

Cayuse 424 Handbook

Cayuse 424 links system-to-system to **Grants.gov** and is used to **submit proposals to most federal agencies**. **NSF** and **NASA** use alternate systems.

Note: Cayuse 424 **Opportunity** forms vary by sponsor/funding opportunity. This guidance covers a range of common forms, grouped by form family/sponsor type.

- The order of the forms and the sponsors that use them may differ from what's listed below.

If you find any errors or omissions, please notify SPOTraining@ucdavis.edu so we can update this handbook.

*Click to jump to any section below (or **CTRL + Click** in some browsers)*

Contents

Getting Started	4
Beginning the Proposal	5
The Proposal	6
RR (Research & Related) & HHS Forms (used primarily by NIH, USDA/NIFA, AHRQ, CDC, CDMRP, DoD, DoE, FDA – note separate USDA section below).....	7
SF 424 RR [General info]	7
RR Performance Sites.....	16
RR Other Project Information	17
RR Key Persons	21
RR Budget.....	26
PHS 398 Modular Budget Form	35
PHS 398 Training Budget	38
PHS 398 Training Subaward Budget Attachment(s) Form.....	46
RR Subaward Budget Attachment(s).....	46
PHS 398 Research Plan.....	49
PHS 398 Research Training Program Plan	58
PHS Human Subjects and Clinical Trials Information	68
PHS 398 Cover Page Supplement.....	71
PHS Assignment Request	74
Additional Indirect Costs	76
Career Development Award Supplemental	77
PHS Fellowship Supplemental.....	88
SBIR/STTR Information.....	103
RR Personal Data	107
Attachments	109

Project Abstract Summary	110
Project Abstract.....	111
SF424 Family Forms (used primarily by BLM, DoEd, DoJ, EPA, HHS, HRSA, NOAA, SAMHSA & US FWS – note separate DoEd and EPA sections below)	112
SF424.....	112
Key Contacts.....	118
SF424A Budget.....	119
SF 424 B.....	127
SF 424 C.....	127
SF 424D Construction.....	130
Budget Narrative Attachment	130
Project Narrative Attachment	134
Other Attachments.....	135
Lobbying Activities Disclosure.....	135
Lobbying Certification	138
USDA (US Department of Agriculture, incl. NIFA) Forms.....	139
Supplemental Information	139
AFRI Project Type	141
ED (Dept of Education) Forms	143
ED-524 Budget	143
ED Supplement.....	147
ED Abstract.....	152
ED GEPA427.....	152
ED Evidence of Effectiveness Forms.....	154
Project Object Performance Measures.....	155
EPA (Environmental Protection Agency) Forms	159
EPA4700_4	159
EPA Key Contacts.....	163
Other Federal Agencies Forms.....	165
SF 424 Short	165
CD511 Disclosure	170
NEH Coverage Supplemental	171
All Cayuse 424 Proposals	173
Proposal Summary	173
Proposal Permissions	174
Routing & Approval	175

Electronic Submission	175
Proposal Quick Link (Chain Icon).....	176
Exiting a Proposal.....	176
Preparing a Subaward Proposal	178
How to Pull Content from Cayuse SP to Paste into 424.....	180

Getting Started

1. Access the **Cayuse Research Suite** at <https://ucdavis-uat.cayuse424.com>
 - o If you do not have an account, request one by emailing ORCayuseHelp@ucdavis.edu with the following info:
 - Name
 - Kerberos username (for many this differs from their UCD email address)
 - UC Davis email address
 - Dept
 - PI status - will you be submitting as PI at some point, yes or no?

2. Select **Cayuse 424**.

Top toolbar



3. In 424, either:

- o Select **Opportunities** in the top toolbar

Opportunities is auto-populated with all the latest funding opportunities from the various Federal agencies.



- o DO THIS ONLY IF YOU'RE PREPARING A **SUBAWARD PROPOSAL TO A PRIME APPLICANT/RECIPIENT** and you want to send it to them as an exported Cayuse file or as a PDF:
 - Select **+ Create Proposal** (at right on top toolbar)
 - *Jump down to [Beginning the Proposal below](#)*

4. **Search** for your desired funding opportunity.

- o You can **sort** by any column (click in header)
- o You can search by **key words**
- o Be careful to **select the appropriate opportunity**
 - The same **Opportunity Number** can be used for **different opportunities**
- o Click on the **blue/gray i** symbol for details on the opportunity

Not common:

- If a federal opportunity you seek is not on the list, click **Download Opportunities** in the upper right to search for and download additional opportunities.
- If the opportunity is still not found, email ORCayuseHelp@ucdavis.edu for assistance.

5. Click on the **green +** symbol on the far left to begin the proposal.

Beginning the Proposal

The pop-up at right will appear.

The **Proposal Name** is not the project title. It is used for informational purposes and ideally should include:

1. The related **Cayuse SP proposal number**
 - This allows the Sponsored Programs Office (SPO) to connect the two
2. The **PI's name**
3. The **Funding Opportunity Number**

Example: 24-5555 Smith PA-20-272

Before you **Search for PI**, check to see if the PI's name already appears at the **Principal Investigator** field. If there, simply click on it.

- If the name isn't there:
 - Enter the **PI's last name** in the empty search field
 - Click **Search for PI**.
 - Click on the desired name to select it.
 - If the PI is not in Cayuse, email ORCayuseHelp@ucdavis.edu with the following info:
 - **Name**
 - **Kerberos username** (if known; for many this differs from their UCD email address)
 - **UC Davis email address**
 - **Dept**
 - **PI status** – yes, they will be submitting as PI.

For **Organization** select **The Regents of the University of California (Davis)**

- For some sponsors, this field will auto-populate when you select the PI.

For some sponsors, the **Default IDC (Indirect Cost) Rate** field will appear (*not shown in screenshot above*).

- If unsure which rate to pick, a common one for research projects is **On Campus Org Research MTDC**
 - MTDC = Modified Total Direct Costs
 - [On-campus vs. Off-campus F&A \(indirect cost\) rates](#)

of Budget periods: Select appropriate number for project.

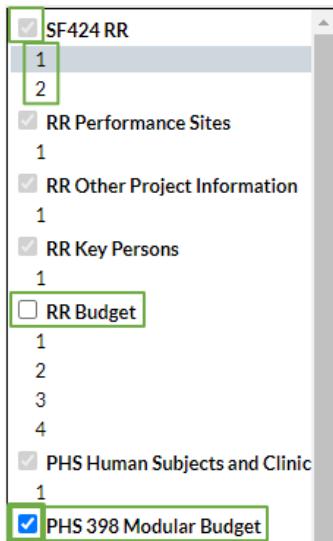
Due Date: Date due to sponsor.

The **Validation Type** will usually auto-populate based on the opportunity you select.

- If not, from the dropdown choose the most appropriate type of sponsor.

When ready, click **Create Proposal** to continue.

The Proposal



As with Cayuse SP, **navigate** through the various forms of the proposal **in the left column**.

- “RR” stands for **“Research & Related”**
- Each greyed out checkbox indicates a required application form.
 - Note that several forms are more than one page in length.
 - You can add optional forms to your proposal by adding a **checkbox** in the form’s empty box.
 - For certain types of NIH funding opportunities, when the **total direct costs being requested are \$250,000 per year or less**, NIH requires the applicant submit a **simplified modular budget**.
 - In these cases, as shown, add a check next to the (PHS 398) **Modular Budget** form and remove the check from **RR Budget**.
 - Complete the **Modular Budget** rather than the more detailed **RR Budget**

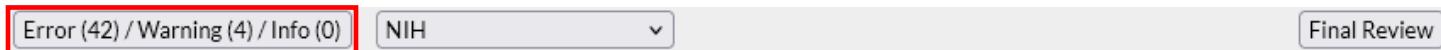


- If you **overwrite** an auto-calculated value, a **red star** will appear.
 - While overwriting is acceptable and sometimes necessary, **use caution when overwriting calculated fields**.
 - **Overwritten values will not update** when you update related fields.
 - **This can cause final values to be wrong**.
 - To return a red star field to its auto-calculated value, delete your manual entry.

Attachments in Cayuse 424:

- **PDFs** are generally preferred.
 - Check sponsor guidelines to make sure non-PDFs are allowed and/or requested.
 - Some sponsors may request a Powerpoint or Excel document.

Bottom toolbar



Error/Warning/Info: Click this button at the bottom of any form to see a list of all remaining issues that may prevent a successful proposal submission.

- Links take you directly to the indicated error/warning for correction.
- Some errors or warnings may be “false” errors based on a standard sponsor application and not your specific funding opportunity.
 - Please check with your assigned Sponsored Programs Office (SPO) analyst if you have any questions as to whether a particular error or warning can be ignored.

RR (Research & Related) & HHS Forms (used primarily by NIH, USDA/NIFA, AHRQ, CDC, CDMRP, DoD, DoE, FDA – note separate USDA section below)

SF 424 RR [General info]

See the [SF 424 RR form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Multi-project, SBIR/STTR, Fellowship and Career Development**.

APPLICATION FOR FEDERAL ASSISTANCE SF 424 R&R		2. DATE SUBMITTED <input type="text"/>	Applicant Identifier <input type="text"/>
		3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
1. TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	4. a. Federal Identifier <input type="text"/>	b. Agency Routing Number <input type="text"/>	
		c. Previous Grants.gov Tracking ID <input type="text"/>	

1. Type of Submission: Select appropriate entry

- **Pre-application:** NIH periodically uses a pre-application (also known as a "white paper" or "précis") for a funding opportunity. Pre-applications are generally used in combination with a competing application in a 2-phase process.
 - Pre-applications do not result in an award; the end result is the opportunity to submit to the subsequent phase of a particular program.
- **Application:** Use for new applications, renewals, revisions, and resubmissions.
 - Also see 4.a. below regarding the **Federal Identifier**.
- **Changed/Corrected Application:** Use to correct errors and/or warnings listed in eRA Commons, though it can be used to address other issues as well (e.g., discovered wrong version of an attachment was used).
 - This option is used to modify an application with the same funding opportunity number, PD/PI Commons ID, project title, submitting organization and due date.
 - See NIH's [Submit a Changed/Corrected Application](#) for additional guidance.

2. DATE SUBMITTED & Applicant Identifier: Though it's not obvious, there is nothing to add at this time

3. DATE RECEIVED BY STATE & State Application Identifier: Ignore

4.a. Federal Identifier:

- **New Applications without Pre-application:** Leave this field blank.
- **New Applications following Pre-application:** Enter the agency-assigned pre-application number.
- **Resubmission, Renewal, and Revision Applications:** The Federal Identifier is required.
 - The Federal Identifier can be found at least two ways:
 - It is a part of the grant number on any award agreement.
 - For Health and Human Services (HHS)/Public Health Service (PHS) applications (such as to the NIH), search in eRA Commons.
 - Log into your account, navigate to the **Status** section, select the specific award you're looking for, and the Federal Identifier will be displayed within the award details on the **Status Information** screen
 - It is usually listed under **Other Relevant Documents** as part of the Notice of Award (NoA)

- Include only the **Institute/Center (IC) code** – “CA” and “OD” are common -- and **serial number** of the previously assigned application / award number
 - E.g., From 1R01CA987654-01A1 the Federal Identifier is CA987654.
 - E.g., From 1R01HL654321-01 the Federal Identifier is HL654321.

4.b. Agency Routing Number: Skip this field unless otherwise specified in the FOA or notice in the NIH Guide for Grants & Contracts.

- Applications in response to a NIH Notice of Special Interest require the notice number (e.g., NOT-IC-FY-XXX) to be entered into this field in order to assign and track applications and awards for the described initiative.

4.c. Previous Grants.gov Tracking ID: This field is required if you checked the **Changed/Corrected Application** box in **Field 1. Type of Submission**. A Tracking ID number is of the form, for example, GRANT12345678.

5. APPLICANT INFORMATION	
Legal Name:	<input type="text" value="The Regents of the University of California (Davis)"/>
Department:	<input type="text"/>
Division:	<input type="text"/>
Street1:	<input type="text" value="Office of Research - Sponsored Programs"/>
Street2:	<input type="text" value="One Shields Ave"/>
City:	<input type="text" value="Davis"/>
State/Province:	<input style="width: 100px;" type="text" value="California"/>
Country:	<input style="width: 100px;" type="text" value="United States"/>
UEI:	<input type="text" value="TX2DAGQOPENZ5"/>
County/Parish:	<input type="text" value="Yolo"/>
Zip/Postal Code:	<input type="text" value="95616-5270"/>

5. Applicant Information: The university is the applicant.

- **Additional Instructions for Multi-Project:** This section applies to the lead organization of the component.
- **Additional Instructions for SBIR/STTR:** The small business is always the applicant organization for an SBIR or STTR award (e.g., ABC Incorporated).
 - The small business must be located in the United States.
- **Legal Name:** The Regents of the University of California (Davis)
 - **Note:** The university's full legal name, **The Regents of the University of California, on behalf of its Davis campus**, doesn't fit in this field.
- **Address:** 1 Shields Avenue, Davis, CA 95616-5270 (*additional details in screenshot above*)
 - **Note:** Prior Cayuse 424 proposals used 1850 Research Park Drive as the address, but the Sponsored Programs Office (SPO) has since moved.
- **UEI (Unique Entity Identifier):** TX2DAGQOPENZ5. This can be found on the UC Davis [Institutional Information](#) page.
 - This is a good page to bookmark
 - **Additional Instructions for Multi-project:** If a component is led by an organization other than the applicant organization, then you must provide the lead organization's UEI.

Person to be contacted on matters involving this application



Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Position/Title: <input type="text"/>				
Street1:		<input type="text"/>		
Street2:		<input type="text"/>		
City:		<input type="text"/>		
State/Province:		County/Parish: <input type="text"/>		
Country:		Zip/Postal Code: <input type="text"/>		
Phone Number:		Fax Number:		Email: <input type="text"/>

Person to be contacted on matters involving this application: Enter your **assigned SPO Proposals Analyst**.

- If the IPF is still routing in Cayuse SP and an analyst isn't yet assigned, enter what you can and add the name later.
- If fields are all greyed out, click the pencil icon in the top right to auto-fill from a Cayuse Professional Profile
- **Position/Title:** Contracts and Grants Analyst
- **Address:** 1 Shields Avenue, Mrak Hall 4th Floor, Davis, CA 95616-5270
- **Phone Number:** If not auto-filled, find on the SPO [Staff](#) page
- **Email:** Best email to use in this section is proposals@ucdavis.edu

6. EMPLOYER IDENTIFICATION(EIN) or (TIN): <input type="text" value="1-946036494-A1"/>	7. TYPE OF APPLICANT: <input type="text" value="H: Public/State Controlled Institution of Higher Education"/> Other (Specify): <input type="text"/>
8. TYPE OF APPLICATION: <input type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision	Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged
If Revision, mark appropriate box(es). <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"/> E. Other (specify): <input type="text"/>	9. NAME OF FEDERAL AGENCY: <input type="text" value="National Institutes of Health"/>
Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies? <input type="text"/>	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="93.855"/> TITLE: <input type="text" value="Allergy and Infectious Diseases Research"/>

6. **EIN/TIN:** 94-6036494. Again, found on the [Institutional Information](#) page.

- **Additional Instructions for SBIR/STTR:** The small business must be located in the United States or a U.S. territory.

7. **Type of Applicant:** UC Davis is a **Public/State Controlled Institution of Higher Education**.

- **Additional Instructions for SBIR/STTR:** Select **R. Small Business**.
 - The applicant organization must certify (through Just-in-Time pre-award procedures) that it will qualify as a small business at the time of award.

8. **Type of Application:** Select appropriate entry

- **New.** Check this option when submitting an application for the first time or in accordance with other submission policies.
- **Resubmission.** Check this option when submitting a revised (altered or corrected) or amended application.
 - If your application is both a **New/Revision/Renewal** and a **Resubmission**, check only the **Resubmission** box.
- **Renewal.** Check this option if you are requesting additional funding for a period subsequent to that provided by a current award.
 - A renewal application competes with all other applications and must be developed as fully as if the applicant were applying for the first time.
- **Continuation.** The box for **Continuation** is used only for specific Funding Opportunity Announcements (FOAs).
- **Revision.** Check this option for competing revisions and non-competing administrative supplements.

9. **NAME OF FEDERAL AGENCY:** Auto-populated by selected Opportunity

10. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** Auto-populated by selected Opportunity

- This field may be blank if you are applying to an opportunity that references multiple CFDA numbers. When this field is blank, leave it blank. The appropriate CFDA number will be automatically assigned by the agency once the application is assigned to the appropriate awarding component.

11. **DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Improving grapevine resilience through rootstock breeding for salt and drought tolerance

11. **DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Enter the project's actual title.

- The descriptive title is limited to 200 characters, including spaces and punctuation.
- **Resubmission or Renewal Applications:** You should normally have the same title as the previous grant or application; however, if the specific aims of the project have significantly changed, choose a new title.
- **Revision Applications:** You must have the same title as the currently funded grant.

12. **PROPOSED PROJECT:**

Start Date 
Ending Date 

13. **CONGRESSIONAL DISTRICT OF:**

Applicant CA-004

12. **PROPOSED PROJECT:** Enter project start and end dates

- **Start Date:** The start date is an estimate and is typically at least nine months after application submission. The project period should not exceed what is allowed in the Funding Opportunity Announcement (FOA).
 - **Additional Instructions for Training:** The usual start date for an institutional training grant is July 1, but there are other possible start dates. Refer to the Table of IC-Specific Information, Requirements and Staff Contacts in your FOA or contact the awarding component staff for further information.

13. **Congressional District:** CA-004 for main campus; CA-007 for UCDH. This info found on [Institutional Information](#) page.

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION				
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
	Charlie		Apple	
Position/Title:				
Department:	Ecology			
Street1:	123 Gallagher Hall			
City:	Davis			
State/Province:	California			
Country:	United States			
Organization Name:	The Regents of the University of California			
Division:	College of Agriculture/Env Sci			
Street2:				
County/Parish:	Yolo			
Zip/Postal Code:	95618-6153			
Phone Number:	Fax Number:	Email:		
530-555-5555		capple@ucdavis.edu		

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION: Info will auto-populate based on selected PD/PI, who is the individual responsible for the overall scientific and technical direction of the project.

- **Note:** You can either add the PD/PI here or to the **RR Key Persons** form.
 - Populating either will populate both.
- Be sure to double-check all auto-populated fields as the Professional Profile may be out-of-date.
 - Manually update auto-populated fields as needed.
- If needed, click the red x icon  to remove the selected PI. Then click the pencil icon  to select a new one.
 - When you add a new PI it's as if you selected the gear icon  described in the next bullet point, and the following pop-up screen appears.

<input checked="" type="checkbox"/> Include Performance Site									
Biographical Sketch	Final Draft								
	No final No draft								
	Add Delete								
Current & Pending Support	Final Draft								
	No final No draft								
	Add Delete								
Role:	PD/PI								
Appointment type (months):	Calendar: <input type="text"/> Academic: <input type="text" value="9.00"/> Summer: <input type="text" value="3.00"/>								
 Budget	Cal. Salary	Acad. Salary	Sum. Salary	Cal. Months	Acad. Months	Sum. Months	Req. Salary	Fringe Benefits	Funds Requested
prd 1	<input type="text" value="0"/>	<input type="text" value="100,000"/>	<input type="text" value="33,333"/>	<input type="text"/>	<input type="text" value="1.800"/>	<input type="text" value="0.500"/>	<input type="text" value="25,556"/>	<input type="text" value="3,279"/>	<input type="text" value="28,835"/>

- Click on the gear icon  in the upper right to reach the above pop-up where you can update the PI's...
 - **Include Performance Site:** Add check to box if you want to auto-populate the project's **RR Performance Sites** form from the PI's Professional Profile.
 - Auto-populated info can be manually updated
 - **Biographical Sketch:** As directed by sponsor guidelines, attach a PDF here of the PI's biosketch.
 - Be sure it's updated for this project.
 - **Current & Pending Support:** As directed by sponsor guidelines, attach a PDF here of the PI's current & pending support.
 - **Role:** PD/PI is appropriate
 - **Appointment type (months):**
 - Enter Campus faculty with 9/12 appointments as **9.00 Academic / 3.00 Summer**
 - Enter Ag faculty with 11/12 appointments as **11.00 Academic / 1.00 Summer**
 - Enter UCDH & SVM faculty with 12/12 appointments as **12.00 Calendar**
 - **Note:** If the PI's appointment entered in the proposal differs from the appointment in his/her Professional Profile you may receive an error notice.
 - In this case, if you know you've selected the correct appointment type and the Professional Profile is therefore wrong, have the PI access their **Professional Profile** (in Cayuse 424, under the **People** tab in top toolbar) to correct the appointment entered there.
 - **Budget:** Make any needed updates to auto-populated salary (**Cal. Salary** or **Acad. Salary + Sum. Salary**).
 - **Important:** Auto-populated salary and fringe totals in Cayuse 424 must almost always be overridden manually.
 - They do not use any split rate fringe and rarely match the internal budget.
 - Update these figures as needed to match the internal budget.
 - **Note:** You can either add salary and effort here, in the **RR Key Persons** form, or in the **RR Budget** form(s). Populating one will populate all.
 - **Important:** For 9/12 or 11/12 faculty, the base salary should not include the summer. In other words, the salary should not be annualized. The federal government does not include summer in its base salary. Workaround:
 - In Cayuse 424, the base salary should be copied to either the **Acad. Salary** or **Sum. Salary** field to avoid warnings.
 - Enter the PI's **effort** during each project period (**Cal. Months** or **Acad. Months + Sum. Months**) in either **person-months** (i.e., 1.5 for 1 and a half months) or as a **percentage** (using the % symbol).
 - Percentages entered will be automatically translated into person-months.
 - **Note:** Once you complete period 1 (**prd 1**) you can select the **staircase icon**  to have a pop-up appear that allows you to either replicate the same salary through other periods or escalate them through other periods at the percentage rate you indicate.
 - **End Period:** If you select the last budget period, all periods in between will be updated.

- **Note:** You can replicate/escalate salary and effort here, in the **RR Key Persons** form, or in the **RR Budget** form. Updating one will update all.

Key Person Budget Escalation

Senior/Key Persons Salary Rate %

Senior/Key Persons Fringe Benefits Rate %

Start Period: thru End Period:

Pre-Escalate Budget Period 1

Continuing down the page...

15. ESTIMATED PROJECT FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Total Federal Funds Requested	<input type="text" value="28,835"/>	a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input type="text"/>
b. Total Non-Federal Funds Requested	<input type="text"/>	<input type="radio"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="28,835"/>	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text"/>	<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

15. ESTIMATED PROJECT FUNDING: There is no need to populate the budget figures here, as these fields are auto-populated when you complete the **RR Budget** forms.

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Check sponsor guidelines for answer.

- Example: the **NIH SF424 (R&R) Application Guide** reads “Applicants should check ‘**No, Program is not covered by E.O. 12372.**’”

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.

17. **I agree:** For the PI to check or to approve if you checked on their behalf.

	Final	Draft	
18. SFLLL or other Explanatory Documentation	No final --	No draft --	Add Delete

18. **SFLLL or other Explanatory Documentation:** If applicable, add [Disclosure of Lobbying Activities \(instructions\)](#) as a PDF or other explanatory documentation.

- More information: See the [NIH Grants Policy Statement, Section 4.1.17: Lobbying Prohibition](#), and the [NIH Lobbying Guidance for Grantee Activities](#) page.

19. Authorized Representative					
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:	
Position/ Title:			Organization:		
Department:			Division:		
Street1:			Street2:		
City:			County/Parish:		
*State/ Province:	*Please Select...		Zip/Postal Code:		
Country:	Please Select...				
Phone Number:	Fax Number:		Email:		
Signature of Authorized Representative			Date Signed		

19. **Authorized Representative:** Again, enter your **assigned SPO Proposals Analyst**. The authorized representative is equivalent to the individual with the organizational authority to sign for an application. This individual is otherwise known as the authorized organization representative (AOR) in Grants.gov or the signing official (SO) in eRA Commons.

- Click the pencil icon  in the top right to auto-fill from a Cayuse Professional Profile
 - Email:** Best email to use here is your **SPO analyst's direct email**.
 - If not auto-filled, find the individual's phone number and email on the SPO [Staff](#) page

	Final	Draft	
20. Pre-application	No final --	No draft --	Add Delete
21. Cover Letter Attachment	No final --	No draft --	Add Delete

20. & 21. **Pre-application & Cover Letter Attachment:** As directed by sponsor guidelines, if appropriate, add these as PDFs. [NIH format for attachments](#)

- **Pre-application:** Unless specifically noted in a FOA, NIH and other PHS agencies do not use pre-applications. The **Pre-application** attachment field should not be used for any other purpose.
- Per NIH, the cover letter is for internal use only and will not be shared with peer reviewers.
- **NIH: Who must complete the Cover Letter Attachment:** Refer to the **Content** list below for items that are permitted, as well as for specific situations in which a cover letter must be included.
 - A cover letter must not be included with post-award submissions, such as administrative supplements, change of grantee institution, or successor-in-interest.
- **NIH/PHS Content:** Do not use the cover letter to communicate application assignment preferences. The **Assignment Request Form** is provided for that purpose.
 - The letter should contain any of the following information, as applicable:
 1. Application title.
 2. Title of FOA (PA or RFA).
 3. For late applications (see Late Application policy on NIH's [Application Submission Policies](#)) include specific information about the timing and nature of the delay.
 4. For changed/corrected applications submitted after the due date, a cover letter is required, and it must explain the reason for late submission of the changed/corrected applications. If you already submitted a cover letter with a previous submission and are now submitting a late change/corrected application, you must include all previous cover letter text in the revised cover letter attachment. The system does not retain any previously submitted cover letters; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information.
 5. Explanation of any subaward budget components that are not active for all budget periods of the proposed grant (see [G.310 - R&R Subaward Budget Attachment\(s\) Form](#)).
 6. Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications that request \$500,000 or more, approval for Conference Grant or Cooperative Agreement (R13 or U13), etc. It is recommended that you include the official communication from an NIH official as part of your cover letter attachment.
 7. When intending to submit a video as part of the application, the cover letter must include information about the intent to submit it; if this is not done, the video will not be accepted. See [NIH Grants Policy Statement, Section 2.3.7.7: Post Submission Grant Application Materials](#) for additional information.
 8. Include a statement in the cover letter if the proposed studies will generate large-scale human or non-human genomic data as detailed in the NIH Genomic Data Sharing Policy (see the [NIH Grants Policy Statement, Section 2.3.7.10: NIH Genomic Data Sharing](#) and [Section 8.2.3.3: Genomic Data Sharing \(GDS\) Policy/Policy for Genome-Wide Association Studies \(GWAS\)](#)).
 9. Include a statement in the cover letter if the proposed studies involve human fetal tissue obtained from elective abortions (HFT), regardless of whether or not Human Subjects are involved and/or there are costs associated with the HFT. For further information on HFT policy refer to the NIH Grants Policy Statement, [Section 2.3.7.11 Human Fetal Tissue from Elective Abortions](#), [Section 4.1.14 Human Fetal Tissue Research](#) and [Section 4.1.14.2 Human Fetal Tissue from Elective Abortions](#).

RR Performance Sites

See the [RR Project/Performance Site Location\(s\) form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Career Development, Training, Fellowship, Multi-project, and SBIR/STTR**.

Project/Performance Site Location(s)	
Project/Performance Site Primary Location	
 Organization:	The Regents of the University of California (Davis)
DUNS Number:	047120084
* Street1:	123 Gallagher Hall
* City:	Davis
* State/Province:	California
* Country:	United States
Street2:	
County/Parish:	Yolo
* Zip/Postal Code:	95616-5270
* Project/Performance Site Congressional District:	CA-004
Other sites	expand all/collapse all
	

Project/Performance Site Primary Location: If not auto-populated (after you checked the box on the PD/PI's gear icon  pop-up), click the pencil icon  to add the primary location where project work will be performed.

Other Sites: Click the pencil icon  to add additional Performance Sites, including subaward locations.

- Describe any consortium/contractual arrangements in the **Consortium/Contractual Arrangements** attachment in [G.400 - PHS 398 Research Plan Form](#).

RR Other Project Information

See the [RR Other Project Information](#) form at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Career Development, Training, Fellowship, Multi-project, and SBIR/STTR**.

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 the appropriate exemption number:
Exemption Number: 1 2 3 4 5 6 7 8
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 A3433-01

3. * Is proprietary/privileged information included in the application? Yes No

4.a. * Does the Project have an Actual or Perceived Impact - positive or negative - 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.a. * Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.b. If yes, please explain:

6.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No

6.b. If yes, identify countries:

6.c. Optional Explanation:

1. to 6. **RR Other Project Information:** The PI should have the answers to these questions.

- If human or animal subjects are involved and no IRB/IACUC review is pending, the protocols should be submitted for review to ensure they are in place should the proposal be awarded.

1. Are Human Subject Involved?

- **UC Davis IRB:** [Does My Project Need Review?](#)
- **Training grants:** See the [NIH How to Apply Application Guide](#) for additional instructions.

1.a. Is the Project Exempt from Federal regulations? No.

2. Are Vertebrate Animals Used?

- **Additional Instructions for Research:** If you have answered **Yes** to the **Are Vertebrate Animals Used?** question, you must also provide an explanation and anticipated timing of animal use in [G.400 - PHS 398 Research Plan Form, Vertebrate Animals](#). This attachment must be submitted and reviewed prior to the involvement of animals in any research studies.

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

- Patentable ideas; trade secrets; or privileged, confidential commercial, or financial information should be included in applications only when such information is necessary to convey an understanding of the proposed project.

- If the application includes such information, check **Yes** and clearly mark each line or paragraph on the pages containing the proprietary/privileged information with a statement similar to: "The following contains proprietary/privileged information that (name of applicant) requests not be released to persons outside the government, except for purposes of review and evaluation."
 - This statement can be included at the top of each page as applicable.
- If a grant is awarded as a result of or in connection with the submission of this application, the government shall have the right to use or disclose the information to the extent authorized by law.
 - Although the grantee institution and the PD/PI will be consulted about any such disclosure, the NIH and other PHS agencies will make the final determination.
 - Any indication by the applicant that the application contains proprietary or privileged information does not automatically shield the information from release in response to a Freedom of Information Act (FOIA) request should the application result in an award (see [45 CFR 5](#)).
 - Additionally, if an applicant fails to identify proprietary information at the time of submission as instructed here, a significant substantive justification will be required to withhold the information if requested under FOIA.

4. Environmental Questions

- Indicate whether or not this project has an actual or potential impact on the environment.
- Most NIH research grants are not expected to individually or cumulatively have a significant effect on the environment, and NIH has established several categorical exclusions allowing most applicants to answer **No** unless a specific FOA indicates that the National Environmental Policy Act (NEPA) applies.
- However, if an applicant expects that the proposed project will have an actual or potential impact on the environment, or if any part of the proposed research and/or project includes one or more of the following scenarios, check **Yes**.
 1. The potential environmental impacts of the proposed research may be of greater scope or size than other actions included within a category.
 2. The proposed research threatens to violate a federal, state, or local law established for the protection of the environment or for public health and safety.
 3. Potential effects of the proposed research are unique or highly uncertain.
 4. Use of especially hazardous substances or processes is proposed for which adequate and accepted controls and safeguards are unknown or not available.
 5. The proposed research may overload existing waste treatment plants due to new loads (volume, chemicals, toxicity, additional hazardous wastes, etc.).
 6. The proposed research may have a possible impact on endangered or threatened species.
 7. The proposed research may introduce new sources of hazardous/toxic wastes or require storage of wastes pending new technology for safe disposal.
 8. The proposed research may introduce new sources of radiation or radioactive materials.
 9. Substantial and reasonable controversy exists about the environmental effects of the proposed research.

5. Is the research performance site designated, or eligible to be designated, as a historic place?

- This section is straightforward.

6. Does this project involve activities outside of the United States or partnerships with international collaborators?

- If you have checked **Yes** to Question 6, you must include a **Foreign Justification** attachment in **Field 12, Other Attachments**.
 - Describe special resources or characteristics of the research project (e.g., human subjects, animals, disease, equipment, and techniques), including the reasons why the facilities or other aspects of the proposed project are more appropriate than a domestic setting.

- In the body of the text, begin the section with a heading indicating **Foreign Justification** and name the file **Foreign Justification**.

	Final	Draft		
7. Project Summary/Abstract	No final --	No draft --	Add	Delete
8. Project Narrative	No final --	No draft --	Add	Delete
9. Bibliography & References Cited	No final --	No draft --	Add	Delete
10. Facilities & Other Resources	No final --	No draft --	Add	Delete
11. Equipment	No final --	No draft --	Add	Delete
12. Other Attachments:	Final	Draft		
1	No final --	No draft --	Add	Delete

7. to 12. As directed by sponsor guidelines, attach PDFs here for a range of documents. [NIH format for attachments](#)

- **Project Summary/Abstract:** This attachment is required.

- The project summary is a succinct and accurate description of the proposed work and should be able to stand on its own (separate from the application). This section should be informative to other persons working in the same or related fields and understandable to a scientifically literate reader. Avoid both descriptions of past accomplishments and the use of the first person. Please be concise.
- **NIH/PHS Format:** This section is limited to 30 lines of text, and must follow the required [font and margin specifications](#). A summary which exceeds this length will be flagged as an error by the Agency upon submission. You will need to take corrective action before the application can be accepted.
- **NIH/PHS Content:** State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the mission of the agency). Describe the research design and methods for achieving the stated goals. Be sure that the project summary reflects the key focus of the proposed project so that the application can be appropriately categorized.
- Do not include proprietary, confidential information or trade secrets in the project summary.

- If the application is funded, the project summary will be entered into an NIH database and made available on the NIH Research Portfolio Online Reporting Tool ([RePORT](#)) and will become public information.
 - Note that the **Project Summary/Abstract** attachment is not same as the **Research Strategy** attachment.
- **Project Narrative:** This attachment is required.
 - **NIH/PHS Content:** Describe the relevance of this research to public health in, at most, three sentences.
 - For example, NIH applicants can describe how, in the short or long term, the research would contribute to fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.
 - If the application is funded, this public health relevance statement will be combined with the project summary (above) and will become public information.
- **Bibliography & References Cited:** Required unless otherwise noted in the FOA.
 - **NIH/PHS Content:** This attachment should include any references cited in [G.400 - PHS 398 Research Plan Form](#) and in the [G.500 - PHS Human Subjects and Clinical Trials Information form](#).
- **Facilities & Other Resources:** Required unless otherwise specified in the FOA.
 - **NIH/PHS Content:** Describe how the scientific environment in which the research will be done contributes to the probability of success (e.g., institutional support, physical resources, and intellectual rapport). In describing the scientific environment in which the work will be done, discuss ways in which the proposed studies will benefit from unique features of the scientific environment or from unique subject populations or how studies will employ useful collaborative arrangements.
 - If there are multiple performance sites, describe the resources available at each site.
 - Describe any special facilities used for working with biohazards and any other potentially dangerous substances. Note: Information about select agents must be described in the Research Plan, Select Agent Research.
 - For early stage investigators (ESIs), describe institutional investment in the success of the investigator. See NIH's [New and Early Stage Investigator Policies](#). Your description may include the following elements:
 - resources for classes, travel, or training;
 - collegial support, such as career enrichment programs, assistance and guidance in the supervision of trainees involved with the ESI's project, and availability of organized peer groups;
 - logistical support, such as administrative management and oversight and best practices training;
 - financial support, such as protected time for research with salary support.
- **Equipment:** This attachment is required.
 - **NIH/PHS Content:** List major items of equipment already available for this project and, if appropriate, identify the equipment's location and pertinent capabilities.
- **Other Attachments:** Attach a file to provide additional information only in accordance with the FOA and/or agency-specific instructions.
 - If applicable, attach a **Foreign Justification** here. See item #6 above in this form.

RR Key Persons

See the [RR Senior/Key Person Profile \(Expanded\) form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Career Development, Training, Fellowship, Multi-project, and SBIR/STTR**.

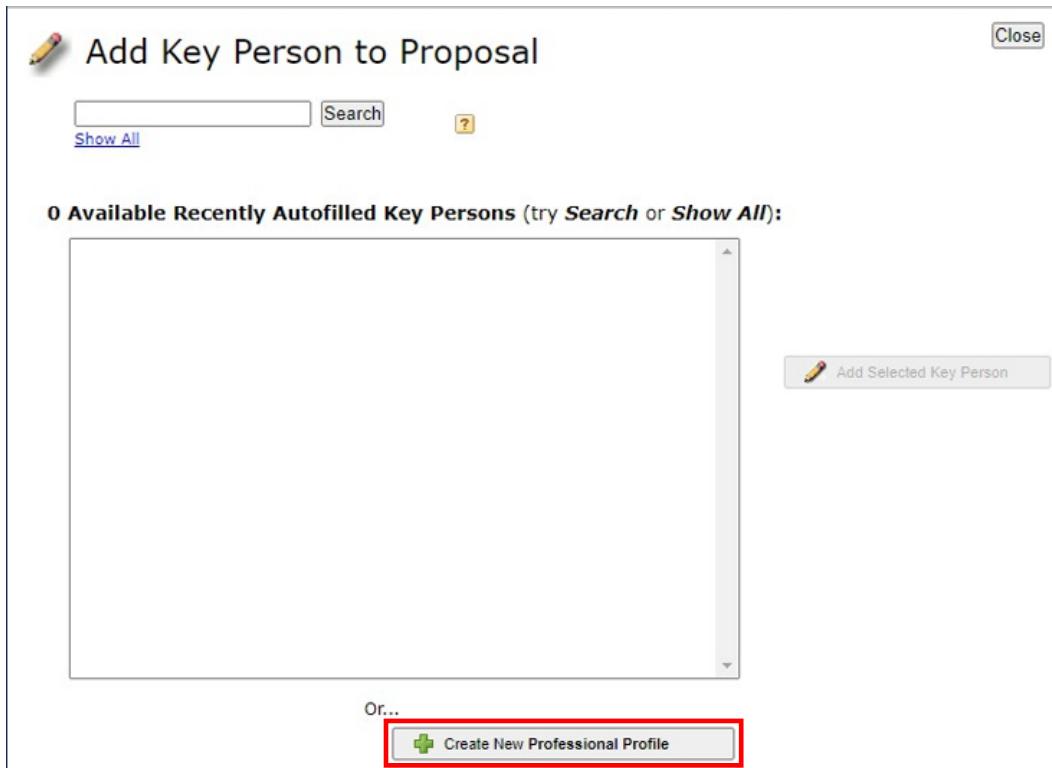
RESEARCH & RELATED Senior/Key Person Profile		
PROFILE - Project Director/Principal Investigator		
  Leach, Jonathan K. - The Regents of the University of California (Davis) - PD/PI	 	
PROFILE - Senior/Key Person		
2 Senior/Key Persons expand all / collapse all		 
  Smith, Lucas - The Regents of the University of California (Davis) - Co-Investigator	  	
  Panitch, Alyssa - Georgia Institute of Technology - Co-Investigator	  	

PROFILE – Project Director/Principal Investigator: As mentioned before, a PD/PI added earlier will show up here.

- You can either add the PD/PI here or to the **SF 424** form. Populating either will populate both.
- The PD/PI must have an eRA Commons account with the PI role, and the account must be affiliated with the applicant organization.
 - If you are proposing research at an institute other than the one you are currently at, do not create a separate Commons account with the proposed applicant organization.
 - For information on eRA Commons account administration, see the [eRA Account Management System's Online Help](#).
- **Special Instructions for Multiple PD/PIs:** When submitting an application involving multiple PD/PIs, list the "Contact" PD/PI in this field.
 - List all additional PD/PIs in the **Senior/Key Person** section(s) below.
 - The Commons username must be provided for all individuals assigned the **Project Role of PD/PI** on the application.

PROFILE – Senior/Key Person: Click the pencil icon  to add additional Co-PIs or Senior Personnel.

- This process is similar to adding a PD/PI.



- At bottom of the pop-up that appears is an option to **Create New Professional Profile**. Only do this for personnel who are NOT at UC Davis.
 - To request a Professional Profile for someone at UC Davis, write ORCayuseHelp@ucdavis.edu with the following info:
 - Name
 - Kerberos username (for many this differs from their UCD email address)
 - UC Davis Email address
 - Dept
 - PI status - will they be submitting as PI at some point, yes or no?
- When you add new personnel, the same pop-up screen appears as when you hit the gear icon  in this section. You can make the same edits as for a PD/PI, and additionally select which **Budget Periods** this individual will participate in.
- Once an individual is auto-populated, be sure to double-check all fields as the Professional Profile may be out-of-date.
 - Manually update auto-populated fields as needed.

Manage Key Person

Robinson, Duane - The Regents of the University of Calif

Include Performance Site

Biographical Sketch

Final | Draft | No final | No final

Current & Pending Support

Please Select...

- PD/PI
- Co-PD/PI
- Co-Investigator
- Faculty
- Post Doctoral
- Post Doctoral Associate
- Post Doctoral Scholar
- Other Professional
- Graduate Student
- Undergraduate Student
- Technician
- Consultant
- Other (Specify)

Role:

Other Project Role Category:

Appointment type (months): Calendar: Academic: Summer:

	Budget	Cal. Salary	Acad. Salary	Sum. Salary	Cal. Months	Acad. Months	Sum. Months	Req. Salary	Fringe Benefits	Funds Requested
prd 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
prd 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

- Items you can edit:
 - **Include Performance Site:** Add check to box if you want to additionally add this investigator's performance site to the **RR Performance Sites** form.
 - Auto-populated info can be manually updated
 - **Biographical Sketch:** As directed by sponsor guidelines, attach a PDF here of the investigator's biosketch. **Be sure it's updated for this project.**
 - Hyperlinks and URLs are only allowed when specifically noted in funding opportunity announcement (FOA) and form field instructions.
 - **Who must complete the Biographical Sketch section:** All senior/key personnel and other significant contributors (OSCs) must include biographical sketches (biosketches).
 - **NIH/PHS Format:** Use the sample format on the Biographical Sketch Format Page to prepare this section for all grant applications.
 - Figures, tables (other than those included in the provided format pages), or graphics are not allowed in the biosketch. Do not embed or attach files (e.g. video, graphics, sound, data).
 - The biosketch may not exceed five pages per person. This five-page limit includes the table at the top of the first page.
 - **Note: D. Scholastic Performance** is no longer required for NIH applications. Enter "N/A" or leave blank.
 - Attach this information as a PDF file. See the Format Attachments page.
 - **NIH/PHS Content:** Follow the format of Biographical Sketch Format Page.
 - **More information** from NIH on preparing a Biographical Sketch.
 - **Current & Pending Support:** As directed by sponsor guidelines, attach a PDF here of the investigator's current & pending support.

- **Note:** The terms "current and pending support," "other support," and "active and pending support" are used interchangeably.
- Do not use the **Current & Pending Support** attachment upload for NIH or other PHS agency submissions unless otherwise specified in the FOA.
- While this information is not required at the time of application submission, it may be requested later in the pre-award cycle. If and when this occurs, refer to the [NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures](#) for instructions and use the [Current and Pending Support Format Page](#).
- **Role:** There are far more options here than for the PD/PI
 - For NIH: Do not select **Other Professional**. They do not recognize this role.
 - If you select **Other (Specify)**, use the **Other Project Role Category** field to specify role.
- **Appointment type (months):**
 - Enter Campus faculty with 9/12 appointments as **9.00 Academic / 3.00 Summer**
 - Enter Ag faculty with 11/12 appointments as **11.00 Academic / 1.00 Summer**
 - Enter UCDH & SVM faculty with 12/12 appointments as **12.00 Calendar**
 - **Note:** If the PI's appointment entered in the proposal differs from the appointment in his/her Professional Profile you may receive an error notice.
 - In this case, if you know you've selected the correct appointment type and the Professional Profile is therefore wrong, have the PI access their **Professional Profile** (in Cayuse 424, under the **People** tab in top toolbar) to correct the appointment entered there.
- **Budget:** Make any needed updates to auto-populated salary (**Cal. Salary** or **Acad. Salary + Sum. Salary**).
 - **Important:** Auto-populated salary and fringe totals in Cayuse 424 must almost always be overridden manually.
 - They do not use any split rate fringe and rarely match the internal budget.
 - Update these figures as needed to match the internal budget.
 - **Note:** You can either add salary and effort here, in the **RR Key Persons** form, or in the **RR Budget** form(s). Populating one will populate all.
 - **Important:** For 9/12 or 11/12 faculty, the base salary should not include the summer. In other words, the salary should not be annualized. The federal government does not include summer in its base salary. Workaround:
 - In Cayuse 424, the base salary should be copied to either the **Acad. Salary** or **Sum. Salary** field to avoid warnings.
 - Enter the PI's **effort** during each project period (**Cal. Months** or **Acad. Months + Sum. Months**) in either **person-months** (i.e., 1.5 for 1 and a half months) or as a **percentage** (using the % symbol).
 - Percentages entered will be automatically translated into person-months.
 - **Note:** Once you complete period 1 (**prd 1**) you can select the **staircase icon**  to have a pop-up appear that allows you to either replicate the same salary through other periods or escalate them through other periods at the percentage rate you indicate.
 - **End Period:** If you select the last budget period, all periods in between will be updated.

- **Note:** You can replicate/escalate salary and benefits here, in the **RR Key Persons** form, or in the **RR Budget** form. Replicating/escalating one will update all.

Key Person Budget Escalation

Senior/Key Persons Salary Rate %

Senior/Key Persons Fringe Benefits Rate %

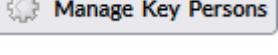
Start Period: thru End Period:

Pre-Escalate Budget Period 1 [?](#)

[Escalate Key Person Salary and Benefits Over Selected Budget Periods](#)

[Replicate Key Person Salary and Benefits Without Escalation](#)

[Cancel](#)

- When you select the **Manage Key Persons** button  a pop-up appears where you can make updates.

 Manage 2 Key Persons Viewing Alphabetically [Close](#)

 [Add Key Person](#)

   Albeck, John - The Regents of the University of California (Davis... <input type="checkbox"/> Include Performance Site	Budget Periods: <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5
   Biscotti, Almona - The Regents of the University of California (Davis... <input type="checkbox"/> Include Performance Site	Budget Periods: <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5

- These are available options:

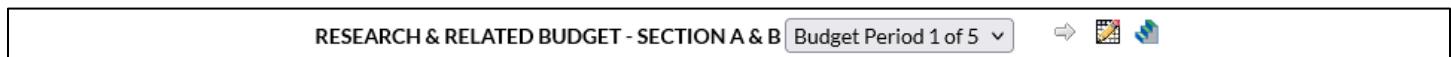


RR Budget

See the [RR Budget form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Career Development, Training, Multi-project, and SBIR/STTR**.

