

Completing a Grants.Gov Application for NIH

Please review the GSU's steps for submitting an application to NIH on our NIH help page. http://www.gsu.edu/research/NIH_proposals.html

*Use these instructions to help you complete the Adobe forms for grants.gov application. **These are not complete instructions** and NIH application instructions should also be consulted for details. This is based on NIH application guide for applications submitted on or after January 25, 2010 referred to as Adobe-Forms-B*

It is very important that you use the correct version of Adobe to complete the application as specified on the grants.gov website http://www.grants.gov/help/download_software.jsp

General hints: Save application to your desktop after downloading it. Name it using PI's Last Name, grant competition, and words from title (e.g., LederbergNIHR03DeafLanguage.) Use tab to navigate from section to section in a form. Closing a form will save information to the open file but IT WILL NOT SAVE the information permanently (i.e., to the saved document file.) You need to specifically push the save button to save the file. Any items in yellow or red **MUST** be completed. We suggest that you check package for errors when you are finished (or near finished). The Check Package For Errors button is on the top of the Grant Application Package main page. There are some NIH-specific details this does not pick up so it is important to follow this guide carefully to avoid common errors.

All file attachments must be PDF. Filenames cannot have any spaces or special characters (e.g., #%*). Please be sure to confirm file name compliance.

Grants.gov is enforcing the 9-digit postal codes for all US addresses on federal forms. The application will be rejected for a "formatting issue" if you do not enter 9 digits. The 9-digit postal code for Georgia State University applications is 30302-3999.

Save your application periodically while completing it to avoid potentially losing all your hard work due to a glitch!

NOTE: There is a **major change in NIH policy as of Dec. 2010. "To be on time" an application must be error-free by the date the application is due.** This means you no longer have two days after the submission deadline to correct errors. We therefore strongly recommend that you submit your final version of the application to OSP four days before due date.

Grant Application Package Main Page

To open and complete Mandatory Documents, click on form title, then **Move Form to Complete**, then click **Open Document**. Move Form to Delete will NOT delete what you have already entered. You will have to manually change the information already entered on any form if it is incorrect. Optional documents are completed in the same manner from the Optional Documents window.

Use PI's Last Name, grant competition, and words from title for the **Applicant Filing Name** in

the yellow highlighted field on the front page of the Grants Application Package (e.g., LederbergNIHR03DeafLanguage.). This is used to track the application in grants.gov.

Form SF 424 (R&R) Cover – Complete this form first

Section 1. Type of Submission:

Mark “application” for first submission.

Mark “changed/corrected” if resubmitting this specific grant application because previous submission was rejected by grants.gov or NIH because of errors.

Section 2. Date Submitted and Applicant Identifier:

Leave these fields blank

Section 3: Date Received by State and State Application Identifier:

Leave these fields blank.

Section 4a. Federal Identifier:

If new application - leave blank. If changed/corrected application because of errors when submitted, grants.gov tracking number, except in the following case.

If "Type of Application" is "Renewal", "Revision" or "Resubmission", enter the IC and serial number of the prior grant number (e.g. CA123456). For these types of applications, DO NOT change the Federal Identifier field when submitting Changed/Corrected applications.

NEW - Section 4b. Agency Routing Identifier:

Enter the agency-assigned routing identifier per the agency-specific instructions. Leave blank unless the agency indicates otherwise in the funding announcement.

Section 5. Applicant Information:

- **Organizational DUNS:** 837322494
- **Legal name:** Georgia State University Research Foundation, Inc.
- **Department:** Office of Sponsored Programs
- **Division:** University Research Services & Administration (this may need to be shortened)
- **Address:** PO Box 3999, Fulton, Atlanta, GA 30302-3999

Person to be contacted is:

Ms. Marca Gurule phone no. (404) 413-3550 fax no (404) 413-3545 Email: reomg@langate.gsu.edu (Please check that there are no spaces after the email)

Section 6. Employer Identification:

Put EIN for DHHS: 1581845423A1

Section 7. Type of Applicant:

H: State Controlled Institution of Higher Education

Section 8. Type of Application (“Help” defines these terms)

Old NIH Term **(R&R) Term**

New (T-1) New

Revision or Amendment	Resubmission
Competing Continuation (T-2)	Renewal
Progress Report	Continuation (NOT used by NIH)
Competing Supplement	Revision

Is this application being submitted to other agencies? (self-explanatory)

If Revision, mark appropriate box(es).

