**, and 4. **Federal Identifier**, if a “New Application”

5. **Applicant information** See filled in boxes in “New Template” form. (Note: Enter either Ray Charles or Gloria Mokry as the person to contact, depends on your dept. check on this if needed)  
Organizational DUNS: 069687242

6. **Employer identification** 59-3102112 (for the USF Tampa campus)

7. **Type of applicant** H: Public/State Controlled Institution of Higher Education

8. **Type of Application:** check appropriate box (for template version, we chose: “New”)

9. **Name of Federal agency: National Institutes of Health**

10. **Catalog of FDA number:** leave blank

11. **Descriptive title of applicant’s project:** Your Application Title in 100 characters or less

12. **Enter:** *start* and *ending* dates of proposed project

13. **Congressional District of Applicant:** FL-011

14. **Project Director/Principal Investigator contact information:**

Fill in all mandatory fields (these are outlined in red). See example

15. **Estimated Project funding:**

a: Total Federal Funds Requested: enter the total of cumulative budget for proposed project

b: Total Non-Federal Funds: usually enter 0.00

c: Total Federal & Non-Federal Funds: usually enter same as “a:”

d. Estimated Program Income: usually enter 0.00

16. **Is Application Subject To Review By State Executive Order 12372 Process?** For most RO1’s answer is: b. No

17. **Application certifications and assurances:** Most check the “I agree” box

18. **SFLLL or other Explanatory Documentation:** Most leave this blank

19. **Authorized Representative:**

See example- information is *current* as of March 2011 SRA’s- either Ray Charles or Gloria Mokry

20. **Pre-application:** Most leave blank

### **Project/Performance Site Location(s)**

Fill in all mandatory fields- (those outlined in red). If site is USF, use information from earlier page. (See example for USF Tampa campus information)

Add any additional site location information as needed.

(See example for information appropriate for faculty at the Tampa COM Campus)

### **RESEARCH & RELATED Other Project Information**

Answer questions 1. Human Subjects and 2. Vertebrate Animals appropriately for your application. Fields outlined in red are mandatory

- For Human subjects’ studies: USF’s Human Subject Assurance number is: FWA10001669

- For Vertebrate animals' studies: USF's Animal Welfare Assurance number is A-4100-01

See example for answers to questions 3 thru 5.

6. **Activities outside the US:** Answer Yes or No, if Yes, type in the country or countries
7. **Project Summary/Abstract:** this is a mandatory field: add pdf attachment of your abstract
8. **Project Narrative:** this is a mandatory field: add pdf attachment of your narrative
9. **Bibliography & References Cited :** add pdf attachment
10. **Facilities & Other Resources:** add pdf attachment
11. **Equipment:** add pdf attachment
12. **Other Attachments :** add pdf attachment

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

Type in answers to all **yellow** fields (mandatory)

(See example for information appropriate for faculty at the Tampa COM Campus)

**Credential**, eg, agency login: type in PI's eRA commons login

**Project Role:** choose PD/PI

**Degree type** and **degree year:** fields are optional

**Attach Biographical Sketch :** attach pdf of PI biosketch

### **PROFILE - Senior/Key Person 1**

Fill in fields for key personnel- list personnel in the same order as on your budget and budget justification

**Attach Biographical Sketch:** attach pdf of key person's biosketch

**To open** form for next key person, Click on "Next Person" button on lower right of page  
Repeat for all key personnel

## **PHS 398 Cover Page Supplement**

### **1. Project Director/Principal Investigator**

Fill in **yellow** mandatory fields

2. **Human Subjects** check "yes" or "no", if "yes"; check "yes" or "no" for Agency defined Phase III Clinical Trial

### **3. Applicant Organization Contact**

See example, choose either Ray Charles or Gloria Mokry

### **4. Human Embryonic Stem Cells**

Choose either "no" or "yes", if "yes", fill in Cell line information

## **PHS 398 Research Plan**

1. **Application type:** check appropriate box
2. **Research Plan Attachments** (1 thru 5): add pdf file where needed; **mandatory:** must add Research Strategy pdf  
Human Subjects Sections (6 thru 9)  
Add attachments if appropriate  
Other Research Plan Sections (10 thru 15)  
Add attachments where appropriate
3. **Appendix** (16) : to determine which documents are appropriate as Appendix material, refer to instructions in the Application Guide regarding Appendix. A maximum of 10 attachments is allowed.