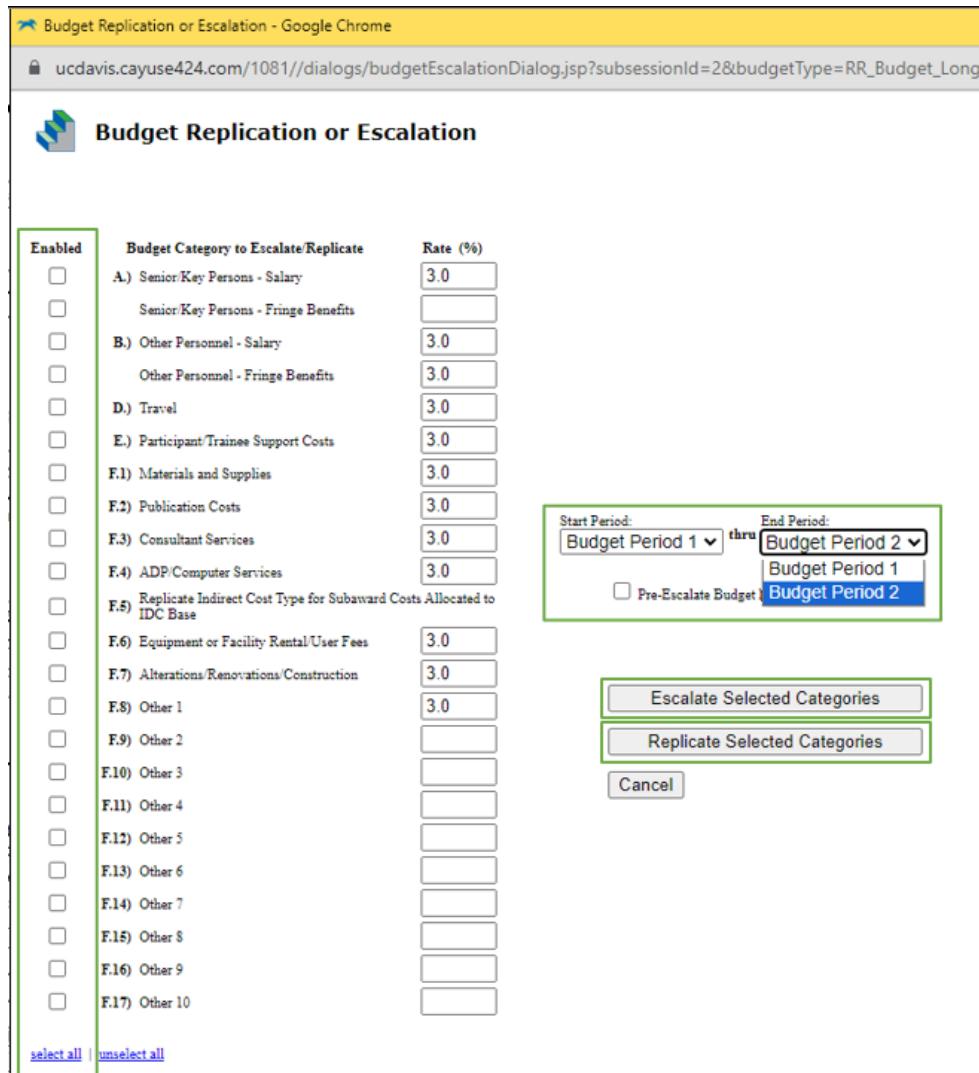
There are two primary types of Budget Forms: **detailed R&R** and **PHS 398 modular**.

- Generally, you must use the **R&R Budget Form** if you are applying for more than \$250,000 per budget period in direct costs, and you must use the **Modular Budget Form** if you are applying for less than \$250,000.
 - However, some grant mechanisms or programs (e.g., training grants) may require other budget forms to be used.
 - Refer to your FOA and to the [General Application Guide for NIH and Other PHS Agencies](#) for guidance on which Budget Form to use.



RESEARCH & RELATED BUDGET - SECTION A & B Budget Period 1 of 5   

- **Note:** The first budget page shown is for the first budget period only (**Budget Period 1 of X**).
 - Select **Budget Period 2 of X** or the **grey arrow icon**  to make entries for the 2nd budget period.
-  **Budget Period Editor:**
Add/delete/change budget periods
-  **Stair icon:** Once you populate Budget Period 1, use this to **replicate** your entries into future budget periods or to add **escalations** (see screenshot)
- **Note:** As you work through the **RR Budget** form, there are multiple locations where the **Indirect Cost Type** is indicated. Check to ensure the indicated type looks correct for each section.
 - Some sections of the budget are **Excluded** from indirect costs and will be noted as such.
 - Common Indirect Cost Type: **On Campus Org Research MTDC**



Budget Replication or Escalation - Google Chrome
ucdavis.cayuse424.com/1081//dialogs/budgetEscalationDialog.jsp?subsessionId=2&budgetType=RR_Budget_Long

Budget Replication or Escalation

Enabled	Budget Category to Escalate/Replicate	Rate (%)
<input type="checkbox"/>	A.) Senior/Key Persons - Salary	3.0
<input type="checkbox"/>	Senior/Key Persons - Fringe Benefits	
<input type="checkbox"/>	B.) Other Personnel - Salary	3.0
<input type="checkbox"/>	Other Personnel - Fringe Benefits	3.0
<input type="checkbox"/>	D.) Travel	3.0
<input type="checkbox"/>	E.) Participant/Trainee Support Costs	3.0
<input type="checkbox"/>	F.1) Materials and Supplies	3.0
<input type="checkbox"/>	F.2) Publication Costs	3.0
<input type="checkbox"/>	F.3) Consultant Services	3.0
<input type="checkbox"/>	F.4) ADP/Computer Services	3.0
<input type="checkbox"/>	F.5) Replicate Indirect Cost Type for Subaward Costs Allocated to IDC Base	
<input type="checkbox"/>	F.6) Equipment or Facility Rental/User Fees	3.0
<input type="checkbox"/>	F.7) Alterations/Renovations/Construction	3.0
<input type="checkbox"/>	F.8) Other 1	3.0
<input type="checkbox"/>	F.9) Other 2	
<input type="checkbox"/>	F.10) Other 3	
<input type="checkbox"/>	F.11) Other 4	
<input type="checkbox"/>	F.12) Other 5	
<input type="checkbox"/>	F.13) Other 6	
<input type="checkbox"/>	F.14) Other 7	
<input type="checkbox"/>	F.15) Other 8	
<input type="checkbox"/>	F.16) Other 9	
<input type="checkbox"/>	F.17) Other 10	

Start Period: Budget Period 1  thru End Period: Budget Period 2 
 Pre-Escalate Budget 

Escalate Selected Categories **Replicate Selected Categories** **Cancel**

To replicate one budget period to others:

1. Select categories to be replicated
 - Can select all
2. Select **End Period**
 - Can replicate to the next period or all project periods
3. Click **Replicate Selected Categories**.

To escalate budget periods is similar:

1. Select categories to be escalated
2. Select **End Period**
3. Click **Escalate Selected Categories**.

Continuing down the page...

UEI: TX2DAGQOPENZ5

Budget Type: Project Subaward/Consortium

Enter name of Organization: The Regents of the University of California (Davis) ✖️ ✖️

Period 1 Start Date: 01/01/2025 ✖️ End Date: 12/31/2026 ✖️

A. Senior/Key Persons in Budget Period 1 of 2 Manage Key Persons ✖️

First Pref. Name	Mid. Name	Last Name	Project Suf. Role	Base Salary (\$)	Cal. Salary (\$)	Acad. Salary (\$)	Sum. Salary (\$)	Cal. Mons	Acad. Mons	Sum. Mons	Requested Salary (\$)	Fringe Benefits (\$)	Funds Req. (\$)	✖️	✖️
Charlie		Apple	PD/PI	150,000	0	101,150	48,850	0.360			4,046 *	1,602	5,648 ✖️	✖️	✖️
Gary		Imaginary	Co-PD/PI	120,144	0	98,300	21,844	0.360			3,932 *	1,557	5,489 ✖️	✖️	✖️

Total Senior/Key Person 11,137

- Again, if you are entering content on this page first, the UEI can be found on the [Institutional Information](#) page
- **Budget Type:** Check the appropriate box for your budget type, following these guidelines:
 - **Project:** The budget being requested is for the primary applicant organization.
 - **Subaward/Consortium:** The budget being requested is for subaward/consortium organization(s).
 - Note, separate budgets are required only for subaward/consortium organizations that perform a substantive portion of the project.
 - For subawards/consortiums that do not perform a substantive portion of the project, then you must include their costs in [Field F5. Subawards/Consortium/Contractual Costs](#) and in the prime's [Section L. Budget Justification](#).
 - **A note on subawards/consortiums:** If you are preparing an application that includes a subaward/consortium **that performs a substantive portion of the project**, you must use the optional **R&R Subaward Budget Attachment(s) Form** in conjunction with the **R&R Budget Form**.
 - The subaward/consortium should complete the **R&R Subaward Budget Attachment**, following the instructions in the [next section below](#) [internal link] and in [G.310 - R&R Subaward Budget Attachment\(s\) Form](#).

- For subawards/consortiums **that do not perform a substantive portion of the project**, then you must include their costs in [Field F5. Subawards/Consortium/Contractual Costs](#) and in the prime's [Section L. Budget Justification](#).
- **Enter name of Organization:** The Regents of the University of California (Davis). Note, the full legal name for UC Davis is The Regents of the University of California, on behalf of its Davis campus.
- **Period 1:** If the project is multi-year one, enter the **Start Date** and **End Date** for Project Period 1 only, not the entire project.

A. Senior/Key Persons in Budget Period X of X

- **Who *not* to include in A. Senior/Key Person:** Do not list details of collaborators at other institutions here, as they will be provided in the Subaward Budget for each subaward/consortium organization.
 - Personnel listed as **other significant contributors** who are not committing any specific measurable effort to the project should not be included in the **Personnel** section (sections **A. Senior/Key Person** and **B. Other Personnel**) since no associated salary and/or fringe benefits can be requested for their contribution.
 - **Consultant costs** should be included in [Consultant Services in Question F](#) of this form.
- For each project period, the base salary entered in Cayuse 424 should match the escalated rate listed on the **Personnel Reference** page (bottom tab) of the [OR Budget template](#) used for the internal budget during the Cayuse SP phase.
 - The base salary is the annual compensation paid by the employer for the senior/key person. This includes all activities such as research, teaching, patient care, and other.
 - This screenshot is from an OR Budget Template, not the Cayuse 424 proposal:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Personnel (For Reference)										Custom Escalations (Choose "Custom" in column O on the "Request" sheet to use these rates)						
1										Base Salary with escalations						
3	Name/Role:	Personnel Type? (Choose Below)	P1	P2	P3	P4	P5	Period 1	Period 2	Period 3	Period 4	Period 5				
4 1	LB Jeffries - PI (SMR)	Senior/Key	10.0%	10.0%	10.0%	10.0%	10.0%	133,620	137,629	141,757	146,010	150,390				
5 2	Bakshi - Co-PI	Senior/Key	10.0%	10.0%	10.0%	10.0%	10.0%	122,000	126,880	131,955	137,233	142,723				
19 1	LB Jeffries - PI (AY)	Senior/Key						133,620	137,629	141,757	146,010	150,390				
20 2	Doyle - Postdoc	Postdoc						66,737	68,739	70,801	72,925	75,113				
21 3	GSR - TBD	GSR						80,260	82,668	85,148	87,702	90,333				
< > Request F&A Details Personnel Reference +																

Important: For 9/12 or 11/12 faculty, the base salary should not include the summer. The federal government does not include summer in its base salary. Workaround:

- In Cayuse 424, the base salary should be copied to either the **Acad Salary** or **Sum Salary** field to avoid warnings. Example:

Base Salary (\$)	Cal. Salary (\$)	Acad. Salary (\$)	Sum. Salary (\$)	Cal. Mons	Acad. Mons	Sum. Mons	Requested Salary (\$)	Fringe Benefits (\$)	Funds Req. (\$)
150,000	0	150,000	0	1.800	0.900	3,900	3,900	1,626	5,526

Complete the **Acad. Mons** and/or **Sum. Mons** fields with the individual's effort, then manually enter **Requested Salary** and **Fringe Benefits** to match the internal budget.

- As noted earlier, the automatic **salary** and **fringe** totals in Cayuse 424 always need to be overridden manually.

- For an explanation of "measurable effort," see the [Frequently Asked Questions on Senior/Key Personnel](#).
- For more information about calculating person months, see NIH's information at [Frequently Asked Questions on Person Months](#).
- For guidance NIH salary caps, see the NIH's [Salary Cap Summary](#) or contact the UC Davis Sponsored Programs Office at proposals@ucdavis.edu.

B. Other Personnel: Add a total number for each role rather than list individuals.

- **Effort** (Cal. Months + Acad. Months + Sum. Months): For each category of personnel, indicate the sum total of each type of effort.
- **Salary & Fringe:** For each category of personnel, indicate the sum total salary and fringe.
 - **Graduate student compensation:** NIH grants may limit compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission.
 - For more guidance on this policy, see the [NIH Grants Policy Statement, Section 2.3.7.9: Graduate Student Compensation](#) or contact the UC Davis Sponsored Programs Office at proposals@ucdavis.edu.
 - **Administrative, Secretarial, and Clerical Support Salaries:** In most circumstances, the salaries of administrative, secretarial, or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs ([Section H. Indirect Costs](#)).
 - However, examples of situations where direct charging of administrative or clerical staff salaries may be appropriate may be found at [45 CFR 75.403](#).
- **Project Role:** List any additional project role(s) (e.g., engineer, IT professionals, etc.) in the blank(s) provided.
 - Identify the number of each personnel proposed.
 - You may have up to six named roles. If you have more than six, you must combine project roles here and add an explanation about the named roles in [Section L. Budget Justification](#).
 - **Do not include consultants in this section.** Consultants are included below in [Section F. Other Direct Costs](#).
- **Indirect Cost Types:** As you go through all pages of the **RR Budget** form, confirm the indicated **Indirect Cost Type** looks correct for each section.
 - Common: **On Campus Org Research MTDC**

C. Equipment Description

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

 [New Equipment Row](#)

D. Travel

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2. Foreign Travel Costs

Indirect Cost Type

Funds Requested (\$)

Total Travel Cost

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Funds Requested (\$)

Total Participant/Trainee Support Costs

Indirect Cost Type

C. Equipment Description: In addition to “each item exceeding \$5,000,” there are additional requirements for equipment, software and/or capital improvements (renovations/facility improvements). See at right.

- **Entries in this section will be excluded from the indirect cost base**, so be sure entries meet the definitions at right.

D. Travel: Enter the sum of all domestic travel separately from the sum for all international travel.

- **Domestic travel** includes destinations in the U.S., Canada, Mexico, and U.S. possessions.

E. Participant/Trainee Support Costs: This is a specific category used by some federal sponsors, such as the NSF for payments made on behalf of project participants (and not human subjects of research).

- Participants receive services or training from a workshop, conference, seminar, symposium or other short-term instructional or information-sharing activity funded by a sponsored award.
- Participants do not perform work or provide services other than for their own benefit.
- The following cannot be participants:
 - UC Davis employees
 - Students or project staff who receive compensation for work performed directly or indirectly from the grant
 - Research subjects receiving incentive payments

Equipment
<ul style="list-style-type: none">• Non-expendable• Standalone• Normal useful life is 1 year or more• Cost is more than \$5,000
Software
<ul style="list-style-type: none">• A non-renewing (perpetual) software whose purchase price is \$5,000 or more per copy.<ul style="list-style-type: none">• Standalone item, not tied to an asset.• A non-renewing (perpetual) software license of any amount which is included as part of the cost of capital equipment.• NOT software: Any software with annual license fees and maintenance costs
Renovations/Facility Improvements
<ul style="list-style-type: none">• Improvements or betterments• Cost is \$35,000 or more

- Federal employees
 - Paid speakers, advisory board members, mentors or other invitees providing a service
- In addition to the costs indicated in this section under **Other** you could also add registration fees for meetings, conferences, symposia or training projects.
- Supplies, facility rental and other costs that support the training program (such as general catering) are not participant support costs

F. Other Direct Costs	Indirect Cost Type	Funds Requested (\$)
1. Materials and Supplies	On Campus	
2. Publication Costs	On Campus	
3. Consultant Services	On Campus	
4. ADP/Computer Services	On Campus	
5. Subawards/Consortium/Contractual Costs > Allocated IDC Base	
6. Equipment or Facility Rental/User Fees	Excluded	
7. Alterations and Renovations	On Campus	
8. GSR fee/tuition	On Campus	
9.	Excluded	
10.	On Campus	
11.	Excluded	
12.	Excluded	
13.	Excluded	
14.	Excluded	
15.	Excluded	
16.	Excluded	
17.	Excluded	
Total Other Direct Costs		

F. Other Direct Costs: Enter the sum of costs for each category and double-check the **Indirect Cost Type** indicated is correct.

- If a **Data Management and Sharing Plan** is required in the proposed application (see instructions for the "Other Plan(s)" attachment on the [PHS 398 Research Plan Form](#) and the [PHS 398 Career Development Award Supplemental Form](#), as applicable), costs to support these activities may be requested in the appropriate cost category.
 - Details regarding Data Management and Sharing costs must be specified in the [Budget Justification attachment \(L\)](#).
- **Patient Care Costs:** If inpatient and/or outpatient costs are requested, provide the names of any hospitals and/or clinics and the amounts requested for each in the **Budget Justification**.
 - State whether each hospital or clinic has a currently effective HHS-negotiated research patient care rate agreement and, if not, what basis is used for calculating costs.
 - Indicate, in detail, the basis for estimating costs in this category, including the number of patient days, estimated cost per day, and cost per test or treatment.
 - If multiple sites are to be used, provide detailed information by site.
 - Include information regarding projected patient accrual for the project/budget periods and relate this information to the budget request for patient care costs.
 - If patient accrual is anticipated to be lower at the start or during the course of the project, plan budget(s) accordingly.

- Provide specific information regarding anticipated sources of Other Support for patient care costs, e.g., third party recovery or pharmaceutical companies.
 - Include any potential or expected utilization of the Clinical and Translational Science Awards (CTSA) program.
- **Human Fetal Tissue (HFT):** If the use of human fetal tissue obtained from elective abortions (as defined in the [NIH Grants Policy Statement](#)) is included in the proposed application, regardless of whether costs will be incurred, it must be noted as a single line item here in this section.
 - The line item must be titled **Human Fetal Tissue Costs** (following exact phrase and spacing).
 - The line item must only be used for HFT costs and cannot include or be combined with any other costs.
 - If no cost will be incurred (e.g. if HFT will be donated), enter "0" in the **Funds Requested** column.
 - Details regarding HFT must be specified in the Budget Justification attachment, pursuant to [Section L. Budget Justification](#).

G. Direct Costs		Funds Requested (\$)	
		Total Direct Costs (A thru F) <input type="text" value="239,134"/>	
H. Indirect Costs		Note: Indirect Cost types are defined in the Institutional Profile, under the Institutions tab. Bring any profile changes into budget by refreshing Applicant Organization .	
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. On Campus Org Research MTDC	60.000	139,866	83,920
2. On Campus Org Research MTDC	61.000	46,622	28,439
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total Indirect Costs <input type="text" value="112,359"/>	
Cognizant Federal Agency <input type="text" value="HHS, Janet Turner (415) 437-7820"/> (Agency Name, POC Name, and POC Phone Number)			
I. Total Direct and Indirect Costs		Funds Requested (\$)	
		Total Direct and Indirect Institutional Costs (G + H) <input type="text" value="351,493"/>	
J. Fee		Funds Requested (\$)	
		<input type="text"/>	
K. Total Costs and Fee		Funds Requested (\$)	
		Total Costs and Fee (I + J) <input type="text" value="351,493"/>	

G. Direct Costs: This field automatically calculates costs entered in sections A - F

H. Indirect Costs: You may need to update **split rates for indirect costs**:

- Cayuse 424 automatically combines split rates into an average for the budget period.
 - For example, 60% for the 1st part of a budget period might be combined with 61% for the 2nd part for an average of 60.5%.
 - Many sponsors do not allow average rates.
 - Instead, populate the first line with the **1st indirect cost rate and base**, then create a second line with the **2nd rate and base** (as indicated in the screenshot above).

- You can just copy the figures indicated in the **F&A Details** tab in the footer of the [OR Budget Template](#):

Indirect Cost Split for Sponsor Forms	Project Period 1	
Request Budget	10/1/23- 6/30/24	7/1/24- 9/30/24
Base Type: MTDC	60.0%	61.0%
Base	139,866	46,622
Indirect Costs	83,920	28,439
Primate Center Rates:		
Primate Center Base	-	-
Primate Center F&A:		
Total Annual Requested Indirect	\$ 112,359	

- Be sure the **Total Indirect Costs** matches the internal budget.
- **Cognizant Federal Agency:** If not auto-populated, enter the name and phone number of the individual responsible for negotiating your rate (your point of contact).
 - Find it on UC Davis's [Negotiated Indirect Cost Rate Agreement \(NICRA\)](#)
 - It may be “**HHS, Arif M. Karim (415) 437-7820**”

I. Total Direct and Indirect Costs: This field will auto-populate based on entries above.

J. Fee: Do not include a fee in your budget, unless the Funding Opportunity Announcement (FOA) specifically allows inclusion of a "fee." If a fee is allowable, enter the requested fee.

K. Total Costs and Fee: This field will auto-populate based on entries above.

	Final	Draft	
L. * Budget Justification (Only attach one file)	No final --	No draft --	Add Delete

L. Budget Justification: As directed by sponsor guidelines, attach only one PDF of the **Budget Justification** here. This attachment is required. See NIH's [Format Attachments](#) page.

- Use the **Budget Justification** to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. If you have a quote(s), you may include it here.
- The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support, and other direct cost categories.
- In addition to the justifications described in the above sections, also include a justification for any significant increases or decreases from the initial budget period. Justify budgets with more than a standard escalation from the initial to the future year(s) of support.
- Also use the **Budget Justification** to explain any exclusions applied to the F&A base calculation.

- If your application includes a subaward/consortium budget, a separate **Budget Justification** must be submitted. See the [Subaward Budget Attachment\(s\) Form](#) further in this document for additional guidance. You may wish to note the page you are on so you can return here more easily.
- **Special Instructions for Applications Proposing the Use of Human Fetal Tissue:** If the use of human fetal tissue obtained from elective abortions (HFT) (as [defined in the NIH Grants Policy Statement](#)) is included in the proposed application include a detailed justification including the quantity, type(s), and source(s) of the HFT, including the stage of fetal development.
 - This information must be included if costs for the HFT are assigned to the grant or if the HFT is acquired under the grant at no costs.
 - The HFT justification must be clearly labeled in the budget justification attachment.
- **Special Instructions for Applications Submitted with a Data Management and Sharing (DMS) Plan:** If a Data Management and Sharing Plan is required in the proposed application (see instructions for the "Other Plan(s)" attachment on the PHS 398 Research Plan Form and the PHS 398 Career Development Award Supplemental Form, as applicable), include a brief justification of the proposed activities that will incur costs.
 - The Data Management and Sharing justification must be clearly labeled as "Data Management and Sharing Justification" within the budget justification attachment followed by the estimated dollar amount (total direct costs).
 - Provide a brief summary of type and amount of scientific data to be preserved and shared and the name of the established repository(ies) where they will be preserved and shared.
 - Indicate general cost categories such as curating data and developing supporting documentation, local data management activities, preserving and sharing data through established repositories, etc., including an amount for each category and a brief explanation.
 - Specify in the justification if no costs will be incurred for Data Management and Sharing, if applicable.
 - The recommended length of the justification should be no more than half a page.
 - For more information, see [Budgeting for Data Management & Sharing](#) on the NIH Scientific Data Sharing website and additional details to help [Develop Your Budget](#).

RESEARCH & RELATED BUDGET - Cumulative Budget

The last page of the RR Budget just summarizes all the previous entries.

PHS 398 Modular Budget Form

See the [PHS 398 Modular Budget form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional guidance.

As described in the Budget form above, generally, you must use the **Modular Budget Form** if you are applying for less than \$250,000 per budget period in direct costs.

- However, some grant mechanisms or programs (e.g., training grants) may require other budget forms to be used.
- Refer to your FOA and to the [General Application Guide for NIH and Other PHS Agencies](#) for guidance on which Budget Form to use.

Modular budgets are simplified; therefore, detailed categorical information is not to be submitted with the application.

- For all modular budgets, request total direct costs (**in modules of \$25,000**), reflecting appropriate support for the project.
- There will be no future year escalations.
- A typical modular grant application will request the same number of modules in each budget period.
- Provide an additional narrative budget justification (in the [Additional Narrative Justification](#) section) for any variation in the number of modules requested.

PHS 398 Modular Budget Budget Period 1 of 5  

Budget Period: 1	Start Date: 07/01/2025 	End Date: 06/30/2026 								
A. Direct Costs										
<table><tr><td>* Direct Cost less Consortium Indirect (F&A)</td><td>* Funds Requested (\$)</td></tr><tr><td>125,000</td><td><input type="text" value="125,000"/></td></tr><tr><td>Consortium Indirect (F&A)</td><td><input type="text"/></td></tr><tr><td>* Total Direct Costs</td><td>125,000</td></tr></table>			* Direct Cost less Consortium Indirect (F&A)	* Funds Requested (\$)	125,000	<input type="text" value="125,000"/>	Consortium Indirect (F&A)	<input type="text"/>	* Total Direct Costs	125,000
* Direct Cost less Consortium Indirect (F&A)	* Funds Requested (\$)									
125,000	<input type="text" value="125,000"/>									
Consortium Indirect (F&A)	<input type="text"/>									
* Total Direct Costs	125,000									
B. Indirect (F&A) Costs										
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	* Funds Requested (\$)							
1. On Campus Org Research MTDC	61.000	80,000	48,800							
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Cognizant Agency (Agency Name, POC Name and Phone Number)		HHS, Janet Turner (415) 437-7820 								
Indirect (F&A) Rate Agreement Date 06/28/2021		Total Indirect (F&A) Costs <input type="text" value="48,800"/>								
C. Total Direct and Indirect (F&A) Costs (A + B)		Funds Requested (\$) <input type="text" value="173,800"/>								

B. Cognizant Agency: If not auto-populated, enter the name and phone number of the individual responsible for negotiating your rate (your point of contact).

- Find it on UC Davis's [Negotiated Indirect Cost Rate Agreement \(NICRA\)](#)
 - It may be "HHS, Arif M. Karim (415) 437-7820"
- **Indirect (F&A) Rate Agreement Date:** Use the link above to identify the NICRA date.

Cumulative Budget Information

1. Total Costs, Entire Project Period

- * Section A, Total Direct Cost less Consortium (F&A) for Entire Project Period
- Section A, Total Consortium Indirect (F&A) for Entire Project Period
- * Section A, Total Direct Costs for Entire Project Period
- * Section B, Total Indirect (F&A) Costs for Entire Project Period
- * Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period

\$	425,000
\$	
\$	425,000
\$	231,800
\$	656,800

2. Budget Justifications

Final | Draft

Personnel Justification

No final	No draft

[Add](#) [Delete](#)

Consortium Justification

No final	No draft

[Add](#) [Delete](#)

Additional Narrative Justification

No final	No draft

[Add](#) [Delete](#)

2. Budget Justifications: As directed by sponsor guidelines, attach PDFs here for a range of documents. See NIH's [Format Attachments](#) page.

- **Personnel Justification:**

- **NIH/PHS Content:** List all personnel, including names, percent effort (use the [Person Months](#) metric), and roles on the project.
- Do not provide individual salary information. You must use the current legislatively imposed salary limitation when estimating the number of modules. For guidance on current salary limitations, contact your office of sponsored programs.
- **Administrative, Secretarial, and Clerical Support Salaries:** In most circumstances, the salaries of administrative, secretarial, or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs. However, examples of situations where direct charging of these salaries may be appropriate may be found at [45 CFR 75.403](#).
- Inclusion of such costs may be appropriate only if all of the following conditions are met:
 - Administrative or clerical services are integral to a project or activity;
 - Individuals involved can be specifically identified with the project or activity;
 - Such costs are explicitly included in the budget or have prior written approval of the federal awarding agency; and
 - The costs are not also recovered as indirect costs.
- Requests for direct charging for administrative, secretarial, or clerical personnel must be appropriately justified here in the **Personnel Justification**. For each individual classified as administrative/secretarial/clerical, provide the name; percent effort; role; and a justification documenting how they meet all four conditions. NIH ICs may request additional information for these positions in order to assess allowability.
- **Graduate student compensation:** NIH grants also limit compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the

time of award. This limit should also be used when estimating the number of modules. For more guidance on this policy, see the [NIH Grants Policy Statement, Section 2.3.7.9: Graduate Student Compensation](#).

- **Consortium Justification:**

- **NIH/PHS Content:** Provide an estimate of total consortium/subaward costs (direct costs plus indirect [F&A] costs) for each budget period, rounded to the nearest \$1,000.
- List the individuals/organizations with whom consortium or contractual arrangements have been made and indicate whether the collaborating institution is foreign or domestic.
- List all personnel, including names, percent effort (use the [Person Months](#) metric), and roles on the project.
- Do not provide individual salary information.

- **Additional Narrative Justification:**

- **Note:** Additional explanation within the **Additional Narrative Justification** is not needed in applications to Notices of Funding Opportunity (NOFOs) with direct cost limits that do not spread evenly across budget periods (e.g., R21 FOAs that allow \$275,000 in direct costs over two years).
 - Likewise, additional explanation for variations in the number of modules requested annually is not needed in applications that meet the same criteria as directly above.
- **NIH/PHS Content:** If the requested budget requires any additional justification (e.g., variations in the number of modules requested), include that information in the **Additional Narrative Justification** attachment. If you have a quote(s), you may include it here.
- Additional justification should include explanations for any variations in the number of modules requested annually. Also, this section should describe any direct costs that were excluded from the total direct costs (such as equipment, tuition remission) and any work being conducted off-site, especially if it involves a foreign study site or an off-site F&A rate.
- **Special Instructions for Applications Submitted with a Data Management and Sharing (DMS) Plan:** NIH recognizes that making data accessible and reusable for other researchers may incur costs.
 - If a Data Management and Sharing Plan is required in the proposed application (see instructions for the "Other Plan(s)" attachment on the PHS 398 Research Plan Form and the PHS 398 Career Development Award Supplemental Form, as applicable), the Data Management and Sharing justification must be clearly labeled as "Data Management and Sharing Justification" followed by the estimated dollar amount (total direct costs).
 - If no cost will be incurred, enter "0" for the estimated dollar amount.
 - Also include a brief justification of the proposed activities that will incur costs.
 - Provide a brief summary of type and amount of scientific data to be preserved and shared and the name of the established repository(ies) where they will be preserved and shared.
 - Indicate general cost categories such as curating data and developing supporting documentation, local data management considerations, preserving and sharing data through established repositories, etc., including an amount for each category and a brief explanation.
 - The recommended length of the justification should be no more than half a page.
- **Allowable and Unallowable Costs:** Allowable costs submitted in budget requests must be incurred during the performance period, even for scientific data and metadata preserved and shared beyond the award period.
 - Budget requests must NOT include: Infrastructure costs that are included in institutional overhead (for instance, NIH Grants Policy Statement [Section 7.3 Facilities and](#)

Administrative costs); costs associated with the routine conduct of research, including costs associated with collecting or gaining access to research data; or costs that are double charged or inconsistently charged as both direct and indirect costs.

- For more information, see [Budgeting for Data Management & Sharing](#) on the NIH Scientific Data Sharing website and additional details to help [Develop Your Budget](#).

PHS 398 Training Budget

See the [PHS 398 Research Training Budget form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Multi-project**.

The **PHS 398 Training Budget Form** is used only for Training applications (e.g., T15, T32, T34, T35, T36, T90) and Multi-project applications with a training component.

- The **PHS 398 Training Budget Form** is not applicable for the K12, T37, D43, D71, or U2R activity codes.
 - Applicants to these activity codes should follow the instructions for the **R&R Budget Form** and the instructions in the FOA (if applicable).
- For current stipend levels and allowable costs, refer to the relevant FOA, NIH's [Research Training & Career Development](#) website, or consult the PHS awarding component.

Using the PHS 398 Training Budget Form: You must complete a separate training budget for each budget period requested. The form will generate a cumulative budget for the total project period.

- If no funds are requested for a required field, leave the field blank.
- You must round to the nearest whole dollar amount in all dollar fields.

If you are requesting a budget with \$500,000 or more in direct costs for any budget period, contact the awarding component to determine whether you must obtain prior approval before submitting the application.

- For more information on applications that request \$500,000 or more in direct costs, see the [NIH Grants Policy Statement, Section 2.3.7.2: Acceptance for Review of Unsolicited Applications Requesting \\$500,000 or More in Direct Costs](#).

Note on Subawards/Consortiums: If you have a subaward/consortium, you must use the **PHS 398 Training Subaward Budget Attachment(s) Form** in conjunction with the **PHS 398 Training Budget Form**.

- The prime must extract the **PHS 398 Training Subaward Budgets** from the **PHS 398 Training Subaward Budget Attachment(s) Form** and send the extracted file to the subaward/consortium.
- The consortium should complete the **PHS 398 Training Subaward Budget** following the instructions here and in [G.340 - PHS 398 Training Subaward Budget Attachment\(s\) Form](#).

PHS 398 TRAINING BUDGET, Summary

UEI:

Budget Type: Project Subaward/Consortium

Organization Name: The Regents of the University of California (Davis)  

Summary	Period 1	Period 2	Period 3	Period 4	Period 5	Cumulative	Sponsor Rates
---------	----------	----------	----------	----------	----------	------------	---------------

Budget Periods

	Start Date 	End Date 	Total Stipends + Tuition/Fees Requested (\$)	Total Other Direct Costs Requested (\$)	Total Direct Costs Requested (\$)	Total Indirect Costs Requested (\$)	Total Direct and Indirect Costs Requested (\$)
Period 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
Period 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
Period 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
Period 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
Period 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
<u>Cumulative</u>			<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

Budget Justification	Final	Draft	Add	Delete
	No final --	No draft --		

- **Unique Entity Identifier (UEI):** This field may be pre-populated from the SF 424 (R&R) Form.
 - If not, you can find this info on UC Davis's [Institutional Information](#) page.
- **Budget Type:** Check the appropriate box for your budget type, following these guidelines.
 - **Project:** The budget being requested is for the primary applicant organization.
 - **Subaward/Consortium:** The budget being requested is for the subaward/consortium organization(s).
 - **Note:** Separate budgets are required only for subaward/consortium organizations that perform a substantive portion of the project.
 - If you are preparing an application that includes a subaward/consortium, in addition to completing this form, also see [PHS 398 Training Subaward Budget Attachment\(s\) Form](#).
- **Organization Name:** This field may be pre-populated from the SF 424 (R&R) Form as The Regents of the University of California (Davis)
 - **Note:** The university's full legal name, **The Regents of the University of California, on behalf of its Davis campus**, doesn't fit in the SF 424 (R&R) Form field.
- The **Summary** tab/page will auto-populate from entries in each budget period requested.

PHS 398 TRAINING BUDGET, Period 1

UEI:

Budget Type: Project Subaward/Consortium

Organization Name: The Regents of the University of California (Davis)



Summary	Period 1	Period 2	Period 3	Period 4	Period 5	Cumulative	Sponsor Rates
 Start Date: <input type="text" value="2023-01-01"/>  End Date: <input type="text" value="2023-01-31"/> 							

Worksheet (Optional)

Trainees	Duration of Training Period (Months)	Full Time	Short Term		
		<input type="checkbox"/>	<input type="checkbox"/>		
Description	Trainee Type	Number		Total Tuition/Fees (\$)	
		Requested	Expected	Full Time	Short Term
<a data-bbox="128 532 376 540" href="#"> Add row for Trainee Type					

Period 1 (Follow these instructions for subsequent project periods as well)

- **Start Date:** This field may be pre-populated from the SF 424 (R&R) Form.
 - Enter the requested/proposed start date of the budget period.
 - For period 1, the start date is typically the same as the Proposed Project Start Date on the SF 424 (R&R) Form.
- **End Date:** Enter the requested/proposed end date of the budget period.
- The **Worksheet** section is optional.

A. Stipends, Tuition/Fees

A. Stipends, Tuition/Fees

- **Number of Trainees:** Enter the number of trainees for each category (undergraduate, predoctoral, postdoctoral, and other), distinguishing between full-time training positions (i.e., a full year of training) and short term trainees.
 - Note that some programs do not allow all categories of trainees (e.g., undergraduates are not eligible for T32 applications).
 - Refer to your Notice of Funding Opportunity (NOFO) regarding the eligible types of trainees for your specific application.
 - **For undergraduate trainees:** list separately the number that will be at the First-Year/Sophomore stipend level and the number that will be at the Junior/Senior stipend level in the boxes provided.
 - **For predoctoral trainees:** list separately the number that will be pursuing single degrees and the number that will be pursuing dual degrees in the boxes provided.
 - The **Total Predoctoral** fields will be automatically calculated.
 - **For postdoctoral trainees:** list separately the number that are non-degree seeking and the number that are degree seeking in the boxes provided.
 - If a category (non-degree seeking or degree seeking) contains various stipend levels (e.g., for varying levels of postdoctoral experience or for varying appointment periods), itemize the number of postdoctoral trainees by stipend level in the boxes provided.
 - The **Total Postdoctoral** fields will be automatically calculated.
- **Stipends Requested (\$):** Enter the **total** stipend amount requested for each trainee type.
 - For current stipend levels and allowable costs, refer to the NOFO or consult the PHS awarding component. For more information, see the NIH's [Research Training and Career Development](#) website.
 - The **Total Stipends Requested** field will be automatically calculated.
- **Tuition/Fees Requested (\$):** Enter the **total** tuition/fees requested for each trainee type.
 - See the [NIH Grants Policy Statement, Section 11.3.8: Allowable and Unallowable Costs](#) for NIH policy regarding payment of tuition and fees.
 - Tuition at the postdoctoral level is limited to that required for specified courses that are to be described in [Section F. Budget Justification](#) and may depend on whether the program supports postdoctoral individuals in formal degree-granting training.
 - The **Total Tuition/Fees Requested** field will be automatically calculated.
 - You should request full needs for tuition and fees.
 - The awarding component will determine the amount of tuition and fees to be provided according to the policies current at the time of award.
 - The formula currently in effect will be applied by the NIH awarding component at the time an award is calculated.
 - Do not include health insurance in the tuition/fees fields.
- **Indirect Cost Type (for stipends):** Select the most appropriate entry, likely **NIH T Grant 8% MTDC**.
- **Total Stipends + Tuition/Fees Requested:** This total will be automatically calculated.

B. Other Direct Costs

	Indirect Cost Type	Allocated to Indirect Cost Base	Funds Requested (\$)
Trainee Travel	Excluded		
Training Related Expenses	Excluded		
Total Direct Costs from R&R Budget Form (if applicable)			
Indirect Cost Type 1.			
Indirect Cost Type 2.			
Indirect Cost Type 3.			
Indirect Cost Type 4.			
Consortium Training Costs (if applicable)	Excluded		
		Total Other Direct Costs Requested	

B. Other Direct Costs: Enter the total funds requested for Trainee Travel and Training Related Expenses (TRE).

- If applicable, enter the **Total Direct Costs** from the **R&R Budget Form** and **Consortium Training Costs**.
- **Indirect Cost Type:** Select the most appropriate entry for each row, likely **NIH T Grant 8% MTDC**.
- **Trainee Travel:** Enter the total funds requested for trainee travel in the **Trainee Travel** field.
 - Some NIH awarding components provide a pre-determined amount for travel for each full time trainee.
 - Refer to the NOFO and/or contact the awarding component to determine the amount provided for travel and enter it here.
 - If the awarding component does not provide a pre-determined amount, enter the requested amount here and provide an explanation in [Section F. Budget Justification](#), stating the purpose of any travel, giving the number of trips involved, the destinations, and the number of trainees for whom funds are requested.
 - PHS policy requires coach class air travel be used.
 - Justify any foreign travel in detail, describing its importance to the training experience.
- **Training Related Expenses:** Enter the total funds requested for TRE.
 - You must base your requested amount on the number of trainees at the predetermined rate.
 - Funds to defray other costs of training, such as health insurance, staff salaries, consultant costs, equipment, research supplies, staff travel, etc., are requested as a lump sum based on the amounts specified in the NOFO and in the [NIH Grants Policy Statement, Section 11.3.8.4: Training-Related Expenses](#) for each predoctoral and postdoctoral trainee.
 - Health insurance may be covered by TRE only to the extent that the same health insurance fees are charged to non-federally-supported students and postdoctoral fellows.
 - TRE will be awarded as a lump sum. No further itemization or explanation is required in [Section F. Budget Justification](#).
 - The awarding component will apply the TRE level established for institutional programs for the relevant fiscal year at the time of award.
- **Total Direct Costs from R&R Budget Form (if applicable):** Certain NOFOs allow funds to cover direct costs for items other than those specified above.
 - Use the **R&R Budget Form** to submit those costs.
 - The **Total Direct Costs from the R&R Budget Form** ([R&R Budget Form, Section G. Direct Costs](#)) should be inserted here.
 - This line should not include any indirect costs.

- **Consortium Training Costs (if applicable):** If training occurs at more than one organization and there is a transfer of funds between organizations, you must complete the [PHS 398 Training Subaward Budget Attachment\(s\) Form](#).
 - Total the direct costs from the **Training Subaward Budget Attachment** Forms and insert the total here.
 - The applicant organization is responsible and accountable for any arrangements, expenditures, and submission of all required application forms when more than one organization is involved in the research training program.
- **Total Other Direct Costs Requested:** This total will be automatically calculated based on the sum of the funds requested in **B. Other Direct Costs**.

C. Total Direct Costs Requested (A + B)

Funds Requested (\$)
Total Direct Costs Requested

D. Total Indirect (F&A) Costs Requested

Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base	Funds Requested (\$)
1. On Campus Org Research MTDC	0	0	0
2.	0	0	0
Total Indirect (F&A) Costs Requested			0

- C. **Total Direct Costs Requested (A+B):** This total will be automatically calculated based on the sum of the funds requested in both **A. Stipends, Tuition/Fees** and **B. Other Direct Costs**.
- D. **Indirect (F&A) Costs:** Indirect costs (Facilities & Administrative [F&A] costs) are defined as costs that are incurred by a recipient for common or joint objectives and that, therefore, cannot be identified specifically with a particular project or program.
 - See the NIH Glossary's definition of [Facilities and Administrative Costs \(or indirect costs\)](#).
 - Equipment and consortium costs are also excluded from the F&A costs on those training grants where TRE are not calculated and awarded on a lump-sum basis, such as the Maximizing Access to Research Careers Program (MARC).
 - State and local government agencies will receive the full F&A cost rate.
 - **For more information:** You are encouraged to visit the following Division of Financial Advisory Services (DFAS) Websites or call DFAS staff at 301-496-2444 for guidance: [Main DFAS](#) website, [DFAS Frequently Asked Questions](#).
 - The following website has a listing of unallowable and unallocable costs and the related Federal Acquisition Regulation (FAR) citation for each: [NIH Office of Management's Unallowable/ Unallocable Cost](#).
 - **Indirect (F&A) Type:** Enter appropriate F&A type, likely **NIH T Grant 8% MTDC**.
 - Helpful resource: [On-Campus vs Off-Campus F&A Rates](#)
 - **Indirect (F&A) Rate (%):** Enter **8**.
 - Facilities and Administrative (F&A) costs under Institutional Kirschstein-NRSA awards, other than those issued to U.S., state, or local government agencies, will be awarded at 8%.
 - State and local government agencies should enter their full F&A cost rate.
 - **Indirect (F&A) Base (\$):** Enter the sum of the stipends and the Total Other Direct Costs requested, regardless of whether those direct costs were listed on the **PHS 398 Training Budget Form** or on the **R&R Budget Form**.

- Indirect costs are not paid on Tuition/Fees, equipment, or sub-grants and contracts in excess of \$25,000.
- **Funds Requested (\$):** Enter the product of Indirect (F&A) Rate and the Indirect (F&A) Base.
 - Refer to the [NIH Grants Policy Statement, Section 7.4: Reimbursement of Facilities and Administrative Costs](#) for more information.

E. Total Direct and Indirect (F&A) Costs Requested (C + D)

	Funds Requested (\$)
Total Direct and Indirect Costs Requested	0

F. Budget Justification

	Final	Draft	
Budget Justification	No final --	No draft --	Add Delete

E. Total Direct and Indirect (F&A) Costs Requested (C+D): This total will be automatically calculated based on the sum of the **C. Total Direct Costs Requested** and **D. Total Indirect (F&A) Costs Requested** fields.

F. Budget Justification: This attachment is required. See NIH's [Format Attachments](#) page.

- Attach one file for the entire project period.
- Explain in detail the composition of any of the above costs, as necessary, according to the guidelines listed here:
 - Itemize tuition and individual fees. If tuition varies, (e.g., in-state, out-of-state, student status) list these separately. Do not include health insurance in the tuition and fees category.
 - If tuition is requested for postdoctoral trainees, the specific courses or formal degree-granting program must be described.
 - If the awarding component does not provide a pre-determined amount for travel for each full time trainee, explain the requested amount and describe the purpose of any travel, indicating the expected number of trips involved, the likely destinations, and the number of trainees for whom funds are requested, bearing in mind that PHS policy requires coach class air travel be used.
 - Any foreign travel must be justified in detail. Describe its importance to the training experience and how those opportunities differ from and complement those offered by the grantee institution. Also describe the relationship of the proposed off-site training experience to the career stage of the grantee.
 - Justify the number of training slots (e.g., predoctoral and/or postdoctoral) requested. For postdoctoral training slots, justify the stipend levels requested.
- **Note for Applicants Using both the PHS 398 Training Budget Form and the R&R Budget Form:** Generally, the **Budget Justification** included in the **PHS 398 Training Budget Form** should reflect only funds requested on the **PHS 398 Training Budget Form**.
 - When the **R&R Budget Form** is also used, two separate **Budget Justifications** are required, each covering the costs requested in the respective Budget Form.

- The **Cumulative Budget** tab/page: All values on the **Cumulative Budget** are automatically calculated, and the fields are pre-populated. They present the summations of the amounts you entered previously for each of the individual budget periods. Therefore, no data entry is allowed or required to complete this section.
 - If any of the amounts displayed on this form appear to be incorrect, you may correct it by adjusting one or more of the values that contribute to that total. To make any such corrections, you will need to revisit the appropriate budget period form(s).