Section 9. Name of Federal Agency:

This field is pre-filled.

Section 10. CDFA Number:

These fields are pre-filled. If blank, leave blank. Will be updated by the agency.

Section 11. Descriptive Title of Applicant's Project: self-explanatory (Limit to 81 characters)

Section 12. Proposed Project Date: Make sure your proposed start and end date are consistent with the dates allowed by the program. Dates must be consistent throughout application.

Section 13. Congressional Districts of Applicant: GA-005

Section 14. Project Director/ Principal Investigator Contact Information:

These fields will be partially populated by information entered in Section 5 above. But change Organization is Georgia State University. Enter 9 digit zip code 30302-your PO number (It's REQUIRED.) Make sure other information matches eRA Commons Personal Profile.

Section 15. Estimated Project Funding:

- Total Federal Funds Requested includes F&A (indirect costs). **MUST BE consistent with budget page.**
- Total Non-Federal Funds. **Enter \$0** unless there is mandatory cost-sharing. Federal funds cannot be used for cost-share.
- Total Federal & Non Federal Funds will be the same as in field "a" unless there is mandatory cost-sharing.
- Estimated Program Income: If none, put \$0 in the field.

Section 16. "Is application subject to review by State Executive Order 12372":

Answer yes or no, according to guidelines. Most applications the answer is b- NO.

Section 17.

Check "I agree" to certify assurances.

Section 18. SFLLL or other Explanatory Documentation. Attach lobbying explanatory document that is available on the URSA website.

Section 19. Authorized Representative.

Ms. Marca Gurule, Associate Director for Sponsored Programs. Leave pre-populated Organization to

Georgia State University Research Foundation, Department-Office of Sponsored Programs, Division-University Research Services and Administration, P.O. Box 3999, Atlanta, Fulton, GA 30302-3999, USA phone no. (404) 413-3550, fax no (404) 413-3545 Email: reomg@langate.gsu.edu

Section 20. Preapplication (not used for NIH)

SF 424 (R&R) Project/Performance Site Locations Component

DO NOT check the box at the top for individual applicants or you will get an eRA validation error.

Primary performance site is typically Georgia State U (and is always GSU if using on-campus F&A rate). Can list up to 8 sites. Supply the congressional district for each performance/project site (GSU is GA-005)

Research & Related (R&R) Other Project Information

1. Are Human Subjects involved?

If Yes, add the Human Subject Assurance Number 00000129. However, there may be a bug in the form. If you check, human subjects pending form will not allow you to put in assurance number. That's okay.

2. Are Vertebrate Animals involved?

If yes, add Animal Welfare Assurance Number: A3914-01.

3. Is proprietary/privileged information included in the application? If yes, check yes and read NIH instructions for what will happen.

4. Environmental statements: If yes, see NIH instructions for further information. If you can't fill in the explanation, save, and reopen.

5. Historic designation of project performance site: Self-explanatory.

6. Foreign involvement: If yes, see NIH instructions for further information.

7. Project Summary/Abstract:

Must be a succinct description of the proposed work, including objectives and research methodology written for the lay public. Application will be rejected if abstract is more than 30 lines of text or does not adhere to the font and margin specifications.

8. Project Narrative:

Using more than two or three sentences, describe the relevance of this research to public health. Use language that can be understood by a general, lay audience.

