Preview of FORMS-E Grant Application Form Changes

FORMS-E application forms required for NIH & AHRQ due dates on or after January 25, 2018
New PHS Human Subjects and Clinical Trials Information Form
PHS Human Subjects and Clinical Trials Information Form

Disclaimer

This resource is:

- A representation of the data items collected in the new PHS Human Subjects and Clinical Trials Information form
- Continuously evolving as we work through implementation details

This resource is NOT:

- A representation of the final look and feel of the form based on a pre-implementation form mock-up

Goals

- Consolidate human subjects information currently scattered across multiple PHS forms within an application package
- Expand clinical trial data collection
  - Provide information needed for peer review
  - Position us for future data exchange with ClinicalTrials.gov

Getting Acclimated to New Form

- New form included in all applications (whether or not human subjects or clinical trials are involved)
- Collects study level information
- NIH will continue to collect some application level Human Subjects information on the Research & Related Other Project Information form
  - Used federal-wide, not within NIH control to remove Human Subjects questions from this form to our new PHS Human Subjects and Clinical Trials Information form
- When HS= Yes on Research & Related Other Project Information form applications must include one of the following on the new PHS Human Subjects and Clinical Trials Information Form
  - 1 or more full study records, OR
  - 1 or more delayed onset study records, OR
  - A combination of full and delayed onset study records
- Required form fields vary based on a number of factors, including:
  - Whether study is delayed onset
  - Announcement-specific instructions
  - Human subject exemptions
  - Whether study involves a clinical trial
Data Collection for Delayed Onset Study

Delayed Onset Study

* Required field(s)

* Study Title
  
Enter title of delayed onset study

* Anticipated Clinical Trial?  ○ Yes  ○ No

* Justification Attachment
  
Add Attachment  Delete Attachment  View Attachment

Save  Cancel
Full study records are comprised of 5 sections.
### Inclusion Enrollment Report

#### Human Subjects Study

1. Using an Existing Dataset or Resource
   - Yes
   - No

2. Enrollment Location Type
   - Domestic
   - Foreign

3. Enrollment Country(ies)
   - UNITED STATES OF AMERICA

4. Enrollment Location(s)
   - Enter up to 500 characters

5. Comments
   - Enter up to 500 characters

---

#### Planned

**Used when Existing Data Source or Resource = No**

<table>
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<th>Racial Categories</th>
<th>Not Hispanic or Latino</th>
<th>Hispanic or Latino</th>
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</thead>
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<td>Male</td>
<td>Female</td>
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#### Cumulative (Actual)

**Used when Existing Data Source or Resource = Yes**

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</tr>
</tbody>
</table>
FORMS-E Changes in Agency-specific (PHS) Forms

PHS forms not included in this resource have not been changed except to update the form expiration date.
### Introduction

1. Introduction to Application  
   **(RESUBMISSION)**

### Candidate Section

2. Candidate Information and Goals for Career Development

### Research Plan Section

3. Specific Aims

4. * Research Strategy

5. Progress Report Publication List  
   **(for RENEWAL applications only)**

6. Training in the Responsible Conduct of Research

### Other Candidate Information Section

7. Candidate's Plan to Provide Mentoring

### Mentor, Co-Mentor, Consultant, Collaborators Section

8. Plans and Statements of Mentor and Co-Mentor(s)

9. Letters of Support from Collaborators, Contributors, and Consultants

### Environment and Institutional Commitment to Candidate Section

10. Description of Institutional Environment

11. Institutional Commitment to Candidate's Research Career Development

### Human Subject Sections

12. Protection of Human Subjects

13. Data Safety Monitoring Plan

14. Inclusion of Women and Minorities

15. Inclusion of Children

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**New date - 03/31/2020**

Replace parenthetical text with "(for Resubmission and Revision applications)".