PHS 398 TRAINING BUDGET, Sponsor Rates

UEI: Budget Type: Project Subaward/Consortium
 Organization Name:

[Summary](#) [Period 1](#) [Period 2](#) [Period 3](#) [Period 4](#) [Period 5](#) [Cumulative](#) [Sponsor Rates](#)

Sponsor Rates

[Refresh NIH Training Rates](#)

Trainee Type	Stipend (\$)	Training Related Expenses (\$)	Tuition/Fees Rate (%)	Tuition/Fees Expected Limit (\$)
Undergrad - Freshman/Sophomore	14,340	4,750	60	16,000
Undergrad - Junior/Senior	14,340	4,750	60	16,000
Predoc - Single Deg.	28,224	4,750	60	16,000
Predoc - Dual Deg.	28,224	4,750	60	21,000
Postdoc - Non-deg. Seeking - 0 Yrs. Exp.	61,008	12,400	60	4,500
Postdoc - Non-deg. Seeking - 1 Yrs. Exp.	61,428	12,400	60	4,500
Postdoc - Non-deg. Seeking - 2 Yrs. Exp.	61,884	12,400	60	4,500
Postdoc - Non-deg. Seeking - 3 Yrs. Exp.	64,356	12,400	60	4,500
Postdoc - Non-deg. Seeking - 4 Yrs. Exp.	66,492	12,400	60	4,500
Postdoc - Non-deg. Seeking - 5 Yrs. Exp.	68,964	12,400	60	4,500
Postdoc - Non-deg. Seeking - 6 Yrs. Exp.	71,532	12,400	60	4,500
Postdoc - Non-deg. Seeking - 7+ Yrs. Exp.	74,088	12,400	60	4,500
Postdoc - Deg. Seeking - 0 Yrs. Exp.	61,008	12,400	60	16,000
Postdoc - Deg. Seeking - 1 Yrs. Exp.	61,428	12,400	60	16,000
Postdoc - Deg. Seeking - 2 Yrs. Exp.	61,884	12,400	60	16,000
Postdoc - Deg. Seeking - 3 Yrs. Exp.	64,356	12,400	60	16,000
Postdoc - Deg. Seeking - 4 Yrs. Exp.	66,492	12,400	60	16,000
Postdoc - Deg. Seeking - 5 Yrs. Exp.	68,964	12,400	60	16,000
Postdoc - Deg. Seeking - 6 Yrs. Exp.	71,532	12,400	60	16,000
Postdoc - Deg. Seeking - 7+ Yrs. Exp.	74,088	12,400	60	16,000
Other	0	0	0	0

The **Sponsor Rates** are set to the current NIH Training Rates, as defined by the UC Davis Sponsored Programs Office (SPO).

- Normally, for any given grant, these values should not be changed for the life of the grant.

PHS 398 Training Subaward Budget Attachment(s) Form

See the **RR Subaward Budget Attachment(s)** form immediately below. Instructions are identical.

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM					
Create Subaward Import Subaward Link Subaward					
Period		In-active	Subaward Direct Costs	Subaward Indirect Costs	Subaward Costs
					Allocated to IDC base
Subaward IDC Ceiling		25,000			
All Subawards					
Total					

RR Subaward Budget Attachment(s)

See the [RR Subaward Budget Attachment\(s\) form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **SBIR/STTR**.

<input checked="" type="checkbox"/> SF424 RR
1
2
<input checked="" type="checkbox"/> RR Performance Sites
1
<input checked="" type="checkbox"/> RR Other Project Information
1
<input checked="" type="checkbox"/> RR Key Persons
1
<input checked="" type="checkbox"/> RR Budget
1
2
3
4
<input type="checkbox"/> PHS Human Subjects and Clinic
1
<input checked="" type="checkbox"/> RR Subaward Budget Attachment
1

This form may have another name, depending on the sponsor/funding opportunity.

- Example: **PHS 398 Training Subaward Budget**

Add a checkmark: If your proposal to the sponsor will include a subaward or subawards to other institutions collaborating on the research project, add a checkmark within the box next to this form in the left navigation column.

- Do not use this form if you are using the **PHS Modular Budget Form**.

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM					
Create Subaward Import Subaward Link Subaward Worksheet Row					
Period		In-active	Subaward Direct Costs	Subaward Indirect Costs	Subaward Costs
					Allocated to IDC base
Subaward IDC Ceiling		25,000			
All Subawards					
Total					

There are three mechanisms to add subrecipient information in this section:

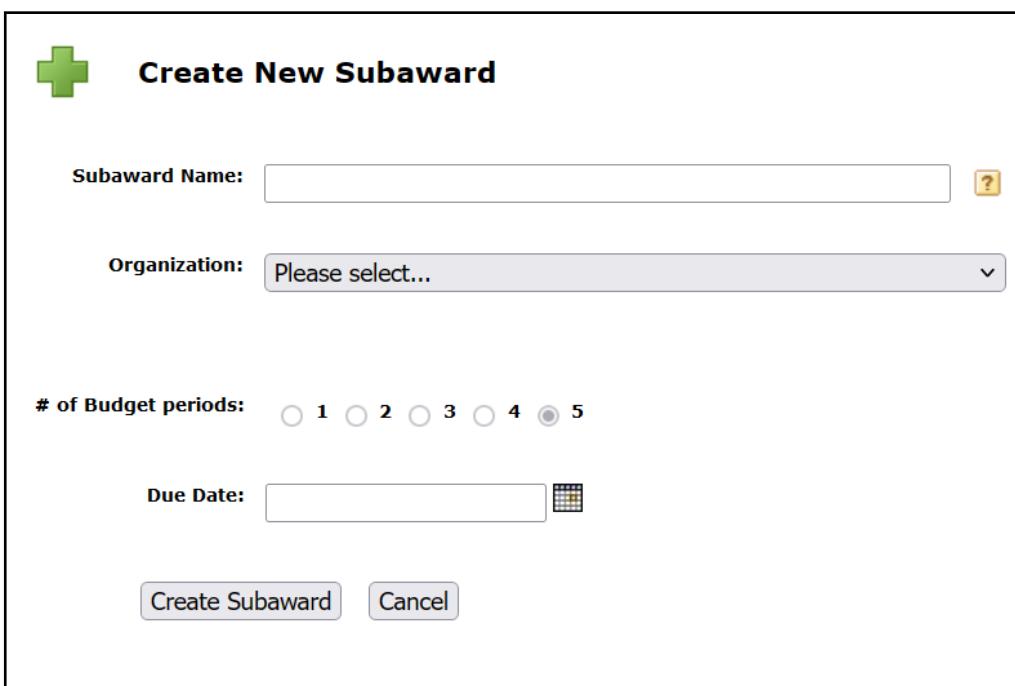
1. **Create Subaward** – This is the most labor-intensive approach for you. When you select the **Create Subaward** button, you create a mini proposal that attaches to the full proposal. You then populate it with information provided to you by the/each subrecipient organization.
 - a. More info below

2.  **Import Subaward** - This is the easiest approach. Ask the subrecipient to either access their Cayuse 424 (which they may call Cayuse Proposals (S2S)) or go to <https://subawards.com/> to create their subaward proposal which they can then export to you as a Cayuse file.
 - Select **Import Subaward** and simply add their Cayuse file.
 - If you do not see the Subaward information added to your Prime application in Cayuse 424, open the imported Subaward and on the **Project/Performance Site Location(s)** and **RR Key Persons** forms, add checkboxes next to “**Include in Prime**.”
 - Be sure to review the information provided by the subrecipient and make updates if needed.
3.  **Link Subaward** - When you select **Link Subaward**, you can search for and then link a previously imported or created subaward file.

Subaward IDC Ceiling: \$25,000 is auto-populated in this field. This represents the amount of indirect costs for non-UC subawards that can be included in UC Davis’s indirect cost base for the project. Indirect costs beyond the first \$25,000 are not included in the base.

- Indirect costs for other UC subrecipients exclude all funds from the indirect cost base. The \$25,000 ceiling does not apply.

Create Subaward: When you select the  **Create Subaward** button, you reach this pop-up to begin creating a mini-proposal for the subrecipient that attaches to your full proposal:



The image shows a modal dialog box titled "Create New Subaward". It contains the following fields and controls:

- Subaward Name:** A text input field with a question mark icon in the top right corner.
- Organization:** A dropdown menu labeled "Please select...".
- # of Budget periods:** A radio button group with options 1, 2, 3, 4, and 5. The radio button for 5 is selected.
- Due Date:** A text input field with a calendar icon to its right.
- Create Subaward** and **Cancel** buttons at the bottom.

1. **Subaward Name:** As this subaward is linked to your full Cayuse 424 proposal, this field does not require as much detail as other proposal titles. It’s sufficient to simply indicate the subrecipient’s institution.
 - a. Example: “University of Texas – Austin”
2. **Organization:** If the subrecipient institution does not appear in the list, double-check the spelling. If it’s not there, you’ll need to request it be added. Write ORCayuseHelp@ucdavis.edu to request a new **Institutional Profile**. In the email, provide as much info about the subrecipient organization as possible:
 - a. Institution name
 - b. Institution address

- c. Unique Entity Identifier # (UEI)
 - i. Or other institutional ID numbers
- d. Type of institution (*e.g., Private Institution of Higher Education*)
- e. Indirect cost types and rates
- f. If known or applicable:
 - i. Human Subjects/Animal Welfare Assurance Numbers
 - ii. Dates of HHS certifications
 - iii. Institution base fringe rate (and other fringe categories)
 - iv. Escalation rates for budget items
 - v. Organizational units

ORCayuseHelp@ucdavis.edu will notify you when the **Institutional Profile** is ready, and you can then proceed with creating the subaward.

- When the **Organization** is added to the **Create New Subaward** pop-up, two new fields will appear: **Default IDC Rate** and **Validation Type**.

Subaward Name: University of Texas - Austin

Organization: University of Texas at Austin

Default IDC Rate: MTDC

of Budget periods: 1 2 3 4 5

Due Date: 03/31/2025

Validation Type: NIH

Create Subaward **Cancel**

3. **Default IDC Rate:** Select the appropriate rate type for the subrecipient, either:
 - a. **MTDC** – Modified Total Direct Costs (the mechanism UC Davis uses)
 - b. **TDC** – Total Direct Costs
 - c. **TC** – Total Costs
 - d. **Other**
4. **# of Budget periods:** Select the number of budget periods this subrecipient will be involved in on this project.
 - **Note:** If you have not yet completed your full proposal's budget, you will not be able to select the appropriate number of budget periods. Complete the budget, at least identifying the **Start** and **End Dates** for each project period, in order to add this functionality.
5. **Due Date:** This is the date the subrecipient's proposal should be provided to you, and should be far enough ahead of your proposal submission deadline to the sponsor to allow both you and SPO time to review and make corrections/ask for additional required documents.
6. **Validation Type:** Select the type from the list that best corresponds with the prime sponsor.

7. Click **Create Subaward**.

PHS 398 Research Plan

See [PHS 398 Research Plan Form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Multi-project**, and **SBIR/STTR**.

Your application should represent a sound approach to the investigation of an important biomedical research, behavioral research, technological, engineering, or scientific question, and be worthy of support under the stated criteria of the NOFO. It should be self-contained and written with the care and thoroughness accorded to papers for publication.

- Review the application carefully to ensure you have included information essential for evaluation. The scientific and technical merit of the proposed research is the primary concern for all research supported by the National Institutes of Health (NIH) and other PHS agencies.
- Read all the instructions in the Notice of Funding Opportunity before completing this form to ensure that your application meets all IC-specific criteria.

As instructed by sponsor guidelines, attach PDFs in this section unless another format is specified. See NIH [Format Attachments](#) and [Page Limits](#).

PHS 398 Research Plan			
Please attach applicable sections of the research plan below.			
		Final	Draft
0. Composite	?	No final --	No draft --
1. Introduction to Application		No final --	No draft --
2. Specific Aims		No final --	No draft --
3. * Research Strategy		No final --	No draft --
4. Progress Report Publication List		No final --	No draft --

0. **Composite:** Upload an entire Research Plan PDF with official **Section Heading** on page boundaries (and no Page Headers) and it will be partitioned into separate PDFs, each attached to the proper place.

Section Headings:

1. Introduction to
2. Specific Aims
3. Research Strategy
4. Progress Report Publication List
5. Vertebrate Animals
6. Select Agent Research
7. Multiple PD/PI Leadership Plan
8. Consortium/Contractual Arrangements
9. Letters of Support (upload separately)
10. Resource Sharing Plan(s)
11. Other Plan(s)
12. Authentication of Key Biological and/or Chemical Resources Bibliography & References Cited

1. Introduction to Application (for Resubmission and Revision applications): This attachment is required only if the type of application is resubmission or revision or if the Notice of Funding Opportunity (NOFO) specifies that one is needed. An introduction is not allowed for new or renewal applications.

- See NIH [Types of Applications](#) for descriptions.
- **NIH/PHS Format:** Follow the page limits for the introduction in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.
 - Hyperlinks and URLs may not be used in this section unless specified as allowed in the funding opportunity.
- **NIH/PHS Content:**
 - **Resubmission applications:** See specific instructions on the content of the introduction on the NIH's [Resubmission Applications](#) page.
 - Note: For resubmission applications changing from a single PD/PI to multiple PD/PIs, changing the number or makeup of the multiple PD/PIs, the applicant must provide a rationale for the change in the introduction and include the required Multiple PD/PI Leadership Plan. A rationale for a change from a multiple PD/PI to a single PD/PI application must also be provided in the introduction.
 - **Competing Revisions:** See specific instructions on the content of the introduction on the NIH's [Competing Revisions](#) page.

2. Specific Aims: This attachment is required unless otherwise specified in the NOFO.

- **NIH/PHS Format:** Follow the page limits for the Specific Aims in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO. A **Specific Aims** attachment that exceeds the page limit will be flagged as an error by the Agency upon submission.
 - Hyperlinks and URLs may not be used in this section unless specified as allowed in the funding opportunity.
- **NIH/PHS Content:** State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will have on the research field(s) involved.
 - List succinctly the specific objectives of the research proposed (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology).

3. Research Strategy: This attachment is required.

- **NIH/PHS Format:** Follow the page limits for the Research Strategy in the [NIH Table of Page Limits](#), unless otherwise specified in the NOFO.

- Although multiple sections of information are required in the **Research Strategy** as detailed below, the page limit applies to the entirety of the single **Research Strategy** attachment.
- Hyperlinks and URLs may not be used in this section unless specified as allowed in the funding opportunity.
- **NIH/PHS Content:** Organize the Research Strategy in the specified order and use the instructions provided below unless otherwise specified in the NOFO. Start each section with the appropriate heading - Significance, Innovation, Approach.
 - See NIH [Research Strategy](#) for additional guidance.
 - Cite published experimental details in the Research Strategy attachment and provide the full reference in [G.220 - R&R Other Project Information Form, Bibliography and Reference Cited](#).

4. Progress Report Publication List: This attachment is required only if the type of application is renewal. See [Types of Applications](#) for descriptions.

- **NIH/PHS Format:** Use of hyperlinks and URLs in this section is not allowed unless specified in these instructions or in the funding opportunity.
- **NIH/PHS Content:** List the titles and complete references to all appropriate publications, manuscripts accepted for publication, patents, and other printed materials that have resulted from the project since it was last reviewed competitively.
 - You are allowed to cite interim research products.
 - **Note:** interim research products have specific citation requirements. See related [Interim Research Product FAQ](#) on citing interim research products and claiming them as products of your NIH award.
 - Provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for each of the following:
 - Articles that fall under the [Public Access Policy](#),
 - Articles that were authored or co-authored by the applicant and arose from NIH support,
 - Articles that were authored or co-authored by the applicant and arose from AHRQ funding provided after February 19, 2016 (see the Guide Notice on [Policy for Public Access to AHRQ-Funded Scientific Publications](#)).
 - 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." NIH maintains a [list of such journals](#).
 - Citations that are not covered by the Public Access Policy, but are publicly available in a free, online format may include URLs or PubMed ID (PMID) numbers along with the full reference. Active hyperlinks are not allowed.

Other Research Plan Sections	Final	Draft	
5. Vertebrate Animals	No final --	No draft --	Add Delete
6. Select Agent Research	No final --	No draft --	Add Delete
7. Multiple PD/PI Leadership Plan	No final --	No draft --	Add Delete

5. Vertebrate Animals: Include this attachment if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the [G.220 - R&R Other Project Information Form](#).

- **NIH/PHS Format:** Do not use this attachment to circumvent the page limits of the Research Strategy.
- **NIH/PHS Content:** If live vertebrate animals are involved in the project, address each of the following criteria:
 - **Description of Procedures:** Provide a concise description of the proposed procedures to be used that involve live vertebrate animals in the work outlined in the "Research Strategy" attachment. The description must include sufficient detail to allow evaluation of the procedures. Identify the species, strains, ages, sex, and total numbers of animals by species, to be used in the proposed work. If dogs or cats are proposed, provide the source of the animals.
 - **Justifications:** Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g. computational, human, invertebrate, in vitro).
 - **Minimization of Pain and Distress:** Describe the interventions including analgesia, anesthesia, sedation, palliative care and humane endpoints that will be used to minimize discomfort, distress, pain, and injury.
- Each of the criteria must be addressed. Failure to adequately address the criteria may negatively affect the application's impact score. In addition to the 3 criteria above, you should also:
 - Identify all project performance (or collaborating) sites and describe the proposed research activities with vertebrate animals that will be conducted at those sites.
 - Explain when and how animals are expected to be used if plans for the use of animals have not been finalized.
- **See the following pages for more information:**
 - NIH's [Office of Laboratory Animal Welfare](#) website
 - NIH's [Vertebrate Animals Section Worksheet](#)
 - See the [NIH Grants Policy Statement, Section 4.1.1: Animal Welfare Requirements](#) (an applicable Animal Welfare Assurance will be required if the recipient organization does not have one)

6. Select Agent Research: Include this attachment if your proposed activities involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any performance site.

- Select agents are hazardous biological agents and toxins that have been identified by HHS or the U.S. Department of Agriculture (USDA) as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. The Centers for Disease Control and Prevention (CDC) and the Animal and Plant Health Inspection Service (APHIS) Select Agent Programs jointly maintain a list of these agents. See the [Federal Select Agent Program](#) website.
- See also the [NIH Grants Policy Statement, Section 4.1.24.1.1: Select Agents](#).
- **NIH/PHS Content:**
 - **Excluded select agents:** If the activities proposed in the application involve only the use of a strain(s) of select agents which has been excluded from the list of select agents and toxins as per [42 CFR 73.3](#), the select agent requirements do not apply. Use this "Select Agent Research" attachment to identify the strain(s) of the select agent that will be used and note that it has been excluded from this list. The CDC maintains a list of exclusions, which is available on the [Select Agents and Toxins Exclusions](#) website.
 - **Applying for a select agent to be excluded:** If the strain(s) is not currently excluded from the list of select agents and toxins but you have applied or intend to apply to HHS for an exclusion from the list, use this section to indicate the status of your request or your intent to apply for an exclusion and provide a brief justification for the exclusion.

- **All applicants proposing to use select agents:** Address the following three points for each site at which select agent research will take place. Although no specific page limitation applies to this section, be succinct.
 - Identify the select agent(s) to be used in the proposed research.
 - Provide the registration status of all entities* where select agent(s) will be used.
 - If the performance site(s) is a foreign organization, provide the name(s) of the country or countries where select agent research will be performed.
 - *An "entity" is defined in [42 CFR 73.1](#) as "any government agency (Federal, State, or local), academic institution, corporation, company, partnership, society, association, firm, sole proprietorship, or other legal entity."
 - Provide a description of all facilities where the select agent(s) will be used.
 - Describe the procedures that will be used to monitor possession, use, and transfer of select agent(s).
 - Describe plans for appropriate biosafety, biocontainment, and security of the select agent(s).
 - Describe the biocontainment resources available at all performance sites.

7. Multiple PD/PI Leadership Plan: Any applicant who designates multiple PD/PIs (on the [G.240 - R&R Senior/Key Person Profile \(Expanded\) Form](#)) must include a **Multiple PD/PI Leadership Plan**.

- For applications designating multiple PD/PIs, all such individuals must be assigned the PD/PI role on the [G.240 - R&R Senior/Key Profile \(Expanded\) Form](#), even those at organizations other than the applicant organization.
 - Do not submit a **Multiple PD/PI Leadership Plan** if you are not submitting a multiple PD/PI application.
- **NIH/PHS Content:** A rationale for choosing a multiple PD/PI approach should be described.
 - The governance and organizational structure of the leadership team and the research project should be described, including communication plans, processes for making decisions on scientific direction, and procedures for resolving conflicts.
 - The roles and administrative, technical, and scientific responsibilities for the project or program should be delineated for the PD/PIs and other collaborators.
 - If budget allocation is planned, the distribution of resources to specific components of the project or the individual PD/PIs should be delineated in the **Multiple PD/PI Leadership Plan**. In the event of an award, the requested allocations may be reflected in a footnote on the Notice of Grant Award.
 - **Resubmission Applications:** For resubmission applications changing from a single PD/PI to multiple PD/PIs, changing the number or makeup of the multiple PD/PIs, the applicant must provide a rationale for the change in the introduction and include the required **Multiple PD/PI Leadership Plan**.
 - **Renewal Applications:** For renewal applications changing from a single PD/PI to multiple PD/PIs, changing the number or makeup of the multiple PD/PIs, the applicant must provide a rationale for the change in the progress report within the research strategy and include the required **Multiple PD/PI Leadership Plan**.
 - **For more information:** For background information on the multiple PD/PI initiative, see NIH's [Multiple Principal Investigators](#) page.

8. Consortium/Contractual Arrangements	No final --	No draft --	Add	Delete
9. Letters of Support ? <i>(learn about appending attachments)</i>	No final --	No draft --	Add	Delete
10. Resource Sharing Plan(s)	No final --	No draft --	Add	Delete
11. Other Plan(s)	No final --	No draft --	Add	Delete
12. Authentication of Key Biological and/or Chemical Resources	No final --	No draft --	Add	Delete

8. Consortium/Contractual Arrangements: Include this attachment if you have consortiums/contracts in your budget.

- **NIH/PHS Content:** Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the recipient.
 - **Note:** The signature of the authorized organization representative in [G.200 - SF 424 \(R&R\), Authorized Representative](#) signifies that the applicant and all proposed consortium participants understand and agree to the following statement:

The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.
- Refer to the [NIH Grants Policy Statement, Section 15: Consortium Agreements](#) for more information.

9. Letters of Support:

- **NIH/PHS Format:** Combine all letters of support into a single PDF file and attach this information here. Do not place these letters in the Appendix.
 - Use of hyperlinks and URLs in Letters of Support is not allowed unless specified in the funding opportunity.
- **NIH/PHS Content:** Attach a file with all letters of support, including any letters necessary to demonstrate the support of consortium participants and collaborators such as Senior/Key Personnel and Other Significant Contributors included in the grant application.
 - Letters should stipulate expectations for co-authorship, and whether cell lines, samples, or other resources promised in the letter are freely available to other investigators in the scientific community or will be provided to the particular investigators only.
 - For consultants, letters should include rate/charge for consulting services and level of effort / number of hours per budget period anticipated.
 - In addition, letters ensuring access to core facilities and resources should stipulate whether access will be provided as a fee-for-service.
 - Material Transfer Agreements may be included in this section.

- Letters must focus on the topics listed above and not contain data / figures / tables / graphs, preliminary data, methods, background and significance details that are expected to be found in Research Strategy section of the application.
 - Letters of Support serve to describe terms of a collaboration or consultation and also are not de facto letters of reference from persons not actively participating in the project. Applications with letters containing such excess information may be withdrawn from the review process.
- Letters are not required for personnel (such as research assistants) not contributing in a substantive, measurable way to the scientific development or execution of the project.
- Do not include consultant biographical sketches in the **Letters of Support** attachment, as consultant biosketches should be in the **Biographical Sketch** section (see exception for SBIR/STTR Applications in the [SBIR/STTR-specific instructions](#)).

10. Resource Sharing Plan(s):

- **Note:** Effective for due dates on or after January 25, 2023, Data Management and Sharing (DMS) Plans are now included in **Section 11. Other Plan(s)**.
- Plans for Genomic Data Sharing should be provided as part of the **Data Management and Sharing Plan**.
- **NIH/PHS Content:**
 - **Sharing Model Organisms:** Regardless of the amount requested, all applications where the development of model organisms is anticipated are expected to include a description of a specific plan for sharing and distributing unique model organisms or state why such sharing is restricted or not possible.
 - For more information, see the [NIH Grants Policy Statement, Section 8.2.3.2: Sharing Model Organisms](#).
 - **Research Tools:** NIH considers the sharing of unique research resources developed through NIH-sponsored research an important means to enhance the value and further the advancement of the research.
 - When resources have been developed with NIH funds, and the associated research findings published or provided to NIH, it is important that they be made readily available for research purposes to qualified individuals within the scientific community.
 - For more information, see the [Research Tools Policy on the NIH Scientific Data Sharing Website](#) and the [NIH Grants Policy Statement, Section 8.2.3: Sharing Research Resources](#).

11. Other Plan(s):

Refer to the list of [NIH activity codes](#) subject to the DMS Policy and your Notice of Funding Opportunity (NOFO) to determine if your application is required to provide an attachment and address a Data Management and Sharing (DMS) Plan.

- Applicants proposing to conduct research that will generate scientific data are subject to [the NIH Data Management and Sharing Policy](#) and must attach a **Data Management and Sharing (DMS) Plan**.
 - Scientific data is defined as the recorded factual material commonly accepted in the scientific community as of sufficient quality to validate and replicate research findings, regardless of whether the data are used to support scholarly publications.
 - Scientific data includes any data needed to validate and replicate research findings.
 - Scientific data does not include laboratory notebooks, preliminary analyses, completed case report forms, drafts of scientific papers, plans for future research, peer reviews, communications with colleagues, or physical objects such as laboratory specimens.
- See NIH [Other Plan\(s\)](#) for additional guidance.

12. Authentication of Key Biological and/or Chemical Resources:

- **NIH/PHS Content:** If applicable to the proposed science, briefly describe methods to ensure the identity and validity of key biological and/or chemical resources used in the proposed studies.
 - A maximum of one page is suggested.
- Key biological and/or chemical resources are characterized as follows.
 - Key biological and/or chemical resources may or may not have been generated with NIH funds and: 1) may differ from laboratory to laboratory or over time; 2) may have qualities and/or qualifications that could influence the research data; and 3) are integral to the proposed research. These include, but are not limited to, cell lines, specialty chemicals, antibodies, and other biologics.
 - Standard laboratory reagents that are not expected to vary do not need to be included in the plan. Examples are buffers and other common biologicals or chemicals.
 - See NIH's page on [Rigor and Reproducibility](#) for more information.

13. Appendix (if applicable)	Final	Draft	
1 <input type="button" value="▼"/>	No final	No draft	<input type="button" value="Add"/> <input type="button" value="Delete"/>
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13. Appendix:

Refer to the Notice of Funding Opportunity (NOFO) to determine whether there are any special appendix instructions for your application.

- Some NOFOs may have different instructions for the Appendix. Always follow the instructions in your NOFO if they conflict with these instructions.
 - **Note:** Applications will be withdrawn and not reviewed if they do not follow the appendix requirements in these instructions or in your NOFO.
- See the updated NIH Guide Notice on the [Appendix Policy](#).
- **NIH/PHS Format:** A maximum of 10 PDF attachments is allowed in the Appendix.
 - If more than 10 allowable appendix attachments are needed, combine the remaining information into attachment #10.
 - Use filenames for attachments that are descriptive of the content.
 - A summary sheet listing all of the items included in the Appendix is encouraged but not required.
 - When including a summary sheet, it should be included in the first appendix attachment.
- **NIH/PHS Content:** The only allowable appendix materials are:
 - Blank data collection forms, blank survey forms, and blank questionnaire forms - or screenshots thereof
 - Simple lists of interview questions
- **Note:** In your blank forms and lists, do not include items such as: data, data compilations, lists of variables or acronyms, data analyses, publications, manuals, instructions, descriptions or drawings/figures/diagrams of data collection methods or machines/devices.
 - Blank informed consent/assent forms
 - Other items *only if* they are specified in the NOFO as allowable appendix materials
- No other items are allowed in the Appendix.
 - Simply relocating disallowed materials to other parts of the application will result in a noncompliant application.
- Information that expands upon or complements information provided in any section of the application - even if it is not required for the review - is not allowed in the Appendix unless it is listed in the allowed appendix materials above or in your NOFO.

- For example, do not include material transfer agreements (MTA) in the appendix unless otherwise specified in the NOFO.
- **For more information:**
 - The NIH Guide Notice on [Reminder: NIH Applications Must Be Complete and Compliant With NIH Policy and Application Instructions At Time of Submission](#).
 - Failure of reviewers to address non-required appendix materials in their reviews is not an acceptable basis for an appeal of initial peer review. For more information, see the [NIH Grants Policy Statement, Section 2.4.2: Appeals of Initial Scientific Review](#).
 - [Appendix Policy Frequently Asked Questions](#)

See the [PHS 398 Research Training Program Plan form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Multi-project**.

Use the **PHS 398 Research Training Program Plan** Form only if you are submitting a training application or a multi-project application that has an "NRSA Training" Component.

- Read all the instructions in the Notice of Funding Opportunity (NOFO) before completing this section to ensure that your application meets all IC-specific criteria.
- Attach information as PDF files unless otherwise instructed in the NOFO. See NIH's [Format Attachments](#) and [Page Limits](#) pages.

PHS 398 Research Training Program Plan

Please attach applicable sections of the research training program plan below.

	Final	Draft		
0. Composite PDF 	No final --	No draft --	Add	Delete
Introduction	Final	Draft		
1. Introduction to Application <i>(for Resubmission and Revision applications)</i>	No final --	No draft --	Add	Delete
Training Program Section	Final	Draft		
2. Program Plan	No final --	No draft --	Add	Delete
3. Plan for Instruction in the Responsible Conduct of Research	No final --	No draft --	Add	Delete
4. Plan for Instruction in Methods for Enhancing Reproducibility	No final --	No draft --	Add	Delete

0. Composite PDF: Upload an entire Research Training Program Plan PDF with official Section Headings on page boundaries (and no Page Headers) and it will be partitioned into separate PDFs, each attached to the proper place. Section Headings:

1. Introduction to
2. Program Plan
3. Recruitment Plan to Enhance Diversity
4. Training in the Responsible Conduct of Research
5. Plan for Instruction in Methods for Enhancing Reproducibility

6. Multiple PD/PI Leadership Plan
7. Progress Report
11. Vertebrate Animals
12. Select Agent Research
13. Consortium/Contractual Arrangements
14. Other Plan(s)

1. Introduction to Application (for Resubmission and Revision applications): This attachment is required only if the type of application is resubmission or revision or if the Notice of Funding Opportunity (NOFO) specifies that one is needed. An introduction is not allowed for new or renewal applications.

- Descriptions of different types of applications are listed here: NIH [Types of Applications](#).
- **NIH/PHS Format:** Follow the page limits for the Introduction in the [NIH Table of Page Limits](#) unless otherwise specified in the FOA. Note that page limits for the Introduction may differ based on the type of application (i.e., resubmission or revision).
- **NIH/PHS Content:**
 - **Resubmission Applications:** See specific instructions on the content of the Introduction on the NIH's [Resubmission Applications](#) page.
 - **Note:** For resubmission applications changing from a single PD/PI to multiple PD/PIs, changing the number or makeup of the multiple PD/PIs, the applicant must provide a rationale for the change in the introduction and include the required **Multiple PD/PI Leadership Plan**. A rationale for a change from a multiple PD/PI to a single PD/PI application must also be provided in the introduction.
 - **Competing Revision Applications:** See specific instructions on the content of the Introduction on the NIH's [Competing Revisions](#) page.

2. Program Plan: This attachment is required. See [NIH PHS Research Training Program Plan](#) for details.

3. Plan for Instruction in the Responsible Conduct of Research (RCR): This attachment is required for all training grant activity codes except T36, unless otherwise noted in the FOA. Applications lacking a Plan for Instruction in RCR will not be reviewed.

- **NIH/PHS Format:** Follow the page limits for the Plan for Instruction in the Responsible Conduct of Research in the [NIH Table of Page Limits](#) unless otherwise specified in the FOA.
- **NIH/PHS Content:** The plan must address the five required instructional components outlined in the NIH Policy on Instruction in RCR, as more fully described in the [NIH Grants Policy Statement, Section 11.3.3.5: Training in the Responsible Conduct of Research](#):
 1. **Format:** Describe the required format of instruction, i.e., face-to-face lectures, coursework, and/or real-time discussion groups. A plan with only on-line instruction is not acceptable.
 2. **Subject Matter:** Describe the breadth of subject matter, e.g., conflict of interest, authorship, data management, human subjects and animal use, laboratory safety, research misconduct, and research ethics.
 3. **Faculty Participation:** Describe the roles of mentor(s) and other faculty involvement in the instruction.
 4. **Duration of Instruction:** Describe the total number of contact hours of instruction.
 5. **Frequency of Instruction:** Instruction must occur during each career stage and at least once every four years. Document any prior instruction during the applicant's current career stage, including the inclusive dates instruction was last completed.
- The plan must also describe how participation in RCR instruction will be monitored.

- **Renewal Applications:** Describe any changes in formal instruction over the past project period and plans for the future that address any weaknesses in the current RCR instruction. All training faculty who served as course directors, speakers, lecturers, and/or discussion leaders during the past project period must be named in the application.

4. Plan for Instruction in Methods for Enhancing Reproducibility: This attachment is required for all training grant activity codes except D71, unless otherwise noted in the Notice of Funding Opportunity (NOFO).

- Applications lacking a Plan for Instruction in Methods for Enhancing Reproducibility will not be reviewed.
- **NIH/PHS Format:** Follow the page limits for the Plan for Instruction in Methods for Enhancing Reproducibility in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.
- **NIH/PHS Content:** The plan must describe how trainees will be instructed in principles important for enhancing research reproducibility. These principles include, at a minimum, the following:
 - evaluation of the foundational research underlying a project (i.e., the rigor of the prior research);
 - rigorous experimental design and data interpretation;
 - consideration of relevant biological variables such as sex;
 - authentication of key biological and/or chemical resources; and
 - transparency in reporting.
- Include a description of how instructional strategies will be integrated into the overall training program at multiple stages of trainee development and in a variety of formats and contexts.
- Describe how program faculty will reiterate and augment key elements of methods for enhancing reproducibility in the context of trainees' research projects.
- **Renewal Applications:** Describe any changes in instruction over the past project period and plans that address any weaknesses in the current instruction for methods for enhancing reproducibility.

5. Multiple PD/PI Leadership Plan <i>(if applicable)</i>	No final --	No draft --	Add Delete
6. Progress Report <i>(for RENEWAL applications)</i>	No final --	No draft --	Add Delete
<hr/>			
Faculty, Trainees, and Training Record Section	Final	Draft	
7. Participating Faculty Biosketches ? <i>(learn about appending attachments)</i>	No final --	No draft --	Add Delete
8. Letters of Support ? <i>(learn about appending attachments)</i>	No final --	No draft --	Add Delete
9. Data Tables ?	View Generated Attachment		Override Revert

5. Multiple PD/PI Leadership Plan:

- **Who must complete this attachment:** Any applicant who designates multiple PD/PIs (on the [G.240 - R&R Senior/Key Person Profile \(Expanded\) Form](#)) must include a Multiple PD/PI Leadership Plan. For applications designating multiple PD/PIs, all such individuals must be assigned the PD/PI role on the [G.240 - R&R Senior/Key Profile \(Expanded\) Form](#), even those at organizations other than the applicant organization.
- Do not submit a leadership plan if you are not submitting a multiple PD/PI application.
- **NIH/PHS Content:** The emphasis in a training grant's Multiple PD/PI Leadership Plan should be on how multiple PD/PIs will benefit the program and the trainees. A single PD/PI must be designated as Contact PD/PI (in [G.200 - SF 424 \(R&R\) Form, PD/PI Contact Information](#)) for the purpose of communicating with the NIH, although other individuals may contact the NIH on behalf of the Contact PD/PI when necessary. Because training programs are intended to be coherent, NIH will not allocate the budget or training positions between multiple PD/PIs. A single award will be made. Multiple PD/PI plans should include reasonable numbers of PD/PIs and each should be included for a specific and clearly stated purpose.
- A rationale for choosing a multiple PD/PI approach should be described. The governance and organizational structure of the leadership team and the training program should be described, including communication plans, processes for making decisions, and procedures for resolving conflicts. The roles and administrative, technical, and other responsibilities for the training program should be delineated for the PD/PIs and other collaborators.
 - **Resubmission Applications:** For resubmission applications changing from a single PD/PI to multiple PD/PIs, changing the number or makeup of the multiple PD/PIs, the applicant must provide a rationale for the change in the introduction and include the required Multiple PD/PI Leadership Plan.
 - **Renewal Applications:** For renewal applications changing from a single PD/PI to multiple PD/PIs, changing the number or makeup of the multiple PD/PIs, the applicant must provide a rationale for the change in the program plan and include the required Multiple PD/PI Leadership Plan.
- For background information on the multiple-PD/PI initiative, see NIH's [Multiple Principal Investigators](#) page.

6. Progress Report (for Renewal applications): Required only if the type of application is renewal.

- **NIH/PHS Format:** Follow the page limits given below, unless otherwise specified in the Notice of Funding Opportunity (NOFO).
- **NIH/PHS Content:** Organize the Progress Report according to the specified sections. Start each section with the appropriate heading - Program Overview or Progress of Those Appointed to the Grant.
- **Program Overview (Page limit: 5 pages)**
 - Provide an overview of accomplishments and progress achieved in the period since the last competitive review. Focus on elements specific to the training program (rather than on opportunities generally available in the institution's other departments or other programs).
 - If training goals from the previous period were not met, provide explanations and explain alternative approaches taken to address them.
 - Describe how the funds provided under [Training Related Expenses](#) were used to benefit the program.
 - List any workshops or seminars sponsored by the program. Include the workshop/seminar titles, speakers, and relevance to the theme and training objectives of the program.

- Indicate whether the training program uses Individual Development Plans (IDPs). If so, describe how IDPs were used in this reporting period to help manage the trainees'/scholars' training and career development.
- **Note:** Do not include actual IDPs or blank IDP forms.
- **Note for AHRQ trainees:** Neither IDPs nor information about IDPs is required.
- You may refer to information that is included elsewhere in the application, such as the Program Plan or outcomes described in the Training Data Tables, but do not repeat that information in the Progress Report.
- **Progress of Those Appointed to the Grant (Page limit: 1 page per appointee)**
 - For each trainee or scholar appointed to the grant in the period covered since the last competitive review, provide a summary of his or her training and progress, including the following information, as applicable:
 - Degrees working toward or received;
 - Mentor(s);
 - Description of the trainee/scholar's research project and progress;
 - Career development activities (e.g., individualized coursework or workshops attended);
 - Conference presentations;
 - A description of the trainee's contribution to any planned or published papers resulting from research conducted while supported by this award (e.g., designed or conducted experiment, analyzed data, drafted paper); and
 - Honors, awards, fellowships, and any other support received during the period of training. **Note:** Support before and after the appointment is reported in the Data Tables and should not be reported here.
 - Do not include the following, either in the Progress Report or elsewhere in the application (including the Appendix), unless otherwise specified in the NOFO:
 - Biosketches of current or former trainees/scholars;
 - Any sensitive personally identifiable information, such as photographs or any other individual demographic information;
 - Actual IDPs or blank IDP forms;
 - Promotional material for workshops, seminars, or other events (flyers, agendas, etc.);
 - Course syllabi; and
 - Program brochures.
 - Applications that include any of these materials will be withdrawn and not reviewed.
 - **Note:** a [My Bibliography](#) report of publications arising from work conducted by trainees while supported by the training grant is not required in the application. However, it will be collected in the Interim Final Research Performance Progress Report.

7. Participating Faculty Biosketches: Combine all participating faculty biosketches into a single PDF and attach this information here.

- **NIH/PHS Content:** Faculty biosketches for participating faculty must follow the instructions for a biographical sketch (refer to [G.240 - Senior/Key Person Profile \(Expanded\) Form](#)) with the following exception: a personal statement, while encouraged, is not required.
- Please note that the biosketches of the PD/PI and any other senior/key personnel (e.g., co-directors, if applicable, and program staff) should not be included here, but they should instead be included in the [G.240 - R&R Senior/Key Person Profile \(Expanded\) Form](#).

8. Letters of Support: Combine all Letters of Support into a single PDF file and attach this information here. Do not place these letters in the **Appendix**.

- Use of hyperlinks and URLs in Letters of Support is not allowed unless specified in the Notice of funding opportunity.
- **NIH/PHS Content:** Attach letters here from:
 - Consultants, if applicable. Letters should include rate/charge for consulting services and confirm their role(s) in the project.
 - Senior Administration Officials. This letter should be a signed letter on institutional letterhead, and it should describe the applicant institution's commitment to the planned program.
 - A President, Provost, Dean, Department Chair, or other key institutional leader. This letter should be a signed letter on institutional letterhead, and it should describe and acknowledge institutional commitment to the following areas:
 - Ensuring that proper policies, procedures, and oversight are in place to prevent discriminatory harassment and other discriminatory practices;
 - Responding appropriately to allegations of discriminatory practices, including any required notifications to the HHS Office of Civil Rights; and
 - Adopting and following institutional procedure for requesting NIH prior approval of a change in the status of the Program Director/Principal Investigator (PD/PI) or other senior/key personnel if administrative or disciplinary action is taken that impacts the ability of the PD/PI or other key personnel to continue his/her role on the NIH award as described in the training grant application.
- Check the Notice of Funding Opportunity (particularly for non-NRSA programs) to determine whether any additional program-specific letters of support are required.
- **For more information:**
 - NIH Guide Notice on [Harassment and Discrimination Protections in NIH Training Applications](#).
 - [NIH Grants Policy Statement, Section 4.1.2: Civil Rights Protections](#).
 - [NIH Grants Policy Statement, Section 8.1.2.6: Change in Status, Including Absence of PD/PI and Other Senior/Key Personnel Named in the NoA](#).

9. Data Tables: You may use the numbered slots 1-8 to attach individual Data Table attachments. The individual attachments will be automatically joined together to create a single, comprehensive Data Tables attachment, which you may view by clicking the **View Generated Attachment** link (in the form).

- If you already have a comprehensive Data Tables attachment, you may attach it directly by using the **Override** button. If you attach a comprehensive Data Tables attachment using **Override**, then any individual Data Table attachments will be ignored.
- Refer to the FOA for instructions on which specific Data Tables are required for your application.
- **NIH/PHS Content:** Instructions for Data Tables 1-8 are located on NIH's [Data Tables](#) page. These instructions include an Introduction to the Data Tables that provides instructions applicable to all tables, specific instructions for each table, and Sample Data Tables. The sample data tables illustrate the kind of data to include in each table for training grant applications.
- If not using the Extramural Trainee Reporting and Career Tracking (xTRACT) system to prepare data tables, be sure to choose the Instruction and Blank Data Table set that correspond to both the type of application you are submitting (e.g., new application, renewal or revision application) and the kind of training to be provided (e.g., predoctoral only, postdoctoral only, pre and postdoctoral mixed, etc.).

Other Training Program Section	Final	Draft		
10. Vertebrate Animals	No final --	No draft --	Add	Delete
11. Select Agent Research	No final --	No draft --	Add	Delete
12. Consortium/Contractual Arrangements	No final --	No draft --	Add	Delete
13. Other Plan(s)	No final --	No draft --	Add	Delete
<hr/>				
Appendix				
14. Appendix	Final	Draft		
1	No final --	No draft --	Add	Delete

10. Vertebrate Animals: Include this attachment if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the [G.220 - R&R Other Project Information Form](#).

- Do not use the Vertebrate Animals attachment to circumvent the page limits of the Program Plan.
- **Trainee Participation Only in Research Involving Vertebrate Animals that is Part of Other Research Project Grants:** Describe how the institution will ensure that trainees participate only in IACUC-approved vertebrate animal research if the following two conditions apply:
 - the training program uses live vertebrate animals only as part of other research project grants, and
 - the training grant does not support the purchase, use, or husbandry of live vertebrate animals.
- **Independent Trainee Research Involving Vertebrate Animals:** In training programs where trainees will design and conduct their own independent vertebrate animal research, address each of the following criteria:
 1. **Description of Procedures:** Provide a concise description of the proposed procedures to be used that involve live vertebrate animals in the work outlined in the "Program Plan" attachment. The description must include sufficient detail to allow evaluation of the procedures. Identify the species, strains, ages, sex, and total numbers of animals by species, to be used in the proposed work. If dogs or cats are proposed, provide the source of the animals.
 2. **Justifications:** Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g. computational, human, invertebrate, in vitro).

- 3. **Minimization of Pain and Distress:** Describe the interventions, including analgesia, anesthesia, sedation, palliative care, and humane endpoints, that will be used to minimize discomfort, distress, pain, and injury.
- Each of the criteria must be addressed. Failure to adequately address the criteria may negatively affect the application's impact score. In addition to the three criteria above, you should also:
 - Identify all project performance (or collaborating) sites and describe the proposed research activities with vertebrate animals that will be conducted at those sites.
 - Explain when and how animals are expected to be used if plans for the use of animals have not been finalized.
- **See the following pages for more information:**
 - NIH's [Office of Laboratory Animal Welfare](#) website
 - NIH's [Vertebrate Animals Section Worksheet](#)
 - [NIH Grants Policy Statement, Section 4.1.1: Animal Welfare Requirement](#) (an applicable Animal Welfare Assurance will be required if the grantee institution does not have one)

11. Select Agent Research: Include this attachment if the proposed training activities will involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any performance site.

- Select agents are hazardous biological agents and toxins that have been identified by HHS or the U.S. Department of Agriculture (USDA) as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. The Centers of Disease Control and Prevention (CDC) and the Animal APHIS Select Agent Programs jointly maintain a list of these agents. See the [Federal Select Agent Program](#) website.
 - See also the [NIH Grants Policy Statement, Section 4.1.24.1: Public Health Security and Bioterrorism Preparedness and Response Act \(Select Agents\)](#).
- **NIH/PHS Content:** If participating faculty proposed in the training program are conducting or plan to conduct research involving select agents in which trainees may participate, follow the instructions below.
- **Excluded select agents:** If the activities proposed in the application involve only the use of a strain(s) of select agents which has been excluded from the list of select agents and toxins as per [42 CFR 73](#), the select agent requirements do not apply. Use this "Select Agent Research" attachment to identify the strain(s) of the select agent that will be used and note that it has been excluded from this list. The CDC maintains a list of exclusions, which is available on the [Select Agents and Toxins Exclusions](#) website.
- **Applying for a select agent to be excluded:** If the strain(s) is not currently excluded from the list of select agents and toxins but you have applied or intend to apply to HHS for an exclusion from the list, use this section to indicate the status of your request or your intent to apply for an exclusion and provide a brief justification for the exclusion.
- **All applicants proposing to use select agents:** Address the following three points for each site at which select agent research will take place. Although no specific page limitation applies to this section, be succinct.
 1. Identify the select agent(s) to be used in the proposed research.
 2. Provide the registration status of all entities* where select agent(s) will be used.
 - If the performance site(s) is a foreign institution, provide the name(s) of the country or countries where select agent research will be performed.
 - *An "entity" is defined in [42 CFR 73.1](#) as "any government agency (federal, state, or local), academic institution, corporation, company, partnership, society, association, firm, sole proprietorship, or other legal entity."
 3. Provide a description of all facilities where the select agent(s) will be used.

- Describe the procedures that will be used to monitor possession, use and transfer of select agent(s).
- Describe plans for appropriate biosafety, biocontainment, and security of the select agent(s).
- Describe the biocontainment resources available at all performance sites.