9. Bibliography & References Cited:

Include any references cited in the PHS 398 Research Plan component. When citing articles that fall under the Public access Policy, were authored or co-authored by the applicant and arose from NIH support, provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the Pubmed Central (PMC) reference number (e.g., PMCID234567). If the PMCID is not yet

available because the journal submits articles directly to PMC on behalf of their authors, indicate “PMC Journal – In Process.” (see NIH instructions for more detail).

10. Facilities & Other Resources:

A description of how the scientific environment will contribute to the probability of success of the project, unique features of the environment, and for Early Stage Investigators, the institutional investment in the success of the investigator (e.g., resources, classes, etc.). See instructions for more detail.

11. Equipment:

Only state what is already available for the project.

R&R Senior/Key Person Profile (expanded or not) Component

- NIH: The credential field **MUST** contain the PI’s assigned eRA Commons User ID (This is the ID used to logon to Commons). Even though it is not yellow highlighted it is MANDATORY. **** Most common error made by applicants****
- All information about PI(s) **MUST** match what is on personnel file in eRA Commons. So, PLEASE MAKE SURE ALL SENIOR/KEY PERSONNEL UPDATE THEIR PERSONAL PROFILES.
- Make sure the position/title are the same anywhere they are listed in application.
- Make sure you have checked box for preferred employment address in the eRA Commons.
- Field requesting type and year of degree have been added. (NEW)
- Unless specified in program instructions (rare), do **not** attach current and pending support for NIH applications. Just leave this empty.
- Once you’ve started entering a Sr/Key entry, you cannot delete the entry if there is an error unless you complete the entry and click “Next Person.” This will bring up a “Delete Entry button that you can scroll back to the entry and delete it.
- If this is a multiple PI grant (see instructions for definition) **each PD/PI must be assigned the PD/PI role, even those at subaward/consortium sites (if they are also PIS of application)**. The first PI listed is the contact PI. All PIs **MUST** have an eRA account and you must complete the credential field. You must also complete a multiple PI/PD Leadership Plan to be attached to section 12 of the Research Plan Component.
- NIH requests that other Senior/Key personnel are in alphabetical order, though it is not required. However you list them it will show up in that order in the grant application. CANNOT USE co-PI/PD for NIH, instead use either PI (for multiple PI applications) or co-investigator.
- Other Significant Contributors, individuals who are not committing a specific amount of effort (e.g., with 0% effort) If their effort changes after grant is awarded they will need to be redesignated as key personnel before compensation is charged. Consultants should be included if they meet this definition.

Additional Current and Pending Support

Typically not required for NIH and other PHS submission agencies.

Biographical Sketches – limited to 4 pages each

Provide a biographical sketch for all Senior/Key Persons and Other Significant Contributors using template available at: <http://grants.nih.gov/grants/funding/424/index.htm#>

Following the education block on the template: you need to include:

1. **NEW** – Personal Statement. Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g., PD/PI, mentor) in the project that is the subject of the application.
2. Positions and Honors.
3. 15 Peer-reviewed publications or manuscripts in press (in chronological order). Use standards for citing publications falling under Public Access Policy (see above).
4. Research Support.

Don't confuse "Research Support" in biosketch with "Other Support" under key personnel. As part of the biosketch section of the application, "Research Support" highlights your accomplishments, and those of your colleagues, as scientists.

PHS 398 Cover Page Supplement

Applicant organization contact is:

Ms. Marca Gurule Title: Associate Director Sponsored Programs. PO Box 3999 City: Atlanta State: GA Zip: 30302-3999

These forms no longer has a new investigator field. This is now determined by information in the PI's eRA Commons account.