Remove this section (attachments 12-15) and renumber remaining form fields.
**PHS 398 Career Development Award Supplemental Form**

**Other Research Plan Sections**

12. Vertebrate Animals

13. Select Agent Research

14. Consortium/Contractual Arrangements

15. Resource Sharing

16. Authentication of Key Biological and/or Chemical Resources

**Appendix**

21. Appendix

**Citizenship**

* U.S. Citizen or Non-Citizen National? [ ] Yes [ ] No

If no, select most appropriate Non-U.S. Citizen option

[ ] With a Permanent U.S. Resident Visa

[ ] With a Temporary U.S. Visa

[ ] Not Residing in the U.S.

If with a temporary U.S. visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, also check here: [ ]

Replace sentence with "If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here:"

NIH Office of Extramural Research

Updated: April 27, 2017
1. Human Subjects Section

Clinical Trial?  
☐ Yes  ☐ No

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

2. Vertebrate Animals Section

Are vertebrate animals euthanized?  
☐ Yes  ☐ No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  
☐ Yes  ☐ No

If "No" to AVMA guidelines, describe method and provide scientific justification

3. *Program Income Section

*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.

*Anticipated Amount ($)  
*Source(s)

4. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells?  
☐ Yes  ☐ No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 0004):  

5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents:  Yes ☐  No ☐

If "Yes" then answer the following:

*Previously Reported:  Yes ☐  No ☐

6. Change of Investigator / Change of Institution Section

☐ Change of Project Director / Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix: 

*First Name: 

Middle Name: 

*Last Name: 

Suffix: 

☐ Change of Grantee Institution

*Name of former institution: 

Change parenthetical text to "for Renewal applications".

Remove spaces before and after "/" to read "Investigator/Change".

Remove spaces before and after "/" to read "Director/Principal".
# PHS 398 Research Plan

**Introduction**

1. Introduction to Application *(Resubmission and Revision)*

**Research Plan Section**

Replace parenthetical text with "(for Resubmission and Revision applications)*.

2. Specific Aims

3. *Research Strategy

4. Progress Report Publication List

**Human Subjects Section**

Remove this section (attachments 5-8) and renumber remaining form fields.

5. Protection of Human Subjects

6. Data Safety Monitoring Plan

7. Inclusion of Women and Minorities

8. Inclusion of Children

**Other Research Plan Section**

9. Vertebrate Animals

10. Select Agent Research

11. Multiple PD/PI Leadership Plan

12. Consortium/Contractual Arrangements

13. Letters of Support

14. Resource Sharing Plan(s)

15. Authentication of Key Biological and/or Chemical Resources

**Appendix**

16. Appendix

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*NIH Office of Extramural Research*

*Updated: April 27, 2017*
# PHS 398 Research Training Program Plan

**Introduction**

1. Introduction to Application (for Resubmission and Revision)  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

**Training Program Section**

2. * Program Plan  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

3. Plan for Instruction in the Responsible Conduct of Research  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

4. Plan for Instruction in Methods for Enhancing Reproducibility  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

5. Multiple PD/PI Leadership Plan (if applicable)  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

6. Progress Report (for Renewal applications only)  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

**Faculty, Trainees and Training Record Section**

7. Participating Faculty Biosketches  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

8. Letters of Support  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

9. Data Tables  
   - Add Attachment  
   - Delete Attachment  
   - View Attachment

**Other Training Program Section**

10. Human Subjects  
    - Add Attachment  
    - Delete Attachment  
    - View Attachment

11. Data Safety Monitoring Plan  
    - Add Attachment  
    - Delete Attachment  
    - View Attachment

12. Vertebrate Animals  
    - Add Attachment  
    - Delete Attachment  
    - View Attachment

13. Select Agent Research  
    - Add Attachment  
    - Delete Attachment  
    - View Attachment

14. Consortium/Contractual Arrangements  
    - Add Attachment  
    - Delete Attachment  
    - View Attachment

**Appendix**

15. Appendix  
    - Add Attachments  
    - Delete Attachments  
    - View Attachments

---

**Requested form changes:**

- Replace parenthetical text with "(for Resubmission and Revision applications)."
- Replace parenthetical text with "(for Renewal applications)."
- Remove these attachments (10-11) and renumber remaining form fields.

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NIH Office of Extramural Research  
Updated: April 27, 2017
PHS Assignment Request Form

If you have a preference for an Awarding Component (e.g., NIH Institute/Center) assignment, please use the link below to identify the appropriate short abbreviation and enter it in the box below. All requests will be considered; however, assignment requests cannot always be honored.