12. Consortium/Contractual Arrangements: Include this attachment if you have consortiums/contracts in your budget.

- Use of hyperlinks and URLs is not allowed in this section unless specified by the funding opportunity.
- **NIH/PHS Content:** Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.
- **Note:** The signature of the authorized organization representative on the [G.200 - SF 424 \(R&R\) Form, Authorized Representative](#) signifies that the applicant and all proposed consortium participants understand and agree to the following statement:

The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

- Refer to the [NIH Grants Policy Statement, Section 15: Consortium Agreements](#) for more information.

13. Other Plan(s): For NIH Training Grant Applicants, the Data Management and Sharing (DMS) Plan is not required.

- **For more information on the DMS Policy** see the [NIH Data Management and Sharing Policy](#) on the NIH Scientific Data Sharing website or the [NIH Grants Policy Statement, Section 8.2.3.1: Data Sharing Policy](#). See also [Frequently Asked Questions](#) for additional information on the DMS Policy on these and other topics.

14. Appendix: Refer to the FOA to determine whether there are any special appendix instructions for your application. See the updated NIH Guide Notice on the [Appendix Policy](#).

- **NIH/PHS Format:** A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 appendix attachments are needed, combine the remaining information into attachment #10.
- As a reminder, tables *other* than the required Data Tables 1-8 must be incorporated into the Program Plan (and will count toward the Program Plan's page limits), and must not be included in the Appendix. Follow the page limits for Institutional Training Grants specified in the [NIH Table of Page Limits](#), unless otherwise specified in the FOA.
- Use filenames for attachments that are descriptive of the content.
- A summary sheet listing all of the items included in the Appendix is encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment.
- **NIH/PHS Content:** The only allowable appendix materials are:
 - Blank data collection forms, blank survey forms, and blank questionnaire forms - or screenshots thereof
 - Simple lists of interview questions
 - **Note:** In your blank forms and lists, do not include items such as: data, data compilations, lists of variables or acronyms, data analyses, publications, manuals, instructions, descriptions or drawings/figures/diagrams of data collection methods or machines/devices.
 - Blank informed consent/assent forms

- Other items *only if* they are specified in the FOA as allowable appendix materials
- No other items are allowed in the Appendix. Simply relocating disallowed materials to other parts of the application will result in a noncompliant application
- Some FOAs may have different instructions for the Appendix. Always follow the instructions in your FOA if they conflict with these instructions
- **Note:** Applications will be withdrawn and not reviewed if they do not follow the appendix requirements in these instructions or in your FOA.
- Information that expands upon or complements information provided in any section of the application - even if it is not required for the review - is not allowed in the Appendix unless it is listed in the allowed appendix materials above or in your FOA. For example, do not include material transfer agreements (MTA) in the Appendix unless otherwise specified in the FOA.
- **For more information:**
 - The NIH Guide Notice on [Reminder: NIH Applications Must Be Complete and Compliant With NIH Policy and Application Instructions At Time of Submission](#).
 - Failure of reviewers to address non-required appendix materials in their reviews is not an acceptable basis for an appeal of initial peer review. For more information, see the [NIH Grants Policy Statement, Section 2.4.2: Appeals of Initial Scientific Review](#).
 - [Appendix Policy Frequently Asked Questions](#)

See [PHS Human Subjects and Clinical Trials Information](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Career Development, Training, Fellowship, Multi-project, and SBIR/STTR**.

Read all the instructions in the Notice of Funding Opportunity (NOFO) before completing this form to ensure your application meets all IC-specific criteria.

- "Section II. Award Information" of the NOFO will indicate whether clinical trials are or are not allowed and whether clinical trial research experience is or is not allowed.
 - The designation of your NOFO will determine how to use these instructions, and subsequently, how to fill out this form.
- Complete the **PHS Human Subjects and Clinical Trials Information** form after you have completed the [G.220 - R&R Other Project Information Form](#).
 - This form accommodates the full spectrum of all types of clinical trials, including, but not limited to, exploratory/development, mechanistic, pilot/feasibility, early phase, efficacy, effectiveness, group-randomized, and others.
- All applicants must use the **PHS Human Subjects and Clinical Trials Information** form regardless of your answer to the question "Are human subjects involved?" on the [G.220 - R&R Other Project Information Form](#).
 - Everyone must complete the "[Use of Human Specimens and/or Data](#)" section of the **PHS Human Subjects and Clinical Trials Information** form. However, your answer to the "Are human subjects involved?" question will determine which other sections of the PHS Human Subjects and Clinical Trials Information form you must complete.
- The **PHS Human Subjects and Clinical Trials Information** form, together with the rest of your application, should include sufficient information for the evaluation of the project, independent of any other documents (e.g., previous application).
 - Be specific, describe each study clearly, and avoid redundancies. Be especially careful to avoid redundancies with your research strategy.
- **Note for studies involving only the secondary use of identifiable biospecimens or data:** For studies where the only involvement of human subjects is the use of identifiable biospecimens or data originally collected for another purpose, complete the **PHS Human Subjects and Clinical Trials Information** form with information specific to the current study and not the original collection unless the information associated with the original collection is pertinent to the proposed study.
 - If information about the original collection is necessary, provide context and clearly distinguish between the current study and historical information.

PHS Human Subjects and Clinical Trials Information

Use of Human Specimens and/or Data

* Does any of the proposed research in the application involve human specimens and/or data? Yes No

Provide an explanation for any use of human specimens and/or data not considered to be human subjects research.

Final	Draft	
No final	No draft	<input type="button" value="Add"/> <input type="button" value="Delete"/>
--	--	

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields will be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved?

Yes No

Is the Project Exempt from Federal regulations?

Yes No

Exemption number:

1 2 3 4 5 6 7 8

If No to Human Subjects

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study' or 'Add New Delayed Onset Study' as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

Add a checkmark: If this optional form is requested in the sponsor's NOFO, add a checkmark within the box next to this form in the Cayuse 424 left navigation column.

- Answer the questions in this form, and if required, attach PDFs of requested information and **Study Records** (*not included in screenshot*).

Once you have completed the "Use of Human Specimens and/or Data" section, follow instructions on the form that are specific to your answer to the "Are human subjects involved?" question on the [G.220 - R&R Other Project Information Form](#):

- if you answered "Yes" to the question "Are human subjects involved?" on the [G.220 - R&R Other Project Information Form](#), see the "[If Yes to Human Subjects](#)" section for instructions.
- if you answered "No" to the question "Are human subjects involved?" on the [G.220 - R&R Other Project Information Form](#), see the "[If No to Human Subjects](#)" section for instructions.

Is the Project Exempt from Federal regulations? No, UC Davis projects are not exempt from Federal regulations.

Note: There are no page limits for any attachments in the PHS Human Subjects and Clinical Trials Information form.

The **PHS Human Subjects and Clinical Trials Information** form allows you to add Study Record(s) and/or Delayed Onset Study(ies), as applicable.

- Within each Study Record, you will add detailed information at the study level. Do not duplicate studies within your application. Each study within the application should be unique and should have a unique study title. Each Study Record is divided into numbered sections:
 - Section 1 - Basic Information
 - Section 2 - Study Population Characteristics (includes Inclusion Enrollment Report)
 - Section 3 - Protection and Monitoring Plans
 - Section 4 - Protocol Synopsis
 - Section 5 - Other Clinical Trial-related Attachments

Note: The **PHS Human Subjects and Clinical Trials Information** form will capture detailed information at the study level. Although you are encouraged to refer to information in the **PHS Human Subjects and Clinical Trials Information** form in your discussion of the **Research Strategy**, do not duplicate information between the **Research Strategy** attachment and the **PHS Human Subjects and Clinical Trials Information** form.

- For more information on what a "study" is for the purposes of the **PHS Human Subjects and Clinical Trials Information** form, see the relevant FAQ on the Applying Electronically FAQ page.

The **PHS Human Subjects and Clinical Trials Information** form is dynamic and may eliminate sections that are not relevant to your application.

- The dynamic form behavior may not be enabled on all submission methods.
- **Note:** Some fields in this form match fields within ClinicalTrials.gov and are identified as such within these instructions. Additional information about the fields can be found on the ClinicalTrials.gov Protocol Registration Data Element Definitions website.

R25 applicants who are proposing to provide clinical trial research experience for their participants (i.e., participants will not be leading an independent clinical trial), or

R36 applicants who are proposing to gain clinical trial research experience under a mentor's supervision (i.e., you will not be leading an independent clinical trial): Make sure you are applying to a FOA that allows Clinical Trial Research Experience (this is noted in "Section II. Award Information" of the FOA).

- Additionally, your mentor or co-mentor is required to include a statement to document leadership of the clinical trial. The statement must include the following:
 - Source of funding;
 - ClinicalTrials.gov identifier (e.g., NCT87654321), if applicable;
 - A description of how your/the mentor's expertise is appropriate to guide participants in any proposed clinical trials research experience; and
 - A statement/attestation that the mentor will be responsible for the clinical trial.
 - The mentor must have primary responsibility for leading and overseeing the trial and must describe how she/he will provide this oversight (be careful not to overstate the candidate's responsibilities).
 - Include details on the specific roles/responsibilities of the applicant and mentor.
- This statement must be included in the "Other Attachment" attachment in the G.220 - Other Project Information Form.
- **Applicants must follow all policies and requirements related to formatting, proprietary information, human subjects, and clinical trials. See the following pages for more information:**
 - Format Attachments
 - Rules for Text Fields
 - NIH Grants Policy Statement, Section 2.3.11.2: Confidentiality of Information
 - NIH Grants Policy Statement, Section 2.3.11.2.2: The Freedom of Information Act

- NIH's [Human Subjects Research](#) website
- NIH's [Clinical Trials](#) website
- [Policy on Good Clinical Practice Training for NIH Awardees Involved in NIH-funded Clinical Trials](#)

PHS 398 Cover Page Supplement

See [PHS 398 Cover Page Supplement Form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Career Development, Training, Fellowship, Multi-project, and SBIR/STTR**.

If you don't know answers to the questions in this section, check with the PI.

PHS 398 Cover Page Supplement

1. Vertebrate Animals Section

Are vertebrate animals euthanized? Yes No (this selection is enabled when the 'Vertebrate Animals Used' question on the Other Project Information page is 'Yes')
 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
 [Large text area for justification]

2. *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.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
1.	[Anticipated Amount]	[Source]
2.	[Anticipated Amount]	[Source]
3.	[Anticipated Amount]	[Source]
4.	[Anticipated Amount]	[Source]
5.	[Anticipated Amount]	[Source]

1. **Vertebrate Animals Section:** UC Davis [Euthanasia Guidelines for Research and Teaching Animals](#)
2. **Program Income Section:** If a project generates program income and the PI wishes to retain it to carry out the purpose of the award, prior approval must be secured. Otherwise, program income must be used to offset sponsor expenses on the award.

3. 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://grants.nih.gov/stem_cells/registry/current.htm.
 Or, if a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used:
 Cell Line(s): Specific stem cell line cannot be referenced at this time. One from the registry will be used.

1. [Registration Number]	51. [Registration Number]	101. [Registration Number]	151. [Registration Number]
2. [Registration Number]	52. [Registration Number]	102. [Registration Number]	152. [Registration Number]

3. **Human Embryonic Stem Cells Section:** [NIH Human Embryonic Stem Cell Registry](#)

- If you cannot choose an appropriate cell line from the registry at this time, provide a justification in the **PHS 398 Research Plan Form, Research Strategy** attachment.
 - If you cannot specify which cell lines will be used at the time of application submission, specific cell line information will be required as Just-in-Time information prior to award.
- **Cell Line(s):** List the 4-digit registration number of the specific cell line(s) from the NIH [hESC Registry](#) (e.g. 0123). Up to 200 lines can be added.
- **For more information:** See NIH's [Stem Cell Information](#) page for additional information on stem cells, Federal policy statements, and guidelines on federally funded stem cell research.

4. Human Fetal Tissue Section

* Does the proposed project involve human fetal tissue obtained from elective abortions? Yes No

	Final	Draft		
If "Yes" then provide the HFT Compliance Assurance:	No final --	No draft --	Add	Delete
If "Yes" then provide the HFT Sample IRB Consent Form	No final --	No draft --	Add	Delete

4. Human Fetal Tissue Section: If the proposed project involves the use of human fetal tissue (HFT) obtained from elective abortions (as defined in the [NIH Grants Policy Statement](#)):

- **Provide a letter, signed by the PD/PI,** assuring the HFT donating organization or clinic adheres to the requirements of the informed consent process and documenting that HFT was not obtained or acquired for valuable consideration.
 - You'll need to draft this letter.
 - The PDF-formatted letter must be named **HFTComplianceAssurance.pdf**.
 - **Note:** The Sponsored Programs Office will require that the PD/PI also provide a similar letter, signed by the authorized representative of the donating organization, attesting to the above, relying on which PD/PI has signed the above-described NIH required letter.
 - NIH Notice Regarding Requirements for Proposed Human Fetal Tissue Research: [NOT-OD-19-128](#)
- **Also provide a blank sample of the IRB-approved consent form.**
 - The PDF-formatted form must be a blank sample and named **HFTSampleIRBConsentForm.pdf**.
 - [HFT Sample IRB Consent Form](#)
 - The informed consent for use of HFT from elective abortions requires language that acknowledges informed consent for donation of HFT was obtained by someone other than the person who obtained the informed consent for abortion, that informed consent for donation of HFT occurred after the informed consent for abortion was obtained will not affect the method of abortion, and that no enticements, benefits, or financial incentives were used at any level of the process to incentivize abortion or the donation of HFT. The form must be signed by both the woman and the person who obtains the informed consent.
- For further information on HFT policy refer to the NIH Grants Policy Statement, [Section 2.3.7.11 Human Fetal Tissue from Elective Abortions](#), [Section 4.1.14 Human Fetal Tissue Research](#) and [Section 4.1.14.2 Human Fetal Tissue from Elective Abortions](#).

5. Inventions and Patents Section (for Renewal applications)

* Inventions and Patents: Yes No

If the answer is "Yes" then please 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 Recipient Organization

* Name of former organization:

5. Inventions and Patents Section (for Renewal applications): If no inventions were conceived or reduced to practice during the course of work under this project, check "No" and skip the remainder of the "Inventions and Patents" section.

- If any inventions were conceived or first actually reduced to practice during the previous period of support, check "Yes," then indicate whether this information has been reported previously to the NIH or PHS agency or to the applicant organization official responsible for patent matters.

6. Change of Investigator / Change of Institution Section: Complete this only if relevant for this proposal.

- Check this box if your application reflects a change in project director/principal investigator (PD/PI) from that indicated on your previous application or award.
 - Note that this box is not applicable to a new application, nor is a change in PD/PI permitted for revision applications.
- For a multiple PD/PI application, check this box if this application represents a change in the contact PI.
- If you check the box, fill in the rest of the **Change of PD/PI** section with the information for the former PD/PI.

PHS Assignment Request

See [PHS Assignment Request Form at General Application Guide for NIH and Other PHS Agencies](#) for additional guidance.

PHS Assignment Request Form		
Funding Opportunity Number:	PAR-24-251	
Funding Opportunity Title:	Animal and Veterinary Innovation Centers (U18)	
 Awarding Component Assignment Suggestions (optional) If you have a suggestion for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation (e.g. "NCI" for National Cancer Institute) and enter it below in the boxes for "Suggested Awarding Components". All suggestions will be considered; however, not all assignment suggestions can be honored. Information about Awarding Component can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents Suggested Awarding Components: <input type="text"/> <input type="text"/> <input type="text"/>		
 Study Section Assignment Suggestions (optional) If you have a suggestion for a study section assignment, use the link below to identify a study section(s). Enter the short abbreviation for that study section in the boxes for "Suggested Study Sections." Remove all hyphens, parentheses, and spaces. All suggestions will be considered; however, not all assignment suggestions can be honored. For example, enter "CAMP" if you wish to suggest assignment to the NIH Cancer Molecular Pathobiology study section, or "ZRG1HDMR" if you wish to suggest assignment to the NIH Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Information about Study Sections: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection Suggested Study Sections: Each entry is limited to 20 characters <input type="text"/> <input type="text"/> <input type="text"/>		

PHS Assignment Request Form: This form is optional. Use it only if you wish to communicate specific awarding component assignments or review preferences to the Division of Receipt and Referral (DRR) and to Scientific Review Officers (SROs).

- There is no requirement that all fields or all sections be completed.
- You have the flexibility to make a single entry or to provide extensive information using this form.
- This information will not be part of your assembled application, and it will neither be made available to program staff nor provided to reviewers.

Awarding Component Assignment Suggestions (optional): Suggested Awarding Component(s): You may enter up to three preferences for primary assignment in the boxes in the "Suggested Awarding Component(s)" row.

- Note: Your application will be assigned based on the most appropriate match between it, the terms of the Notice of Funding Opportunity (NOFO), and the mission of each possible awarding component, with your preference(s) taken into consideration when possible.
- Suggestions must be listed in the "Components of Participating Organizations" of the NOFO, or R&R Cover Form Box 4B must list an appropriate Notice of Special Interest.
- Applications are assigned based on relevance of your application to an individual awarding component mission and scientific interests in addition to administrative requirements such as IC participation in the funding opportunity used to submit your application.

- Descriptions of the scientific areas covered by all NIH ICs and links to other PHS agency information can be found on the [PHS Assignment Information](#) website.

Study Section Assignment Suggestions (optional): You may enter up to three preferences for SRGs/SEPs in the boxes in the "Suggested Study Sections" row. Use one box per individual SRG/SEP preference suggestion. All review preferences will be considered.

- Note: Your application will be assigned based on the most appropriate match between it, the terms of the NOFO, and the guidelines for each SRG/SEP, with your preference(s) taken into consideration when possible.
- Note: This information is not applicable if you are submitting an application to an RFA.
- More information about how to identify CSR and NIH SRGs and SEPs, including their short abbreviations, can be found on [CSR Study Sections and Special Emphasis Panel](#). A list of all NIH SRGs and SEPs is also available.

Rationale for assignment suggestions (optional): Enter the rationale (i.e., why you think the assignment is appropriate) for your Awarding Component and Study Section suggestions.

- Your answer can have a maximum of 1000 characters.

Identify scientific areas of expertise needed to review your application (optional): You may list up to five general or specific types of expertise needed for the review of your application. Limit your answers to areas of expertise - do not enter names of individuals you would like to review your application.

- Each field can have a maximum of 40 characters.

List individuals who should not review your application and why (optional): You may list specific individuals, if any, who should not review your application and why they should not review your application. Provide sufficient information (e.g., name, organizational affiliation) so that the SRO can correctly identify the individual. Be prepared to provide additional information to the SRO if needed. Simply stating "Dr. John Smith is in conflict with my application" is not helpful.

- Your answer can have a maximum of 1000 characters.

Additional Indirect Costs

See [PHS Additional Indirect Costs Form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional guidance.

The **PHS Additional Indirect Costs Form** is used only for multi-project applications.

- The applicant organization responsible for the **Overall Component** should use this form to detail its first \$25,000 F&A costs on each subaward organization that leads a component.

PHS Additional Indirect Costs - Budget Period 1

ORGANIZATIONAL DUNS: Enter name of Organization:

Budget Type: Project Subaward/Consortium Budget Period: 1 * Start Date: * End Date:

Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs

Budget Justification

(Only attach one file.)

PHS Additional Indirect Costs - Cumulative Budget

Totals (\$)

Indirect Costs

Indirect Cost Type: Enter the type of indirect cost (e.g., Salary & Wages, Modified Total Direct Costs, etc.) and whether the cost is off-site.

- If more than one rate or base is involved for a given type of indirect cost, then list them as separate entries.
- If you do not have a current indirect (F&A) rate(s) approved by a federal agency, indicate "None-will negotiate" and include information for a proposed rate.
- Use the Budget Justification in this form if additional space is needed.

Indirect Cost Rate (%): Enter the most recent indirect cost rate(s) established with the cognizant federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency.

- If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to the NIH awarding IC or to the PHS awarding office for approval.
- If you do not have a cognizant/oversight agency, contact the awarding agency.
- This field should be entered using a rate such as "55.5."

Budget Justification: This attachment is required.

- Attach only one file. Attach this information as a PDF.
- Hyperlinks and URLs are not allowed unless specified in the funding opportunity.

- Use the Budget Justification to provide the additional information requested in each budget category identified above and any other information that supports the budget request.
- The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support, and other direct cost categories.

Career Development Award Supplemental

See [PHS 398 Career Development Award Supplemental Form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional details and supplemental guidance specific to **Multi-project**.

This form is used only for career development applications and multi-project applications with an "Indiv. Career Dev" Component.

- Some sections of the PHS 398 Career Development Award Supplemental Form are required for all career development award applications, while others are to be used only when required by the Notice of Funding Opportunity (NOFO).
- Read all the instructions in the NOFO before completing this section to ensure your application meets all IC-specific criteria.

Follow the page limits in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.

- Attach information as PDF files. See NIH's [Format Attachments](#) page.

See NIH's [Reference Letters](#) page for information including instructions for referees and how to submit letters.

- The attachments in this form, together with the rest of your application, should include sufficient information needed for evaluation of the project and the candidate, independent of any other documents (e.g., previous application). Be specific and informative, and avoid redundancies.

Introduction			
1. Introduction to Application (for Resubmission and Revision applications)	<input type="text"/>	Add Attachment	Delete Attachment
Candidate Section			
2. Candidate Information and Goals for Career Development	<input type="text"/>	Add Attachment	Delete Attachment
Research Plan Section			
3. Specific Aims	<input type="text"/>	Add Attachment	Delete Attachment
4. * Research Strategy	<input style="background-color: #e0e0ff; border: 2px solid red;" type="text"/>	Add Attachment	Delete Attachment
5. Progress Report Publication List (for Renewal applications)	<input type="text"/>	Add Attachment	Delete Attachment
6. Training in the Responsible Conduct of Research	<input type="text"/>	Add Attachment	Delete Attachment

1. **Introduction to Application (for Resubmission and Revision applications):** This attachment is required only if the type of application is resubmission or revision. An introduction is not allowed for new or renewal applications.
 - See [Types of Applications](#) for descriptions.
 - **Resubmission applications:** See specific instructions on the content of the Introduction on the NIH's [Resubmission Applications](#) page.

- **Competing Revisions:** See specific instructions on the content of the Introduction on the NIH's [Competing Revisions](#) page.
- 2. **Candidate Information and Goals for Career Development:** This attachment is required.
 - See NIH's [Candidate Information and Goals for Career Development](#) section for specific guidance.
- 3. **Specific Aims:** This attachment is required unless otherwise specified in the NOFO.
 - **NIH/PHS Content:** State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will have on the research field(s) involved.
 - List succinctly the specific objectives of the research proposed (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology).
- 4. **Research Strategy:** This attachment is required.
 - See NIH's [Research Strategy](#) section for specific guidance.
- 5. **Progress Report Publication List (for Renewal applications):** This attachment is required only if the type of application is renewal. Most career development applicants will not complete this attachment.
 - See [Types of Applications](#) for descriptions.
 - **NIH/PHS Content:** List the titles and complete references to all appropriate publications, manuscripts accepted for publication, patents, and other printed materials that have resulted from the project since it was last reviewed competitively.
 - You are allowed to cite interim research products. Note: interim research products have specific citation requirements. See related [Interim Research Product FAQ](#) on citing interim research products and claiming them as products of your NIH award.
 - Provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for the following:
 - Articles that fall under the [Public Access Policy](#),
 - Articles that were authored or co-authored by the applicant and arose from NIH support,
 - Articles that were authored or co-authored by the applicant and arose from AHRQ funding provided after February 19, 2016 (see the Guide Notice on [Policy for Public Access to AHRQ-Funded Scientific Publications](#)).
 - 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." NIH maintains a [list of such journals](#).
 - Citations that are not covered by the Public Access Policy, but are publicly available in a free, online format may include URLs or PubMed ID (PMID) numbers along with the full reference.
- 6. **Training in the Responsible Conduct of Research:** This attachment is required.
 - **NIH/PHS Content:** Mentored CDA applications should describe a plan to acquire instruction in the responsible conduct of research (RCR).
 - Non-mentored (independent) CDA applications should describe a plan to obtain or provide instruction in RCR, depending on your level of experience with RCR.
 - Attach a description of plans for obtaining or providing instruction in RCR. This section should document prior instruction or participation in RCR training during the applicant's current career stage (including the date instruction was last completed). This section should also propose plans to either receive instruction or provide instruction (e.g., to participate as a course lecturer) to meet the frequency requirement of RCR training (see the "For more information section" below).
 - The plan must address the five required instructional components outlined in the NIH Policy on Instruction in the Responsible Conduct of Research (RCR), as more fully described in the [NIH Grants Policy Statement, Section 12.4.1.4: Training in the Responsible Conduct of Research](#).
 1. **Format:** Describe the required format of instruction, i.e., face-to-face lectures, coursework, and/or real-time discussion groups (a plan with only on-line instruction is not acceptable).

2. **Subject Matter:** Describe the breadth of subject matter (e.g., conflict of interest, authorship, data management, human subjects and animal use, laboratory safety, research misconduct, research ethics).
3. **Faculty Participation:** Describe the role of the mentor(s) and other faculty involvement in the instruction.
4. **Duration of Instruction:** Describe the number of contact hours of instruction, taking into consideration the duration of the program.
5. **Frequency of Instruction:** Instruction must occur during each career stage and at least once every four years. Document any prior instruction during the applicant's current career stage, including the inclusive dates instruction was last completed.

- The plan may include career stage-appropriate individualized instruction or independent scholarly activities. Instruction and activities should enhance the applicant's understanding of ethical issues related to their specific research activities and the societal impact of that research. The role of the mentor in RCR instruction must be described.
- **Renewal Applications:** Describe the RCR instruction activities undertaken during the previous project period as well as future plans for RCR instruction.
- **For more information:** See the [NIH Grants Policy Statement, Section 12.4.1.4: Training in the Responsible Conduct of Research](#).

Other Candidate Information Section			
7. Candidate's Plan to Provide Mentoring	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Mentor, Co-Mentor, Consultant, Collaborators Section			
8. Plans and Statements of Mentor and Co-Mentor(s)	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9. Letters of Support from Collaborators, Contributors, and Consultants	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Environment and Institutional Commitment to Candidate Section			
10. Description of Institutional Environment	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11. Institutional Commitment to Candidate's Research Career Development	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12. Description of Candidate's Contribution to Program Goals	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

7. **Candidate's Plan to Provide Mentoring:** Include this attachment only when required by the Notice of Funding Opportunity (NOFO), (e.g., K05 and K24).
 - **NIH/PHS Content:** The plan should provide information about both the candidate's commitment to serve as a mentor to other investigators and the candidate's previous mentoring activities.
 - State the candidate's proposed percent effort commitment to the mentoring plan, expressed in person months.
 - For more information about calculating person months, see NIH's [Frequently Asked Questions on Person Months](#).
 - **Describe proposed mentoring activities:** Describe the setting for mentoring and provide information about the available pool of mentees with appropriate backgrounds and similar interests in science as the candidate.

- Include information sufficient for reviewers to evaluate the quality of the proposed mentoring experience, including the professional levels of mentees and the frequency and kinds of mentoring interactions between the candidate and mentees.
- Describe the productivity of the mentoring relationship for the scientific development of the new scientists as judged by their publications and current research activities.
- **Describe past mentoring activities:** Include sufficient information on the candidate's past mentees so that reviewers can evaluate the quality of prior mentoring experiences.
 - Include information such as the professional levels of mentees, and the frequency and kinds of mentoring interactions between the candidate and mentees.
- **Senior level (K05) candidates:** Describe any financial and material support from your own funded research and research resources that will be available to your mentees.

8. Plans and Statements of Mentor and Co-Mentor(s): Any candidate applying for a mentored CDA (see [Summary of Career Development Award Mechanisms table](#)) must include a "Plans and Statement of Mentor and Co-Mentor(s)" attachment.

- All mentored career development applications should identify any and all co-mentors involved with the proposed research and career development program. The mentor and each co-mentor must provide a statement as described below.
- **NIH/PHS Format:** The plans and statements must be appended together and uploaded as a single PDF file.
- **NIH/PHS Content:** The mentor and co-mentor(s) (if applicable) must each document their role and willingness to participate in the project, and explain how they will contribute to the development of the candidate's research career. Each statement should include all of the following:
 1. The plan for the candidate's training and research career development. Include information not only about research, but also about other developmental activities, such as seminars, scientific meetings, training in RCR, and presentations. Discuss expectations for publications over the entire period of the proposed project. Define what aspects of the proposed research project the candidate will be allowed to continue to pursue as part of his/her independent research program.
 2. The source of anticipated support for the candidate's research project for each year of the award period.
 3. The nature and extent of supervision and mentoring of the candidate, and commitment to the candidate's development that will occur during the award period.
 4. The candidate's anticipated teaching load for the award period (number and types of courses or seminars), clinical responsibilities, committee and administrative assignments, and the portion of time available for research.
 5. A plan for transitioning the candidate from the mentored stage of his/her career to the independent investigator stage by the end of the project period of the award. Describe the mentor's (or co-mentor's) previous experience as a mentor, including type of mentoring (e.g., graduate students, career development recipients, postdoctoral fellows), number of persons mentored, and career outcomes.

- **Note for co-mentor statements:** Co-mentors must also address the nature of their role in the career development plan and how the responsibility for the candidate's development is shared with the mentor.
 - Describe respective areas of expertise and how they will be combined to enhance the candidate's development. Also describe the nature of any resources that will be committed to this CDA.
- **Note: If the applicant is proposing to gain experience in a clinical trial as part of his or her research career development,** then the mentor or a member of the mentoring team should include information

in the statement to document leadership of the clinical trial (in addition to the information above).

Include the following:

- Source of funding;
- ClinicalTrials.gov Identifier (e.g., NCT87654321), if applicable;
- A description of how your expertise is appropriate to guide the applicant in any proposed clinical trials research experience; and
- A statement/attestation that the mentor will be responsible for the clinical trial.
 - The mentor must have primary responsibility for leading and overseeing the trial and must describe how she/he will provide this oversight (be careful not to overstate the candidate's responsibilities).
 - Include details on the specific roles/responsibilities of the applicant and mentor, keeping in mind that the terms of a CDA award do not always permit the candidate to lead a clinical trial.

- Do not place these statements from the mentor(s) and co-mentor(s) in the Appendix.

9. Letters of Support from Collaborators, Contributors, and Consultants: Note that letters of support are not the same as letters of reference (also known as reference letters), which are required for some K applications.

- For more information about letters of reference, see the NIH's [Reference Letters](#) page.
- Letters of support from collaborators, contributors, and consultants will be required for any such person who will contribute to the scientific development or execution of CDA application's proposed project. Follow the requirements for letters of support as listed in the NOFO.
- Letters are not required for personnel (such as research assistants) not contributing in a substantive, measurable way to the scientific development or execution of the project.
- **NIH/PHS Format:** Follow the page limits for the Letters of Support from Collaborators, Contributors, and Consultants in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.
 - Attach all appropriate letters of support. The letters must be appended together and uploaded as a single PDF file. See NIH's [Format Attachments](#) page.
 - Use of hyperlinks and URLs in this section is not allowed unless specified in the funding opportunity.
- **NIH/PHS Content:** Letters from consultants should include rates/charges for consulting services.
- **Mentored CDA applications** should identify collaborators, contributors, and consultants involved with the proposed research and career development program, and not already included in the "Plans and Statements of Mentor(s) and Co-Mentor(s)" section.
 - Letters should briefly describe their anticipated contributions and document their role and willingness to participate in the project.
 - The letters should also briefly describe research materials, data, guidance, or advice each person will provide.
- **Non-mentored CDA applications** should include letters from collaborators, consultants, and contributors.
 - Letters should list proposed roles and document their willingness to participate in the project.
 - The letters should also briefly describe research materials, data, guidance, or advice each person will provide.

10. Description of Institutional Environment: This attachment is required.

- **NIH/PHS Format:** Follow the page limits for the Description of Institutional Environment in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.
- **Mentored CDA applicants:** Describe the institution's research and career development opportunities related to your area(s) of interest, including the names of key faculty members and other investigators

relevant to your proposed developmental plan and capable of productive collaboration with the candidate.

- Indicate how the necessary facilities and other resources will be made available for both career enhancement and the research proposed in this application - refer to the resources description in [G.220 - R&R Other Project Information Form, Facilities and Other Resources](#) in your "Description of Institutional Environment" attachment.
- Describe opportunities for intellectual interactions with other investigators, including courses offered, journal clubs, seminars, and presentations.
- **Non-mentored CDA applicants:** Describe the institution's research and career development opportunities related to your area(s) of interest, including the names of other faculty members who are willing to collaborate with you.
 - Indicate how the necessary facilities and other resources will be made available for both career enhancement and the research proposed in this application - refer to the resources description in [G.220 - R&R Other Project Information Form, Facilities and Other Resources](#) in your "Description of Institutional Environment" attachment.
 - Describe opportunities for intellectual interactions with other investigators, including journal clubs, seminars, and presentations.

11. Institutional Commitment to Candidate's Research Career Development: This attachment is required.

- **NIH/PHS Format:** Follow the page limits for the Institutional Commitment to Candidate's Research Career Development in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.
- **NIH/PHS Content:** The sponsoring institution must provide a document on institutional letterhead that describes its commitment to the candidate and the candidate's career development, independent of the receipt of the CDA.
 - It is also essential to document the institution's commitment to the retention, development, and advancement of the candidate during the period of the award.
- The "Institutional Commitment to Candidate's Research Career Development" attachment should generally document the institution's agreement to provide adequate time, support, equipment, facilities, and resources to the candidate for research and career development activities.
 - See the list below for specific items to include in the document.
- In the document describing its institutional commitment, the applicant organization must:
 1. Agree to release the candidate from other duties and activities so that the candidate can devote the required percentage of time for development of a research career, as specified by the NOFO. For most K awards, commitment of at least 75 percent or nine person months of time is required.
 - a. NIH and other PHS agencies use the concept of "person months" as a metric for determining percent of effort. For more information about calculating person months, see NIH's [Frequently Asked Questions on Person Months](#).
 2. Describe actions that will be taken to ensure that the candidate can devote the required time to research career development (e.g., reduction of the candidate's teaching load, committee and administrative assignments, and clinical or other professional activities for the current academic year). If the candidate's clinical or teaching responsibilities will be reduced, describe how this will be accommodated (e.g., hiring additional staff, reassigning staff, etc.).
 3. Describe the candidate's academic appointment, bearing in mind that the appointment must be full-time, and that the appointment (including all rights and privileges pertaining to full faculty status if in an academic setting) and the continuation of salary should not be contingent upon the receipt of this award.
 4. Describe the proportion of time currently available for the candidate's research and what the candidate's institutional responsibilities will be if an award is made.

5. Describe how the institution will provide the candidate with appropriate office and laboratory space, equipment, and other resources (including access to clinical and/or other research populations) to carry out the proposed Research Plan.
6. Describe how the institution will be supportive of any proposed mentor(s), other staff, and/or collaborations with other faculty consistent with the career development plan.

- **Signatures:** The institutional commitment must be dated and signed by the person who is authorized to commit the institution to the agreements and assurances listed above. In most cases, this will be the dean or the chairman of the department.
 - The signature must appear over the signer's name and title at the end of the statement. If the candidate will be working outside of the applicant institution (i.e., sponsoring institution), signatures from both the applicant/sponsoring institution and host institutions are required.
- The sponsoring institution, through the submission of the application and in the institutional commitment section, certifies that all items outlined above will be provided and that the institution will abide by the applicable assurances and PHS policies.
- **Note:** For applicable assurances, see the [NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates](#).

12. Description of Candidate's Contribution to Program Goals:

For NIH applicants, this form is no longer required. Do not provide an attachment.

- All other Career Development applicants can skip this attachment, as it is not required.

For all others types of applications:

- **PHS Content:** The sponsoring institution must provide a document on institutional letterhead that explains how the candidate's participation will further the goals of the career development program to promote diversity in health-related research.
 - The letter should avoid revealing sensitive personally identifiable information, such as the candidate's specific racial/ethnic background or type of disability.
 - For NIH's Interest in Diversity, see the Notice of NIH's Interest in Diversity ([NOT-OD-20-031](#)).
- **Signatures:** The "Description of Candidate's Contribution to Program Goals" attachment must be dated and signed by an institutional official. In most cases, this will be the dean or the chairman of the department.
 - The signature must appear over the signer's name and title at the end of the statement.

Other Research Plan Sections			
13. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
14. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
15. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
16. Resource Sharing	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
17. Other Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
18. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>

13. **Vertebrate Animals:** Include the "Vertebrate Animals" attachment if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the [G.220 - R&R Other Project Information Form](#).

- Do not use the Vertebrate Animals attachment to circumvent the page limits of the Research Strategy.

- **NIH/PHS Content:** If live vertebrate animals are involved in the project, address each of the following criteria:
 1. **Description of Procedures:** Provide a concise description of the proposed procedures to be used that involve live vertebrate animals in the work outlined in the "Research Strategy" attachment. The description must include sufficient detail to allow evaluation of the procedures. Identify the species, strains, ages, sex, and total numbers of animals by species, to be used in the proposed work. If dogs or cats are proposed, provide the source of the animals.
 2. **Justifications:** Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g. computational, human, invertebrate, in vitro).
 3. **Minimization of Pain and Distress:** Describe the interventions including analgesia, anesthesia, sedation, palliative care, and humane endpoints that will be used to minimize discomfort, distress, pain, and injury.
- Each of the criteria must be addressed. Failure to adequately address the criteria may negatively affect the application's impact score. In addition to the 3 criteria above, you should also:
 - Identify all project performance (or collaborating) sites and describe the proposed research activities with vertebrate animals that will be conducted at those sites.
 - Explain when and how animals are expected to be used if plans for the use of animals have not been finalized.
- **See the following pages for more information:**
 - NIH's [Office of Laboratory Animal Welfare](#) website
 - NIH's [Vertebrate Animals Section Worksheet](#)
 - [NIH Grants Policy Statement, Section 4.1.1: Animal Welfare Requirements](#) (an applicable Animal Welfare Assurance will be required if the recipient institution does not have one)

14. Select Agent Research: Include this attachment if your proposed activities involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any performance site.

- Select agents are hazardous biological agents and toxins that have been identified by HHS or the U.S. Department of Agriculture (USDA) as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. The Centers for Disease Control and Prevention (CDC) and the Animal APHIS Select Agent Programs jointly maintain a list of these agents.
 - See the [Federal Select Agent Program](#) website.
 - See also the [NIH Grants Policy Statement, Section 4.1.24.1: Public Health Security and Bioterrorism Preparedness and Response Act \(Select Agents\)](#).
- **Excluded select agents:** If the activities proposed in your application involve only the use of a strain(s) of select agents which has been excluded from the list of select agents and toxins as per [42 CFR 73.3](#), the select agent requirements do not apply.
 - Use this "Select Agent Research" section to identify the strain(s) of the select agent that will be used and note that it has been excluded from this list.
 - The CDC maintains a list of exclusions which is available on the [Select Agents and Toxins Exclusions](#) website.
- **Applying for a select agent to be excluded:** If the strain(s) is not currently excluded from the list of select agents and toxins but you have applied or intend to apply to HHS for an exclusion from the list, use this section to indicate the status of your request or your intent to apply for an exclusion and provide a brief justification for the exclusion.
- **All applicants proposing to use select agents:** Address the following three points for each site at which select agent research will take place. Although no specific page limitation applies to this section, be succinct.

1. Identify the select agent(s) to be used in the proposed research.
2. Provide the registration status of all entities* where select agent(s) will be used.
 - o If the performance site(s) is a foreign institution, provide the name(s) of the country or countries where select agent research will be performed.
 - o *An "entity" is defined in [42 CFR 73.1](#) as "any government agency (Federal, State, or local), academic institution, corporation, company, partnership, society, association, firm, sole proprietorship, or other legal entity."
3. Provide a description of all facilities where the select agent(s) will be used.
 - o Describe the procedures that will be used to monitor possession, use and transfer of select agent(s).
 - o Describe plans for appropriate biosafety, biocontainment, and security of the select agent(s).
 - o Describe the biocontainment resources available at all performance sites.

15. Consortium/Contractual Arrangements: Include this attachment if you have consortium/contracts in your budget.

- **NIH/PHS Content:** Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s).
 - o If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the recipient.
- **Note:** The signature of the authorized organization representative in [G.200 - SF 424 \(R&R\), Authorized Representative](#) signifies that the applicant and all proposed consortium participants understand and agree to the following statement:

The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

- Refer to the [NIH Grants Policy Statement, Section 15: Consortium Agreements](#) for more information.

16. Resource Sharing - Note: Data Management and Sharing (DMS) Plans are now included in **Section 11**.

Other Plan(s). Plans for Genomic Data Sharing should be provided as part of the **Data Management and Sharing Plan**.

- **Sharing Model Organisms:** Regardless of the amount requested, all applications where the development of model organisms is anticipated are expected to include a description of a specific plan for sharing and distributing unique model organisms or state why such sharing is restricted or not possible.
 - o **For more information**, see the [NIH Grants Policy Statement, Section 8.2.3.2: Sharing Model Organisms](#).
- **Research Tools:** NIH considers the sharing of unique research resources developed through NIH-sponsored research an important means to enhance the value and further the advancement of the research. When resources have been developed with NIH funds, and the associated research findings published or provided to NIH, it is important that they be made readily available for research purposes to qualified individuals within the scientific community.
 - o For more information, see the [Research Tools Policy on the NIH Scientific Data Sharing Website and the NIH Grants Policy Statement, Section 8.2.3: Sharing Research Resources](#).

17. Other Plan(s): Refer to the [list of NIH activity codes](#) subject to the DMS Policy and your NOFO to determine if your application is required to provide an attachment and address a Data Management and Sharing (DMS) Plan.

- See the NIH's [Other Plan\(s\)](#) section for detailed guidance.

18. Authentication of Key Biological and/or Chemical Resources: If applicable to the proposed science, briefly describe methods to ensure the identity and validity of key biological and/or chemical resources used in the proposed studies.

- A maximum of one page is suggested.
 - Key biological and/or chemical resources are characterized as follows:
 - Key biological and/or chemical resources may or may not have been generated with NIH funds and: 1) may differ from laboratory to laboratory or over time; 2) may have qualities and/or qualifications that could influence the research data; and 3) are integral to the proposed research. These include, but are not limited to, cell lines, specialty chemicals, antibodies, and other biologics.
 - Standard laboratory reagents that are not expected to vary do not need to be included in the plan. Examples are buffers and other common biologicals or chemicals.
 - See NIH's page on [Rigor and Reproducibility](#) for more information.

Appendix

19. Appendix

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

* Citizenship

20. * 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 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:

19. Appendix: Refer to the NOFO to determine whether there are any special appendix instructions for your application. See the updated NIH Guide Notice on the [Appendix Policy](#).

- **NIH/PHS Format:** A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 allowable appendix attachments are needed, combine the remaining information into attachment #10.
 - Use filenames for attachments that are descriptive of the content.
 - A summary sheet listing all of the items included in the Appendix is encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment.
- **NIH/PHS Content:** The only allowable appendix materials are:
 - Blank data collection forms, blank survey forms, and blank questionnaire forms - or screenshots thereof
 - Simple lists of interview questions
 - **Note:** In your blank forms and lists, do not include items such as: data, data compilations, lists of variables or acronyms, data analyses, publications, manuals,

instructions, descriptions or drawings/figures/diagrams of data collection methods or machines/devices.

- Blank informed consent/assent forms
- Other items *only if* they are specified in the NOFO as allowable appendix materials
- No other items are allowed in the Appendix. Simply relocating disallowed materials to other parts of the application will result in a noncompliant application.
- Some NOFOs may have different instructions for the Appendix. Always follow the instructions in your NOFO if they conflict with these instructions.
- **Note:** Applications will be withdrawn and not reviewed if they do not follow the appendix requirements in these instructions or in your NOFO.
- Information that expands upon or complements information provided in any section of the application - even if it is not required for the review - is not allowed in the Appendix unless it is listed in the allowed appendix materials above or in your NOFO. For example, do not include material transfer agreements (MTA) in the appendix unless otherwise specified in the NOFO.
- **For more information:**
 - The NIH Guide Notice on [Reminder: NIH Applications Must Be Complete and Compliant With NIH Policy and Application Instructions At Time of Submission](#).
 - Failure of reviewers to address non-required appendix materials in their reviews is not an acceptable basis for an appeal of initial peer review. For more information, see the [NIH Grants Policy Statement, Section 2.4.2: Appeals of Initial Scientific Review](#).
 - [Appendix Policy Frequently Asked Questions](#)

Citizenship

- **Information on Citizenship Requirements for CDA Applicants:** The candidate must be a citizen or non-citizen national of the United States or its possessions and territories, or must have been lawfully admitted to the United States for permanent residence by the time of award EXCEPT if any of the following apply:
 - candidate is applying to the K99/R00 award program;
 - candidate is applying to the K43 award program; or
 - the NOFO specifies otherwise.
- **Note for permanent residents:** Before an award is issued, a permanent resident will be required to submit a notarized statement that the candidate holds a current and valid Permanent Resident Card or some other valid verification from the U.S. Immigration and Naturalization Service of legal admission to the U.S. as a permanent resident.
- **Note for candidates whose citizenship status changes or is expected to change:** For those career development award programs that require candidates to be U.S. citizens or permanent residents, an individual who has applied for permanent residence and expects to have obtained such status prior to the time award may submit an application recognizing that no award will be made until legal verification of permanent resident status is provided.
 - If a candidate's citizenship status changes after submission of the application, the new status should be reported in the candidate's Personal Profile in the eRA Commons.
- **Note on K99/R00 applicants on temporary visas:** It is the responsibility of the applicant organization to determine and document in the application that the candidate's visa will allow him or her to remain in the U.S. long enough to complete the phase of the award (e.g., K99 or R00) covered by the application.
 - Information may be requested by the NIH or another PHS Agency prior to issuance of an award as a Just-in-Time submission.
- Check the applicable boxes for the following questions:

20. U.S. Citizen or Non-Citizen National? Check "Yes" if the candidate is either a U.S. Citizen or a Non-Citizen national; otherwise check "No."

- Non-Citizen nationals are people who, although not citizens of the United States, owe permanent allegiance to the United States. They generally are people born in outlying possessions of the United States (e.g., American Samoa and Swains Island).
- **If no, select most appropriate Non-U.S. Citizen option:**
- Please select the most appropriate response from the options provided.
 - **With a Permanent U.S. Resident Visa:** Check this box if the candidate has been lawfully admitted for permanent residence (i.e., is in the possession of a current and valid Permanent Resident Card or other legal verification of such status). A notarized statement will be required as part of the pre-award process.
 - **With a Temporary U.S. Visa:** Check this box if the candidate currently holds a temporary U.S. visa. This box is applicable only to specific programs that do not require U.S. citizenship or permanent residency (e.g., K99/R00).
 - **Not Residing in the U.S.:** Check this box if the candidate is a citizen of a country other than the U.S. and plans to pursue career development outside of the U.S. This box is applicable only to specific programs (e.g., K43).
- **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:** Check this box to indicate that permanent resident status is pending (i.e., if the candidate is not a U.S. citizen but has applied for permanent residence and expects to hold a permanent resident visa by the earliest possible start date of the award).
 - A notarized statement will be required as a part of the pre-award process. The statement must show that a licensed notary has seen the career development applicant's valid Permanent Resident Card (USCIS Form I-551) or other valid verification from the U.S. Immigration and Naturalization Service of legal admission to the U.S.