**PHS 398 Checklist**

1. **Application Type** : check appropriate box, if “New”, do **not** fill in Fed ID
2. **Change of Investigator / Change of Institution Questions:** Answer only if appropriate
3. **Inventions and Patents (For renewal applications only):** Answer only if appropriate
4. **Program Income** : Most R01’s are “no” , if “yes” fill in budget period information
5. **Disclosure Permission Statement**, choose “yes” or “no”

**RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1**

ORGANIZATIONAL DUNS number: 069687240000

**Check** Budget type: Project or subaward/consortium

**Enter** “start” and “end” date for Budget period 1

- A. **Senior/ Key person:** fill in mandatory and other fields for each key person
- B. **Other personnel** : fill in fields as appropriate for application
- C. **Equipment description:** Fill in fields as needed for application
- D. **Travel:** fill in fields as needed
- E. **Participant/Trainee support costs:** fill in as needed
- F. **Other Direct costs:** fill in fields as needed
- G. **Direct costs** = total direct costs (total of sections A thru F)
- H. **Indirect costs** = MTDC IDC rate% , use 49% for Tampa campus
- I. **Total Direct and Indirect Costs** = total of G and H
- J. **Fee** Do not include a fee unless your program announcement allows one.

Complete budget information for each budget period requested.

**To go** to next period: click on the “Next period” button on top right hand corner of page.

- K. **Budget justification page:** attach only one PDF file, the budget justification provides additional information requested in each budget category to support your budget request. The format should follow in the same order as on the application.

**RESEARCH & RELATED BUDGET - Cumulative Budget**

Be sure cumulative budget page is completed

**PHS Cover Letter**

Must include a filename in the **yellow** field.

A cover letter is encouraged and should include the application title, PA or RFA title if appropriate. May include a request of an assignment and referral to a particular awarding component or scientific review group, a listing of people who should not review your application and why, disciplines involved, a statement that any required documentations are included.

Add pdf cover letter file

**To Save file:** go to the **“Save”** button at the top of the application page, click on “Save” and create a file name and then save the document.

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-11-260
Competition ID:	ADOBE-FORMS-B2
Opportunity Open Date:	08/12/2011
Opportunity Close Date:	09/07/2014
Agency Contact:	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.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name:

### Mandatory Documents

Move Form to Complete

Move Form to Delete

### 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

R & R Subaward Budget Attachment(s) Form 5 YR 3  
PHS 398 Modular Budget

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

Research & Related Budget  
PHS Cover Letter

## 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)**

<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>
<input type="text"/>		<input type="text"/>
<b>1. * TYPE OF SUBMISSION</b>		<b>4. a. Federal Identifier</b>
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input type="text"/>
<b>2. DATE SUBMITTED</b>		<b>b. Agency Routing Identifier</b>
<input type="text"/>	<b>Applicant Identifier</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5. APPLICANT INFORMATION</b>		<b>* Organizational DUNS:</b> 069687242
* Legal Name: University of South Florida		
Department: Office of Research	Division: Sponsored Research	
* Street1: 3650 Spectrum Blvd		
Street2: Suite 160		
* City: Tampa	County / Parish: Hillsborough	
* State: FL: Florida	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* ZIP / Postal Code: 33612-9446	
Person to be contacted on matters involving this application		
Prefix: <input type="text"/>	* First Name: SRA's First Name	Middle Name: <input type="text"/>
* Last Name: SRA's Last Name	Suffix: <input type="text"/>	
* Phone Number: 813-974-xxxx	Fax Number: 813-974-4962	
Email: grants.gov@research.usf.edu		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 59-3102112		
<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education		
Other (Specify): <input type="text"/>		
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
<b>8. * TYPE OF APPLICATION:</b>		If Revision, mark appropriate box(es).
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>		
<b>9. * NAME OF FEDERAL AGENCY:</b>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>
National Institutes of Health		TITLE: <input type="text"/>
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
Name of PI's Project Title in 100 Characters or Less <input type="text"/>		
<b>12. PROPOSED PROJECT:</b>		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
* Start Date	* Ending Date	<input type="text"/>
09/01/2011	08/31/2016	FL-011
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>		
Prefix: Dr.	* First Name: PI's first name	Middle Name: <input type="text"/>
* Last Name: PI's Last name	Suffix: <input type="text"/>	
Position/Title: PI's job title; Professor		
* Organization Name: University of South Florida		
Department: PI's dept	Division: <input type="text"/>	
* Street1: 12901 Bruce B Downs Blvd		
Street2: <input type="text"/>		
* City: Tampa	County / Parish: Hillsborough	
* State: FL: Florida	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* ZIP / Postal Code: 33612-9446	
* Phone Number: 813-974-xxxx	Fax Number: <input type="text"/>	
* Email: PIname@health.usf.edu		