PHS 398 Research Plan Component

See NIH instructions for detailed description of each component of the research plan. Typically you need at least:

Specific aims-1 page

NEW – Research Strategy: Three sections of the previous Research Plan (Background and Significance, Preliminary Studies/Progress Report, and Research Design and Methods) have been consolidated into a single attachment with headings that divide it into three parts:

Significance, Innovation, and Approach. **MAKE SURE YOU ADHERE TO THE NEW PAGE LIMITS**,

PHS 398 Checklist Component

Most information self-explanatory

Must check yes or no to a new Disclosure Permission Statement has been added. Your response will not affect any peer review or funding decisions. If you check "yes" to the Disclosure Permission Statement, you are giving NIH permission to disclose the title of the project and name and address of the applicant to someone who is inquiring about projects in a particular area, even if you do not receive an award.

PHS 398 Cover Letter File

Include if mandatory. Strongly encourage if not mandatory. See instructions for good suggestions on content.

Selecting the Appropriate Budget Component

For most NIH applications, three forms are in the optional section of the application, because you must use either **Form 424 R&R Budget** or **PHS 398 Modular Budget (and subaward**

form). You **MUST** use the correct form, depending on if your budget meets the guidelines for a modular budget and the type of program you are applying for. If you are completing an application for a training grant, there might be other forms.

For both forms, under indirect costs:

GSU's **Cognizant Federal Agency is DHHS (Dept. of Health and Human Services)** POC James Madigan 202-401-2808.

Form 424 R&R Budget

- Check either Project or Subaward/consortium. Check subaward/consortium if another organization/institution is part of the project and therefore you have a subaward (subcontract) included in your budget. You must then complete R &R Subaward Budget Attachment Form (see below).
- Use the **Previous** and **Next** buttons or scroll bar to navigate between the 3 separate data entry sections.
- Do not enter commas, periods or “00” in any number fields. Round all amounts to the nearest whole dollar.
- Effort is reflected by person-months not % effort. There is a conversion spreadsheet on the URSA webpage. Use either academic and summer OR annual months (depending on your appointment).
- Start date is automatically pre-populated correctly with Project Start Date, but you must enter a Project End Date for each budget period.
- You get to the next budget period by clicking on the “**next period**” button on the last page of the budget year. You **MUST** upload a PDF budget justification before you can access an additional budget period. If the budget justification is not ready, upload any document so you can proceed to another budget period; but don't forget to change it later.
- Data for each budget period must be entered separately (data from one period does not automatically populate the same fields in the next period).
- Personnel should include names of all persons from the GSU on the project in a particular budget period. Personnel at other institutions will be included as either consultants or subawards personnel.
- Consultants should be included in F.3 Consultant Services.
- Subaward/Consortium/Contractual Costs should include both direct and indirect costs of the subaward.
- Application package will create the cumulative budget.
- Make sure the total here matches the total project number on SF424RR item 15a.
- Check Cumulative Budget Page for errors.

R &R Subaward Budget Attachment Form

Only use this form if you are completing the R&R Budget and have checked subaward/consortium. Do not use it if you are doing a modular budget. This is the only form that can be uploaded as an attachment and must be named with the subaward organization using the appropriate naming conventions for pdf files (don't include letter of commitment etc).

- Subaward budget download. Clicking on box in middle of page will allow you to save a subaward form as a document on your computer. After saving the document, you need to send it to the subaward institution to complete, including their DUNS number, Cognizant agency info, budget and budget justification. Completed file will be uploaded as an

attachment to this form.

- Project role of subaward. When completing the Project Role for the investigator leading the subaward, the project role of “PD/PI” should only be used if the entire application is being submitted under the Multiple PI policy. Don’t use co-PI either. Project roles should be the same as listed in the Key Personnel.
- This is the only file that can be uploaded to this page

PHS398 Modular Budget Component

Complete this if your total direct costs are \$250,000 or less per year in modules of \$25,000 (see instructions for specific definition of what costs get included in modular budget). Values for cumulative budget are calculated automatically. Make sure the total here matches the total project number on SF424RR. Subaward budgets are not completed if you are submitting a modular budget.