Assign to Awarding Component:

Do Not Assign to Awarding Component:

If you have a preference for a study section assignment, please use the link below to identify the appropriate study section (e.g., NIH Scientific Review Group or Special Emphasis Panel) and enter it below. All requests will be considered; however, assignment requests cannot always be honored.

Assign to Study Section:

Do Not Assign to Study Section:

Awarding Components can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents

Study Sections can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection
PHS Assignment Request Form

List Individuals who should not review your application and why (optional)  
Only 1000 characters allowed

Identify Scientific areas of expertise needed to review your application (optional)  
Note: Please do not provide names of individuals

Expertise:  
Only 40 characters allowed

1  2  3  4  5

Make sure applicants can provide 1000 characters of text, even if it extends past 8 lines.
# PHS Fellowship Supplemental Form

## Introduction

1. **Introduction**

   *(RESUBMISSION)*

   Change to "Introduction to Application".

   Change parenthetical text to "(for Resubmission applications)".

## Fellowship Applicant Section

2. **Applicant's Background and Goals for Fellowship Training**

   Add Attachment | Delete Attachment | View Attachment

## Research Training Plan Section

3. **Specific Aims**

   Add Attachment | Delete Attachment | View Attachment

4. **Research Strategy**

   Add Attachment | Delete Attachment | View Attachment

5. **Respective Contributions**

   Add Attachment | Delete Attachment | View Attachment

6. **Selection of Sponsor and Institution**

   Add Attachment | Delete Attachment | View Attachment

7. **Progress Report Publication List**

   *(RENEWAL)*

   Change parenthetical text to "(for Renewal applications)".

8. **Training in the Responsible Conduct of Research**

   Add Attachment | Delete Attachment | View Attachment

## Sponsor(s), Collaborator(s), and Consultant(s) Section

9. **Sponsor and Co-Sponsor Statements**

   Add Attachment | Delete Attachment | View Attachment

10. **Letters of Support from Collaborators, Contributors, and Consultants**

    Add Attachment | Delete Attachment | View Attachment

## Institutional Environment and Commitment to Training Section

11. **Description of Institutional Environment and Commitment to Training**

    Add Attachment | Delete Attachment | View Attachment

## Other Research Training Plan Section

**Human Subjects**

Remove this sub-section (attachments 12-18) and renumber remaining form field.

---

**Please note:** The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

**Are Human Subjects Involved?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

12. **Human Subjects Involvement Indefinite?**

    | Yes | No |

13. **Clinical Trial?**

    | Yes | No |

14. **Agency-Defined Phase III Clinical Trial?**

    | Yes | No |

15. **Protection of Human Subjects**

    Add Attachment | Delete Attachment | View Attachment

16. **Data Safety Monitoring Plan**

    Add Attachment | Delete Attachment | View Attachment

17. **Inclusion of Women and Minorities**

    Add Attachment | Delete Attachment | View Attachment

18. **Inclusion of Children**

    Add Attachment | Delete Attachment | View Attachment
Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used?

- [ ] Yes
- [ ] No

19. Vertebrate Animals Use Indefinite?

- [ ] Yes
- [ ] No

20. Are vertebrate animals euthanized?

- [ ] Yes
- [ ] No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?

- [ ] Yes
- [ ] No

If "No" to AVMA guidelines, describe method and provide scientific justification

21. Vertebrate Animals

[Add Attachment] [Delete Attachment] [View Attachment]

Other Research Training Plan Information

22. Select Agent Research

[Add Attachment] [Delete Attachment] [View Attachment]

23. Resource Sharing Plan

[Add Attachment] [Delete Attachment] [View Attachment]

24. Authentication of Key Biological and/or Chemical Resources

[Add Attachment] [Delete Attachment] [View Attachment]

Additional Information Section

25. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?