PHS Fellowship Supplemental

See the [PHS Fellowship Supplemental Form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional guidance.

Use the PHS Fellowship Supplemental Form only if you are submitting a fellowship application.

- Fellowship applicants and sponsors are strongly encouraged to speak with a PHS Program Official for Institute- or Center (IC)-specific guidance before preparing this application.
 - Refer to the Table of IC-specific Information, Requirements, and Staff Contacts in your Notice of Funding Opportunity (NOFO).
 - In addition, a list of contacts specifically for extramural training at the NIH ICs can be found at [NIH NIH Extramural Research Training Representatives](#). For AHRQ, see [Research Training Staff Contacts](#). You are encouraged to check these websites for the most current contact information.
- It is important that the attachments in this form be developed in collaboration with your sponsor, but they should be written by you, the fellowship candidate.
- Read all the instructions in the NOFO before completing this section to ensure that your application meets all IC-specific criteria.
- **Applicants must follow all policies and requirements related to formatting, page limits, and proprietary information.**
 - Use of hyperlinks and URLs is not allowed unless specified in the funding opportunity.

- **See the following pages for more information:**

- [Format Attachments](#)
- [Page Limits](#)
- [NIH Grants Policy Statement, Section 2.3.11.2: Confidentiality of Information](#)
- [NIH Grants Policy Statement, Section 2.3.11.2.2: The Freedom of Information Act](#)

Introduction				
1. Introduction to Application (for Resubmission applications)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Fellowship Applicant Section				
2. * Applicant's Background and Goals for Fellowship Training	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Research Training Plan Section				
3. * Specific Aims	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4. * Research Strategy	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5. * Respective Contributions	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6. * Selection of Sponsor and Institution	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7. Progress Report Publication List (for Renewal applications)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8. * Training in the Responsible Conduct of Research	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Sponsor(s), Collaborator(s), and Consultant(s) Section				
9. Sponsor and Co-Sponsor Statements	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Letters of Support from Collaborators, Contributors, and Consultants	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

- 1. Introduction to Application (for Resubmission applications):** This attachment is required only if the type of application is resubmission or if the NOFO specifies that one is needed. An introduction is not allowed for new or renewal applications.
 - See [Types of Applications](#) for descriptions.
 - **Resubmission applications:** See specific instructions on the content of the Introduction on the NIH's [Resubmission Applications](#) page.
- 2. Goals, Preparedness and Potential:** This attachment is required.
 - **NIH/PHS Format:** Follow the page limits for Candidate's Goals, Preparedness, and Potential in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.
 - **NIH/PHS Content:** Organize the Candidate's Goals, Preparedness, and Potential for the Research Training Proposal in the specified order and use the instructions provided below.
 - Start each section with the appropriate heading - Overall Training Goals, Candidate's Preparedness, Candidate Self-Assessment, and Scientific Perspective. Candidates are expected to write the application, including the research training project section. However, the sponsor should review drafts and provide constructive feedback to the candidate throughout the application process.
 - **Overall Training Goals:** Candidates should describe the goals for the proposed research training plan and the long-term goals for a career in biomedical research workforce. Relate the fellowship goals to the long-term career goals. Candidates should describe their motivation for pursuing a career in the biomedical research workforce.

- **Candidate's Preparedness:** This section provides information regarding the educational, scientific, and professional experiences that prepare the candidate for the proposed research training plan. Note: information listed in the candidate's biosketch may be expanded upon, but not simply duplicated, in this section. The candidate should address the following:
 - How relevant activities and experiences contributed to the candidate's scientific development and preparation for the current research training plan. Examples may include coursework, research experiences, conference attendance, internships, and employment.
 - Any additional activities and experiences that demonstrate an interest and commitment to a career in the biomedical research workforce. Examples may include seeking out opportunities for research skill development or engaging in leadership, service, teaching, or outreach activities.
- **Candidate's Self-Assessment:** The purpose of this self-assessment is to provide an opportunity for the candidate to define their current characteristics (such as relevant skills, abilities, traits or attitudes) and areas to develop that are likely to contribute most significantly to success in the proposed research training plan and career path. For example, the candidate may include but is not limited to describing technical (techniques or technical methods, quantitative/computational approaches), operational (practices that promote rigorous and reproducible science, research safety, animal, or human welfare) or professional (management, leadership, communication, teamwork) skills. The candidate should describe:
 - Two to four current characteristics that are likely to contribute to achieving the research training.
 - Two to four specific areas of development during the fellowship to attain the stated research training and career goals.
- **Scientific Perspective:** This section is intended to provide information about the candidate's potential to think about and express ideas within a scientific field. In this section, candidates should explain the following:
 - Why this field of science is important and the ways the chosen research training project will advance the field.
 - A broader, unresolved scientific question in the chosen scientific field, the importance of the problem, and the ways biomedical research might advance the scientific field.

3. Training Activities and Timeline:

This attachment is required.

- **NIH/PHS Format:** Follow the page limits for Specific Aims in the [NIH Table of Page Limits](#), unless otherwise specified in the NOFO.
- **NIH/PHS Content:** The research training plan activities should be individually tailored and well-integrated. The planned activities should address the candidate's goals and identified areas for development. The application should describe the collaborative process between the candidate and the sponsor(s) in the development, writing, review, and editing of the research training plan, including the research training project aims and strategy.
 - Describe, by year, the planned activities (coursework, professional development, research training project, mentoring, clinical activities, etc.) during the proposed award. Note that the Research Training Project Strategy will be detailed in a separate section described below. Estimate the percentage of time to be devoted to each activity. The percentage should total 100 for each year.
 - Explain how the training activities will develop the areas defined in the self-assessment section and help to meet the fellowship goals.
 - Provide specific examples of how the proposed research training will facilitate the transition to the next career stage.

- Describe why the Sponsor(s), collaborators, and research training environment are appropriate for the proposed research training plan. Candidates should expand upon, but not duplicate information found in the Facilities and Other Resources section or in the Sponsor(s) section describing the Research Training Environment.
 - The research training is expected to broaden the candidate's perspective, opportunities, and networks. Therefore, postdoctoral candidates requesting training at their doctorate organization or senior fellowship candidates requesting training at their current organization must explain why further training at that organization would be valuable.
 - If the candidate is proposing a research training experience at a foreign institution, describe how the foreign institution and sponsor offer special opportunities for training that are not currently available in the United States. Key factors in the selection of a foreign institution should be described. The need for and level of proficiency in reading, speaking, and comprehending the foreign language should be addressed.
- Note: Detailed timelines of research training activities involving animals, human subjects, or clinical trials are requested in other sections of the fellowship application and should not be included here. The timeline provided here should be distinct from the Study Timeline in the PHS Human Subjects and Clinical Trials Information form.
- **Research Training Project - Aims and Strategy:** A Research Training Project Strategy is required for all types of fellowship awards. Candidates should relate the proposed research training project to the career goals and explain the relationship between the candidate's research training project and the sponsor's ongoing research program.
 - The Research Training Project section is expected to be tailored to the experience level of the candidate and to allow for the development of the necessary skills for further career advancement. The research training project should be achievable within the requested funding period.
 - For most types of applications, the Research Training Project should include the following:
 - Specific aims and objectives
 - Methods, approaches, and techniques for each aim and objective.
 - Discussion of possible challenges and how they will be managed.
 - Alternative approaches that might be tried if the initial approaches do not work.
 - Candidates should propose a rigorous research training project based on a strong scientific foundation. Fellowship applications do not require preliminary data or extensive experimental detail; however, candidates should provide sufficient scientific and technical details for reviewers to understand and assess the merits of the scientific foundation and research training project.

4. Research Training Project - Specific Aims: This attachment is required.

- **NIH/PHS Format:** Follow the page limits for Specific Aims in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO. Specific Aims attachment that includes graphics will generate a warning by the Agency upon submission.
- **NIH/PHS Content:** State concisely the broader goals of the proposed research training project (for example, to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a barrier to progress in the field, or develop new technology).
 - List succinctly the specific objectives or aims of the research training project to be completed by the candidate during the funding period. Summarize the expected outcome(s). Include the potential impact that the results of the proposed research training project will have on the research field(s) involved.

5. Research Training Project – Strategy: This attachment is required.

- **NIH/PHS Format:** Follow the page limits for the Research Strategy in the [NIH Table of Page Limits](#), unless otherwise specified in the NOFO. Although multiple sections of information are required in the Research Training Project Strategy as detailed below, the page limit applies to the entirety of the single attachment.

- See NIH's [Research Training Project – Strategy](#) section for detailed guidance.

6. Progress Report Publication List (for Renewal applications): This attachment is required only if the type of application is renewal.

- See [Types of Applications](#) for descriptions.
- **NIH/PHS Content:** In the rare instance that you are submitting a renewal application, list the titles and complete references to all appropriate publications, manuscripts accepted for publication, patents, and other printed materials that have resulted from the project since it was last reviewed competitively.
- You are allowed to cite interim research products. **Note:** Interim research products have specific rules and citation requirements. See related [Interim Research Products FAQs](#) on citing interim research products and claiming them as products of your NIH award.
- Provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for the following types of articles:
 - Articles that fall under the [Public Access Policy](#);
 - Articles that were authored or co-authored by the fellowship candidate and arose from NIH support;
 - Articles that were authored or co-authored by the fellowship candidate and arose from AHRQ funding provided after February 19, 2016 (see Guide Notice on [Policy for Public Access to AHRQ-Funded Scientific Publications](#)).
- 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." NIH maintains a [list of such journals](#).
- Citations that are not covered by the NIH Public Access Policy, but are publicly available in a free, online format may include URLs or PMCID numbers along with the full reference. Note that copies of these publications are not accepted as appendix material.

7. Training in the Responsible Conduct of Research: This attachment is required. The written content of this attachment may be derived from organizational sources; however, the candidate should understand the content and importance of completing the training outlined in the attachment.

- **NIH/PHS Format:** Follow the page limits for Training in the Responsible Conduct of Research in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.

- **NIH/PHS Content:** The plan must address the five required instructional components outlined in the NIH Policy on Instruction in the Responsible Conduct of Research (RCR), as more fully described in the [NIH Grants Policy Statement, Section 11.2.3.4: Responsible Conduct of Research](#):

1. **Format:** Describe the required format of instruction (i.e., face-to-face lectures, coursework, and/or real-time discussion groups). A plan with only on-line instruction is not acceptable.
2. **Subject Matter:** Describe the breadth of subject matter (e.g., conflict of interest, authorship, data management, human subjects and animal use, laboratory safety, research misconduct, and research ethics).
3. **Faculty Participation:** Describe the role of the sponsor/mentor(s) and other faculty involvement in the instruction.
4. **Duration of Instruction:** Describe the total number of contact hours of instruction, taking into consideration the duration of the program.
5. **Frequency of Instruction:** Instruction must occur during each career stage and at least once every four years. Document any prior instruction during the candidate's current career stage, including the inclusive dates instruction was last completed.

- Senior fellows may fulfill the requirement for instruction in RCR by participating as lecturers and discussion leaders.
- See the [NIH Grants Policy Statement, Section 11.2.3.4: Responsible Conduct of Research](#).

8. Sponsor(s) Commitment: This attachment is required. The sponsor and each co-sponsor must provide statements as described below.

- **NIH/PHS Format:** Follow the page limits for Sponsor(s) Commitment in the [NIH Table of Page Limits](#) unless otherwise specified otherwise in the NOFO.
- The Sponsor and Co-Sponsor Statements must be appended together and uploaded as a single PDF file.
- See NIH's [Sponsor\(s\) Commitment](#) section for detailed guidance.

9. Letters of Support from Collaborators, Contributors, and Consultants: Note that Letters of Support are not the same as Reference Letters, which are required for some fellowship award applications. For more information about Reference Letters see the NIH [Reference Letters](#) page.

- **NIH/PHS Format:** Follow the page limits for Letters of Support from Collaborators, Contributors, and Consultants in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO.
- Letters of support must be appended together and uploaded as a single PDF file.
- **NIH/PHS Content:** If any collaborators, consultants, or advisors are expected to contribute to the scientific development or execution of the candidate's research training plan, attach letters of support from those individuals here, describing their anticipated role and contributions.

10. Description of Candidate's Contribution to Program Goals:

For NIH applicants, this form is no longer required. Do not provide an attachment.

- **All other Fellowship applicants** can skip this attachment, as it is not required.

For all other types of applications:

- **PHS Content:** The sponsoring institution must provide a document on institutional letterhead that explains how the candidate's participation will further the goals of the fellowship program to promote [diversity](#) in health-related research. The letter should avoid revealing sensitive personally identifiable information, such as the candidate's specific racial/ethnic background or type of disability.
 - For NIH's Interest in Diversity, see the [Notice of NIH's Interest in Diversity](#).
- **Signatures:** The "Description of Candidate's Contribution to Program Goals" attachment must be dated and signed by an institutional official. In most cases, this will be the dean or the chairman of the department. The signature must appear over the signer's name and title at the end of the statement.

Other Research Training Plan Section

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

11. 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

12. Vertebrate Animals

Are Vertebrate Animals Used? This field is pre-populated from the [G.220 - R&R Other Project Information Form](#).

- **If you have answered "No" for activities involving vertebrate animals and activities involving vertebrate animals are not planned at any time during the proposed project at any performance site:** Skip Questions 13 and 14 below.
- **If you have answered "Yes" for activities involving vertebrate animals:** Answer Questions 13 and 14 below in consultation with both your Sponsor and AO.

11. Are vertebrate animals euthanized? An answer is required if you answered "Yes" to "Are Vertebrate Animals Used?" above.

- Check "Yes" or "No" to indicate whether animals in the project are euthanized.
 - **If "Yes" to euthanasia, is method consistent with AVMA guidelines?**
 - An answer is required if you answered "Yes" to "Are Vertebrate Animals Euthanized?"
 - Check "Yes" or "No" to indicate whether the method of euthanasia is consistent with the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals.
 - **For more information:** See [AVMA Guidelines for the Euthanasia of Animals](#).
 - **If "No" to AVMA guidelines, describe method and provide scientific justification:**
 - If you answered "No" to "Is method consistent with AVMA guidelines?," you must describe (in 1000 characters or fewer) the method of euthanasia and provide a scientific justification for its use.
 - If you answered "Yes" to "Is method consistent with AVMA guidelines?" skip this question and scientific justification.

12. Vertebrate Animals: Include this attachment if you answered "Yes" to the question "Are Vertebrate Animals Used?" on the [G.220 - R&R Other Project Information Form](#).

- **NIH/PHS Format:** Do not use the Vertebrate Animals attachment to circumvent the page limits of the Research Strategy.
- **NIH/PHS Content:** If live vertebrate animals are involved in the project, address each of the following criteria:
 1. **Description of Procedures:** Provide a concise description of the proposed procedures to be used that involve live vertebrate animals in the work outlined in the "Research Strategy" attachment. The description must include sufficient detail to allow evaluation of the procedures. Identify the species, strains, ages, sex, and total numbers of animals by species, to be used in the proposed work. If dogs or cats are proposed provide the source of the animals.
 2. **Justifications:** Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g., computational, human, invertebrate, in vitro).
 3. **Minimization of Pain and Distress:** Describe the interventions including analgesia, anesthesia, sedation, palliative care, and humane endpoints that will be used to minimize discomfort, distress, pain, and injury.
- Each of the criteria must be addressed. Failure to adequately address the criteria may negatively affect the application's impact score. In addition to the 3 criteria above, you should also:
 - Identify all project performance (or collaborating) sites and describe the proposed research activities with vertebrate animals that will be conducted at those sites.
 - Explain when and how animals are expected to be used if plans for the use of animals have not been finalized.
- **See the following pages for more information:**
 - NIH's [Office of Laboratory Animal Welfare](#) website

- NIH's [Vertebrate Animals Section Worksheet](#)
- [NIH Grants Policy Statement, Section 4.1.1.1: Animal Welfare Assurance Requirements](#) (an applicable Animal Welfare Assurance will be required if the recipient organization does not have one)

Other Research Training Plan Information			
13. Select Agent Research	<input type="text"/>	Add Attachment	Delete Attachment
14. Resource Sharing Plan	<input type="text"/>	Add Attachment	Delete Attachment
15. Other Plan(s)	<input type="text"/>	Add Attachment	Delete Attachment
16. Authentication of Key Biological and/or Chemical Resources	<input style="border: 2px solid red;" type="text"/>	Add Attachment	Delete Attachment
Additional Information Section <p>17. Human Embryonic Stem Cells</p> <p>* Does the proposed project involve human embryonic stem cells? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. 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:</p> <p><input type="checkbox"/> Specific stem cell line cannot be referenced at this time. One from the registry will be used.</p> <p><u>Cell Line(s):</u></p> <p><input type="text"/> <input type="button" value="X"/> <input style="border: 2px solid red;" type="button"/></p> <p style="text-align: center;"><input type="button" value="Add"/></p>			

13. Select Agent Research: Include this attachment if your proposed activities involve the use of select agents at any time during the proposed project period, either at the applicant organization or at any performance site.

- Select agents are hazardous biological agents and toxins that have been identified by HHS or the U.S. Department of Agriculture (USDA) as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. The Centers for Disease Control and Prevention (CDC) and the Animal APHIS Select Agent Programs jointly maintain a list of these agents.

See the [Federal Select Agent Program](#) website.

1. See also the [NIH Grants Policy Statement, Section 4.1.24.1: Public Health Security and Bioterrorism Preparedness and Response Act \(Select Agents\)](#).

- **Excluded select agents:** If the activities proposed in the application involve only the use of a strain(s) of select agents which has been excluded from the list of select agents and toxins as per [42 CFR 73.3](#), the select agent requirements do not apply.

1. Use this "Select Agent Research" attachment to identify the strain(s) of the select agent that will be used and note that it has been excluded from this list. The CDC maintains a list of exclusions, which is available on the [Select Agents and Toxins Exclusions](#) website.

- **Applying for a select agent to be excluded:** If the strain(s) is not currently excluded from the list of select agents and toxins but you have applied or intend to apply to HHS for an exclusion from the list, use this section to indicate the status of your request or your intent to apply for an exclusion and provide a brief justification for the exclusion.

- **All candidates proposing to use select agents:** Address the following three points for each site at which select agent research will take place. Although no specific page limitation applies to this section, be succinct.
 1. Identify the select agent(s) to be used in the proposed research.
 2. Provide the registration status of all entities* where select agent(s) will be used.
 - If the performance site(s) is a foreign organization, provide the name(s) of the country or countries where select agent research will be performed.
 - *An "entity" is defined in [42 CFR 73.1](#) as "any government agency (federal, state, or local), academic organization, corporation, company, partnership, society, association, firm, sole proprietorship, or other legal entity."
 3. Provide a description of all facilities where the select agent(s) will be used.
 - Describe the procedures that will be used to monitor possession, use, and transfer of select agent(s).
 - Describe plans for appropriate biosafety, biocontainment, and security of the select agent(s).
 - Describe the biocontainment resources available at all performance sites.

14. Resource Sharing Plan - Note: NIH Fellowship awards are not subject to the **NIH Data Management and Sharing (DMS) Policy**. A Data Sharing Plan or plans for Genomic Data Sharing will no longer be required within the **Resource Sharing Plan** attachment.

- **Sharing Model Organisms:** Regardless of the amount requested, all applications where the development of model organisms is anticipated are expected to include a description of a specific plan for sharing and distributing unique model organisms or state why such sharing is restricted or not possible.
 - **For more information**, see the [NIH Grants Policy Statement, Section 8.2.3.2: Sharing Model Organisms](#).
- **Research Tools:** NIH considers the sharing of unique research resources developed through NIH-sponsored research an important means to enhance the value and further the advancement of the research. When resources have been developed with NIH funds, and the associated research findings published or provided to NIH, it is important that they be made readily available for research purposes to qualified individuals within the scientific community.
 - **For more information**, see the [Research Tools Policy on the NIH Scientific Data Sharing Website](#) and the NIH Grants Policy Statement, Section 8.2.3: Sharing Research Resources.

15. Other Plan(s): For NIH Fellowship Candidates, the **Data Management and Sharing (DMS) Plan** is not required.

- For more information on the DMS Policy see [the NIH Data Management and Sharing Policy](#) on the NIH Scientific Data Sharing website or the [NIH Grants Policy Statement, Section 8.2.3.1: Data Sharing Policy](#).
 - See also [Frequently Asked Questions](#) for additional information on the DMS Policy on these and other topics.

16. Authentication of Key Biological and/or Chemical Resources

- **NIH/PHS Content:** If applicable to the proposed science, briefly describe methods to ensure the identity and validity of key biological and/or chemical resources used in the proposed studies. A maximum of one page is suggested.
- **More information:** Key biological and/or chemical resources are characterized as follows:
 - Key biological and/or chemical resources may or may not have been generated with NIH funds and: 1) may differ from laboratory to laboratory or over time; 2) may have qualities and/or qualifications that could influence the research data; and 3) are integral to the proposed research. These include, but are not limited to, cell lines, specialty chemicals, antibodies, and other biologics.

- Standard laboratory reagents that are not expected to vary do not need to be included in the plan. Examples are buffers and other common biologicals or chemicals.
- See NIH's page on [Rigor and Reproducibility](#) for more information.

17. Human Embryonic Stem Cells

- For additional guidance, see the [NIH Grants Policy Statement, Section 4.1.13: Human Stem Cell Research](#).
- **Does the proposed project involve human embryonic stem cells (hESC)?**
 - An answer to this question is required.
 - If the proposed project involves hESC, check "Yes" and complete the rest of the fields in the Human Embryonic Stem Cells section.
 - If the proposed project does not involve hESC, check "No" and skip the rest of fields in the Human Embryonic Stem Cells section.
- **Specific stem cell line cannot be referenced at this time. One from the registry will be used.**
 - If you will use hESC but a specific line from the NIH [hESC Registry](#) cannot be chosen at the time of application submission, check this box. Additionally, provide a strong justification (in the Research Strategy) for why an appropriate cell line cannot be chosen from the registry at this time.
 - If you cannot specify which cell lines will be used at the time of application submission, specific cell line information will be required as Just-in-Time information prior to award.
- **Cell Line(s):** List the 4-digit registration number of the specific cell line(s) from the NIH hESC Registry (e.g. 0123). Up to 200 lines can be added.

18. Alternate Phone Number:

19. Degree Sought During Proposed Award:
 Degree: If "other", indicate degree type: Expected Completion Date (MM/YYYY):

20. * Field of Training for Current Proposal: OTHER FIELDS

21. * 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)

22. * Applications for Concurrent Support Yes No
 If yes, describe in an attached file:

23. * Citizenship:
 U.S.Citizen Yes No
 U.S. Citizen or Non-Citizen National?
 Non-U.S.Citizen 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 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:

24. Change of Sponsoring Institution Name of Former Institution:

18. Alternate Phone Number: Enter an alternate phone number (e.g., cell phone) for the fellowship candidate.

- This should be a different number than the one provided in the PD/PI contact information in the [G.200 - SF424 \(R&R\) Form](#).

19. Degree Sought During Proposed Award: Complete the following fields if you will be working toward a degree while receiving fellowship support.

- **Degree:** Select the type of degree you will be working toward during the proposed award. If the degree is not on the drop down menu, please select "OTH: Other."
- **If "other," indicate degree type:** If you selected "OTH: Other" for the "Degree," indicate the type of degree you will be working toward during the proposed award.
- **Expected Completion Date (MM/YYYY):** Enter the expected completion date of the degree sought during the proposed award.

20. Field of Training for Current Proposal: An answer to this field required.

- Select a single "Field of Training" code that best describes the proposed area of research training. This information is used for reporting purposes only and is not used for study section assignments.

21. Current or Prior Kirschstein-NRSA Support?

- **Current or Prior Kirschstein-NRSA Support? Yes/No**
 - An answer to this question is required. Check the appropriate box to indicate whether you currently have or have had prior Kirschstein-NRSA support.
- **If yes, identify current and prior Kirschstein-NRSA support below:**
 - Select the appropriate "Level" and "Type" of Kirschstein-NRSA support. "Level" indicates either predoctoral or postdoctoral level (not the level of experience). "Type" indicates either individual fellowship or institutional research training grant.
 - If known, enter the start and end dates (month, day, and year) of the support and the grant number (e.g., T32 GM123456 or F31 HL345678) of the current and/or prior support.
 - You may enter up to four separate listings for current and/or prior support.
- **Note on Kirschstein-NRSA time limits:** An individual cannot receive more than five years of cumulative predoctoral Kirschstein-NRSA support and three years cumulative postdoctoral Kirschstein-NRSA support (the total of institutional grants and individual fellowships) without a waiver from the awarding component. The awarding components have different policies on waiving the statutory limits on support. Therefore, the fellowship candidate must request a waiver from the probable awarding IC before requesting a period of support that would exceed these limits.
- Refer to the Table of IC-specific Information, Requirements, and Staff Contacts in your NOFO. The fellow's sponsor and AOR must endorse the request. The request must include justification and specify the amount of additional support for which approval is sought.
- Individuals seeking additional support beyond the third year of postdoctoral support are strongly advised to consult with their awarding IC Program Officer before submitting a waiver request. It is important to read carefully the applicable NOFO that may have an overall approval to exceed these limits (e.g., the F30 programs allow for up to six years of predoctoral support).
 - If you receive additional Kirschstein-NRSA support while this application is pending, you must promptly report such information to the awarding component to which this application has been assigned.

22. Applications for Concurrent Support?

- **Applications for Concurrent Support? Yes/No**
 - An answer to this question is required. Check the appropriate box to indicate whether the fellowship applicant has applied or will be applying for other support that would run concurrently with the period covered by this application.

- **If yes, describe in an attached file:** Attach this information as a PDF file. See NIH's [Format Attachments](#) page. Use of hyperlinks and URLs is not allowed unless specified in the funding opportunity.
 - If you answered "Yes" to the "Applications for Concurrent Support?" question, you must provide a description of the concurrent support. Include the type, dates, source(s), and amount in the attachment.
 - If you receive any support from these other applications while this application is pending, you must promptly report such information to the awarding component to which this application has been assigned.

23. Citizenship

- **Information on Citizenship Requirements for Fellowship Candidates:**
- **Individual Kirschstein-NRSA Fellowship Requirements:** To be eligible for a Kirschstein-NRSA individual fellowship (F30, F31, F32, F33), the fellowship candidate must be a citizen or non-citizen national of the United States or of its possessions or territories, or must have been lawfully admitted to the United States for permanent residence by the time the award is issued. Individuals on temporary student visas are not eligible for NRSA support unless otherwise specified in the NOFO.
- **Non-NRSA Requirements:** If you are applying for a non-NRSA fellowship program supported by the NIH for which citizenship or permanent residency is not required (e.g., Fogarty International Center programs, F99/K00), you must have a valid visa in your possession that allows you to remain in the United States (or in a foreign research training setting, if applicable) long enough to be productive on the proposed fellowship project. It is the responsibility of the sponsoring organization to determine and document in the application that the individual fellowship candidate's visa will allow him or her to remain in the proposed research training setting for the period of time necessary to complete the proposed fellowship. Information may be requested by the NIH or another PHS Agency prior to issuance of an award.
- **All Fellowship Candidates:** Check the applicable boxes for the following questions:
- **U.S. Citizen: U.S. Citizen or Non-Citizen National? Yes/No**
 - Check "Yes" if the candidate is a U.S. Citizen or Non-Citizen national; otherwise check "No."
 - Non-Citizen nationals are people who, although not citizens of the United States, owe permanent allegiance to the United States. They generally are people born in outlying possessions of the United States (e.g., American Samoa and Swains Island).
 - If you answered "Yes," skip the rest of "Question 31. Citizenship" and you can continue with "Question 32. Change of Sponsoring Institution."
 - If you answered "No," please continue to fill out the rest of "Question 31. Citizenship" following the instructions below.
- **If "No" to U.S. Citizen or Non-Citizen National, please select the most appropriate response from the options provided:**
 - **Non-U.S. Citizen With a Permanent U.S. Resident Visa:**
 - Check this box if the fellowship candidate has been lawfully admitted for permanent residence (i.e., is in the possession of a current and valid Permanent Resident Card or other legal verification of such status).
 - A notarized statement will be required before an award is issued. The statement must show that a licensed notary has seen the fellowship applicant's valid Permanent Resident Card (USCIS Form I-551) or other valid verification from the U.S. Immigration and Naturalization Service of legal admission to the U.S.
 - **Non-U.S. Citizen With a Temporary U.S. Visa:**
 - Check this box if the fellowship candidate currently holds a temporary U.S. visa.

- 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:
 - If the fellowship candidate has applied for permanent residence and expects to hold a permanent resident visa by the earliest possible start date of the award, please check this box to indicate that permanent residence status is pending. A notarized statement will be required as a part of the pre-award process.

24. Change of Sponsoring Institution: Check this box if you are submitting your application with a change of sponsoring institution. If the box is checked, you must also provide the name of the former sponsoring institution.

Budget Section															
<u>All Fellowship Applicants:</u>															
25. * Tuition and Fees:	<input type="radio"/> None Requested <input checked="" type="radio"/> Funds Requested: <table border="1"> <tr><td>Year 1</td><td></td></tr> <tr><td>Year 2</td><td></td></tr> <tr><td>Year 3</td><td></td></tr> <tr><td>Year 4</td><td></td></tr> <tr><td>Year 5</td><td></td></tr> <tr><td>Year 6 (when applicable)</td><td></td></tr> <tr><td>Total Funds Requested:</td><td></td></tr> </table>	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6 (when applicable)		Total Funds Requested:	
Year 1															
Year 2															
Year 3															
Year 4															
Year 5															
Year 6 (when applicable)															
Total Funds Requested:															
26. * Childcare Costs:	<input type="radio"/> None Requested <input checked="" type="radio"/> Funds Requested: <table border="1"> <tr><td>Year 1</td><td></td></tr> <tr><td>Year 2</td><td></td></tr> <tr><td>Year 3</td><td></td></tr> <tr><td>Year 4</td><td></td></tr> <tr><td>Year 5</td><td></td></tr> <tr><td>Year 6 (when applicable)</td><td></td></tr> <tr><td>Total Funds Requested:</td><td></td></tr> </table>	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6 (when applicable)		Total Funds Requested:	
Year 1															
Year 2															
Year 3															
Year 4															
Year 5															
Year 6 (when applicable)															
Total Funds Requested:															

25. Tuition and Fees: All fellowship applicants must complete this "Tuition and Fees" section.

- **NIH/PHS Content:** Indicate whether funds are being requested for tuition and fees by checking the appropriate box ("None Requested" or "Funds Requested").
- **Predoctoral Fellowship Candidates:** List, by year, the estimated costs of tuition and fees.
- **Postdoctoral and Senior Fellowship Candidates:** List, by year, the costs associated with specific course work (or a degree-granting program, if applicable) that supports the research training experience and that are identified and described in the "Training Activities and Timeline" attachment.
- **For more information:** In accordance with the [NIH Grants Policy Statement, Section 11.2.9.4: Institutional Allowance](#), funds to offset the costs of health insurance are included in the standard Institutional Allowance, and are not to be requested as part of Tuition and Fees.
- Refer to the NIH [Research Training and Career Development](#) website for helpful resources and FAQs about tuition and fees.

26. Childcare Costs: All fellowship candidates must complete this "Childcare Costs" section.

- Only Ruth L. Kirschstein National Research Service Award (NRSA) Individual Fellows and NIH Predoctoral to Postdoctoral Fellow Transition Award (F99/K00) may receive childcare costs. For F99 / K00 applicants and recipients, childcare costs are only allowed for the F99 phase.
- **NIH/PHS Content:** Indicate whether funds are being requested for childcare costs by checking the appropriate box ("None Requested" or "Funds Requested").
- List, by year, the amount of childcare costs requested.
- The childcare costs apply to full-time NIH-NRSA-supported fellowship positions and F99 / K00 fellowship positions only during the F99 phase. Each fellow is eligible to receive \$3,000 per budget period for costs for childcare provided by a licensed childcare provider. Childcare costs are permitted for dependent children living in the eligible fellow's home from birth under the age of 13, or children who are disabled and under age 18. Childcare costs do not apply to elder or non-child dependent care costs.
- **For more information** refer to [NOT-OD-25-008](#) and [funding programs' childcare costs](#) about childcare costs.

<u>Senior Fellowship Applicants Only:</u>			
	Amount	Academic Period	Number of Months
27. Present Institutional Base Salary:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reset Entry			
28. Stipends/Salary During First Year of Proposed Fellowship:			
	Amount	Number of Months	
a. Federal Stipend Requested:	<input type="text"/>	<input type="text"/>	
b. Supplementation from Other Sources:	<input type="text"/>	<input type="text"/>	
Type (e.g., sabbatical leave, salary)			
<input type="text"/>			
Source			
<input type="text"/>			

27. Present Institutional Base Salary: Only senior fellowship candidates should complete the "Institutional Base Salary" section.

- **Amount:** Provide your present base salary. The value must be in U.S. dollars.
- **Academic Period:** Indicate the period of time on which the salary is determined (e.g., academic year of 9 months, full-time 12 months, etc.).
- **Number of Months:** Indicate the number of months per year you receive your base salary. The number may not be more than 12, but may include a decimal to indicate partial months (e.g., 9.5).

28. Stipends/Salary During First Year of Proposed Fellowship: Only senior fellowship candidates should complete the "Stipends/Salary During First Year of Proposed Fellowship" section.

- a. **Federal Stipend Requested: Amount and Number of Months:** Enter the amount of the stipend being requested for the initial period of support (i.e., the first year of proposed fellowship) and the number of months requested.
- b. **Supplementation from Other Sources: Amount, Number of Months, Type, and Source:** Enter the anticipated amount and the number of months (during the first year of the proposed fellowship) for any stipend/salary supplementation. Also enter the type of supplementation expected (e.g., sabbatical leave, salary, etc.) and the source of such funding.

Appendix	Add Attachments	Delete Attachments	View Attachments
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29. Appendix: Refer to the NOFO to determine whether there are any special appendix instructions for your application. See the updated NIH Guide Notice on the [Appendix Policy](#).

- **NIH/PHS Format:** A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 allowable appendix attachments are needed, combine the remaining information into attachment #10. Hyperlinks and URLs are not allowed unless specified in the funding opportunity.
- Use filenames for attachments that are descriptive of the content.
- A summary sheet listing all of the items included in the Appendix is encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment.
- **NIH/PHS Content:** The only allowable appendix materials are:
 - Blank data collection forms, blank survey forms, and blank questionnaire forms - or screenshots thereof
 - Simple lists of interview questions
 - **Note:** In your blank forms and lists, do not include items such as: data, data compilations, lists of variables or acronyms, data analyses, publications, manuals, instructions, descriptions or drawings/figures/diagrams of data collection methods or machines/devices.
 - Blank informed consent/assent forms
 - Other items *only if* they are specified in the NOFO as allowable appendix materials
- No other items are allowed in the Appendix. Simply relocating disallowed materials to other parts of the application will result in a noncompliant application.
- Some NOFOs may have different instructions for the Appendix. Always follow the instructions in your NOFO if they conflict with these instructions.
- **Note:** Applications will be withdrawn and not reviewed if they do not follow the appendix requirements in these instructions or in your NOFO.
- Information that expands upon or complements information provided in any section of the application - even if it is not required for the review - is not allowed in the Appendix unless it is listed in the allowed appendix materials above or in your NOFO. For example, do not include material transfer agreements (MTA) in the Appendix unless otherwise specified in the NOFO.
- **For more information:**
 - The NIH Guide Notice on [Reminder: NIH Applications Must Be Complete and Compliant With NIH Policy and Application Instructions At Time of Submission](#).
 - Failure of reviewers to address non-required appendix materials in their reviews is not an acceptable basis for an appeal of initial peer review. For more information, see the [NIH Grants Policy Statement, Section 2.4.2: Appeals of Initial Scientific Review](#).
 - [Appendix Policy Frequently Asked Questions](#)

SBIR/STTR Information

See the [SBIR/STTR Information Form](#) at [General Application Guide for NIH and Other PHS Agencies](#) for additional guidance.

NIH, CDC, FDA, and ACF SBIR/STTR grant applicants must complete and submit the SBIR/STTR Information Form in conjunction with the other SF424 (R&R) forms and PHS 398 forms.

- All SBIR and STTR grant applicants must complete this form.

* Agency to which you are applying (select only one)

<input type="checkbox"/> DOE	<input type="checkbox"/> HHS	<input type="checkbox"/> USDA	<input type="checkbox"/> Other:	<input type="text"/>
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* SBC Control ID: *(This 9 digit code is obtained from the Small Business Administration)*

* Program Type (select only one)

<input type="checkbox"/> SBIR	<input type="checkbox"/> STTR
<input type="checkbox"/> Both <i>(See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)</i>	

* Application Type (select only one)

<input type="checkbox"/> Phase I	<input type="checkbox"/> Phase II	<input type="checkbox"/> Fast-Track	<input type="checkbox"/> Direct Phase II	<input type="checkbox"/> Phase IIA	<input type="checkbox"/> Phase IIB	<input type="checkbox"/> Phase IIC
<input type="checkbox"/> Commercialization Readiness Program <i>(See agency-specific instructions to determine application type participation.)</i>						

Phase I Letter of Intent Number:

* Agency Topic/Subtopic:

Agency to which you are applying (select only one): A selection is required.

- Check the correct box to indicate the agency to which you are applying. If you select "Other," provide the agency in the space provided.
 - **Note:** Check HHS for all NIH, CDC, and FDA submissions.

SBC Control ID: This field is required.

- Enter the nine digit SBC Control ID (e.g., SBC_123456789). This number is obtained from the [Small Business Administration \(SBA\)](#) website.
- You will receive a unique SBC Control ID when you complete your Small Business Company Registration.
- **To complete SBA Registration:** The SBA Company Registry recommends verification with System for Award Management (SAM), but a SAM account is not required to complete the registration. In order to be verified with SAM, your email address must match one of the contacts in SAM. If you are unsure what is listed in SAM for your company, you may verify the information on the SAM site. Confirmation of your company's Unique Entity Identifier (UEI) is necessary to verify your email address in SAM.

Follow the following steps to register.

- Navigate to the [SBA Company Registry](#).
- Fill out the required fields to complete your SBA Company Registration and to receive your 9 digit SBA Control ID.
- If you are a previous SBIR/STTR recipient from any agency, search for your small business by Company Name, EIN/Tax ID, or UEI in the "Have you Registered" section.

- For questions and for technical assistance concerning the SBA Company Registry, [contact SBA](#).

Program Type (select only one): A selection is required.

- Check the correct box to indicate whether you are applying under the SBIR program or the STTR program.

- **Note:** HHS does not accept 'Both' as a choice.

Application Type (select only one): A selection is required.

- Check the correct box to indicate what you are submitting an application for. **Note the following:**
 - HHS does not accept Phase IIA or Phase IIC applications.
 - Only check Direct Phase II, Phase IIB or Commercialization Readiness Program if the NOFO allows those Application Types.
 - Direct Phase II for STTR is not allowed.
 - When submitting a Phase II, IIB or Commercialization Readiness Program Application following an awarded Phase I, II or IIB, please include the Phase I or Phase II SBIR / STTR grant number in the "Federal Identifier" field on the [G.200 - SF 424 \(R&R\) Form, Federal Identifier](#).

Phase I Letter of Intent Number: Enter "0" or "N/A", as this field is not applicable for any HHS (NIH, CDC, FDA) submissions.

Agency Topic/Subtopic: Leave blank. This field is not applicable for all HHS (NIH, CDC, FDA) submissions.

Questions 1-8 must be completed by all SBIR and STTR Applicants:

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1d. Is your small business a Faculty or Student-Owned entity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 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: http://www.sba.gov
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 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? * If yes, insert the names of the other Federal agencies: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 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)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 7. Does the application include a request of SBIR or STTR funds for Technical and Business Assistance (TABA)? If yes, please follow the agency specific instructions to provide the budget request and justification. (Please answer no if you plan to use the agency TABA vendor, which does not require you to include a request for TABA funds in your application.)
	* 8. 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. * Attach File: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

1a. Certification of Small Business Eligibility: A selection is required.

- If you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the NOFO, check "Yes." Otherwise, check "No."

1b. Anticipated Number of personnel to be employed at your organization at the time of award.

- This information is required. Enter the number of personnel anticipated to be employed by the small business at the time of award.

1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms? A selection is required.

- If your small business is majority owned by venture capital operating companies, hedge funds, or private equity firms, check "Yes." Otherwise, check "No."
- If you answer "Yes" to this question, you must submit the VCOC certification as an Other Attachment in the [G.220 - R&R Other Project Information Form](#).
 - See the [Small Business Eligibility Criteria](#) webpage for definitions.

1d. Is your small business a Faculty or Student-Owned entity? A selection is required.

- If your small business is a [faculty- or student-owned entity](#), check "Yes". Otherwise, check "No."

2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? A selection is required.

- If this application includes subcontracts with federal laboratories or any other Federal Government agencies, check "Yes" and insert the name of the federal laboratories/agencies in the space provided. Otherwise, check "No."

3. Are you located in a HUBZone? A selection is required.

- If you are located in a HUBZone, check "Yes." Otherwise, check "No."
 - To find out whether your business is in a HUBZone, use the [mapping utility](#) provided on the [Small Business Administration](#) website.

4. Will all research and development on the project be performed in its entirety in the United States? A selection is required.

- If all research and development on the project will be performed in its entirety in the United States, check "Yes." Otherwise, check "No."
 - If you have answered "No" to this question, provide an explanation of the research and development that is being performed outside the United States in an "Explanation" attachment. Attach this information as a PDF file. See NIH's [Format Attachments](#) page.

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? A selection is required.

- If the applicant and/or PD/PI has submitted proposals for essentially equivalent work under other federal program solicitations or received other federal awards for essentially equivalent work, check "Yes" and enter the names of the other federal agencies in the space provided. Otherwise, check "No."

6. Disclosure Permission Statement: A selection is required.

- 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 state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment), check "Yes." Otherwise check "No."
- Your response will not affect any peer review or funding decisions.

7. Does the application include a request of SBIR or STTR funds for Technical and Business Assistance (TABA)? If yes, please follow the agency specific instructions to provide the budget request and justification. (Please answer no if you plan to use the agency TABA vendor, which does not require you to include a request for TABA funds in your application.) A selection is required.

- If yes, applicants should follow the instructions to request technical and business assistance in G.300-R&R Budget Form under F. Other Direct Costs. Technical and business assistance funds cannot be separately requested for the Commercialization Readiness Pilot (CRP) program.

8. Commercialization Plan: Applicants submitting a Phase II, Direct Phase II, Phase IIB, Phase I/Phase II Fast-Track, or Commercialization Readiness Program (CRP) Application must include this attachment.

- **Format:** Follow the page limits for the Commercialization Plan in the [NIH Table of Page Limits](#) unless otherwise specified in the NOFO. You do not have to use the maximum number of pages allowed for your Commercialization Plan.
- See NIH's [Commercialization Plan](#) section for detailed guidance.

SBIR-Specific Questions:	
<p><i>Questions 9 and 10 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 9 and 10 blank and proceed to question 11.</i></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 9. 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.</p> <p>* Attach File: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 10. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?</p>

9. 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.

- A selection is required if you are submitting this application under the SBIR program.
- If you have received SBIR Phase II awards from the Federal Government, check "Yes" and attach a statement or a company commercialization history in accordance with the instructions below. Attach this information as a PDF file. See NIH's [Format Attachments](#) page. Otherwise, check "No." Hyperlinks or URLs are not allowed unless specified in the funding opportunity.
- For any small business applicant that has received an SBIR Phase II award issued by NIH or any other Federal Government agency, attach a file that includes a company commercialization history:
 - The company commercialization history must document the extent to which the company was able to secure additional non-SBIR / STTR funding to develop concepts resulting from previous Phase II SBIR awards.
 - For each Phase II award, the history must include: (1) name of awarding agency; (2) award number and date; (3) amount of award; (4) title of project; (5) source, date, and amount of non-SBIR / STTR funding; and (6) commercialization status of each Phase II award.

10. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award? A selection is required if you are submitting this application under the SBIR program.

- If the PD/PI will have his/her primary employment with the small business at the time of award, check "Yes." Otherwise, check "No."

STTR-Specific Questions:

Questions 11 - 13 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 11 - 13 blank.

<input type="checkbox"/> Yes	* 11. 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?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	* 12. 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?
<input type="checkbox"/> No	
	* 13. Provide UEI of non-profit research partner for STTR. <input type="text"/>

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

- A selection is required if you are submitting this application under the STTR program. Check "Yes" if both of the following conditions are true:
 1. The PD/PI has 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. The PD/PI will devote at least 10% effort to the proposed project.

- Check "No" if either or both of these two conditions is false.

12. 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?

- A selection is required if you are submitting this application under the STTR program.
- If in the joint research and development proposed in this project, the small business performs at least 40% of the work and the research institution named in the application performs at least 30% of the work, check "Yes." Otherwise, check "No."

13. Provide UEI of non-profit research partner for STTR.

- This field is required if you are submitting this application under the STTR program.
- Enter the Unique Entity Identifier of the non-profit research partner for the STTR applicant.
- If your non-profit research partner does not already have a UEI, you will need to go to the System for Award Management (<http://SAM.gov>) to obtain a UEI.

RR Personal Data

The **RR Personal Data** form is used by some federal agencies as part of the review and award process to identify any inequities based on gender, race, ethnicity, or disability of a proposal's PD/PIs and co-PD/PIs.

The **RR Personal Data** form is populated from the **RR Key Persons** form, and as applicable, by any linked subaward(s).

- Only Key Persons with the roles of **PD/PI** and **co-PD/PI** are included in the **RR Personal Data** form.
- **Note:** The **RR Personal Data** form will only list (1) one individual with the role of **PD/PI** and up to (4) four individuals with the role of **co-PD/PI** for a maximum of 5 individuals in total that can populate on this form.