<b>15. ESTIMATED PROJECT FUNDING</b>		<b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Total Federal Funds Requested	<input type="text" value="1,250,000.00"/>	a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		DATE: <input type="text"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="1,250,000.00"/>	b. NO	<input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

\* 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:

\* Signature of Authorized Representative

\* Date Signed

20. Pre-application

### 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:

\* 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)**

## 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:

2. \* Are Vertebrate Animals Used?

Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

IACUC Approval Date:

Animal Welfare Assurance Number

3. \* Is proprietary/privileged information included in the application?

Yes  No

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

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?

Yes  No

4.d. If yes, please explain:

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

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. \* Project Summary/Abstract

Add Attachment

Delete Attachment

View Attachment

8. \* Project Narrative

Add Attachment

Delete Attachment

View Attachment

9. Bibliography & References Cited

Add Attachment

Delete Attachment

View Attachment

10. Facilities & Other Resources

Add Attachment

Delete Attachment

View Attachment

11. Equipment

Add Attachment

Delete Attachment

View Attachment

12. Other Attachments

Add Attachments

Delete Attachments

View Attachments

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

PROFILE - Project Director/Principal Investigator			
Prefix:	<input type="text" value="Dr."/>	* First Name:	<input type="text" value="PI's first name"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="PI's Last name"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text" value="PI's job title; Professor"/>	Department:	<input type="text" value="PI's dept"/>
Organization Name:	<input type="text" value="University of South Florida"/>	Division:	<input type="text"/>
* Street1:	<input type="text" value="12901 Bruce B Downs Blvd"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Tampa"/>	County/ Parish:	<input type="text" value="Hillsborough"/>
* State:	<input type="text" value="FL: Florida"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="33612-9446"/>
* Phone Number:	<input type="text" value="813-974-xxxx"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text" value="PIname@health.usf.edu"/>		
Credential, e.g., agency login:	<input type="text" value="PI's eRA Commons login"/>		
* Project Role:	<input type="text" value="PD/PI"/>	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"/>
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"/>	<input type="button" value="View Attachment"/>

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/ 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"/>
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"/>	<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.

# PHS 398 Cover Page Supplement

OMB Number: 0925-0001

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

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

## 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/Parish:   
\* State:   
Province:   
\* Country:  \* Zip / Postal Code:



## PHS 398 Research Plan

### 1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is 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"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2. Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4. Inclusion Enrollment Report	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5. Progress Report Publication List	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

#### Human Subjects Sections

6. Protection of Human Subjects	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7. Inclusion of Women and Minorities	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8. Targeted/Planned Enrollment Table	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9. Inclusion of Children	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

#### Other Research Plan Sections

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

16. Appendix

# 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

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**

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. \* 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



Close Form

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

\* ORGANIZATIONAL DUNS: 0696872420000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: University of South Florida

\* Start Date: 09/01/2011 \* 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	
	Total Equipment	

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

D. Travel

Funds Requested (\$)

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

E. Participant/Trainee Support Costs

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees	
	Total Participant/Trainee Support Costs	

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

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

\* ORGANIZATIONAL DUNS: 0696872420000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: University of South Florida

\* Start Date: 09/01/2011 \* 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>				

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

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	

J. Fee	Funds Requested (\$)

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

**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"/>

# PHS Cover Letter

OMB Numbers: 0925-0001  
0925-0002

\*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

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