- [ ] Yes
- [ ] No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

- [ ] Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s):

[ ]

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

- [ ]

Expected Completion Date (month/year):

28. * Field of Training for Current Proposal:

Change parenthetical text "MM/YYYY".
29. * Current Or Prior Kirschstein-NRSA Support?
   Yes  No

   If yes, identify current and prior Kirschstein-NRSA support below:

   - * Level
   - * Type
   - Start Date (if known)
   - End Date (if known)
   - Grant Number (if known)

   [Reset Entry]

30. * Applications for Concurrent Support
   Yes  No

   If yes, please describe in an attached file:

   [Add Attachment]  [Delete Attachment]  [View Attachment]

31. * Citizenship:
   U.S. Citizen
   Yes  No
   U.S. Citizen or Non-Citizen National?
   Yes  No
   With a Permanent U.S. Resident Visa
   With a Temporary U.S. Visa

   If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here.

   [Yes]

32. Change of Sponsoring Institution
   Name of Former Institution:

   [Yes]  [No]

Budget Section

All Fellowship Applicants:

1. * Tuition and Fees:
   - None Requested
   - Funds Requested:
     - Year 1
     - Year 2
     - Year 3
     - Year 4
     - Year 5
     - Year 6 (when applicable)
     - Total Funds Requested:

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

3. Stipends/Salary During First Year of Proposed Fellowship:
   a. Federal Stipend Requested:
      - Amount
      - Academic Period
      - Number of Months
   b. Supplementation from other sources:
      - Amount
      - Number of Months

   [Type (e.g., sabbatical leave, salary, etc.)]
   [Source]
Appendix

Add "Appendix" section header in bold text.

Number and remove bold formatting from "28. Appendix" field name.
FORMS-E Changes in Federal-wide (Research & Related) Forms

Federal-wide Research & Related forms not included in this resource have not been changed except to update the form expiration date.
## Research & Related Budget - Budget Period 1

**ORGANIZATIONAL DUNS:** [Redacted]

Enter name of Organization: [Redacted]

**Budget Type:**
- [ ] Project
- [ ] Subaward/Consortium

Budget Period: 1

Start Date: [Redacted]  
End Date: [Redacted]

**ORGANIZATIONAL DUNS:** [Redacted]

O.M.B Number: 4040-0001
Expiration Date: 10/31/2019

### A. Senior/Key Person

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<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Base Salary ($)</th>
<th>Months</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
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<td></td>
</tr>
</tbody>
</table>

Project Role: PD/P1

Additional Senior Key Persons: [Redacted]

Add Attachment  
Delete Attachment  
View Attachment

Total Funds requested for all Senior Key Persons in the attached file: [Redacted]

Total Senior/Key Person: [Redacted]

### B. Other Personnel

<table>
<thead>
<tr>
<th>Number of Personnel</th>
<th>Project Role</th>
<th>Project Role</th>
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</tbody>
</table>

Total Number Other Personnel: [Redacted]

Total Other Personnel: [Redacted]

Total Salary, Wages and Fringe Benefits (A+B): [Redacted]
## C. Equipment Description

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

<table>
<thead>
<tr>
<th>Equipment item</th>
<th>Funds Requested ($)</th>
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Additional Equipment: [Add Attachment] [Delete Attachment] [View Attachment]

Total funds requested for all equipment listed in the attached file

Total Equipment

## D. Travel

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)</td>
<td></td>
</tr>
<tr>
<td>2. Foreign Travel Costs</td>
<td></td>
</tr>
</tbody>
</table>

Total Travel Cost

## E. Participant/Trainee Support Costs

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td></td>
</tr>
<tr>
<td>2. Stipends</td>
<td></td>
</tr>
<tr>
<td>3. Travel</td>
<td></td>
</tr>
<tr>
<td>4. Subsistence</td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
</tr>
</tbody>
</table>