- If your application includes more than (1) one individual with the role of **PD/PI** and/or more than (4) individuals with the role of **co-PD/PI**, only the first listed **PI** and the first 4 listed **co-PIs** on the application will populate on the **RR Personal Data** form.
 - This is by design and is not a Cayuse limitation. Federal agencies are aware of this limitation.
- While a funding opportunity announcement (FOA) may require the **RR Personal Data** form as part of an application submission, the requested information is voluntary and is not a precondition of award.
 - Therefore, any individual in the role of **PI** or **co-PI** not wishing to submit some or all the information should still be listed on the **RR Personal Data** form, but can be indicated as "**Do Not Wish to Provide**" on the form.
 - The **Gender**, **Ethnicity** and **Citizenship** drop-down menus offer "**Do Not Wish to Provide**" as an option.
 - "**Do Not Wish to Provide**" can also be checked under **Race** and **Disability Status**.
- Upon agency receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

RESEARCH & RELATED PERSONAL DATA

Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

co-Project Director/Principal Investigator #1

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:				
<input type="text"/> Please Select... <input type="button" value="▼"/>				
Race (check all that apply):		Ethnicity:	Disability Status (check all that apply):	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Do Not Wish to Provide		<input type="text"/> Please Select... <input type="button" value="▼"/>	<input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Mobility/Orthopedic Impairment <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Do Not Wish to Provide	
Citizenship:				
<input type="text"/> Please Select... <input type="button" value="▼"/>				

Attachments

As the instructions at the top of the form indicate, review the appropriate Agency Guidelines (i.e., Notice of Funding Opportunity) for more information about each required file.

- Any attached files must be in the document format and named as specified in the Guidelines.
- Also, attach your files in the proper sequence. Again, see the appropriate Agency Guidelines for details.

Attachments Form

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

	Final	Draft		
Please attach Attachment 1	No final --	No draft --	Add	Delete
Please attach Attachment 2	No final --	No draft --	Add	Delete
Please attach Attachment 3	No final --	No draft --	Add	Delete
Please attach Attachment 4	No final --	No draft --	Add	Delete
Please attach Attachment 5	No final --	No draft --	Add	Delete
Please attach Attachment 6	No final --	No draft --	Add	Delete

Project Abstract Summary

- Ensure the **Project Abstract** field succinctly describes the project in plain language that the public can understand and use without the full proposal.
 - Use 4,000 characters or less.
 - Do not include personally identifiable, sensitive or proprietary information.
- Refer to Agency instructions for any additional **Project Abstract** field requirements.
- If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.
- The **Funding Opportunity Number** and **CFDA(s)** are auto-populated from other forms.

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

W911NF-23-S-0001

CFDA(s)

12.431

Applicant Name

The Regents of the University of California (Davis)

Descriptive Title of Applicant's Project

Project Abstract

Project Abstract

- The **Project Abstract** must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public.
 - It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed.
 - It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader.
 - This Abstract must not include any proprietary/confidential information.

Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

* Please click the add attachment button to complete this entry.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

A rectangular area with a light blue background and a red border, representing a redacted section for an attachment.

SF424 Family Forms (used primarily by BLM, DoEd, DoJ, EPA, HHS, HRSA, NOAA, SAMHSA & US FWS – note separate DoEd and EPA sections below)

SF424

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs.

- In addition to the instructions below, applicants must consult agency instructions to determine other specific requirements.

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application	<input type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* Other (Specify) <input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
<input type="text"/>		<input type="text"/>
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
<input type="text"/>		<input type="text"/>
8. APPLICANT INFORMATION  		
* a. Legal Name: <input type="text" value="The Regents of the University of California (Davis)"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. UEI:
<input type="text" value="946036494"/>		<input type="text" value="TX2DAGQPENZ5"/>

- 1. Type of Submission (Required):** Select one type of submission in accordance with agency instructions.
 - **Changed/Corrected Application** - Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.
- 2. Type of Application (Required):** Select one type of application in accordance with agency instructions.
 - New - An application that is being submitted to an agency for the first time.
 - Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.
 - Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected.
 - A: Increase Award
 - B: Decrease Award
 - C: Increase Duration
 - D: Decrease Duration
 - E: Other (specify)

AD: Increase Award, Decrease Duration

BC: Decrease Award, Increase Duration

BD: Decrease Award, Decrease Duration

3. **Date Received (Required):** Enter date if form is submitted through other means as instructed by the Federal agency. The date received is completed electronically if submitted via Grants.gov.
4. **Applicant Identifier:** Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.
- 5a. **Federal Entity Identifier:** Enter the number assigned to your organization by the federal agency, if any.
- 5b. **Federal Award Identifier:** For new applications, leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.
6. **Date Received by State:** Leave this field blank. This date will be assigned by the state, if applicable
7. **State Application Identifier:** Leave this field blank. This identifier will be assigned by the state, if applicable.
8. **Applicant Information:** Enter the following in accordance with agency instructions. UC Davis info can be found on its [Institutional Information](#) page.
 - a. **Legal Name (Required):** UC Davis's full legal name is The Regents of the University of California, on behalf of its Davis campus. If space is limited, use The Regents of the University of California (Davis).
 - b. **Employer/Taxpayer Number (EIN/TIN), (Required):** Enter 94-6036494
 - c. **UEI (Required):** Enter TX2DAGQPENZ5

d. Address:					
<p>* Street1: <input type="text" value="Office of Research - Sponsored Programs"/></p> <p>Street2: <input type="text" value="One Shields Ave"/></p> <p>* City: <input type="text" value="Davis"/></p> <p>County/Parish: <input type="text" value="Yolo"/></p> <p>* State/Province: <input type="text" value="California"/></p> <p>* Country: <input type="text" value="United States"/></p> <p>* Zip / Postal Code: <input type="text" value="95616-5270"/></p>					
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application: 					
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>	* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Title: <input type="text"/>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: <input type="text"/>		Fax Number: <input type="text"/>			
* Email: <input type="text"/>					

d. Address (Required): Enter address as shown in screenshot above.

e. Organizational Unit: Enter the name of the primary organizational unit, department, or division that will undertake the assistance activity.

f. Name and contact information of person to be contacted on matters involving this application

(Required): Enter your assigned SPO Proposals Analyst.

- If the IPF is still routing in Cayuse SP and an analyst isn't yet assigned, enter what you can and add the name later.
- If fields are all greyed out, click the pencil icon  in the top right to auto-fill from a Cayuse Professional Profile
- **Position/Title:** Contracts and Grants Analyst
- **Phone Number:** If not auto-filled, find on the SPO [Staff](#) page
- **Email:** Best email to use in this section is proposals@ucdavis.edu

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

9. Type of Applicant (Required): UC Davis is a Public/State Controlled Institute of Higher Education.

10. Name of Federal Agency (Required): Enter the name of the federal agency from which assistance is being requested with this application. This information should be pre-populated.

11. Catalog Of Federal Domestic Assistance Number/Title (Required): Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. This information should be pre-populated.

12. Funding Opportunity Number/Title (Required): Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested as found in the program announcement. This information should be pre-populated.

13. Competition Identification Number:		<input type="text"/>							
* Title:		<input type="text"/>							
<table style="width: 100%; text-align: center;"> <tr> <td style="width: 50px;">Final</td> <td style="width: 50px;">Draft</td> </tr> <tr> <td>No final</td> <td>No draft</td> </tr> <tr> <td>--</td> <td>--</td> </tr> </table>				Final	Draft	No final	No draft	--	--
Final	Draft								
No final	No draft								
--	--								
14. Areas Affected by Project (Cities, Counties, States, etc.):		<input type="button" value="Add"/> <input type="button" value="Delete"/>							
<table style="width: 100%; text-align: center;"> <tr> <td style="width: 50px;">Final</td> <td style="width: 50px;">Draft</td> </tr> <tr> <td>No final</td> <td>No draft</td> </tr> <tr> <td>--</td> <td>--</td> </tr> </table>				Final	Draft	No final	No draft	--	--
Final	Draft								
No final	No draft								
--	--								
* 15. Descriptive Title of Applicant's Project:		<input type="text"/>							
Attach supporting documents as specified in agency instructions.		<table style="width: 100%; text-align: center;"> <tr> <td style="width: 50px;">Final</td> <td style="width: 50px;">Draft</td> </tr> <tr> <td>No final</td> <td>No draft</td> </tr> <tr> <td>--</td> <td>--</td> </tr> </table>		Final	Draft	No final	No draft	--	--
Final	Draft								
No final	No draft								
--	--								
<table style="width: 100%; text-align: center;"> <tr> <td style="width: 50px;">1</td> <td style="width: 50px;"><input type="button" value="Add"/> <input type="button" value="Delete"/></td> </tr> </table>		1	<input type="button" value="Add"/> <input type="button" value="Delete"/>						
1	<input type="button" value="Add"/> <input type="button" value="Delete"/>								

13. Competition Identification Number/Title: Enter the competition identification number and title of the competition under which assistance is requested, if applicable. These fields should be pre-populated if provided by the federal agency.

14. Areas Affected By Project: This data element is intended for use only by programs for which the area(s) affected are likely to be different from the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form.

- Add attachment to enter additional areas, if needed.

15. Descriptive Title of Applicant's Project (Required): Enter a brief descriptive title of the project. Supporting documents may be attached if specified in agency instructions.

16. Congressional Districts Of:

* a. Applicant: CA-004

* b. Program/Project:

Final | Draft

Attach an additional list of Program/
Project Congressional Districts if
needed.

No final --	No draft --
----------------	----------------

 Add Delete**17. Proposed Project:*** a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

- * a. Federal
- * b. Applicant
- * c. State
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

16. Congressional Districts (Required):**16a.** UC Davis's congressional district is CA-004**16b.** Enter the primary district affected by the program or project. Main campus is **CA-004**. UCDH is **CA-007**.

- o If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.
- o If nationwide, i.e., all districts within all states are affected, enter US-all.
- o If the program/project is outside the US, enter 00.000.
- o This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) form.
- o Attach an additional list of program/project congressional districts, if needed.

17. Proposed Project Start and End Dates (Required): Enter the proposed start date and end date of the project.**18. Estimated Funding (Required):** Enter the amount requested, or to be contributed during the first funding/budget period by each contributor.

- Value of in-kind contributions should be included on appropriate lines, as applicable.
- If the action will result in a dollar change to an existing award, indicate only the amount of the change.
 - o For decreases, enclose the amounts in parentheses.
 - o For zero funding, enter 0.

19. Is Application Subject to Review by State Under Executive Order 12372 Process? (Required): Check sponsor guidelines for answer.

- Example: the **NIH SF424 (R&R) Application Guide** reads “Applicants should check ‘**No, Program is not covered by E.O. 12372.**’”
- DOI guidance: Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
- Select the appropriate box. If “A.” is selected, enter the date the application was submitted to the State.

* 20. Is the Applicant Delinquent On Any Federal Debt?

Yes
 No

Final | Draft

If "Yes", provide explanation and attach

No final | No draft
-- --

[Add](#) [Delete](#)

21. *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 218, 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.

Authorized Representative:



Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Title: <input type="text"/>				
* Telephone Number: <input type="text"/>		Fax Number: <input type="text"/>		
* Email: <input type="text"/>				
* Signature of Authorized Representative: <input type="text"/>			* Date Signed: <input type="text"/>	

20. Is the Applicant Delinquent on any Federal Debt? (Required): Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative.

- UC Davis is not delinquent on any Federal debt.

21. Authorized Representative (Required): Again, enter your **assigned SPO Proposals Analyst**. The authorized representative is equivalent to the individual with the organizational authority to sign for an application. This individual is otherwise known as the authorized organization representative (AOR) in Grants.gov or the signing official (SO) in eRA Commons.

- Click the pencil icon in the top right to auto-fill from a Cayuse Professional Profile
 - **Email:** Best email to use here is your **SPO analyst's direct email**.
 - If not auto-filled, find the individual's phone number and email on the SPO [Staff](#) page

- When the application is submitted via Cayuse 424, the signature of the authorized representative and the date signed are completed upon submission.

Key Contacts

All four contact fields should be populated before submission.

- To fill blank entries, the pencil icon  in the top right to auto-fill from a Cayuse Professional Profile.
- To replace incorrect entries, click on the red  in the top right to remove the wrong contact, then select the pencil icon to auto-fill from a Cayuse Professional Profile.
 - As Professional Profiles may be out-of-date, always review the info and make needed corrections.
- The **Organizational Affiliation** in each contact should match the entry for **Applicant Organization Name** at the top of the form.

Key Contacts Form

*Applicant Organization Name:

The Regents of the University of California (Davis)

- **Applicant Organization Name:** This should be auto-populated from the SF424 form.
 - If not auto-populated, UC Davis's full legal name is The Regents of the University of California, on behalf of its Davis campus.
 - If space is limited, use The Regents of the University of California (Davis).

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*Contact Project Role:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Street 1:

Street 2:

* City:

County:

* State/Province:

Please Select...

Country:

Please Select...

* Zip/Postal Code:

* Telephone Number:

Fax:

* Email:

Enter contacts as follows:

- **1st Contact Project Role:** Principal Investigator
 - Enter the PI's contact information.
- **2nd Contact Project Role:** Proposal Contact
 - This should be the Sponsored Programs Office (SPO) Proposals Analyst assigned to submit to proposal on behalf of the university.
 - If the Cayuse SP Internal Processing Form (IPF) is still routing for approvals, you may leave this section blank. Otherwise, select your usual/assigned Proposals Analyst.
 - **Email:** proposals@ucdavis.edu (replace the individual's email)
 - **Phone:** If needed, the analyst's phone number can be found on the [SPO staff](#) page.
- **3rd Contact Project Role:** Campus Cashier
 - Maureen Pigozzo
Campus Cashier
UC Davis Sponsored Programs Lockbox
PO Box 743739
Los Angeles, CA 90074-3739
Phone: 530-752-0460
Fax: 530-752-5328
Email: cashier@ucdavis.edu
- **4th Contact Project Role:** Awards Contact
 - Denise Ehlen
Executive Associate Vice Chancellor
Office of Research
1 Shields Ave
Mrak Hall 4th Floor
Davis, CA 95616-5270
Phone: 530-752-7309
Email: awards@ucdavis.edu (replace her personal email)

SF424A Budget

Budget Information form for Non-Construction Programs.

BUDGET INFORMATION - Non-Construction Programs								OMB Approval No. 4040-0006	
SECTION A - BUDGET SUMMARY									
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds			New or Revised Budget			Total (g)	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)				
1.		\$	\$	\$	\$	\$			
2.		\$	\$	\$	\$	\$			
3.		\$	\$	\$	\$	\$			
4.		\$	\$	\$	\$	\$			
5. Totals		\$	\$	\$	\$	\$			

Section A – Budget Summary

- **(a) Grant Program Function or Activity:** At least one row is required.

- For applications pertaining to a single federal grant program (Assistance Listing Number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the Assistance Listing Title (i.e., Grant Program Name), Notice of Funding Opportunity (NOFO) number, Program Code, or Grant Number.
 - The NOFO number is identified on the opportunity.
 - The Program Code is usually two letters (e.g., FD, EF, CH).
 - The grant number is identified on the award, if applicable.
- For a multi-year project, you may wish to add “Year 1,” “Year 2,” “Year 3” to the entered descriptor.
 - These entries will auto-populate as column headers in section 6.
- **(b) Catalog of Federal Domestic Assistance Number:** Enter the CFDA/Assistance Listing Number found in the sponsor’s Notice of Funding Opportunity (NOFO).
 - This number will be in the format ##.### (e.g., 93.564 Child Support Enforcement Research; 93.570 Community Services Block Grant Discretionary Awards).
- **(c) Estimated Unobligated Federal Funds:** Conditionally required. Unobligated Federal funds balance is the amount of federal funds authorized under a Federal award that UC Davis has not obligated.
 - **For new applications**, leave Column (c) blank.
 - **For continuing grant program applications**, submit these forms before the end of each funding period as required by the grantor agency.
 - If directed by the grantor agency, for each line entry in Columns (a) and (b), enter in Column (c) the estimated amount of federal funds which will remain unobligated at the end of the funding period (usually a year). Otherwise, leave this column blank.
 - The unobligated amount does not include commitments that have not yet been disbursed.
 - **For supplemental grants and changes to existing grants**, leave Columns (c) blank.
- **(d) Estimated Unobligated Non-Federal Funds:** Conditionally required. Unobligated non-Federal funds balance is the amount of non-federal funds required under a Federal award that UC Davis has not obligated towards the project, or was waived by the grantor agency, or otherwise not being used.
 - **For new applications**, leave Column (d) blank.
 - **For continuing grant program applications**, submit these forms before the end of each funding period as required by the grantor agency.
 - If directed by the grantor agency, enter in Column (d) the estimated amount of non-federal funds which will remain unobligated at the end of the grant funding period (usually a year). Otherwise, leave this column blank.
 - **For supplemental grants and changes to existing grants**, leave Column (d) blank.
- **(e) New or Revised Budget Federal Funds:** Conditionally required. Federal share is the portion of project costs that are paid by Federal funds.
 - **For new applications**, for each line entry in Columns (a) and (b), enter in Column (e) the estimated federal funds needed to support the project for the first funding period (usually a year).
 - **For continuing grant program applications**, submit these forms before the end of each funding period as required by the grantor agency.
 - Enter in Column (e) the amount of federal funds needed for the upcoming funding period.
 - **For supplemental grants**, enter in Column (e) the additional federal funds being requested.
 - **For changes to existing grants**, enter in Column (e) the amount of the increase or decrease of federal funds.

- **(f) New or Revised Budget Non-Federal Funds:** Conditionally required. Non-federal share (cost sharing or matching) is the portion of project costs not paid by Federal funds (unless otherwise authorized by Federal statute).
 - Leave blank if there are no non-federal funds required or a non-federal funds waiver (if applicable) is requested for the grant program, function, or activity.
 - **For new applications**, for each line entry in Columns (a) and (b), enter in Column (f) the amounts of non-federal funds that is intended to be contributed to support the project for the first funding period (usually a year).
 - **For continuing grant program applications**, submit these forms before the end of each funding period as required by the grantor agency.
 - Enter in Column (f) the amounts of non-federal funds that is intended to be contributed to support the upcoming period.
 - **For supplemental grants**, enter in Column (f) any additional non-federal funds that is intended to be contributed.
 - **For changes to existing grants**, enter in Column (f) the amount of the increase or decrease of non-federal funds that is intended to be contributed.
- **(g) Total:** Required. Total is the sum of federal and non-federal funds per line entry. These numbers are auto-calculated.

SECTION B - BUDGET CATEGORIES					Total (5)
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY			
	(1)	(2)	(3)	(4)	
a. Personnel	\$		\$		\$
b. Fringe Benefits	\$		\$		\$
c. Travel	\$		\$		\$
d. Equipment	\$		\$		\$
e. Supplies	\$		\$		\$
f. Contractual	\$		\$		\$
g. Construction	\$		\$		\$
h. Other	\$		\$		\$
i. Total Direct Charges	\$		\$		\$
j. Indirect Charges	\$		\$		\$
k. TOTALS	\$		\$		\$
7. Program Income	\$		\$		\$

Section B – Budget Categories

- **6. Object Class Categories:** The **Grant Program, Function, or Activity** is pre-populated by the Grant Program Function or Activity from column (a) in Section A – Budget Summary.
- **6.a. Personnel:** Enter funds required for compensation of personnel from the selected program (costs of employee salaries and wages engaged in activities under the program).
 - Do not include the personnel costs of consultants, contractors and subrecipients under this category.
 - Review the sponsor's Notice of Funding Opportunity (NOFO) or grantor agency regulations (e.g., [2 CFR §200.430](#); [45 CFR §75.430](#)) for any guidance on allowable personnel costs.
 - If not applicable, leave blank.

- **6.b. Fringe Benefits:** Enter funds required for compensation of fringe benefits from the selected program (costs of employee fringe benefits are allowances and services provided by employers to their employees in addition to regular salaries and wages).
 - Do not include the fringe benefits of consultants, contractors, and subrecipients, because those costs should be listed under the “Contractual” category as part of the total value of the contract or agreement.
 - The easiest way to determine UC Davis fringe benefits rates is to use the latest [OR Budget Template](#) and copy the fringe benefit totals that are auto-calculated.
 - The Sponsored Programs Office (SPO) strongly recommends use of an OR Budget Template for a proposal’s internal budget.
 - Alternatively, see UC Davis Finance & Business’s [Calculating Benefit Cost](#)
 - If not applicable, leave blank.
- **6.c. Travel:** Enter funds required for travel from the selected program (costs of project-related travel (i.e., transportation, lodging, subsistence, and other related items) by employees who are in travel status on official UC Davis business).
 - Travel by non-employees such as consultants, contractors or subrecipients should be included under the “Contractual” category.
 - Local travel for employees in non-travel status should be listed on the "Other" category.
 - Travel costs should be developed in accordance with [UC Davis’s travel policies](#) and grantor agency regulations (e.g., [2 CFR §200.474](#); [45 CFR §75.474](#)).
 - If not applicable, leave blank.
- **6.d. Equipment:** Enter funds required for [equipment](#) from the selected program.
 - "Equipment" means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds \$5,000.
 - Note: **Acquisition cost** means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired.
 - **Ancillary charges**, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in the acquisition cost.
 - For more information, please see grantor agency regulations (e.g., [2 CFR §§200.2](#), [200.313](#), and [200.439](#); [45 CFR §§75.2](#), [75.320](#), and [75.439](#)).
 - If not applicable, leave blank.
- **6.e. Supplies:** Enter funds required for supplies from the selected program (tangible personal property other than those included in the Equipment category).
 - A computing device is a supply if the acquisition cost is less than \$5,000, regardless of the length of its useful life.
 - For more information, please see the grantor agency requirements (e.g., [2 CFR §§200.2](#), [200.314](#), and [200.453](#); [45 CFR §§ 75.2](#), [75.321](#), and [75.453](#)).
 - If not applicable, leave blank.
- **6.f. Contractual:** Enter funds required for contractual costs from the selected program (cost of all contracts except those that should be placed under other categories such as equipment, supplies, or construction).
 - In accordance with grantor agency regulations, if applicable, procurement standards (e.g., [2 CFR §§200.317 - 200.327](#); [45 CFR §§75.326 - 75.340](#)) and subaward requirements (e.g., [2 CFR §§200.331 - 200.333](#); [45 CFR §§75.351 - 75.353](#)) must be followed.
 - Include third-party evaluation contracts, procurement contracts, and subawards.

- Costs related to individual consultants should be listed in the "Other" category.
- If applicable and charged as a direct cost, include third-party renting or leasing agreements for equipment; and, third-party renting or leasing agreements for real property (building, facility, administrative office, space, structure, land, and other real property) used specifically for the program.
 - Do not include real property owned by UC Davis or that are arrangements considered "less-than-arms-length", "sale and lease back", "finance lease" per Financial Accounting Standards Board (FASB), or "financed purchase" per Government Accounting Standards Board (GASB) standards because if charged as:
 - 1) a direct cost, costs should be listed under the "Other" category and are allowable only up to the amount that would have been allowed had UC Davis owned the property or purchased the property on the date the agreement was executed; or
 - 2) as an indirect cost, costs should be included under the "Indirect" category.
 - These costs must be treated as either direct or indirect costs, not both.
 - For more information, see grantor agency regulations (e.g., [2 CFR 200.2](#), [200.414](#), [200.430](#) - [200.431](#), [200.434](#), [200.436](#), and [200.439](#); [45 CFR §75.2](#), [75.414](#), [75.430-75.431](#), [75.434](#), [75.436](#), and [75.439](#)).
 - If not applicable, leave blank.
- **6.g. Construction:** Enter funds required for construction or major renovation for the selected program.
 - Construction and major renovation are unallowable in the absence of specific statutory authority.
 - **Construction** means the creation of a building, structure, or facility, including the installation of equipment, site preparation, landscaping, associated roads parking, environmental mitigation, and utilities, which provides space not previously available.
 - It includes freestanding structures, additional wings or floors, enclosed courtyards or entryways, and any other means to provide usable space that did not previously exist (excluding temporary facilities).
 - **Major Renovation (A&R)** is considered a structural change (e.g., to the foundation, roof, floor, or exterior or load-bearing walls of a facility, or an extension to an existing facility) to achieve the following: increase the floor area; and/or change function and purpose of an existing building, structure, or facility.
 - Some grantor agencies use a dollar amount to distinguish between minor and major A&R, i.e., a major renovation threshold, for the entire project period per parcel.
 - Please seek grantor agency guidance if intending to enter an amount under this line item.
 - Grantor agencies may require additional information be provided before non-Federal entities proceed and/or incur costs under this category.
 - This line may be subject to additional requirements, OMB forms, and grantor agency review.
 - If not applicable or unallowable under the grant program, leave blank.
- **6.h. Other:** Enter the total of all other costs for the selected program not listed elsewhere in this form.
 - Such costs, where applicable and allowed under the program, may include: individual consultant costs; local travel; insurance; medical and dental costs (non-personnel); professional service costs; depreciation of equipment and real property (when treated as a direct cost), printing and publications, training costs (tuition and stipends), staff development costs, and administrative costs (when treated as a direct cost).

- Purchase costs, including principal and interest, for real property are unallowable in the absence of specific statutory authority.
 - Please seek grantor agency guidance if intending to enter these amounts under this category.
 - Grantor agencies may require additional info be provided before proceeding and/or incurring costs and may be subject to additional requirements and reviews.
 - If N/A or unallowable under the program do not include.
- Any real property owned by the recipient or arrangements considered "less-than-arms-length", "sale and lease back", "finance lease" per the FASB, or "financed purchase" per GASB standards intended to be proposed or claimed for use, if applicable and allowed under the program, and in accordance with grantor agency regulations may be included in this category.
 - However, the justification for these costs must include: the allocable percentage and total dollar amount; the depreciation amount with type of method and calculation used; tax amount (if applicable); insurance amount and what it covers; maintenance and repair with details on each type of expense proposed and its associated cost; minor A&R (if any) with specifics for each type of proposed expense and its associated cost; the ownership type (own, lease); clearly show the computation, and provide any info to support the amount requested.
 - Any cost above the allowed amount, per regulations, is the responsibility of UC Davis.
- Do not include costs of third-party renting or leasing real property and equipment since they should be under the "Contractual" category.
- If not applicable, leave blank.
- **6.i. Total Direct Charges:** These figures are auto-calculated.
- **6.j. Indirect Charges:** Enter the amount of indirect cost in accordance with the program requirements or UC Davis's negotiated indirect cost rate agreement.
 - Costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both.
 - For more information, please see the grantor agency requirements (e.g., [2 CFR §§200.2, 200.403 - 200.405](#), and [200.412 - 200.414](#); [45 CFR §§ 75.2, 75.403 - 75.405](#), and [75.412 - 75.414](#)).
 - If not applicable, leave blank.
- **6.k. Totals:** These figures are auto-calculated.
- **7. Program Income:** Enter the estimated amount of total program income, if any, expected to be directly generated by or earned from this project.
 - Program income includes but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, license fees and royalties on patents and copyrights, and interest on loans made with award funds.
 - For more information, please see the grantor agency requirements (e.g., [2 CFR §§200.2](#) and [200.307](#); [45 CFR §§ 75.2](#) and [75.307](#)).
 - If not applicable, leave blank.

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$
10.		\$	\$	\$	\$
11.		\$	\$	\$	\$
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$
SECTION D - FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
14. Non-Federal	\$	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

Section C – Non-Federal Resources

- **8 - 11.(a) Grant Program:** Name of the grant program from which funds will be derived.
 - These fields default to the corresponding program name(s) in section A and may be overwritten if called for by instructions in the Notice of Funding Opportunity (NOFO).
- **8 - 11.(b) Applicant:** Enter resources provided by the applicant for the selected program.
 - If not applicable, leave blank.
- **8 - 11.(c) State:** Enter resources provided by one or more states for the selected program.
 - If not applicable, leave blank.
- **8 - 11.(d) Other Sources:** Enter resources provided by the other sources (e.g. donors) for the selected program.
 - If not applicable, leave blank.
- **8 - 11.(e) Totals:** Total sum of each row, Columns (a) – (d).
- **12.(b-e) Total:** These fields will auto-populate based on entries in Columns (a) – (d).

Section D – Forecasted Cash Needs

- **13. Federal Total for 1st Year:** This field will auto-calculate from entries above.
- **13. 1st Quarter:** Enter the forecasted cash needs from federal sources for the first quarter of the first program year.
 - If not applicable, leave blank.
- **13. 2nd Quarter:** Enter the forecasted cash needs from federal sources for the second quarter of the first program year.
 - If not applicable, leave blank.
- **13. 3rd Quarter:** Enter the forecasted cash needs from federal sources for the third quarter of the first program year.
 - If not applicable, leave blank.
- **13. 4th Quarter:** Enter the forecasted cash needs from federal sources for the fourth quarter of the first program year.
 - If not applicable, leave blank.
- **14. Non-Federal Total for 1st Year:** This field will auto-calculate from entries above.
- **14. 1st Quarter:** Enter the forecasted cash needs from non-federal sources for the first quarter of the first program year.
 - If not applicable, leave blank.
- **14. 2nd Quarter:** Enter the forecasted cash needs from non-federal sources for the second quarter of the first program year.
 - If not applicable, leave blank.

- **14. 3rd Quarter:** Enter the forecasted cash needs from non-federal sources for the third quarter of the first program year.
 - If not applicable, leave blank.
- **14. 4th Quarter:** Enter the forecasted cash needs from non-federal sources for the fourth quarter of the first program year.
 - If not applicable, leave blank.
- **15. Total:** These fields will auto-populate based on entries in rows 13 & 14.

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.	\$	\$	\$	\$	
18.	\$	\$	\$	\$	
19.	\$	\$	\$	\$	
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks:					

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project

- **16 - 19.(a) Grant Program:** Name of the grant program from which funds will be derived.
 - These fields default to the corresponding program name(s) in section A and may be overwritten if called for by instructions in the Notice of Funding Opportunity (NOFO).
- **16 – 19. Future Funding Periods (Years)**
 - **(b) First:** Enter the estimated federal funds that will be required in the first future funding period (the period following the period for which the report is prepared) for the selected program.
 - **(c) Second:** Enter the estimated federal funds that will be required in the second funding year for the selected program.
 - **(d) Third:** Enter the estimated federal funds that will be required in the third funding year for the selected program.
 - **(e) Fourth:** Enter the estimated federal funds that will be required in the fourth funding year for the selected program.
- **20. Total:** These fields are auto-calculated.

Section F – Other Budget Information

- **21. Direct Charges:** Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.
- **22. Indirect Charges:** Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.
- **23. Remarks:** Provide any other explanations or comments deemed necessary.

SF 424 B

This form has two pages of text to which an **authorized certifying official** must sign. This is not the PI. This is a Sponsored Programs Office representative who will sign upon receiving concurrence from the PI.

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.	Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.
* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <input type="text"/>	* TITLE <input type="text"/>
* APPLICANT ORGANIZATION The Regents of the University	* DATE SUBMITTED <input type="text"/>

SF 424 C

See the [SF 424C Budget Information – Construction Programs Form at General Application Guide for NIH and Other PHS Agencies](#) for additional guidance.

The **SF 424C Budget Information - Construction Programs** form is used only in construction grant applications and repair, renovation, and modernization grant applications (activity codes C06, G20, and UC6).

- If you are applying to one of these activity codes, the **SF 424C Budget Information - Construction Programs** form is the only budget form you need to fill out with your application.
- Refer to your NOFO for specific instructions regarding your application.
 - When NOFO-specific instructions deviate from those in these instructions, follow the NOFO-specific instructions.
- For each applicable field, enter the appropriate amount.
 - Column c. will calculate automatically based on entries in columns a. and b.

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3. Relocation expenses and payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4. Architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5. Other architectural and engineering fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6. Project inspection fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Site work	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Some definitions:

1. Administrative and legal expenses.

- **a. Total Cost.** This may include administrative expenses, attorney's fees, court costs, and/or other related expenses, directly associated with the allowable activity.
 - Costs incurred related, but not limited to, criminal and civil proceedings, claims, appeals, and other infringements are unallowable.
 - For more information regarding allowability, please see grantor agency regulations (e.g., [2 CFR 200.435](#); [45 CFR 75.435](#)).

4. Architectural and engineering fees.

- **a. Total Cost.** Architect-engineer services include professional services of an architectural or engineering nature, as defined by State law, if applicable, that are required to be performed or approved by a person licensed, registered, or certified to provide those services; and, professional services of an architectural or engineering nature performed by contract that are associated with research, planning, development, design, construction, alteration, or repair of real property.
- For more information, please see grantor agency regulations (e.g., [48 CFR 2.101](#)).

5. Other architectural and engineering fees.

- **a. Total Cost.** This means those other professional services of an architectural or engineering nature, or incidental services, that members of the architectural and engineering professions (and individuals in their employ) may logically or justifiably perform, including studies, investigations, surveying and mapping, tests, evaluations, consultations, comprehensive planning, program management, conceptual designs, plans and specifications, value engineering, construction phase services, soils engineering, drawing reviews, preparation of operating and maintenance manuals, and other related services.
- For more information, please see grantor agency regulations (e.g., [48 CFR 2.101](#)).

6. Project Inspection fees.

- **a. Total Cost.** Project inspection fees, including municipal inspection fees, and other required professional or inspection fees.

8. Demolition and removal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. Construction	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
10. Equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
11. Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
12. SUBTOTAL (sum of lines 1-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
13. Contingencies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

9. Construction.

- **a. Total Cost. Construction** means the creation of a building, structure, or facility, including the installation of equipment, site preparation, landscaping, associated roads parking, environmental mitigation, and utilities, which provides space not previously available. It includes freestanding structures, additional wings or floors, enclosed courtyards or entryways, and any other means to provide usable space that did not previously exist (excluding temporary facilities).
- **Major Renovation (A&R)** is considered a structural change (e.g., to the foundation, roof, floor, or exterior or load-bearing walls of a facility, or an extension to an existing facility) to achieve the following: increase the floor area; and/or change function and purpose of an existing building, structure, or facility.

- Some grantor agencies use a dollar amount to distinguish between minor and major A&R, i.e., a major renovation threshold, for the entire project period per parcel.
- Please seek grantor agency guidance if you need more information.

10. Equipment.

- a. **Total Cost. Equipment** means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds \$5,000.
 - Note: **Acquisition cost** means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired.
 - **Ancillary charges**, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in, or excluded from, acquisition cost in accordance with the non-Federal entity's regular written accounting practices.
- For more information, please see grantor agency regulations (e.g., [2 CFR §§200.2](#), [200.313](#), and [200.439](#); [45 CFR §§75.2](#), [75.320](#), and [75.439](#)).

13. Contingencies.

- a. **Total Cost. Contingency** is that part of a budget estimate of future costs (typically of large construction projects or other items as approved by the grantor agency) which is associated with possible events or conditions arising from causes the precise outcome of which is indeterminable at the time of estimate, and that experience shows will likely result, in aggregate, in additional costs for the approved activity or project.
- Some grantor agencies may limit contingencies to a specific percentage of the construction costs before bids are received and must be reduced after the contract has been awarded.
- For more information, please see the grantor agency requirements (e.g., [2 CFR §§200.403 - 200.405](#), and [200.433](#); [45 CFR §§75.403 - 75.405](#), and [75.433](#)) and/or seek guidance from the grantor agency.

14. SUBTOTAL	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
15. Project (program) income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c	Multiply X <input type="text"/> %	\$ <input type="text"/>

15. Project (program) income.

- a. **Total Cost. Program income** includes but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, license fees and royalties on patents and copyrights, and interest on loans made with award funds.
- For more information, please see the grantor agency requirements (e.g., [2 CFR §§200.2](#) and [200.307](#); [45 CFR §§ 75.2](#) and [75.307](#)).

17. Federal assistance requested.

Follow instructions in the form.

SF 424D Construction

Authorized Sponsored Programs Office (SPO) staff will sign as needed.

ASSURANCES – CONSTRUCTION PROGRAMS	
OMB Approval No.4040-0009	
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.	
As the duly authorized representative of the applicant, I certify that the applicant:	
1 Has the legal authority to apply for Federal assistance and the	8 Will comply with the Intergovernmental Personnel Act of 1970
* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Yvonne Cheng Vogt	* TITLE Contracts and Grants Analyst
* APPLICANT ORGANIZATION The Regents of the University	* DATE SUBMITTED 12/08/2022

Budget Narrative Attachment

A thorough budget narrative (aka “budget justification”) will aid the administrative review and processing of a recommended award.

- The budget narrative provides a discussion of, or explanation for, items included in the budget.
 - The guidance should follow the order of the budget items.
 - Review the Notice of Funding Opportunity (NOFO) for specific guidance on budget items.
- Amounts included in a budget and budget narrative are estimates; in the event of an award, payments will be based on actual expenditures.

Sample [Budget Detail and Narrative Template](#) (Budget Narrative Guidance commences on page 13).

Budget Narrative File(s)	
Final Draft	
1 <input type="button" value="▼"/>	No final No draft <input type="button" value="Add"/> <input type="button" value="Delete"/>
-- --	

Personnel

- This category includes salaries and wages of UC Davis employees who will be working directly on the project.
 - Generally, salaries of administrative and/or clerical personnel are classified as indirect or F&A costs. If these salaries can be adequately documented as direct costs, they can be included in this section; however, a justification must be included in the narrative.
 - You may wish to review [§ 200.430 Compensation - personal services](#) for more information on the specific requirements regarding compensation costs, including the Standards for Documentation of Personnel Expenses at §200.430(i).

- For key personnel such as the project manager or principal investigator, identify the name individual and position/title.
 - Other personnel should be identified by position only.
 - For all positions, identify the project tasks that will be performed.
 - Compensation rates can be expressed as hourly rates and number of hours or annual salary and percentage effort that will be contributed to each task. Ideally, stick with one format.
 - Include estimated hours for compliance with reporting requirements, including the final project report and evaluation.
 - For multi-year projects, identify the level of effort anticipated for each budget year and any estimates increases in compensation rates.
 - Within the budget narrative, provide a certification that the labor rates included in the budget proposal represent the actual labor rates of the identified personnel/positions and are consistently applied to Federal and non-Federal activities.
 - Note: The annual/hourly labor rate must not include fringe benefits.

Fringe Benefits

- Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages.
 - Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans.
 - Fringe costs should also include employer contributions required by law such as payroll taxes such as FICA, unemployment, and workers compensation.
 - Fringe does not include federal income taxes, employee portion FICA, or other such costs.
 - You may wish to review [§ 200.431 Compensation - fringe benefits](#) for more information on the allowability and allocability of fringe benefits.
- Fringe benefits can be expressed as an hourly rate or percentage of personnel costs. Ideally, stick with one format.
 - In the narrative, identify the fringe benefit rates/amounts for each position.
 - If the fringe benefit rate is less than 35% of the estimated employee compensation, no additional information is necessary.
 - If the fringe benefit rate is more than 35%, provide a description and breakdown of the benefits.
 - If the rate is established within a [negotiated indirect cost rate agreement \(NICRA\)](#), provide a copy of the agreement with the application.
 - Do not combine the fringe benefit costs with direct salaries and wages in the personnel category.

Travel

- Travel costs are expenses incurred by personnel in the performance of project activities.
- Costs can be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided that the method used is applied to the entire trip and not to selected days of the trip.
- All charges must be consistent with those normally allowed under similar circumstances for non-Federally funded activities and any established travel policies.
 - You may wish to review [§ 200.475 Travel costs](#).
- Provide a narrative describing any travel employees are anticipated to perform.
 - Include the purpose of the travel and how it relates to project tasks, the origin and destination of the trip, number of personnel traveling, length of stay and all travel costs including airfare, per diem, lodging, transportation, and miscellaneous travel expenses.
 - Identify the basis for rates used, (e.g. GSA Per Diem Rates, published prices) and the total of each planned trip.

Equipment

- Equipment is defined in [§200.1](#) as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the applicant organization for financial statement purposes, or \$5,000.
 - You may wish to review [§ 200.439 Equipment and other capital expenditures](#) for additional information on the allowability of equipment costs and [§ 200.313 Equipment](#) for information regarding the title, use, management and disposition requirements for equipment acquired under a Federal award.
- If equipment will be purchased, itemize all equipment valued at or greater than \$5,000.
 - For each item, identify why it is needed for the completion of the project and how the equipment was priced (published price, quote, etc.).
 - Include in the narrative a comparison of rental and/or lease costs over the purchase of the equipment item.
 - Note: Do not include equipment that will be purchased and/or installed as part of a construction-related activity.
 - Construction costs must be included in Object Class Category 6g.

Supplies

- Supplies is defined in §200.1 as all tangible personal property other than those described in the definition of equipment.
 - A computing device is a supply if the acquisition cost is less than \$5,000, regardless of the length of its useful life.
 - You may wish to review [§ 200.453 Materials and Supplies Costs, Including the Costs of Computing Devices](#) regarding the allowability of costs.
 - Supply items must be direct costs to the project and not duplicative of supply costs in the indirect rate.
 - For post-award requirements regarding supplies, recommend reviewing [§ 200.314 Supplies](#). For financial management requirements related to supplies, recommend reviewing § 200.302(b)(4).
- List all expendable supplies noting their purpose in the project and the basis of cost (e.g. vendor quotes, catalogue prices, prior invoices, etc.)
 - For each item, provide the estimated unit cost, quantity, and total cost.
 - General categories may be used, but if a category is viewed as too general or the associated amount is too high, further itemization may be requested.

Contractual

- Include all contracts and subawards, (other than those for construction activities) under this Budget Object Class Category.
 - Per [§ 200.1](#), a contract means, for the purpose of Federal financial assistance, a legal instrument by which a recipient or subrecipient purchases property or services needed to carry out the project or program under a Federal award.
 - The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a subaward.
 - For additional information on subrecipient and contractor determinations, see [§ 200.331 Subrecipient and contractor determinations](#).
 - Do not include construction contract costs in this subsection.
 - Construction costs should be included in Budget Object Class Category 6g, Construction.

- **Contracts:** For each contract, regardless of dollar value, describe the services to be obtained and the applicability or necessity of each to the project.
 - Identify the total estimated cost and the basis(es) used to develop the estimate.
 - For each contract with an estimated amount meeting or exceeding \$250,000 or represents 35% or more of the total project cost, provide a separate detailed description of the estimated costs.
 - A detailed estimate can be included with the application in lieu of a description.
 - For contracts with an estimated cost equal to or greater than the micro-purchase threshold (currently \$10,000) identify the anticipated procurement method to be used and the basis of selection.
- NOTE: Only contracts for architectural/engineering services can be awarded using a qualifications-based procurement method.
 - If a qualifications-based procurement method is used, profit must be negotiated as a separate element of the contract price.
 - See [§200.318 General Procurement Standards](#) for additional information regarding procurements, including required contract content.
 - The procurement method used must be compliant with [§ 200.319 Competition](#), and [§ 200.320 Procurement methods](#).
 - Recommend reviewing [§200.459 Professional service costs](#).
- **Subawards:** If known, identify the recipient of each subaward.
 - Describe the activities to be performed under each subaward and indicate the applicability or necessity of each to the project.
 - Provide a separate detailed budget for each subaward, regardless of dollar value.
 - A detailed estimate may be included with the application in lieu of a description of budgeted costs.
 - Identify who prepared the estimate (subrecipient, applicant personnel, etc.) and indicate the basis used to estimate each cost.
 - Include any indirect/overhead costs anticipated to be paid and the rate used.
 - If the subrecipient has a Federal negotiated indirect cost rate agreement (NICRA), include a copy of the NICRA with the application

Construction

- Construction costs are costs incurred in the construction, renovation, and/or equipping of a facility or structure.
 - Costs include engineering, design, permitting, demolition, acquisition of materials, and installation of improvements.
 - Identify all construction related costs other than personnel and fringe benefits costs, including, but not limited to applicant-owned equipment use, rental equipment, construction supplies, equipment that will be purchased and installed, construction contracts, permitting, and environmental compliance.
 - Personnel and fringe benefits costs related to construction should be included in Budget Object Class Category 6a and 6b, as applicable.
- **Recipient-Owned Equipment Use Costs:** If you propose to use equipment that you own under the project, provide the use rates and hours for each piece of equipment owned and budgeted.
 - These should be ownership rates developed by the recipient for each piece of equipment (do not include operator costs).
 - If these rates are not available, the U.S. Army Corp of Engineer's recommended equipment rates for the region are acceptable.
 - Rates for your region can be found at this [link](#).

- **Construction Materials:** Identify any construction materials and non-movable equipment that will be purchased from a vendor.
 - Include estimated purchase price, quantity, total cost, and the basis used to estimate the cost (published prices, quotes, previous project, etc.)
- **Contractual:** For construction-related contracts, follow guidance for **Contracts** in the **Contractual** section immediately above.
- **Other Construction-related costs:** Identify any other construction-related costs (e.g. equipment rental, permitting, etc.) and indicate the applicability or necessity of each to the project.
 - Include quantity, unit cost, total cost, and the basis for the estimate.
 - Note: Do not include costs that are anticipated to be paid by a contractor under the terms of the contract. Those items should be included in the contract estimate.

Other

- This category contains items not included in the previous categories, such as tuition remission, rental costs, etc.
 - List items by type or nature of expense, breaking down costs by cost per unit, quantity, and total cost and identify the basis of cost (quote, invoice, etc.).
 - Describe the necessity of the costs for successful completion of the project and exclude unallowable costs.
 - You may wish to review [§ 200.420 through § 200.476, General Provisions for Selected Items of Cost](#).
- **Third-Party Contributions:** Identify any third-party services and donations (personnel costs, supplies, etc.) and include the name of the contributor.
 - Indicate the applicability or necessity of each to the project and describe the basis(es) for the valuation.
 - All third-party contributions must meet the requirements under [§ 200.306 Cost sharing or matching](#), including the valuation of the contribution.

Indirect Costs

- Show the rate reflected in the most recent Federal indirect cost rate agreement, cost base, and proposed amount for allowable indirect costs.
 - If your organization has a current [Federal negotiated indirect cost rate agreement \(NICRA\)](#), it must be included with your application.
 - Note: Construction costs are capital expenditures and must be excluded from the indirect cost base.

Project Narrative Attachment

- Review the Notice of Funding Opportunity (NOFO) for specific guidance on the project narrative.

Project Narrative File(s)	
	Final Draft
1 ^	No final No draft
	-- --
	Add Delete

Other Attachments

- Review the Notice of Funding Opportunity (NOFO) for specific guidance on other attachments.

Other Attachment File(s)

Final	Draft
1 <input type="button" value="▼"/>	No final --
	No draft --

[Add](#) [Delete](#)

Lobbying Activities Disclosure

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352.

- The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.
- Complete all items that apply for both the initial filing and material change report.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. * Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. * Status of Federal Action:

- a. bid offer application
- b. initial award
- c. post-award

3. * Report Type:

- a. initial filing
- b. material change

For Material Change Only:

year quarter
date of last report

- Type of Federal Action:** Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- Status of Federal Action:** Identify the status of the covered Federal action.
- Report Type:** Identify the appropriate classification of this report.
 - If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred.
 - Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

<p>4. Name and Address of Reporting Entity:</p> <p><input type="radio"/> Prime <input type="radio"/> SubAwardee Tier if known: <input type="text"/></p> <p>* Name: <input type="text"/></p> <p>* Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Please Select... <input type="button" value="▼"/></p> <p>Zip: <input type="text"/></p> <p>Congressional District, if known: <input type="text"/></p>	<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p> <p>* Name: <input type="text"/></p> <p>* Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Please Select... <input type="button" value="▼"/></p> <p>Zip: <input type="text"/></p> <p>Congressional District, if known: <input type="text"/></p>
<p>6. * Federal Department/Agency:</p> <p>Dept of the Army -- Materiel Command</p>	<p>7. * Federal Program Name/Description:</p> <p>Basic Scientific Research</p> <p>CFDA Number, if applicable: 12.431</p>

4. Name and Address of Reporting Entity: Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient.

- In other words, if UC Davis is the sole applicant, indicate it is the “Prime.”
 - If another institution is submitting a proposal to the sponsor and intends to forward a subaward to UC Davis if awarded, select “SubAwardee”.
 - Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier.
 - Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- Enter the full name, address, city, State and zip code of UC Davis. Include Congressional District, if known. These details are found on the UC Davis [Institutional Information](#) page.

