

Department of Health and Human Services Public Health Services  <b>Grant Application</b>  <i>Do not exceed character length restrictions indicated.</i>		<b>LEAVE BLANK—FOR PHS USE ONLY.</b>			
		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      NO      YES <i>(If "Yes," state number and title)</i> Number: _____ Title: _____					
<b>3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR</b>					
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: _____					
4. HUMAN SUBJECTS RESEARCH No      Yes			4a. Research Exempt No      Yes		If "Yes," Exemption No.
4b. Federal-Wide Assurance No.		4c. Clinical Trial No      Yes		4d. NIH-defined Phase III Clinical Trial No      Yes	
5. VERTEBRATE ANIMALS      No      Yes			5a. Animal Welfare Assurance No		
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i> From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
		7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)	8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name  Address			10. TYPE OF ORGANIZATION		
			Public: →      Federal      State      Local  Private: →      Private Nonprofit  For-profit: →      General      Small Business Woman-owned      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):

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SCIENTIFIC/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 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.

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**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>
<b>Face Page</b> .....	1
<b>Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells</b> .....	_____
<b>Table of Contents</b> .....	_____
<b>Detailed Budget for Initial Budget Period</b> .....	_____
<b>Budget for Entire Proposed Period of Support</b> .....	_____
<b>Budgets Pertaining to Consortium/Contractual Arrangements</b> .....	_____
<b>Biographical Sketch</b> – Program Director/Principal Investigator ( <i>Not to exceed five pages each</i> ).....	_____
<b>Other Biographical Sketches</b> ( <i>Not to exceed five pages each – See instructions</i> ).....	_____
<b>Resources</b> .....	_____
<b>Checklist</b> .....	_____
<b>Research Plan</b> .....	_____
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.....	_____

<b>Appendix</b> ( <i>Five identical CDs.</i> )	Check if Appendix is Included
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\* Follow the page limits for these sections indicated in the application instructions, unless the Funding Opportunity Announcement specifies otherwise.



**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>					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL					
INPATIENT CARE COSTS					
OUTPATIENT CARE COSTS					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
DIRECT CONSORTIUM/ CONTRACTUAL COSTS					
<b>SUBTOTAL DIRECT COSTS</b> <i>(Sum = Item 8a, Face Page)</i>					
F&A CONSORTIUM/ CONTRACTUAL COSTS					
<b>TOTAL DIRECT COSTS</b>					
<b>TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD</b>					<b>\$</b>

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

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

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## **RESOURCES**

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





# PHS Inclusion Enrollment Report

Note: PHS Inclusion Enrollment Report is not included in this combined form. See individual form here:

<http://grants.nih.gov/grants/forms/inclusion-enrollment-report.pdf>

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

**DO NOT SUBMIT UNLESS REQUESTED**  
**Renewal Applications Only**  
**ALL PERSONNEL REPORT**

**Always list the PD/PI(s). In addition, list all other personnel who participated in the project during the current budget period for at least one person month or more, regardless of the source of compensation (a person month equals approximately 160 hours or 8.3% of annualized effort). Use Cal, Acad, or Summer to Enter Months Devoted to Project.**

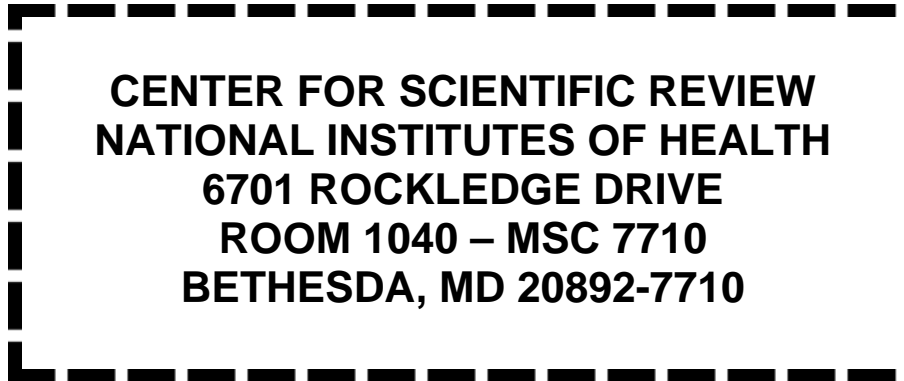
Commons ID	Name	Degree(s)	SSN (last 4 digits)	Role on Project (e.g. PD/PI, Res. Assoc.)	DoB (MM /YY)	Cal	Acad	Summer

# ***Mailing address for application***

*Use this label or a facsimile*

**All applications and other deliveries to the Center for Scientific Review must come either via courier delivery or via the United States Postal Service (USPS.) Applications delivered by individuals to the Center for Scientific Review will not be accepted.**

**Applications sent via the USPS EXPRESS or REGULAR MAIL should be sent to the following address:**



**NOTE: All applications sent via a courier delivery service (non-USPS) should use this address, but CHANGE THE ZIP CODE TO 20817**

The telephone number is 301-435-0715. C.O.D. applications will not be accepted.

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A special label for responding to RFAs is not required.