Number of Participants/Trainees

Total Participant/Trainee Support Costs
### F. Other Direct Costs

| 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 |

#### Total Other Direct Costs

### G. Direct Costs

#### Total Direct Costs (A thru F)

### H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

#### Total Indirect Costs

### I. Total Direct and Indirect Costs

#### Total Direct and Indirect Institutional Costs (G + H)

### J. Fee

#### Funds Requested ($)

### K. Total Costs and Fee

#### Total Costs and Fee (I + J)

### L. Budget Justification

(Only attach one file.)
### RESEARCH & RELATED BUDGET - Cumulative Budget

<table>
<thead>
<tr>
<th>Section</th>
<th>Totals ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Senior/Key Person</td>
<td></td>
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<tr>
<td>Section B, Other Personnel</td>
<td></td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
<td></td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
<td></td>
</tr>
<tr>
<td>Section C, Equipment</td>
<td></td>
</tr>
<tr>
<td>Section D, Travel</td>
<td></td>
</tr>
<tr>
<td>1. Domestic</td>
<td></td>
</tr>
<tr>
<td>2. Foreign</td>
<td></td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td></td>
</tr>
<tr>
<td>2. Stipends</td>
<td></td>
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<tr>
<td>3. Travel</td>
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<tr>
<td>4. Subsistence</td>
<td></td>
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<tr>
<td>5. Other</td>
<td></td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
<td></td>
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<tr>
<td>Section F, Other Direct Costs</td>
<td></td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td></td>
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<tr>
<td>3. Consultant Services</td>
<td></td>
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<tr>
<td>4. ADP/Computer Services</td>
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<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
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<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
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<tr>
<td>7. Alterations and Renovations</td>
<td></td>
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<tr>
<td>8. Other 1</td>
<td></td>
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<td>9. Other 2</td>
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<tr>
<td>10. Other 3</td>
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<tr>
<td>Section G, Direct Costs (A thru F)</td>
<td></td>
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<tr>
<td>Section H, Indirect Costs</td>
<td></td>
</tr>
<tr>
<td>Section I, Total Direct and Indirect Costs (G + H)</td>
<td></td>
</tr>
<tr>
<td>Section J, Fee</td>
<td></td>
</tr>
<tr>
<td>Section K, Total Costs and Fee (I + J)</td>
<td></td>
</tr>
</tbody>
</table>

**New Total Costs and Fees Calculation**

NIH Office of Extramural Research

Updated: April 27, 2017
**SBIR/STTR Information**

* Agency to which you are applying (select only one)  
- [ ] DOE  
- [ ] HHS  
- [ ] USDA  
- [ ] Other:  

* SBC Control ID:  
*(This 9 digit code is obtained from the Small Business Administration)*  

* Program Type (select only one)  
- [ ] SBIR  
- [ ] STTR  
- [ ] Both *(See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)*

* Application Type (select only one)  
- [ ] Phase I  
- [ ] Phase II  
- [ ] Fast-Track  
- [ ] Direct Phase II  
- [ ] Phase IIA  
- [ ] Phase IIB  

* Commercialization Readiness Program *(See agency-specific instructions to determine application type participation.)*

* Agency Topic/Subtopic:  

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?</td>
<td></td>
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<tr>
<td>* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.</td>
<td></td>
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<tr>
<td>* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?</td>
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<tr>
<td>* 1d. Is your small business a Faculty or Student-Owned entity?</td>
<td></td>
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<tr>
<td>* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?</td>
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<tr>
<td>* If yes, insert the names of the Federal laboratories/agencies:</td>
<td></td>
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<tr>
<td>* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a></td>
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<tr>
<td>* 4. Will all research and development on the project be performed in its entirety in the United States?</td>
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<tr>
<td>If no, provide an explanation in an attached file.</td>
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<tr>
<td>* Explanation:</td>
<td></td>
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<tr>
<td>* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work?</td>
<td></td>
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</tr>
<tr>
<td>* If yes, insert the names of the other Federal agencies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* 7. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase I/I Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.</td>
<td></td>
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</tr>
</tbody>
</table>

* Attach File:  

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Updated: April 27, 2017
### SBIR/STTR Information

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.

* Attach File: [Add Attachment]  [Delete Attachment]  [View Attachment]

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

#### STTR-Specific Questions:
*Questions 10 - 12 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 10 - 12 blank.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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* 10. Please indicate whether the answer to BOTH of the following questions is TRUE:

1. Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND

2. Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

* 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</tbody>
</table>

* 12. Provide DUNS Number of non-profit research partner for STTR.

[New field...](#)