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: If the organization filing the report in item 4 checks “Subawardee,” then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Federal Department/Agency: Enter the name of the Federal agency making the award or loan commitment.

- Include at least one organizational level below agency name, if known.
 - For example, Department of Transportation, United States Coast Guard.

7. Federal Program Name/Description: Enter the Federal program name or description for the covered Federal action (item 1).

- If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
 - This number will be in the format ##.### (e.g., 93.564 Child Support Enforcement Research; 93.570 Community Services Block Grant Discretionary Awards) and is usually found in the sponsor’s Notice of Funding Opportunity (NOFO).

8. Federal Action Number, if known:	9. Award Amount, if known:
<input type="text"/>	\$ <input type="text"/>
10. a. Name and Address of Lobbying Registrant:	
Prefix:	Prefix:
<input type="text"/>	<input type="text"/>
* First Name:	* First Name:
<input type="text"/>	<input type="text"/>
Middle Name:	Middle Name:
<input type="text"/>	<input type="text"/>
* Last Name:	* Last Name:
<input type="text"/>	<input type="text"/>
Suffix:	Suffix:
<input type="text"/>	<input type="text"/>
* Street 1:	Street 1:
<input type="text"/>	<input type="text"/>
Street 2:	Street 2:
<input type="text"/>	<input type="text"/>
* City:	City:
<input type="text"/>	<input type="text"/>
State:	State:
<input type="text"/>	<input type="text"/>
Zip:	Zip:
<input type="text"/>	<input type="text"/>

8. **Federal Action Number, if known:** Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency).
 - Include prefixes, e.g., "RFP-DE-90-001."
9. **Award Amount, if known:** For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) **Name and Address of Lobbying Registrant:** Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
10. (b) **Individual Performing Services (including address if different from No. 10a):** Enter the full names of the individual(s) performing services, and include full address if different from 10 (a).

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Telephone No.:

Date:

11. Information requested through this form....: The certifying official shall sign and date the form, print his/her name, title, and telephone number.

- This is usually the proposals analyst in the Sponsored Programs Office, who will submit the proposal to the sponsor on behalf of the PI.

Lobbying Certification

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

* APPLICANT'S ORGANIZATION

The Regents of the University of California (Davis)

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Alyssa

Bunn

* Title:

Contracts and Grants Officer

* SIGNATURE: Alyssa Bunn

* DATE: 03/10/2020

Most of these fields will be pre-populated from the SF 424 form.

- **Applicant's Organization:** UC Davis's full legal name is The Regents of the University of California, on behalf of its Davis campus.
 - If space is limited, use The Regents of the University of California (Davis).
- Authorized Sponsored Programs Office staff will sign as needed.

USDA (US Department of Agriculture, incl. NIFA) Forms

Supplemental Information

Supplemental Information Form

Please complete this form in conjunction with the SF-424 Application for Federal Financial Assistance.

1. Funding Opportunity

* Funding Opportunity Name

Agriculture and Food Research Initiative Competitive Grants Program

* Funding Opportunity Number

USDA-NIFA-AFRI-010453

2. Program to which you are applying

* Program Code Name

* Program Code

*3. Type of Applicant

H: Public/State Controlled Institution of Higher Education

4. Additional Applicant Types

1. Funding Opportunity: These fields are re-populated from the opportunity package.

2. Program to which you are applying:

- **Program Code Name:** Enter the name of the program to which you are applying exactly as instructed in the full announcement.
- **Program Code:** Enter the program code to which you are applying exactly as instructed in the full announcement. This code is used to route an application within the agency.

3. Type of Applicant: Pre-populated from the SF-424 R&R.

4. Additional Applicant Types (optional): UC Davis is an “1862 Land-Grant University.”

5. Supplemental Applicant Types (Check all that apply)

- Alaska Native-Serving Institution
- Cooperative Extension Service
- Hispanic-Serving Institution
- Historically Black College or University (other than 1890)
- Minority-Serving Institution
- Native Hawaiian-Serving Institution
- Public Nonprofit Junior or Community College
- Public Secondary School
- School of Forestry
- State Agricultural Experiment Station
- Tribal College (other than 1994)
- Veterinary School or College

6. ASAP Recipient Information

* Does the legal applicant have an active Automated Standard Application for Payments (ASAP) Recipient Identification Number for NIFA awards?

Yes No

* What is the ASAP Recipient ID (which corresponds with this application's DUNS and EIN) to be used in the event of an award?

***7. Key Words**

Final	Draft
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No final	No draft
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Add	Delete
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8. Conflict of Interest List Upload must be PDF Format. Single list compiled for all Key Persons on the project.

5. Supplemental Applicant Types (optional):

- UC Davis has a Cooperative Extension Service. You may add a checkmark if applying through this service.
- UC Davis is an Emerging Hispanic-Serving Institution (HSI)
- UC Davis is a Minority-Serving Institution (MSI). It has two designations that qualify it as such:
 - Asian American and Native American Pacific Islander-Serving Institution (AANAPISI)
 - Emerging Hispanic-Serving Institution (HSI)
- UC Davis has an Agricultural Experiment Station (AES). You may add a checkmark if applying through the AES.
- UC Davis has a Veterinary School. You may add a check mark if applying through this school.

6. ASAP Recipient Information: Yes, UC Davis participates in ASAP. ASAP Recipient ID: 0662716**7. Key Words:** Enter the most relevant words which describe the proposed project. This field is required.**8. Conflict of Interest List:** Unless stated otherwise in the RFA, a Conflict of Interest (COI) list is required for each Senior/Key Person included in the R&R Senior/Key Person profile.

- Prepare the COI list(s) following the instructions and format below. A suggested template for the COI list is available at [NIFA's Application Support Template Resource](#).
- Attach a single attachment containing a COI list for each Senior/Key Person included in the R&R Senior/Key Person Profile (i.e., one attachment containing all the COI lists).
- For each Senior/Key Person, list alphabetically by last name (and with last name first), the full names of individuals in the following categories and mark each category which applies with an "x".

- All thesis or postdoctoral advisees/advisors
- All co-authors on publications within the past 3 years, including pending publications and submissions
- All collaborators on projects within the past 3 years, including current and planned collaborations
- All persons in your field with whom you have had a consulting/financial arrangement/other conflict-of-interest in the past 3 years including receiving compensation of any type (e.g., money, goods, or services).
- Note: Other individuals working in the applicant's specific area are not in conflict of interest with the applicant unless those individuals fall within one of the listed categories. The Program Contact must be informed of any additional conflicts of interest that arise after the application is submitted.

AFRI Project Type

This form is completed by each project director (PD) when applying for grants through the USDA's Agriculture and Food Research Initiative (AFRI).

AFRI Project Type

Instructions for Completing Fillable Form:
AFRI Project Type

Download and Complete Fillable Form:

1. Download the form [AFRI Project Type 2.0-V2.0](#).
2. Save it on your computer.
3. Open and complete the form using a supported version of [Adobe Reader](#).
4. Save the completed fillable PDF on your computer with a filename of up to 36 characters.
5. To make changes, edit the version you've saved or download the form again.

Upload Form:

1. Click "Add" at the bottom of this screen.
2. Choose the fillable PDF you saved on your computer. Data from the fillable PDF will be included with your submission.
3. To replace uploaded PDFs, click "Manage" at the bottom of this screen.

Notes:

- For data from the fillable PDF to be successfully submitted, you must download the form provided on this page.
- To add an additional printable version of the PDF, [flatten the form as described by Adobe](#) and upload it.

Fillable Form for Download: [AFRI Project Type 2.0-V2.0](#)

[Validate Form](#) Run final validation checks (recommended)

No fillable version | No printable version [Add](#) [Delete](#)

Sample of the downloadable form:

AFRI PROJECT TYPE

Instructions:

Who completes this form: Each project director (PD) applying to the Agriculture and Food Research Initiative (AFRI) Request for Applications (RFA).

How this template is completed:

- Select the appropriate Project Type box and Grant Type box(es) (For FASE Grants, select an appropriate sub-category).

Project Type

- Research
- Education
- Extension
- Integrated

Grant Type

- Standard
- Coordinated Agricultural Project (CAP)
- Planning / Coordination
- Conference
- Food and Agriculture Science Enhancement (FASE)
 - Predoctoral Fellowship
 - Postdoctoral Fellowship
 - New Investigator Seed
 - New Investigator Standard
 - Strengthening, if selected choose from the following:
 - Sabbatical
 - Equipment
 - New Investigator Strengthening Seed
 - New Investigator Strengthening Standard
 - Strengthening Seed
 - Strengthening Standard
 - Strengthening CAP
 - Strengthening Conference

Other:

ED (Dept of Education) Forms

ED-524 Budget

This form is used to apply to individual U.S. Department of Education (ED) discretionary grant programs.

- Unless directed otherwise, provide the same budget information for each year of the multi-year funding request.
 - Pay attention to applicable program specific instructions, if attached.
- Additional Information:
 - [Education Department General Administrative Regulations](#)
 - [2 CFR 200](#), "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards"

U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS						OMB Control Number: 1890-0004		
*Name of Institution/Organization The Regents of the University of California (Davis)						Applicants requesting funding for only one year should complete the "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all the instructions before completing this form.		
SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS								
Budget Categories	IDC Type	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)
1. Personnel	Excluded ▼	55,114	66,009					
2. Fringe Benefits	Excluded ▼	12,180	15,050					
3. Travel	On Campus ▼							
4. Equipment	Excluded ▼	1,057,248						
5. Supplies	On Campus ▼							
6. Contractual								
6b. Contractual IDC Base ?	Excluded ▼							
7. Construction	On Campus ▼							
8. Other	On Campus ▼							
9. Total Direct Costs (lines 1-8)		1,124,542	81,059					
10. Indirect Costs*		0	0	0				
11. Training Stipends								
12. Total Costs (lines 9-11)		1,124,542	81,059	0				

Section A - Budget Summary U.S. Department of Education Funds

- All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-11.
- Lines 1-8, IDC Type:** Select the appropriate Indirect Cost Type for each row.
 - On page two of the [UC Davis F&A and Fringe Benefits Rate Agreement](#) is a list of costs that are excluded from the Modified Total Direct Cost (MTDC) base at UC Davis.

- At time of writing, these are: [equipment \(>\\$5,000\)](#), capital expenditures (>\$35,000), charges for patient care, rental costs (i.e., leases), tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000.
 - Also see the Sponsored Programs Office [F&A Cheat Sheet](#)
- **Lines 1-11, columns (a)-(e):** For each project year for which funding is requested, show the total amount requested for each applicable budget category.
- **Lines 1-11, column (f):** Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.
- **Line 12, columns (a)-(e):** Show the total budget request for each project year for which funding is requested.
- **Line 12, column (f):** Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

Indirect Costs type						
On Campus Other Sponsored Activity MTDC	0	0	0			

*Indirect Cost Information (To Be Completed by Your Business Office):

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? Yes No

(2) If yes, please provide the following information:

*Period Covered by the Indirect Cost Rate Agreement: From: To:

*Approving Federal Agency: ED Other (please specify):

The indirect cost rate is %

(3) If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government, a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC?
 Yes No If yes, you must comply with the requirements of 2 CFR § 200.414(f).

(4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries?
 Yes No
 If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required.

(5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:
 Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)?
 The restricted rate is %

(6) For Training Rate Programs (check one) -- Are you using a rate that:
 Is based on the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))? Or,
 Is included in your approved Indirect Cost Rate Agreement, because it is lower than the training rate of 8 percent of MTDC

Indirect Cost Information: While the form indicates “To Be Completed by Your Business Office” it can speed the review and submission process if you complete this section for subsequent review by the Sponsored Programs Office (SPO).

- (1) Do you have an Indirect Cost Rate Agreement...? Yes.

- **(2) Period Covered by the Indirect Cost Rate Agreement:** Go to the UC Davis [F&A and Fringe Benefit Rates](#) page, and at the top of the Federal section (mid-page), find the start and end dates of the **UC Davis F&A and Fringe Benefits Rate Agreement**.
 - **Approving Federal Agency:** Department of Health and Human Services (DHHS)
 - **The indirect cost rate is:** From the F&A page linked above, select the appropriate indirect cost rate, which depends on whether the project is research, other sponsored activities, instruction or the primate center rate, and whether it's [on- or off-campus](#).
 - If F&A rates escalate over a multi-year project, select the rate of the first project period.
- **(3) If this is your first Federal grant...:** Skip this question.
- **(4) If you do not have an approved indirect cost rate agreement...:** Skip this question.
- **(5) For Restricted Rate Programs...:** Skip this question.
- **(6) For Training Rate Programs...:** If appropriate to your proposal, select the first box: **Is based on the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))?**

*Name of Institution/Organization The Regents of the University of California		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all the instructions before completing the form.						
SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS								
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel								
2. Fringe Benefits								
3. Travel								
4. Equipment								
5. Supplies								
6. Contractual								
7. Construction								
8. Other								
9. Total Direct Costs (lines 1-8)								
10. Indirect Costs*								
11. Training Stipends								
12. Total Costs (lines 9-11)								

Section B - Budget Summary, Non-Federal Funds. If you are required to provide or volunteer to provide cost-sharing or matching funds or other non-Federal resources to the project, these should be shown for each applicable budget category on lines 1-11 of Section B.

- **Lines 1-11, columns (a)-(e):** For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.
- **Lines 1-11, column (f):** Show the multi-year total for each budget category.
 - If non-Federal contributions are provided for only one year, leave this column blank.
- **Line 12, columns (a)-(e):** Show the total matching or other contribution for each project year.

- **Line 12, column (f):** Show the total amount to be contributed for all years of the multi-year project.
 - If non-Federal contributions are provided for only one year, leave this space blank.

Note: There is no **Section C** in the Cayuse 424 form.

*Name of Institution/Organization The Regents of the University of California (Davis)		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all the instructions before completing the form.						
IF APPLICABLE: SECTION D - LIMITATION ON ADMINISTRATIVE EXPENSES ?								
(1) List administrative cost cap (x%): <input type="text"/> (2) What does your administrative cost cap apply to?: <input type="radio"/> (a) indirect and direct costs or, <input type="radio"/> (b) only direct costs								
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Fringe Benefits Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Travel Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Contractual Administrative	<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. Construction Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Other Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Total Direct Administrative Costs (lines 1-6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Indirect Costs	0	0	0	0	0	0	0	0
9. Total Administrative Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Total Percentage of Administrative Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

If applicable: Section D – Limitation on Administrative Expenses. If your program is subject to an administrative cost cap (as indicated Section III.2.C of the program's Notice of Funding Opportunity (NOFO)), fill out this form as follows:

- On the top of the page, list the percentage cap on administrative costs, and indicate whether your administrative cost cap applies to both indirect and direct costs, or only direct costs (from Section III.2.C of the program's NIA).
 - **If the cost cap applies to both indirect and direct costs:**
 - Fill out the entire table noting your administrative costs, including line 8.
 - Line 8 is taken from Section A, line 10.
 - Lines 1-6 are only direct administrative costs; do not include in lines 1-6 any costs included in your indirect cost rate.
 - If your program has a matching requirement (see NIA), include in lines 1-6 the administrative portions of the applicable rows from both Section A and Section B of Form ED-524 Budget.
 - If there is no program matching requirement, only use Section A.

- Ensure that the line 10 percentage DOES NOT EXCEED the percentage cap on administrative costs.
 - If your program does not have a matching requirement, divide line 9 by Section A line 12.
 - If your program does have a matching requirement, to calculate line 10, divide line 9 by the sum of Section A line 12 and Section B line 12.
- **If the cost cap applies ONLY to direct costs:**
 - Fill out the entire table noting your administrative costs, EXCLUDING line 8.
 - Ensure that the line 10 percentage DOES NOT EXCEED the percentage cap on administrative costs.
 - If your program does not have a matching requirement, divide line 7 by Section A line 9.
 - If your program does have a matching requirement, to calculate line 10, divide line 7 by the sum of Section A line 9 and Section B line 9).

ED Supplement

**U.S. Department of Education Supplemental Information for the SF-424
Application for Federal Assistance**

1. Project Director and Applicable Entity Identification Numbers:  

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
<input type="text"/>				

* Project Director Level of Effort (percentage of time devoted to grant):

Address:

* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County:	<input type="text"/>
* State/Province:	<input type="text" value="Please Select.."/>
* Zip/Postal Code:	<input type="text"/>
* Country:	<input type="text" value="United States"/>

* Phone Number (give area code) Fax Number (give area code)

* Email Address:

Alternate Email Address:

OPE ID(s) (If applicable):

NCES School ID(s) (If applicable):

NCES LEA/School District ID(s) (If applicable):

1. Project Director and Applicable Entity Identification Numbers.

- Enter the name, address, telephone and fax numbers, and e-mail and alternate email addresses of the Project Director (PI) to be contacted on matters involving this application.
- Enter Project Director's level of effort (the percentage of time devoted to the grant).
- Enter any of the following identification numbers that apply. If you are providing multiple numbers, enter them separated by commas or semicolons.
 - OPE ID for UC Davis: 00131300
 - Found at [College Navigator - National Center for Education Statistics](#)
 - NCES School ID(s): Enter "N/A"
 - Searched [NCES School ID](#)
 - NCES LEA/School District ID(s): Enter "N/A"
 - Searched [NCES LEA/School District ID](#)

2. New Potential Grantee or Novice Applicant:

N/A. This item is not applicable because the program competition's notice inviting applications (NIA) does not include a definition of either "New Potential Grantee" or "Novice Applicant." This item is not applicable when the program competition's NIA does not include either definition.

For NIA's that include a definition of "New Potential Grantee" or "Novice Applicant," complete the following:

a. Are you either a new potential grantee or novice applicant as defined in the program competition's notice inviting applications (NIA)?
 Yes No

3. Human Subjects Research:

a. Are any research activities involving human subjects planned at any time during the proposed Project Period?

Yes No

b. Are ALL the research activities proposed designated to be exempt from the regulations?

Yes Provide Exemption(s) #: 1 2 3 4 5 6 7 8

No Provide Federal Wide Assurance #(s), if available:

2. New Potential Grantee or Novice Applicant.

- Select **N/A** if this item is not applicable because the program competition's notice inviting applications (NIA) does not include a definition of either "New Potential Grantee" or "Novice Applicant."
 - This item is not applicable when the program competition's NIA does not include either definition.
- If this item is applicable, for (a), check **"Yes"** if you meet the definition for new potential grantees or novice applicants specified in the program competition's NIA and included on the page entitled

["Definitions for U.S. Department of Education Supplemental Information for the SF-424"](#) (scroll down to page 3).

- By checking “**Yes**” the applicant certifies that it meets the new potential grantee or novice applicant requirements.
- For **(b)**, which pops up when you select “Yes,” if the program competition NIA is giving competitive preference points for new potential grantees or novice applicants, indicate how many points you are claiming for your application.
 - The NIA will indicate how many are available depending on the design of the competition.
 - Some competitions may provide more than one category of new potential grantees with differing levels of points.
- Check “**No**” if you do not meet the definition for new potential grantees or novice applicants.

3. Human Subjects Research.

- See **I. A. “Definitions”** in page entitled “[Definitions for U.S. Department of Education Supplemental Information for the SF-424 form](#)” (scroll down to page 3).
- **3.a. If Human Subjects Research:** Check “**Yes**” if research activities involving human subjects are planned at any time during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution.
 - Check “**Yes**” even if the research is exempt from the regulations for the protection of human subjects.
 - See **I. B. “Exemptions”** in page entitled “[Definitions for U.S. Department of Education Supplemental Information for the SF-424 Application for Federal Assistance](#)” (scroll down to page 3).
- **3.a. If Not Human Subjects Research:** Check “**No**” if research activities involving human subjects are not planned at any time during the proposed project period.
 - The remaining parts of Item 3 are then not applicable.
- **3b. Are ALL the research activities proposed designated to be exempt from the regulations?**
 - Check “**No**”.
 - In box, enter: “UC Davis’ Federalwide Assurance Number (FWA#) is 00004557, and is approved up to April 19, 2028” or whatever the date is on the UC Davis [Institutional Information](#) page.

	Final	Draft	
c. If applicable, please attach your “Exempt Research” or “Nonexempt Research” narrative to this form as indicated in the definitions page in the attached instructions.	No final --	No draft --	Add Delete

3c. If applicable, please attach your “Exempt Research” or “Nonexempt Research” narrative... Instructions summarized below are from item **II.B., “Non-Exempt Research Narrative”** in “[Definitions for U.S. Department of Education Supplemental Information for the SF-424 Application for Federal Assistance](#)” (scroll to page 5).

- As you marked “**No**” for item **3.b.** you must attach the “nonexempt research” narrative to the U.S. Department of Education Supplemental Information for the SF-424 form.
- The narrative must address the following seven points.
- Although no specific page limitation applies to this section of the application, be succinct.

1. **Human Subjects Involvement and Characteristics:** Provide a detailed description of the proposed involvement of human subjects.

- Describe the characteristics of the subject population, including their anticipated number, age range, and health status.
- Identify the criteria for inclusion or exclusion of any subpopulation.
- Explain the rationale for the involvement of special classes of subjects, such as children, children with disabilities, adults with disabilities, persons with mental disabilities, pregnant women, prisoners, institutionalized individuals, or others who are likely to be vulnerable

2. **Sources of Materials:** Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data.

- Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

3. **Recruitment and Informed Consent:** Describe plans for the recruitment of subjects and the consent procedures to be followed.

- Include the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent.
- State if the IRB has authorized a modification or waiver of the elements of consent or the requirement for documentation of consent.

4. **Potential Risks:** Describe potential risks (physical, psychological, social, legal, or other) and assess their likelihood and seriousness.

- Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects.

5. **Protection Against Risk:** Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness.

- Where appropriate, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects.
- Also, where appropriate, describe the provisions for monitoring the data collected to ensure the safety of the subjects.

6. **Importance of the Knowledge to be Gained:** Discuss the importance of the knowledge gained or to be gained as a result of the proposed research.

- Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

7. **Collaborating Site(s):** If research involving human subjects will take place at collaborating site(s) or other performance site(s), name the sites and briefly describe their involvement or role in the research.

4. Infrastructure Programs and Build America, Buy America Act Applicability:

If the competition Notice Inviting Applications (NIA) in section III. 4. "Other" states that the program under which this application is submitted is subject to the Build America, Buy America Act (Pub. L. 117-58) (BABAA) domestic sourcing requirements, complete the following:

- This application does not include any infrastructure projects or activities and therefore **IS NOT** subject to the BABAA domestic sourcing requirements.
- This application **IS** subject to the BABAA domestic sourcing requirements, because the proposed grant project described in this application includes the following infrastructure projects or activities:
 - Construction
 - Remodeling
 - Broadband Infrastructure

If this application **IS** subject to the BABAA domestic sourcing requirements, please list the page numbers from within the application narrative where the proposed infrastructure project or activities are described:



4. Infrastructure Programs. In accordance with section 70914 of the Infrastructure Investment and Jobs Act, the [Build America Buy America Act](#) (BABAA) requires that grantees funded under the U.S. Department of Education programs that allow funds to be used for infrastructure projects, i.e., construction, remodeling, and broadband infrastructure, may not use their grant funds for these infrastructure projects or activities unless they comply with the following BABAA domestic sourcing requirements:

1. All iron and steel used in the infrastructure project or activity are produced in the United States.
2. All manufactured products used in the infrastructure project or activity are produced in the United States.
3. All construction materials are manufactured in the United States.

- If the NIA in section III. 4. "Other" reflects that the program under which an application is submitted is subject to the BABAA domestic sourcing requirements, select the item that applies.
 - **Note:** The BABAA domestic sourcing requirements only apply to those activities in each application grant proposal related to infrastructure (specifically, only construction, remodeling, or broadband infrastructure activities).
 - No other projects or costs associated with other proposed grant activities are subject to the BABAA domestic sourcing requirements.
 - For applications with proposed infrastructure projects and activities that are subject to the BABAA domestic sourcing requirements, select the type of infrastructure activity (i.e., construction, remodeling, and/or broadband infrastructure), and identify the page numbers from within the application narrative where the infrastructure projects or activities are addressed.

ED Abstract

Abstract Requirements:

- Abstracts must not exceed one page and should use language that will be understood by a range of audiences.
- Abstracts must include the project title, goals, and expected outcomes and contributions related to research, policy, and practice.
- Abstracts must include the population(s) to be served.
- Abstracts must include primary activities to be performed by the recipient.
- Abstracts must include subrecipient activities that are known or specified at the time of application submission.
- For research applications, abstracts also include the following:
 - Theoretical and conceptual background of the study (i.e., prior research that the investigation builds upon and that provides a compelling rationale for this study).
 - Research issues, hypotheses and questions being addressed.
 - Study design including a brief description of the sample including sample size, methods, principals, and dependent, independent, and control variables, as well as the approach to data analysis.

Abstract

The abstract narrative must not exceed one page and should use language that will be understood by a range of audiences. For all projects, include the project title (if applicable), goals, expected outcomes and contributions for research, policy, practice, etc. Include population to be served, as appropriate. For research applications, also include the following:

- Theoretical and conceptual background of the study (i.e., prior research that this investigation builds upon and provides a compelling rationale for this study).
- Research issues, hypotheses and questions being addressed.
- Study design including a brief description of the sample including sample size, methods, principals dependent, independent, and control variables, and the approach to data analysis.

	Final	Draft	
Abstract File	No final --	No draft --	Add Delete

ED GEPA427

GEPA Section 427 requires that applicants, based on the design of their proposed grant project, the participants, and community the project proposes to serve, and local circumstances, determine the extent to which identified barriers prevent equitable access to or participation in their federal grant projects.

- Applicants may identify any barriers that may impede equitable access and participation in the proposed project or activity, including, but not limited to, barriers based on economic disadvantage, gender, race, ethnicity, color, national origin, disability, age, language, migrant status, rural status, homeless status or housing insecurity, pregnancy, parenting, or caregiving status, and sexual orientation.
- Applicants are not required to have mission statements or policies that align with equity in order to submit an application.
- Applicants may have already included some or all this required information in the narrative sections of their applications or their State Plans. In responding to this requirement, for each question, applicants

may provide a cross-reference to the section(s) and page number(s) in their applications or State Plans that includes the information responsive to that question on this form or may restate that information on this form

- Applicants must respond to each question using the associated text box. Each text box allows approximately 4000 characters; therefore, if copying and pasting into the text box from another document be sure to check that everything copied.
- Applicants should use the “check for errors” button before they save the form. Applicants will receive an error message if any response is missing and will not be able to submit the application due to the missing information.
- Applicants that have already undertaken steps to address barriers must still provide an explanation and/or description of the steps already taken in each text box, as appropriate, to satisfy the GEPA Section 427 requirement.
- Applicants that believe no barriers exist must still provide an explanation and/or description to each question to validate that perception, as appropriate, to satisfy the GEPA Section 427 requirement.

OMB Number: 1890-0007

Notice to All Applicants

The purpose of this enclosure is to inform you about a new provision in the Department of Education's General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is Section 427 of GEPA, enacted as part of the Improving America's Schools Act of 1994 (Public Law (P.L.) 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new grant awards under this program. ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

(If this program is a State-formula grant program, a State needs to provide this description only for projects or activities that it carries out with funds reserved for State-level uses. In addition, local school districts or other eligible applicants that apply to the State for funding

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal funds awarded to it to eliminate barriers it identifies.

What are Examples of How an Applicant Might Satisfy the Requirement of This Provision?

The following examples may help illustrate how an applicant may comply with Section 427.

1. An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.

Final | Draft

GEPA427 File

[GEPA427](#)

1P | PDF | 42.34KB

No draft

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Sample text for the GEPA427 File:

The University of California, Davis, is first and foremost an institution of learning, teaching, research, and public service. UC Davis reflects and is committed to serving the needs of a global society comprising all people and a multiplicity of identities. Research opportunities and training of students, staff and researchers are dependent on the workforce within UC Davis. That said, UC Davis is a multi-cultural and diverse workplace. My own laboratory represents XX different nationalities and includes people of diverse cultural and religious backgrounds, as well as sexual and gender minorities. For extension and outreach purposes, we ensure that we offer affordable as well as free options available to all. Developed guidelines will be posted online in both English and Spanish to increase accessibility to all.

ED Evidence of Effectiveness Forms

The **ED Evidence Form** is a document used by applicants applying for Department of Education grants where they must demonstrate the evidence supporting their proposed project by citing relevant research studies, typically referencing the What Works Clearinghouse (WWC) standards to indicate the level of evidence (promising, moderate, strong) for their proposed practices.

- Applicants need to provide full citations, explain the relevance of each study to their project, and sometimes include links to the studies themselves.

ED Evidence of Effectiveness Forms
<p>Instructions for Completing Fillable Form: ED Evidence of Effectiveness Forms</p> <p>Download and Complete Fillable Form:</p> <ol style="list-style-type: none">1. Download the form ED_Evidence_2.0-V2.0.2. Save it on your computer.3. Open and complete the form using a supported version of Adobe Reader.4. Save the completed fillable PDF on your computer with a filename of up to 36 characters.5. To make changes, edit the version you've saved or download the form again. <p>Upload Form:</p> <ol style="list-style-type: none">1. Click "Add" at the bottom of this screen.2. Choose the fillable PDF you saved on your computer. Data from the fillable PDF will be included with your submission.3. To replace uploaded PDFs, click "Manage" at the bottom of this screen. <p>Notes:</p> <ul style="list-style-type: none">• For data from the fillable PDF to be successfully submitted, you must download the form provided on this page.• To add an additional printable version of the PDF, flatten the form as described by Adobe and upload it. <p>Fillable Form for Download: ED_Evidence_2.0-V2.0</p>
<p>Validate Form Run final validation checks (recommended)</p> <p>No fillable version No printable version Add Delete</p>

Sample of the downloadable form:



U.S. Department of Education Evidence Form

OMB Number: 1894-0001
Expiration Date: 05/31/2022

1. Level of Evidence

Select the level of evidence of effectiveness for which you are applying. See the Notice Inviting Applications for the relevant definitions and requirements.

Demonstrates a Rationale Promising Evidence Moderate Evidence Strong Evidence

2. Citation and Relevance

Fill in the chart below with the appropriate information about the studies that support your application.

A. Research/Citation	B. Relevant Outcome(s)/Relevant Finding(s)	C. Project Component(s)/Overlap of Populations and/or Settings
X		
X		
X		
X		

[Add Additional Row](#)

1. **Level of Evidence.** Check the box next to the level of evidence for which you are applying. See the Notice Inviting Applications for the evidence definitions.
2. **Citation and Relevance.** Fill in the chart for each of the studies you are submitting to meet the evidence standards. If allowable under the program you are applying for, you may add additional rows to include more than four citations. (See below for an example citation.)
 - a. **Research/Citation.** For Demonstrates a Rationale, provide the citation or link for the research or evaluation findings.
 - For **Promising, Moderate, and Strong Evidence**, provide the full citation for each study or WWC publication you are using as evidence.
 - If the study has been reviewed by the WWC, please include the rating it received, the WWC review standards version, and the URL link to the description of that finding in the WWC reviewed studies database.
 - Include a copy of the study or a URL link to the study, if available.
 - Note that, to provide promising, moderate, or strong evidence, you must cite either a specific recommendation from a WWC practice guide, a WWC intervention report, or a publicly available, original study of the effectiveness of a component of your proposed project on a student outcome or other relevant outcome.
 - b. **Relevant Outcome(s)/Relevant Finding(s).** For Demonstrates a Rationale, describe how the research or evaluation findings suggest that the project component included in the logic model is likely to improve relevant outcomes.
 - For **Promising, Moderate and Strong Evidence**, describe:
 1. the project component included in the study (or WWC practice guide or intervention report) that is also a component of your proposed project
 2. the student outcome(s) or other relevant outcome(s) that are included in both the study (or WWC practice guide or intervention report) and in the logic model (theory of action) for your proposed project, and
 3. the study (or WWC intervention report) finding(s) or WWC practice guide recommendations supporting a favorable relationship between a project component and a relevant outcome.
 - Cite page and table numbers from the study (or WWC practice guide or intervention report), where applicable.
 - c. **Project Component(s)/Overlap of Population and/or Settings.** For Demonstrates a Rationale, explain how the project component(s) is informed by the research or evaluation findings.
 - For **Promising, Moderate, and Strong Evidence**, explain how the population and/or setting in your proposed project are similar to the populations and settings included in the relevant finding(s).
 - Cite page numbers from the study or WWC publication, where applicable.

Project Object Performance Measures

This form collects project objectives and quantitative and/or qualitative performance measures at the time of application submission for the purpose of automatically prepopulating this information into the U.S.

Department of Education's (ED) automated Grant Performance Report form (ED 524B), which is completed by ED grantees prior to the awarding of continuation grants.

- Additionally, this information will prepopulate into ED's automated ED 524B that may be required by program offices of grant recipients that are awarded front loaded grants for their entire multi-year project up-front in a single grant award, and will also be prepopulated into ED's automated ED 524B for those grant recipients that are required to use the ED 524B to submit their final performance reports.

Your grant application establishes project objectives stating what you hope to achieve with your funded grant project.

- Generally, one or more performance measures are also established for each project objective that will serve to demonstrate whether you have met or are making progress towards meeting each project objective.

Project Object Performance Measures Form

Instructions for Completing Fillable Form:
Project Object Performance Measures Form

Download and Complete Fillable Form:

- Download the form [ProjObj_PerfMeasures-V1.0](#).
- Save it on your computer.
- Open and complete the form using a supported version of [Adobe Reader](#).
- Save the completed fillable PDF on your computer with a filename of up to 36 characters.
- To make changes, edit the version you've saved or download the form again.

Upload Form:

- Click "Add" at the bottom of this screen.
- Choose the fillable PDF you saved on your computer. Data from the fillable PDF will be included with your submission.
- To replace uploaded PDFs, click "Manage" at the bottom of this screen.

Notes:

- For data from the fillable PDF to be successfully submitted, you must download the form provided on this page.
- To add an additional printable version of the PDF, [flatten the form as described by Adobe](#) and upload it.

Fillable Form for Download: [ProjObj_PerfMeasures-V1.0](#)

[Validate Form](#) Run final validation checks (recommended)

[ProjObj_PerfMeasures-V1.0](#) | No printable version

Sample of downloaded form:



U.S. Department of Education Grant Application Form for Project Objectives and Performance Measures Information See Instructions.

Applicant Information

Legal Name:

1. Project Objective:

1.a. Performance Measure	Measure Type	Quantitative Data		
		Target		
		Raw Number	Ratio	%
			/	

[Add Performance Measure](#)

[Add Project Objective](#)

- **Legal Name:** UC Davis's full legal name is The Regents of the University of California, on behalf of its Davis campus. If space is limited, use The Regents of the University of California (Davis).
- **Project Objective:** Enter each project objective that is included in your grant application.
 - A maximum of 26 project objectives may be entered.
- Only one project objective should be entered per row. Project objectives should be numbered sequentially, i.e., 1., 2., 3., etc. If applicable, project objectives may be entered for each project year; however, the year to which the project objective applies must be clearly identified as is presented in the following examples:
 1. **Year 1.** Provide two hour training to teachers in the Boston school district that focuses on improving test scores.
 2. **Year 2.** Provide two hour training to teachers in the Washington D.C. school district that focuses on improving test scores.
- **Performance Measure:** For each project objective, enter each associated quantitative and/or qualitative performance measure.
 - A maximum of 26 quantitative and/or qualitative performance measures may be entered.
 - There may be multiple quantitative and/or qualitative performance measures associated with each project objective. Enter only one quantitative or qualitative performance measure per row.
 - Each quantitative or qualitative performance measure that is associated with a particular project objective should be labeled using an alpha indicator.
 - Example: The first quantitative or qualitative performance measure associated with project objective "1" should be labeled "1.a.," the second quantitative or qualitative performance measure for project objective "1" should be labeled "1.b.," etc.
 - If applicable, quantitative and/or qualitative performance measures may be entered for each project year; however, the year to which the quantitative and/or qualitative performance measures apply must be clearly identified as is presented in the following examples:
 - 1.a. **Year 1.** By the end of year one, 125 teachers in the Boston school district will receive a two hour training program that focuses on improving test scores.
 - 2.a. **Year 2.** By the end of year two, 125 teachers in the Washington D.C. school district will receive a two hour training program that focuses on improving test scores.
- **Measure Type:** For each performance measure, select the appropriate type of performance measure from the drop down menu. There are two types of measures that ED may have established for the grant program:
 1. **GPRA:** Measures established for reporting to Congress under the Government Performance and Results Act; and
 2. **PROGRAM:** Measures established by the program office for the particular grant competition.
- In addition, you will be required to report on any project-specific performance measures (**PROJECT**) that you established in your grant application to meet your project objectives.
 - In the **Measure Type** field, select one (1) of the following measure types: **GPRA**; **PROGRAM**; or **PROJECT**.
- **Quantitative Target Data:** For quantitative performance measures with established quantitative targets, provide the target you established for meeting each performance measure.
 - Only quantitative (numeric) data should be entered in the Target boxes.
 - If the collection of quantitative data is not appropriate for a particular performance measure (i.e., for qualitative performance measures), please leave the target data boxes blank.

- The Target Data boxes are divided into three columns: **Raw Number**; **Ratio**, and **Percentage (%)**.
 - For performance measures that are stated in terms of a single number (e.g., the number of workshops that will be conducted or the number of students that will be served), the target data should be entered as a single number in the **Raw Number column** (e.g., **10** workshops or **80** students).
 - Please leave the **Ratio** and **Percentage (%)** columns blank.
 - For performance measures that are stated in terms of a percentage (e.g., percentage of students that attain proficiency), complete the **Ratio** column, and leave the **Raw Number** and **Percentage (%)** columns blank.
 - The **Percentage (%)** will automatically calculate based on the entered ratio.
 - In the **Ratio** column (e.g., **80/100**), the numerator represents the numerical target (e.g., the number of students that are expected to attain proficiency), and the denominator represents the universe (e.g., all students served).

EPA (Environmental Protection Agency) Forms

EPA4700_4

This form will need to go to the campus [Compliance and Policy](#) office to populate sections and for signature by Chief Compliance Officer Wendi Delmendo.

- Send it to Compliance Analyst Larisa King with copy to CCO Delmendo (loking@ucdavis.edu; wjdelmendo@ucdavis.edu).
- In most cases, your department will work directly with Compliance and Policy to finalize.

EPA4700_4

Instructions for Completing Fillable Form:
EPA4700_4

Download and Complete Fillable Form:

1. Download the form [EPA4700_4_5_0-V5.0](#).
2. Save it on your computer.
3. Open and complete the form using a supported version of [Adobe Reader](#).
4. Save the completed fillable PDF on your computer with a filename of up to 36 characters.
5. To make changes, edit the version you've saved or download the form again.

Upload Form:

1. Click "Add" at the bottom of this screen.
2. Choose the fillable PDF you saved on your computer. Data from the fillable PDF will be included with your submission.
3. To replace uploaded PDFs, click "Manage" at the bottom of this screen.

Notes:

- For data from the fillable PDF to be successfully submitted, you must download the form provided on this page.
- To add an additional printable version of the PDF, [flatten the form as described by Adobe](#) and upload it.

Fillable Form for Download: [EPA4700_4_5_0-V5.0](#)

[Validate Form](#) Run final validation checks (recommended)

No fillable version | No printable version [Add](#) [Delete](#)

Sample of the downloadable form:

Preadward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

Note: Read Instructions before completing form.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0020). Responses to this collection of information are required to obtain an assistance agreement (40 CFR Part 30, 40 CFR Part 31, and 40 CFR Part 33 for awards made prior to December 26, 2014, and 2 CFR 200, 2 CFR 1500, and 40 CFR Part 33 for awards made after December 26, 2014). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.5 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

I. A. Applicant/Recipient (Name, Address, City, State, Zip Code)

Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>

B. Unique Entity Identifier (UEI):

C. Applicant/Recipient Point of Contact

Name:	<input type="text"/>	Phone:	<input type="text"/>	Email:	<input type="text"/>
Title:	<input type="text"/>				

II. Is the applicant currently receiving EPA Assistance? Yes No

III. List all pending civil rights lawsuits and administrative complaints filed under federal law against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints, unless covered by 40 C.F.R. Parts 5 and 7.)

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that alleged discrimination under federal law based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints, unless covered by 40 C.F.R. Parts 5 and 7.)

V. List all civil rights compliance reviews of the applicant/recipient conducted under federal nondiscrimination laws by any federal agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))

1.A. Applicant/Recipient (Name, Address, City, State, Zip Code). UC Davis is the applicant. Info can be found on its [Institutional Information](#) page.

- **Name:** UC Davis's full legal name is The Regents of the University of California, on behalf of its Davis campus. If space is limited, use The Regents of the University of California (Davis).
- **Address:**
Office of Research
Sponsored Programs
One Shields Ave.
Davis, CA 95616-5270

1.B. UEI: TX2DAGQPENZ5

1.C. Applicant/Recipient Point of Contact: Enter your assigned SPO Proposals Analyst.

- If the IPF is still routing in Cayuse SP and an analyst isn't yet assigned, enter what you can and add the name later.

- If fields are all greyed out, click the pencil icon  in the top right to auto-fill from a Cayuse Professional Profile
- **Position/Title:** Contracts and Grants Analyst
- **Phone Number:** If not auto-filled, find on the SPO [Staff](#) page
- **Email:** Best email to use is proposals@ucdavis.edu

1.C.II. Is the applicant currently receiving EPA Assistance? Yes, UC Davis is currently receiving grant assistance from the EPA.

1.C.III., IV. and V. List all pending civil rights lawsuits... This form goes to the campus [Compliance and Policy](#) office to populate these sections and for signature by Chief Compliance Officer Wendi Delmendo. Send it to Compliance Analyst Larisa King with copy to CCO Delmendo (loking@ucdavis.edu; wjdelmendo@ucdavis.edu). In most cases, your department will work with Compliance and Policy directly to finalize.

VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.

Yes No

a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).

Yes No

b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.

VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R 5.140 and 7.95) Yes No

a. Do the methods of notice accommodate those with impaired vision or hearing? Yes No

b. Is the notice posted in a prominent place on the applicant's/recipient's website, in the offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? Yes No

c. Does the notice identify a designated civil rights coordinator? Yes No

1.C.VI. Is the applicant requesting EPA assistance for new construction? Check with your PI if you don't know the answer.

- If needed for VI.b., consult [40 C.F.R. 7.70](#).

1.C.VII. Does the applicant/recipient provide initial and continuing notice... Yes to all answers.

- UC Davis [Non-Discrimination Statement](#)

VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or disability status of the population it serves? (40 C.F.R. 7.85(a)) Yes No

IX. Does the applicant/recipient have a policy/procedure for providing meaningful access to services for persons with limited English proficiency? (Title VI, 40 C.F.R. Part 7, *Lau v Nichols* 414 U.S. 563 (1974)) Yes No

X. If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.

XI. If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or applicant's/ recipient's website address for, or a copy of, the procedures.

1.C.VIII. Does the applicant/recipient maintain demographic data... Yes.

1.C.IX. Does the applicant/recipient have a policy/procedure for providing meaningful access... Yes.

1.C.X. If the applicant is an education program or activity... [p]rovide the name, title...

- Wendi Delmendo
Mrak Hall, Fifth Floor
One Shields Ave, Davis, CA 95616
530-752-9466
wjdelmendo@ucdavis.edu

1.C.XI. If the applicant is an education program or activity... [p]rovide a legal citation... Enter this text:

- Collective Bargaining Agreements: <http://www.hr.ucdavis.edu/policies>
- Personnel Policies for Staff Members section 70:
<https://ucdavispolicy.ellucid.com/documents/view/211/active/>
- Sexual Violence and Sexual Harassment, Policy and Procedure Manual (PPM) 400-20:
<https://ucdavispolicy.ellucid.com/documents/view/41/active/>
- Discrimination Complaints, PPM 400-15: <https://ucdavispolicy.ellucid.com/documents/view/39/active/>
- Whistleblower Complaints PPM 380-17: <https://ucdavispolicy.ellucid.com/documents/view/553/active>

For the Applicant/Recipient

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized Official



B. Title of Authorized Official



C. Date



For the U.S. Environmental Protection Agency

I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized EPA Official

B. Title of Authorized Official



C. Date



This form will be signed by CCO Wendi Delmendo on behalf of UC Davis.

EPA Key Contacts

Several entries in this form auto-populate from the SF424 form but may need to be amended as instructed below the screenshot.

- To fill blank entries, the pencil icon  in the top right to auto-fill from a Cayuse Professional Profile.
- To replace incorrect entries, click on the red  in the top right to remove the wrong contact, then select the pencil icon to auto-fill from a Cayuse Professional Profile.
 - As Professional Profiles may be out-of-date, always review the info and make needed corrections.

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

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

Title:

Complete Address:

*Street 1:
Street 2:
*City: *State: *Zip Code: *Country:

*Phone Number: Fax Number:

Email:

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated:

- This contact must be the Sponsored Programs Office (SPO) Proposals Analyst submitting the application.
 - If the Cayuse SP Internal Processing Form (IPF) is still routing for approvals, you may leave this section blank. Otherwise, select your usual/assigned Proposals Analyst.

Payee: Individual authorized to accept payments:

- This contact should be updated as shown here:
 - Mario Reina-Guerra
Associate Director
Contracts & Grants Accounting
1441 Research Park Drive
Davis, CA 95618
 - Phone: 530-757-8525
 - Email: efa@ucdavis.edu

Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.).

- This contact should be updated as shown here:
 - Denise Ehlen

Executive Associate Vice Chancellor
Office of Research
1 Shields Ave
Mrak Hall 4th Floor
Davis, CA 95616-5270
Phone: 530-752-7309
Email: proposals@ucdavis.edu

Project Manager: Individual responsible for the technical completion of the proposed work:

- This field is sometimes auto-populated with the person who creates the application. It should be updated to list the PI's contact information.

Other Federal Agencies Forms

SF 424 Short

The SF 424 Short form can transmit the necessary cover-page information required for your application.

- You should check your program announcement for instructions on how to complete the form and which attachments should be included (and the formatted associated with the attachments).

Application for Federal Domestic Assistance - Short Organizational	
* 1. NAME OF FEDERAL AGENCY: Institute of Museum and Library Services	
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 45.312 CFDA TITLE: National Leadership Grants	
* 3. DATE RECEIVED: <input type="text"/> SYSTEM USE ONLY	
* 4. FUNDING OPPORTUNITY NUMBER: NLG-LIBRARIES-FY25 * Title: National Leadership Grants for Libraries (2025)	

Fields **1, 2 & 4** will pre-populate from the Application cover sheet.