General directions for PDF 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.
- Page Margins Use *standard paper size (8 1/2" x 11)*. Use at least one-half inch margins (top, bottom, left, and right) for all pages.
- NO HEADERS OR FOOTERS (including page numbers). These will be generated by NIH.
- All attachments must be converted into pdf files. NIH suggests creating one document for the research plan with your word processing software. After you have a final version and verify the page limits, you should then break the research plan into its component parts and upload them as separate attachments.
- Make sure PDF filenames only contain characters [A through Z, a through z, and 0 through 9, Hyphen (-), underscore (_).]
- Disable all security features in the PDF document, including electronic signature option.
- Do not send PDF documents with editable fields (fields that can be changed).

The sections in Red are **REQUIRED**.
Complete the other sections as applicable.

Grant Application Package

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-10-067
Competition ID:	ADOBE-FORMS-B
Opportunity Open Date:	01/05/2010
Opportunity Close Date:	01/07/2013
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:** PI Last Name Grant mechanism Topic

Complete all.

Mandatory Documents

Move Form to Complete

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

Move Form to Delete

Choose what is applicable and move to submission side.

Optional Documents

PHS Cover Letter

PHS 398 Modular Budget

Research & Related Budget

R & R Subaward Budget Attachment(s) Form

Move Form to Submission List

Optional Documents for Submission

Move Form to Delete

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)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION * Organizational DUNS:

* Legal Name:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Phone Number: Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

Choose appropriate Application Type

8. * TYPE OF APPLICATION: If Revision, mark appropriate box(es).

New Resubmission A. Increase Award B. Decrease D. Decrease Duration

Renewal Continuation Revision E. Other (specify):

Answer Yes or No.

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

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT: * Start Date * Ending Date

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

* Organization Name:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

Yes or No based on guidelines

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="2,545,500.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="2,454,500.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. * 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 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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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 and agree to comply with any resulting 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.*

Enter your requested amount. Program income is usually zero.

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

8. * Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

If No, move to next question.

If Yes, complete 1a.

FWA00000129

If No, move to next question.

If Yes, complete 2a.

A31914-01

Answer Yes or No.

Follow PDF naming conventions

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator				
Prefix:	<input type="text"/>	* First Name: <input type="text" value="PI FIRST NAME"/>	Middle Name: <input type="text"/>	
* Last Name:	<input type="text" value="PI LAST NAME"/>	Suffix:	<input type="text"/>	
Position/Title:	<input type="text" value="PI TITLE"/>	Department:	<input type="text" value="PI DEPARTMENT"/>	
Organization Name:	<input type="text" value="GEORGIA STATE UNIVERSITY"/>		Division: <input type="text" value="PI COLLEGE"/>	
* Street1:	<input type="text" value="PI DEPARTMENT MAILING ADDRESS"/>			
Street2:	<input type="text"/>			
* City:	<input type="text" value="ATLANTA"/>	County/ Parish:	<input type="text"/>	
* State:	<input type="text" value="GA: Georgia"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="9 DIGIT DEPT. ZIP CODE"/>	
* Phone Number:	<input type="text" value="PI PHONE"/>	Fax Number:	<input type="text" value="PI FAX"/>	
* E-Mail:	<input type="text" value="PIemail@GSU.EDU"/>			
Credential, e.g., agency login:	<input type="text" value="ADD PI'S ERA COMMONS LOGIN - REQUIRED"/>			
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text" value="ADD PI'S FINAL DEGREE"/>			
Degree Year:	<input type="text" value="ADD YR OF FINAL DEGREE"/>			
*Attach Biographical Sketch	<input type="text" value="Add BioSketch.pdf"/>	<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"/>

Required that you add eRA Commons Login ID here.

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"/>	<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"/>

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.

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

Choose appropriate Application Type.

2. Research Plan Attachments:

Complete per Guidelines

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" value="Add_Specific_Aims.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="text" value="Add_Research_Strategy.pdf"/>	<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 for reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Federal Identifier:

Choose appropriate Application Type.

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

← Answer Yes or 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

← Answer Yes or No.