3. Date Received: completed by Cayuse 424 upon submission.

5. APPLICANT INFORMATION



* a. Legal Name:

The Regents of the University of California (Davis)

b. Address:

* Street1:

Office of Research - Sponsored Programs

Street2:

One Shields Ave

* City:

Davis

County/Parish:

Yolo

* State/Province:

California

* Zip/Postal Code :

95616-5270

* Country:

United States

c. Web Address:

http:// <https://research.ucdavis.edu/about/offices/spo-office/>

* d. Type of Applicant: Select Applicant Type Code(s):

H: Public/State Controlled Institution of Higher Education

Type of Applicant:

Please Select...

Type of Applicant:

Please Select...

* Other (specify):

5. Applicant Information. UC Davis is the applicant. Complete this section as indicated in the screenshot above.

- **a. Legal Name:** UC Davis's full legal name is The Regents of the University of California, on behalf of its Davis campus. If space is limited, use The Regents of the University of California (Davis).
- **d. Type of Applicant: Select Applicant Type Code(s):** It's a glitch that there are several **Type of Applicant** fields. You only need complete the first.

* e. Employer/Taxpayer Identification Number (EIN/TIN):

946036494

* f. UEI:

TX2DAGQPENZ5

* g. Congressional District of Applicant:

CA-004

6. PROJECT INFORMATION

* a. Project Title:

* b. Project Description:

c. Proposed Project: * a. Start Date:



* b. End Date:



- **e., f., and g.:** This information can be copied from the screenshot above, but is also available on the [Institutional Information](#) page, which is a good page to bookmark.

6. Project Information.

- **a. Project Title:** Enter a brief, descriptive title of the project.
- **b. Project Description:** Enter a brief description of the project.
- **c. Proposed Project Start Date/End Date:** Enter the start and end dates for the proposed project.
 - Enter in the format MM/DD/YYYY.

7. PROJECT DIRECTOR

Prefix:	* First Name:	Middle Name:
Dr.	Cameron	S
* Last Name:	Suffix:	
Carter		
* Title:	* Email:	
Professor	cscarter@ucdavis.edu	
* Telephone Number:	Fax Number:	
(530) 754-7764		
* Street1:	Street2:	
1 Shields Ave.		
* City:	County/Parish:	
Davis	Yolo	
* State/Province:	* Zip/Postal Code	
California	95616	
* Country		
United States		

7. Project Director: Info will auto-populate based on selected PD/PI at the start of the Cayuse 424 proposal process. This is the individual responsible for the overall scientific and technical direction of the project.

- Be sure to double-check all auto-populated fields as the Professional Profile from which the content was pulled may be out-of-date.
 - Manually update auto-populated fields as needed.
- If needed, click the red x icon  to remove the selected PI. Then click the pencil icon  to select a new one.

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR



Same as Project Director (skip to item 9)

Prefix:	* First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Last Name:	Suffix:	
<input type="text"/>	<input type="text"/>	
* Title:	* Email:	
<input type="text"/>	<input type="text"/>	
* Telephone Number:	Fax Number:	
<input type="text"/>	<input type="text"/>	
* Street1:	Street2:	
<input type="text"/>	<input type="text"/>	
* City:	County/Parish:	
<input type="text"/>	<input type="text"/>	
* State/Province:	* Zip/Postal Code	
<input type="text"/>	<input type="text"/>	
* Country		
<input type="text"/>	<input type="text"/>	

8. Primary Contact/Grants Administrator: Enter your assigned SPO Proposals Analyst.

- If the IPF is still routing in Cayuse SP and an analyst isn't yet assigned, enter what you can and add the name later.
- If fields are all greyed out, click the pencil icon in the top right to auto-fill from a Cayuse Professional Profile
 - **Position/Title:** Contracts and Grants Analyst
 - **Address:** 1 Shields Avenue, Mrak Hall 4th Floor, Davis, CA 95616-5270
 - **Phone Number:** If not auto-filled, find on the SPO [Staff](#) page
 - **Email:** Best email to use in this section is proposals@ucdavis.edu

9. *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 218, 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.

Authorized Representative:



Prefix:	* First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Last Name:	Suffix:	
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Title:	* Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Telephone Number:	Fax Number:	
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Signature of Authorized Representative:	* Date Signed:	
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Certification:** This section will be completed and signed by your assigned SPO Proposals Analyst after confirming with you and the PI that all the content in the form is correct.

- SPO will usually submit the proposal to the sponsor on behalf of the PI.
 - In cases where the PI is required to submit, SPO will forward the finalized package to the PI for submission.

CD511 Disclosure

Signature on this form provides for compliance with certification requirements under [15 CFR Part 28, New Restrictions on Lobbying](#).

- Applicants may wish to review the instructions for certification included in the regulations above (see **§ 28.110 Certification and disclosure**) before completing this form.
- The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Commerce determines to award the covered transaction, grant, or cooperative agreement.

FORM CD-511 (REV 1-05)	CERTIFICATION REGARDING LOBBYING	U.S. DEPARTMENT OF COMMERCE
---------------------------	----------------------------------	-----------------------------

- **Name of Applicant:** UC Davis's full legal name is The Regents of the University of California, on behalf of its Davis campus. If space is limited, use The Regents of the University of California (Davis).
- **Award Number:** From the Notice of Funding Opportunity (NOFO)
- **Project Name:** Project Title
- This form has statements regarding lobbying that a **“duly authorized representative of the applicant”** signs.
 - This is not the PI. This is a Sponsored Programs Office representative who will sign upon receiving concurrence from the PI.

NEH Coverpage Supplemental

This form asks for additional information about the project director, the institution, and the budget.

Supplementary Cover Sheet for NEH Grant Programs

1. Project Director Major Field of Study ▼

2. Institution Information Type ▼

3. Project Funding

Outright Funds	<input type="text" value="190,000"/>
Federal Match	<input type="text" value=""/>
Total from NEH	<input type="text" value="190,000"/>
Cost Sharing	<input type="text" value=""/>
Total Project Costs	<input type="text" value="190,000"/>

- 1. Project Director:** Use the pull-down menu to select the major field of study for the project director.
- 2. Institution Information:** Use the pull-down menu to select your type of institution.
- 3. Project Funding:** Enter your project funding information.
 - For information regarding types of funding, see <https://www.neh.gov/grants/manage/types-funding>.

4. Application Information	
<p>Will this proposal be submitted to another NEH division, government agency, or private entity for funding?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>	
<p>If yes, please explain where and when:</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	
<p>Type of Application</p> <p><input checked="" type="radio"/> New</p> <p><input type="radio"/> Supplement</p>	
<p>If supplement, list current grant number(s).</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	
<p>Primary project discipline</p> <div style="border: 1px solid #ccc; width: 100%; padding: 5px;">History: U.S. History</div>	
<p>Secondary project discipline (optional)</p> <div style="border: 1px solid #ccc; width: 100%; padding: 5px;">Please Select...</div>	
<p>Tertiary project discipline (optional)</p> <div style="border: 1px solid #ccc; width: 100%; padding: 5px;">Please Select...</div>	

4. Application Information: Indicate whether the proposal will be submitted to other NEH programs, government agencies, or private entities for funding.

- If so, please indicate where and when. NEH frequently cosponsors projects with other funding sources.

- Providing this information will not prejudice the review of your application.
- **Type of Application:** Check **New** if the application requests a new period of performance, whether for a new project or the next phase of a project previously funded by NEH.
 - Check **Supplement** if the application requests additional funding for a current NEH award.
 - If you are requesting a supplement, provide the current federal award identification number (FAIN).
 - Before submitting an application for a supplement, recipients should discuss their request with an NEH program officer.
- **Project Discipline(s):** Enter the primary project discipline (and, if you like, the project's secondary and tertiary disciplines as well).

All Cayuse 424 Proposals

Proposal Summary

File: SF424 RR
1
2
RR Performance Sites
1
RR Other Project Information
1
RR Key Persons
1
RR Budget
1
2
3
4
PHS Human Subjects and Clinical Trials
1
RR Subaward Budget Attachment
1
PHS 398 Cover Page Supplement
1
2
PHS 398 Research Plan
1

Proposal Summary

Summary
Supporting Documents

Proposal Management

Permissions
Routing & Approval
Electronic Submission

eRA class sample: 21-0099 Apple PA-EO-777

Proposal Summary

Proposal Number: Proposal Status: Submission Type: Pre-application Application Changed/Corrected

Sponsor Deadline: Submission Method:

Submission Date: Submitted By:

Award Number: Award Date: Contract Number:

INVESTIGATOR DATA

PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: Organization:

Department: Division:

Street1: Street2: City: County: State: Zip Code: Country: Employee ID:

Phone: First Budget Period Effort
Fax: Calendar: Academic: Summer:

Email:

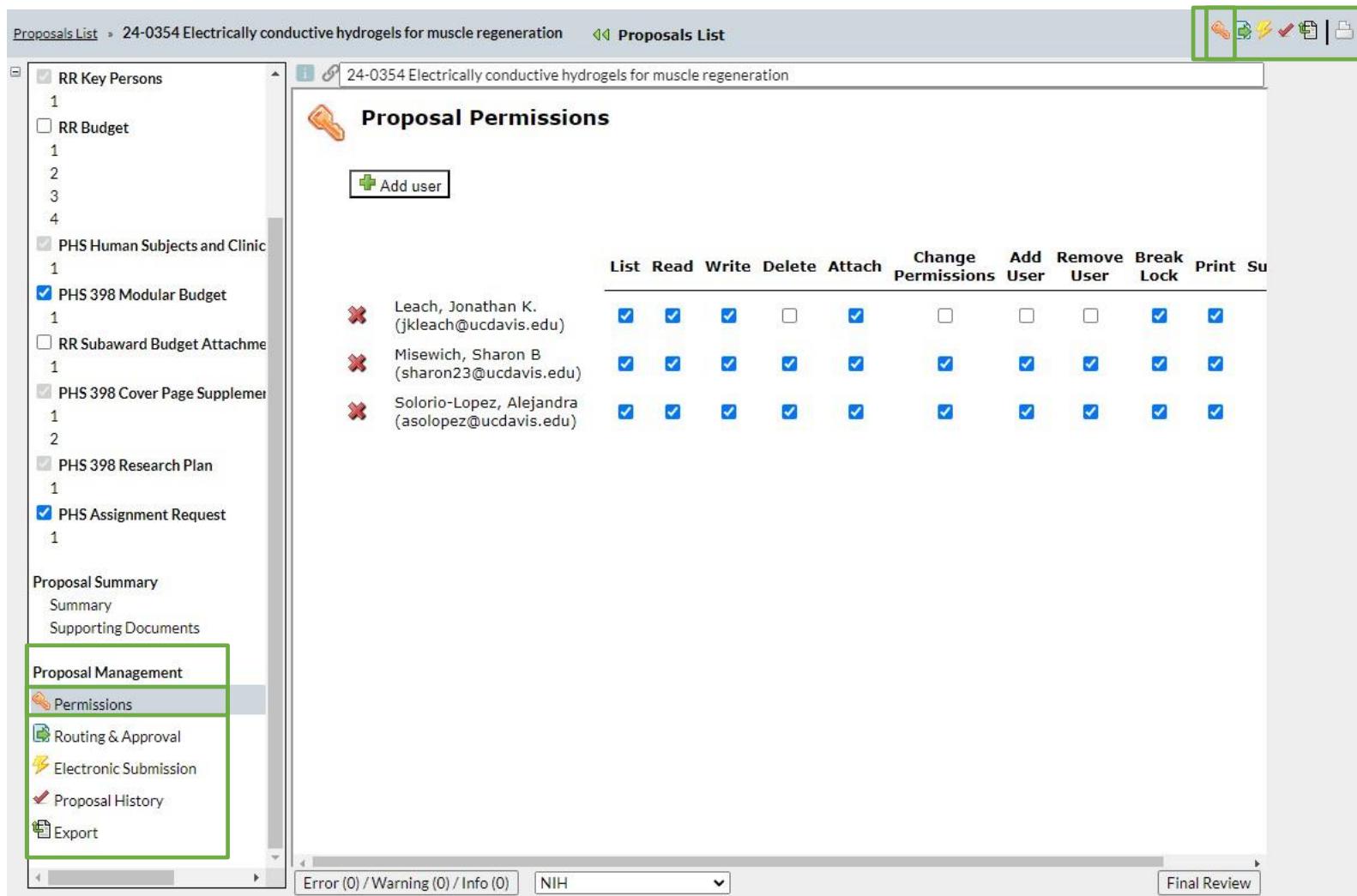
Status of PI: Status Waiver Required? Yes No
Signed Intellectual Property Waiver Attached? Yes No

Error (15) / Warning (3) / Info (0) NIH Final Review

Ignore the Proposal Summary.

- It is not needed and can cause unnecessary confusion.

Proposal Permissions



Proposals List > 24-0354 Electrically conductive hydrogels for muscle regeneration < Proposals List

RR Key Persons
1
RR Budget
1
2
3
4
PHS Human Subjects and Clinic
1
PHS 398 Modular Budget
1
RR Subaward Budget Attachment
1
PHS 398 Cover Page Supplement
1
2
PHS 398 Research Plan
1
PHS Assignment Request
1

Proposal Summary
Summary
Supporting Documents

Proposal Management
Permissions (highlighted)
Routing & Approval
Electronic Submission
Proposal History
Export

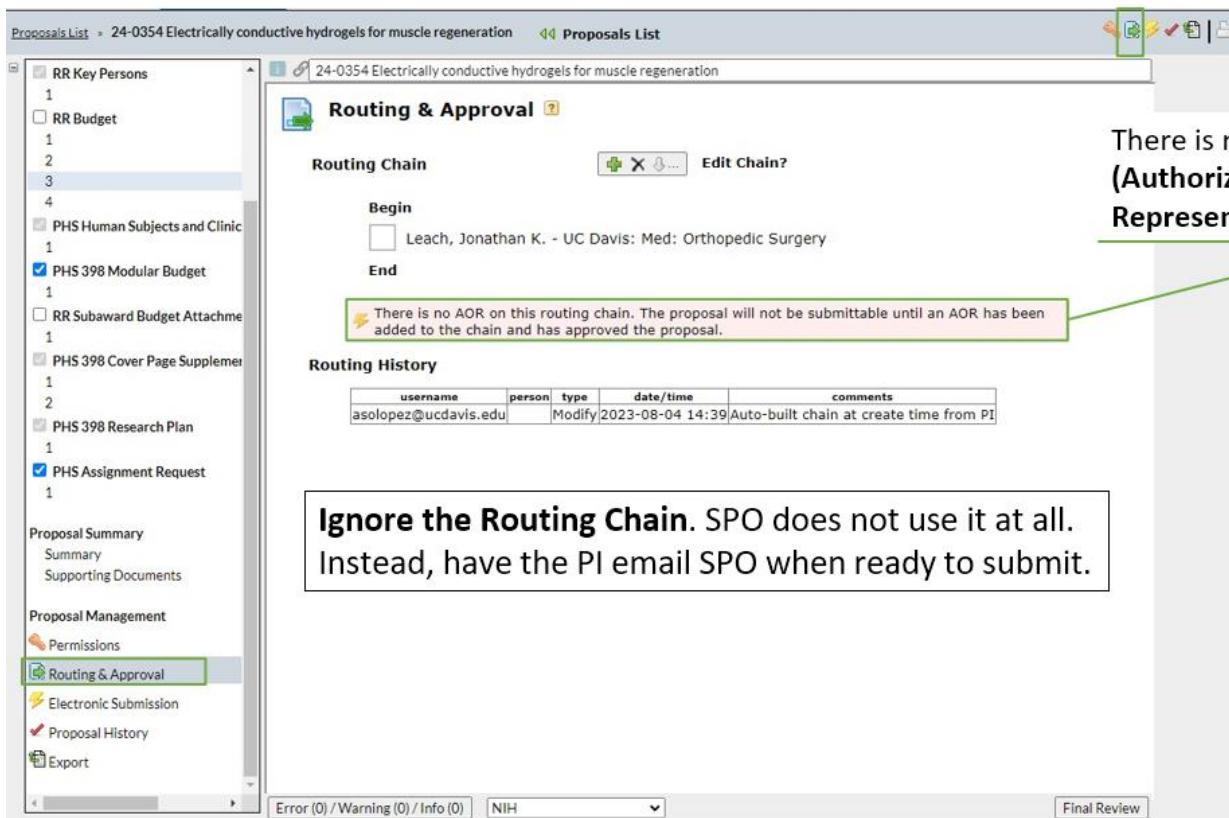
Error (0) / Warning (0) / Info (0) NIH Final Review

	List	Read	Write	Delete	Attach	Change Permissions	Add User	Remove User	Break Lock	Print	Su
Leach, Jonathan K. (jkleach@ucdavis.edu)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Misewich, Sharon B (sharon23@ucdavis.edu)	<input checked="" type="checkbox"/>										
Solorio-Lopez, Alejandra (asolopez@ucdavis.edu)	<input checked="" type="checkbox"/>										

Proposal Management icons are found both at the **bottom of the left column** and in the **top toolbar**.

- With the **Permissions** icon, you can manage user access and permissions for the proposal.

Routing & Approval



Proposals List > 24-0354 Electrically conductive hydrogels for muscle regeneration [Proposals List](#)

RR Key Persons
1
RR Budget
1
2
3
4
PHS Human Subjects and Clinic
1
PHS 398 Modular Budget
1
RR Subaward Budget Attachme
1
PHS 398 Cover Page Suppleme
1
2
PHS 398 Research Plan
1
PHS Assignment Request
1

Proposal Summary
Summary
Supporting Documents

Proposal Management
Permissions
Routing & Approval
Electronic Submission
Proposal History
Export

Routing & Approval

Routing Chain [Edit Chain?](#)

Begin
 Leach, Jonathan K. - UC Davis: Med: Orthopedic Surgery

End

Routing History

username	person	type	date/time	comments
aslopez@ucdavis.edu		Modify	2023-08-04 14:39	Auto-built chain at create time from PI

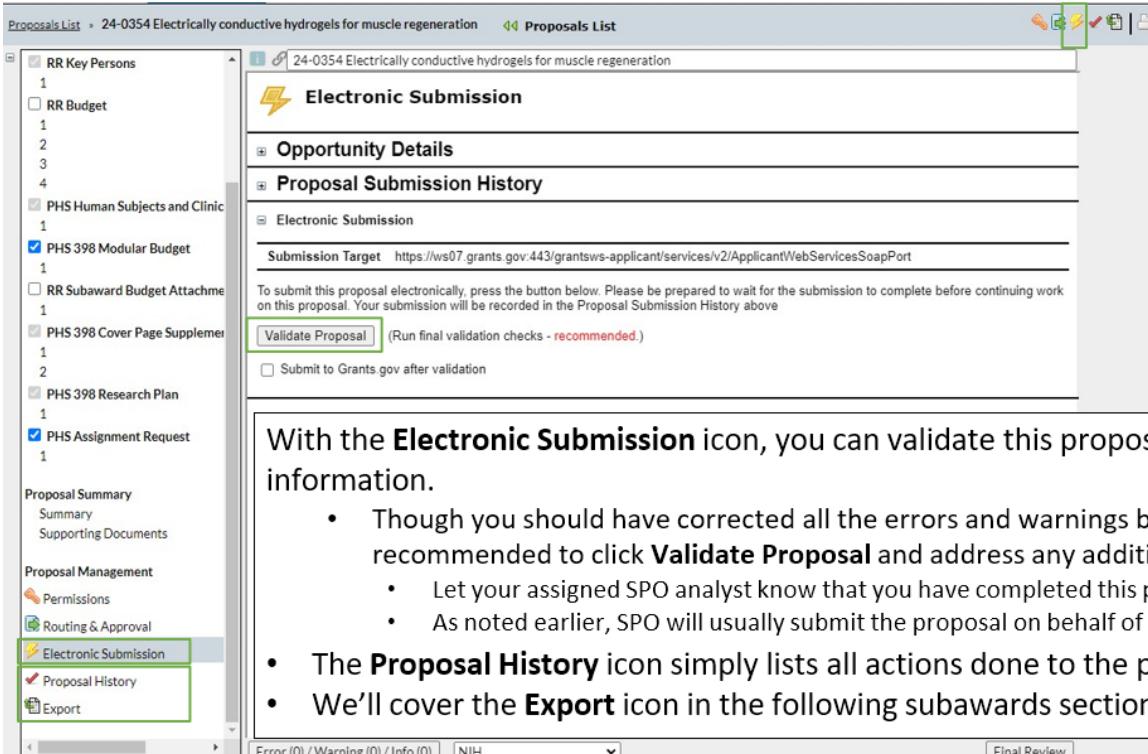
There is no AOR on this routing chain. The proposal will not be submittable until an AOR has been added to the chain and has approved the proposal.

Error (0) / Warning (0) / Info (0) NIH Final Review

There is no need to add an **AOR (Authorized Organizational Representative)** despite this message.

Ignore the Routing Chain. SPO does not use it at all.
Instead, have the PI email SPO when ready to submit.

Electronic Submission



Proposals List > 24-0354 Electrically conductive hydrogels for muscle regeneration [Proposals List](#)

RR Key Persons
1
RR Budget
1
2
3
4
PHS Human Subjects and Clinic
1
PHS 398 Modular Budget
1
RR Subaward Budget Attachme
1
PHS 398 Cover Page Suppleme
1
2
PHS 398 Research Plan
1
PHS Assignment Request
1

Proposal Summary
Summary
Supporting Documents

Proposal Management
Permissions
Routing & Approval
Electronic Submission
Proposal History
Export

Electronic Submission

Opportunity Details

Proposal Submission History

Electronic Submission

Submission Target <https://ws07.grants.gov:443/grantsws-applicant/services/v2/ApplicantWebServicesSoapPort>

To submit this proposal electronically, press the button below. Please be prepared to wait for the submission to complete before continuing work on this proposal. Your submission will be recorded in the Proposal Submission History above

Validate Proposal (Run final validation checks - **recommended**)

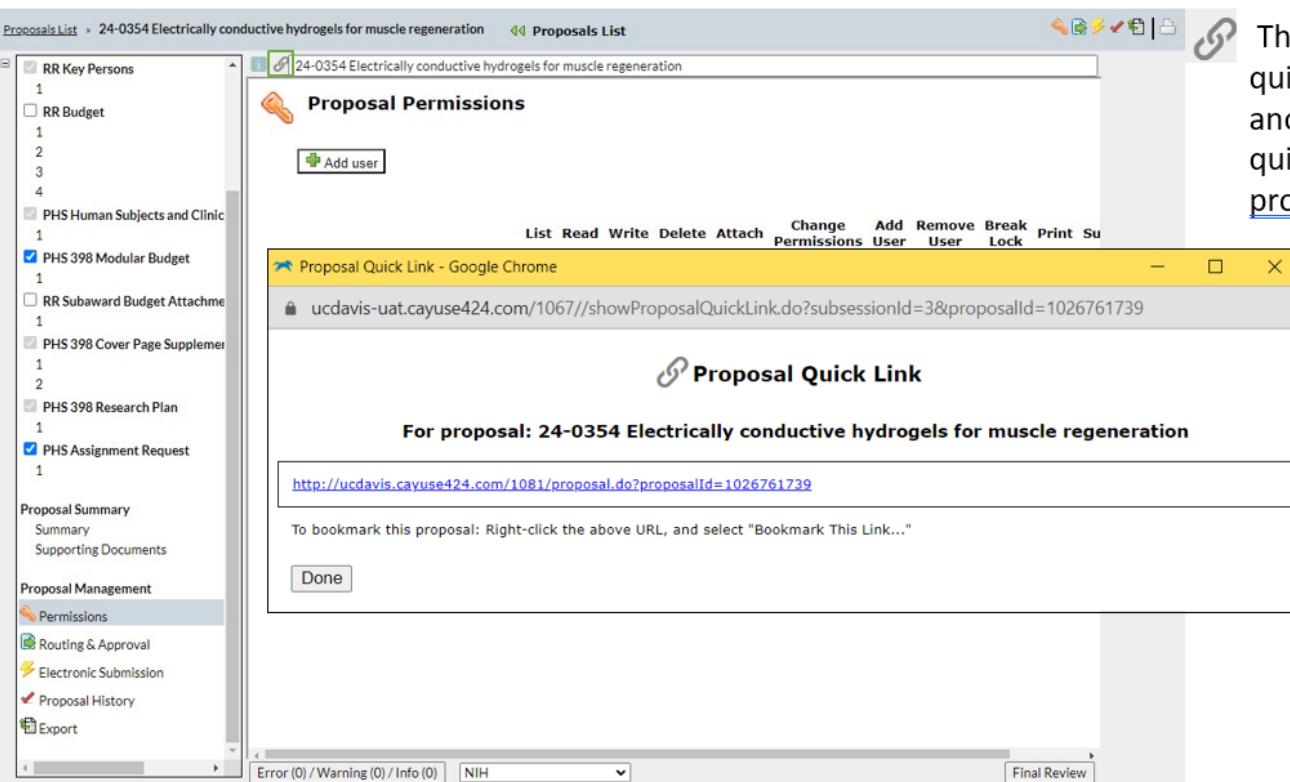
Submit to Grants.gov after validation

With the **Electronic Submission** icon, you can validate this proposal or retrieve submission information.

- Though you should have corrected all the errors and warnings before getting to this stage, it's highly recommended to click **Validate Proposal** and address any additional issues that are identified.
 - Let your assigned SPO analyst know that you have completed this process.
 - As noted earlier, SPO will usually submit the proposal on behalf of the university.
- The **Proposal History** icon simply lists all actions done to the proposal.
- We'll cover the **Export** icon in the following subawards section.

Error (0) / Warning (0) / Info (0) NIH Final Review

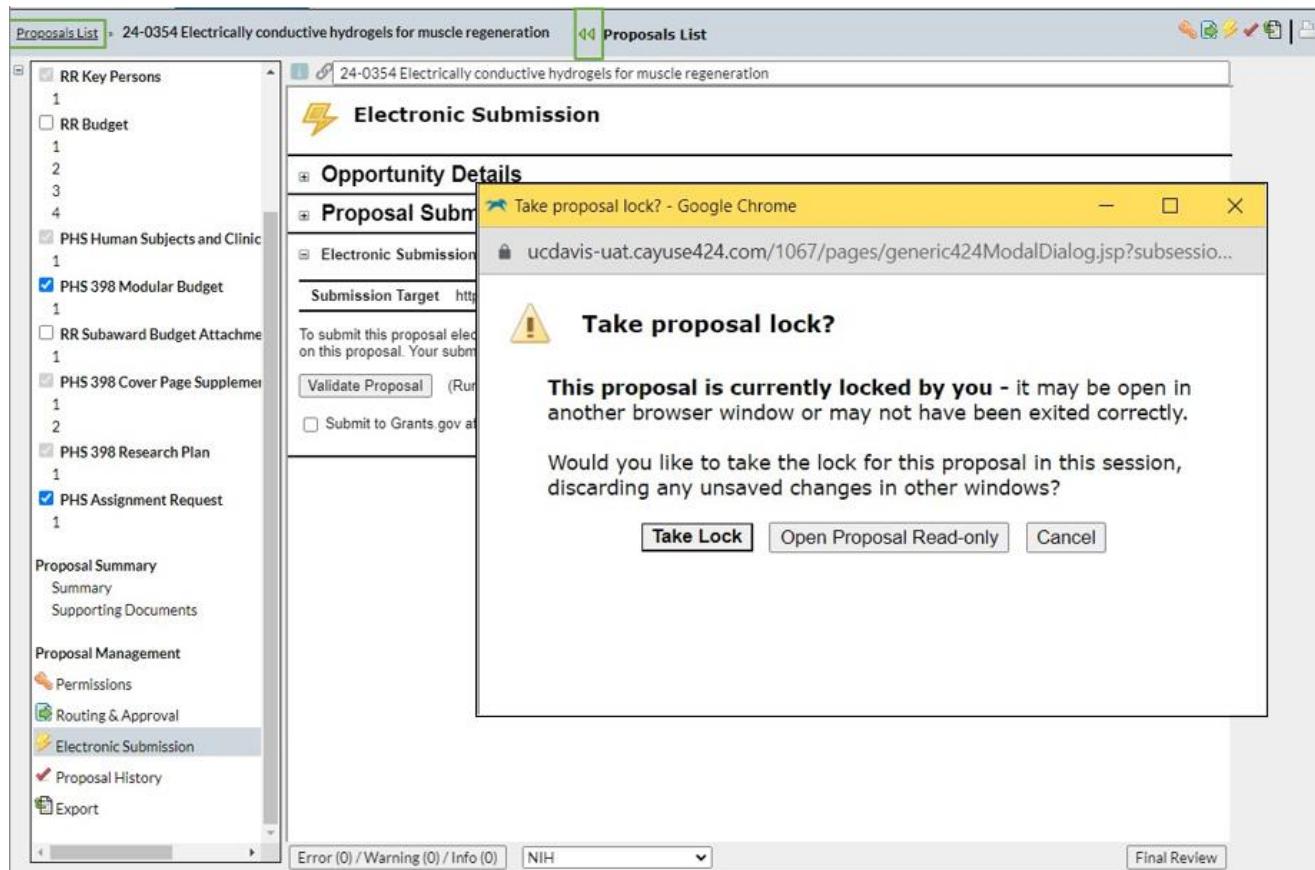
Proposal Quick Link (Chain Icon)



The screenshot shows the 'Proposal Permissions' screen for proposal 24-0354. A 'Proposal Quick Link' window is open in the foreground. The link URL is <http://ucdavis.uat.cayuse424.com/1081/proposal.do?proposalId=1026761739>. The window also contains instructions to bookmark the proposal by right-clicking the URL and selecting 'Bookmark This Link...'. A 'Done' button is at the bottom.

The **Chain Icon** provides a quick link you can send another user to more quickly access the 424 proposal.

Exiting a Proposal



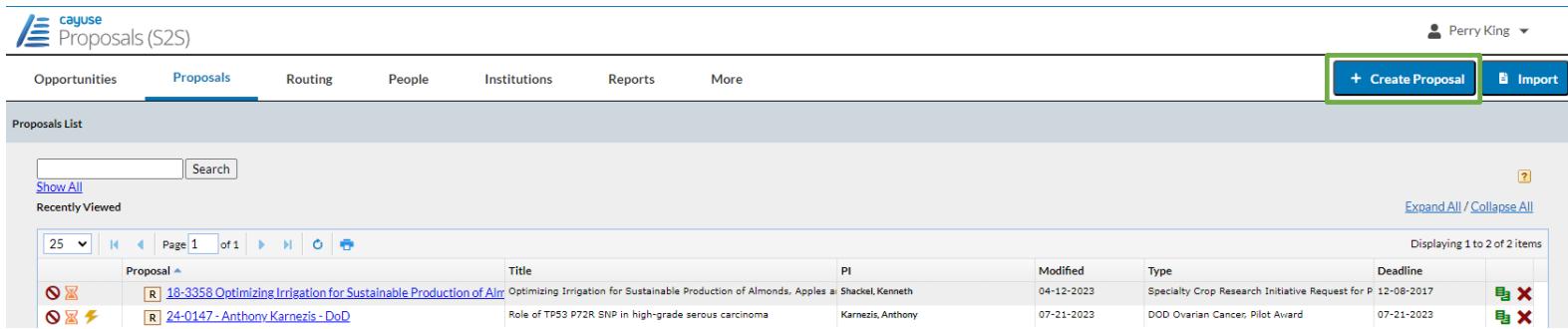
The screenshot shows the 'Electronic Submission' screen for proposal 24-0354. A modal dialog box titled 'Take proposal lock?' is displayed. It contains a warning message: 'This proposal is currently locked by you - it may be open in another browser window or may not have been exited correctly. Would you like to take the lock for this proposal in this session, discarding any unsaved changes in other windows?'. It has three buttons: 'Take Lock', 'Open Proposal Read-only', and 'Cancel'.

Always use the **green arrows** or the **Proposal List** link to exit an application to avoid locking it.

If locked, you will be asked **Take proposal lock?**

- Do this only if you know someone is not possibly in the document and editing it at this time.

Preparing a Subaward Proposal



Proposals List

Search

Show All

Recently Viewed

Expand All / Collapse All

Proposal	Title	PI	Modified	Type	Deadline
18-3358 Optimizing Irrigation for Sustainable Production of Almond	Optimizing Irrigation for Sustainable Production of Almonds, Apples at Shackel, Kenneth	Shackel, Kenneth	04-12-2023	Specialty Crop Research Initiative Request for P	12-08-2017
24-0147 - Anthony Karnezis - DoD	Role of TP53 P72R SNP in high-grade serous carcinoma	Karnezis, Anthony	07-21-2023	DOD Ovarian Cancer, Pilot Award	07-21-2023

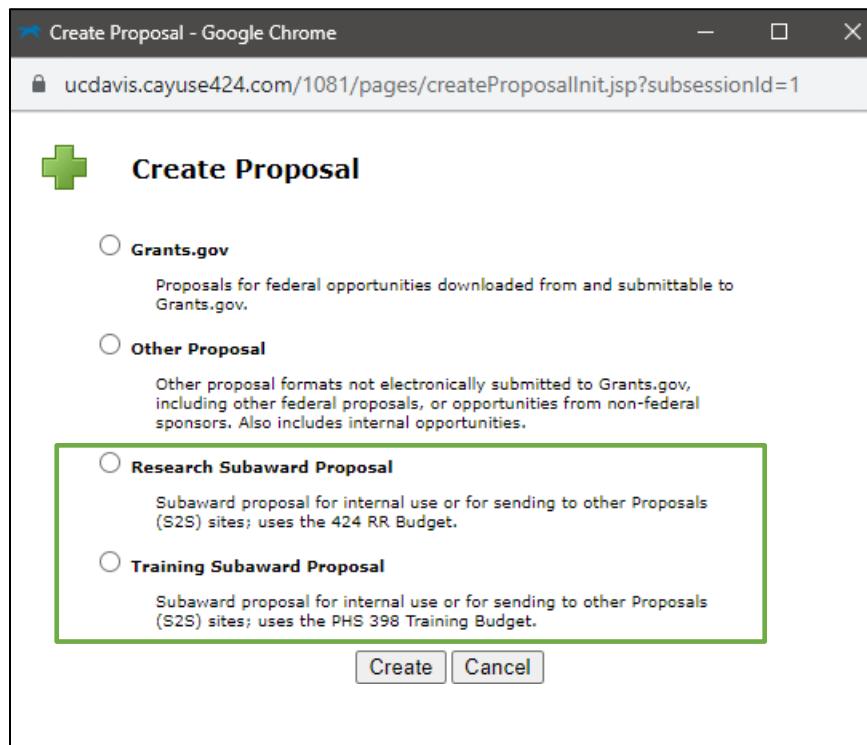
Displaying 1 to 2 of 2 items

As described earlier, when UC Davis is a subrecipient on another institution's proposal, start the subaward proposal by clicking **+ Create Proposal**.

- The reason for this is that the prospective subaward will not be found under Opportunities.
 - Opportunities lists Federal public funding announcements.

When you click **+ Create Proposal**, this pop-up will appear.

- Select either **Research Subaward Proposal** or **Training Subaward Proposal**, then click **Create**.



The next pop-up to appear is similar to the one you see when you start a proposal from the **Opportunities** list.

- **Subaward Name:** In addition to items already suggested for **Proposal Name**, add the **prime sponsor**.

- Example: 24-5555 Apple
UCLA NIH
- **Organization:** Select the organization from a list.
 - If your organization is not yet listed, leave it blank and email ORCayuseHelp@ucdavis.edu to ask it be added.
 - In your email, include all the info you have about the subawarding organization.
- **Validation Type:** This can auto-populate based on the organization.
 - If not, select the most appropriate entry.
- Click **Create Subaward**.

Create New Subaward

Subaward Name:

Organization:

of Budget periods: 1 2 3 4 5 6

Due Date:

Validation Type:

Please select...
NIH
CDC
FDA
SAMHSA
AHRQ
USU
NIST
NOAA
HRSA
HHS - Other
NSF
NSF Program Solicitation
NIFA
CDMRP
NASA
Other Federal Agency
Other - Minimal

Proposals List > Rutgers University subaward  Proposals List

Rutgers University subaward

Proposal Export

Enter a name for the exported file:

(This proposal must be approved and you must be authorized to export.)

(Run final validation checks - **recommended**.)

• The list of forms on the left is typically shorter for a subaward than for other proposals.

• Especially helpful for subawards, the **Proposal Export icon allows you to export the proposal as a “.cayuse” file.**

• If the Prime Applicant organization also uses Cayuse 424, sending them a “.cayuse” file will save them from having to cut-and-paste the details into their proposal (to the sponsor).

Error (11) / Warning (0) / Info (0)

How to Pull Content from Cayuse SP to Paste into 424

Most people use the documentation they input into Cayuse SP to then create the Cayuse 424 proposal, but in some cases it may help to pull content from Cayuse SP to populate the 424 proposal.

Method 1 (of 2):

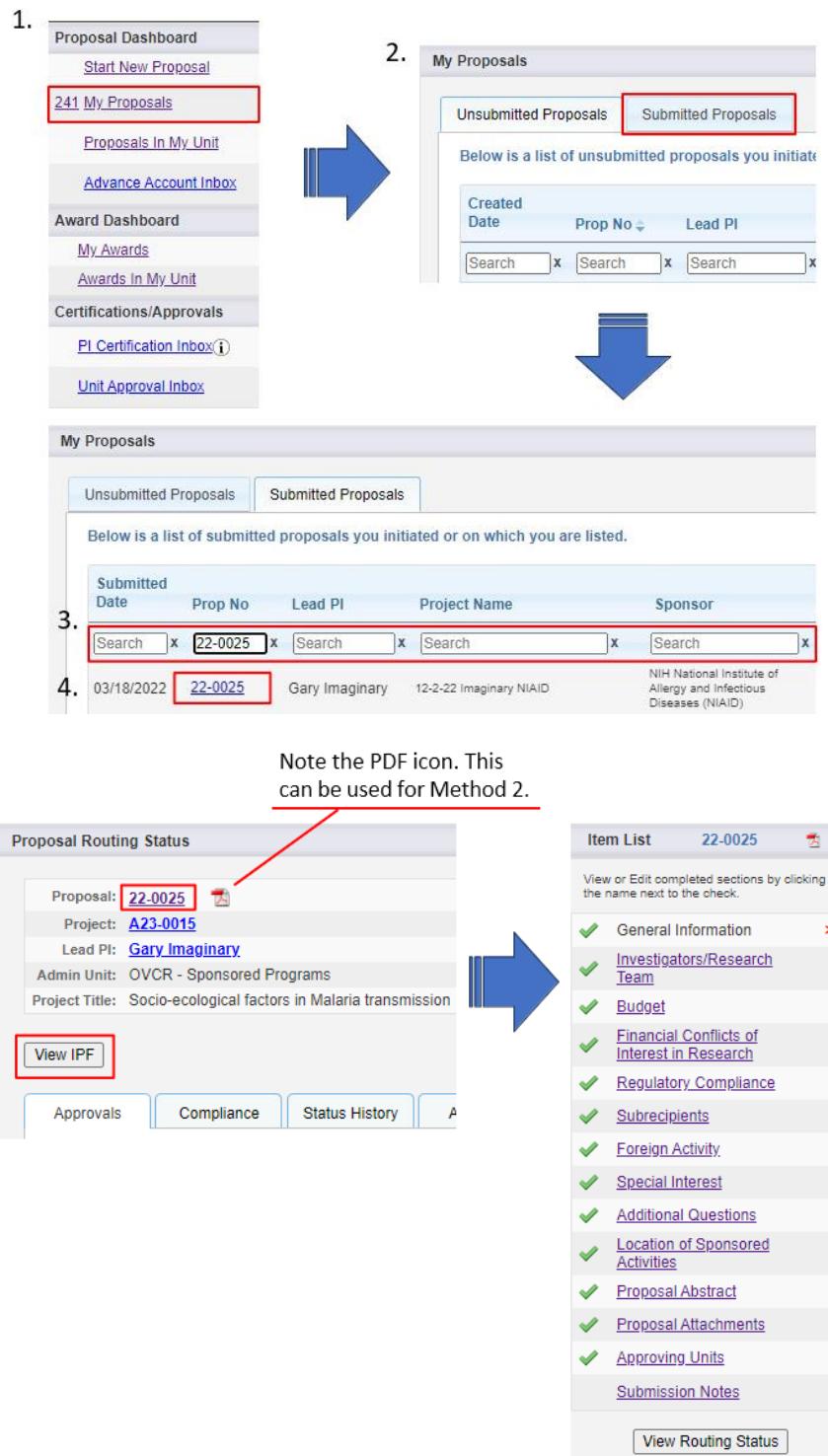
- **Use two browser screens**, one open to **Cayuse SP** and the other to **Cayuse 424**.
Cut-and-paste from SP into 424.
 - **Upside:** You can easily copy written text
 - **Downside:** You have to navigate through all the tabs in the left column to find the content you're looking for.
- To access your proposal in Cayuse SP:
 1. From **Proposal Dashboard**, select **My Proposals**
 2. Select **Submitted Proposals**
 3. **Search** for your Proposal
 4. Click on **Prop No**

• **Use two browser screens**, one open to **Cayuse SP** and the other to **Cayuse 424**.
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• To access your proposal in Cayuse SP:

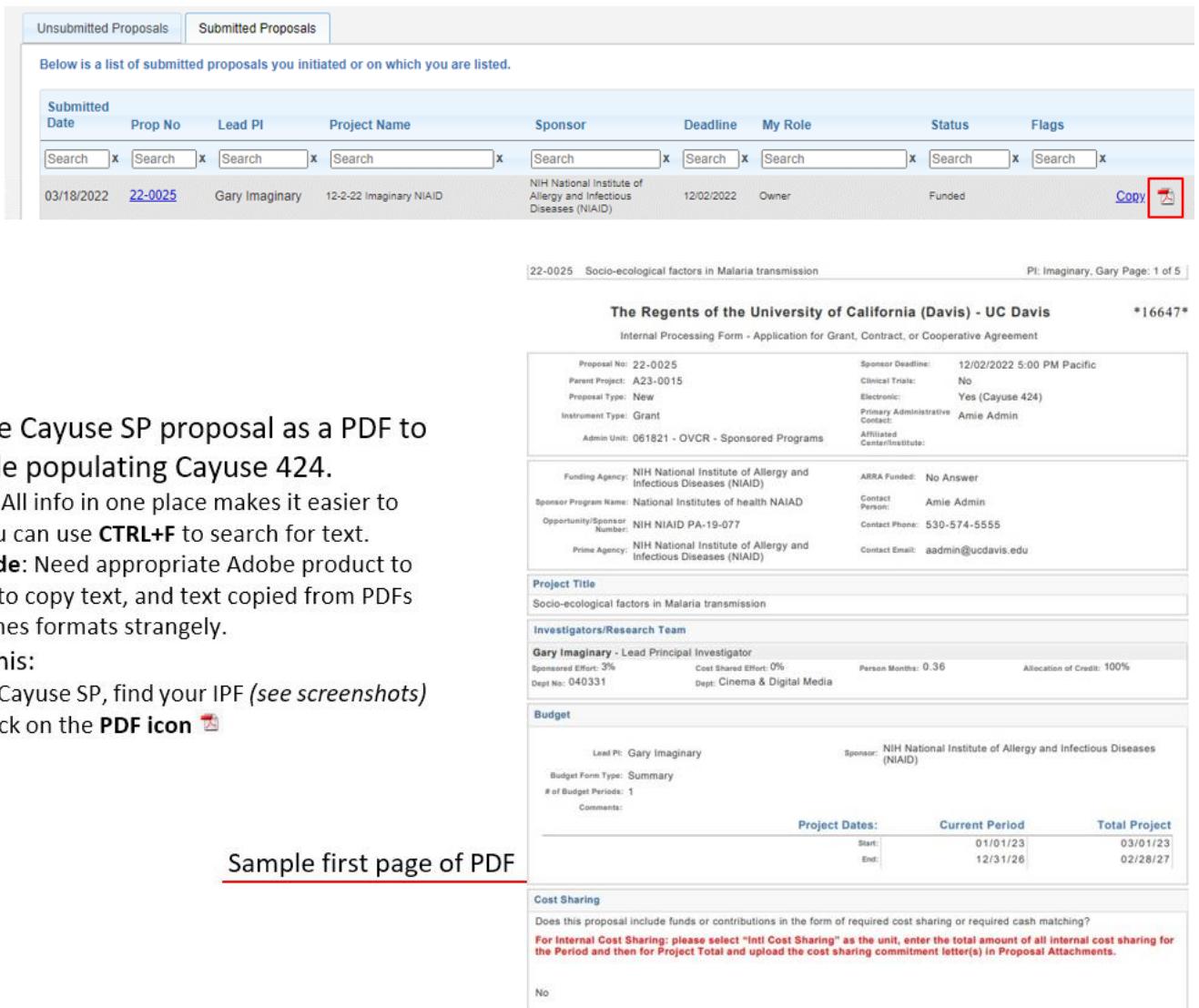
1. From **Proposal Dashboard**, select **My Proposals**
2. Select **Submitted Proposals**
3. **Search** for your Proposal
4. Click on **Prop No**
5. Then, either click on **View IPF** or on the **Proposal number** up top.



Method 2:

Print the entire Cayuse SP proposal as a PDF to reference while populating Cayuse 424.

- **Upside:** All info in one place makes it easier to find. You can use **CTRL+F** to search for text.
- **Downside:** Need appropriate Adobe product to be able to copy text, and text copied from PDFs sometimes formats strangely.
- **To do this:**
 1. In Cayuse SP, find your IPF (*see screenshots*)
 2. Click on the **PDF icon** 



The diagram illustrates the process of printing a Cayuse SP proposal. It starts with the 'Proposal Dashboard' showing '241 My Proposals'. A large blue arrow points to the 'My Proposals' page, which displays 'Unsubmitted Proposals' and 'Submitted Proposals'. Another blue arrow points down to the 'Submitted Proposals' list, which shows a table with columns: Submitted Date, Prop No, Lead PI, Project Name, Sponsor, Deadline, My Role, Status, and Flags. A specific proposal (Prop No: 22-0025) is selected, and a blue arrow points to its detailed view. The detailed view shows the 'The Regents of the University of California (Davis) - UC Davis' proposal, including sections for Project Title, Investigators/Research Team, Budget, and Cost Sharing. The 'Project Title' section includes the title 'Socio-ecological factors in Malaria transmission'. The 'Investigators/Research Team' section lists 'Gary Imaginary - Lead Principal Investigator'. The 'Budget' section shows a table with columns: Project Dates, Current Period, and Total Project. The 'Cost Sharing' section includes a note about required cost sharing and a 'No' checkbox.

Print the entire Cayuse SP proposal as a PDF to reference while populating Cayuse 424.

- **Upside:** All info in one place makes it easier to find. You can use **CTRL+F** to search for text.
- **Downside:** Need appropriate Adobe product to be able to copy text, and text copied from PDFs sometimes formats strangely.
- **To do this:**
 1. In Cayuse SP, find your IPF (*see screenshots*)
 2. Click on the **PDF icon** 

Sample first page of PDF