

# Dos and Don'ts of Grant Submissions

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# Today's talk

- Selecting opportunity
- Overview and filling out forms
- Process and interacting with AOR

# How Can Career Development (K) Awards Help You?

- A career (K) award supports the development of your research career
  - Facilitates movement from your current career stage to where you want to be in 3-5 years
  - Develops your overall scientific career
  - Research is just one element
- A research grant (R series, eg. R01) is all about the research

# Factors to Consider in Selecting an Appropriate Funding Opportunity

- Stage in career development
- Research focus
- Prior research experience including publications
- Level of institutional commitment
- Needs of the investigator
- Effort that can be committed
- Citizenship status

# Overview

- The IC must be registered with Grants.gov and with eRA Commons
- Paperless submission process
- Adobe forms are downloaded from the Program Announcement for the mechanism
- One form for all K awards

# NCI Process

- Applicant contacts AOR for information on submission process
- AOR creates eRA Commons account and sends information for form pages and NIH environment
- Applicant submits the Adobe package to AOR for submission
- AOR checks package for errors and works with applicant to correct
- When the package is submitted to Grants.gov it goes through an electronic screening process
- eRA Commons submission errors are sent to AOR
- If there are any errors, AOR submits a “Corrected/Changed” application

# Funding Opportunities

- Career development awards (K awards)
  - K22
  - K99/R00
- Outside agencies
  - Approved list
  - Not approved list

## **K99/R00 Pathway to Independence Award**

- Consists of 2 phases: mentored phase (1-2 years) and independent phase (typically 3 years)
- Open to U.S. citizens, non-citizen nationals, permanent residents, and foreign nationals

## **K22 Transition Career Development Award**

- Purpose to facilitate transition to an independent faculty position at a U.S. institution
- Limited to U.S. citizens, non-citizen nationals, and permanent residents
- No more than 8 years mentored, non-independent research experience post-degree



# Transition Career Development Award (K22)

- Candidate

- Clinical fellows; new tenure-track assistant professor clinicians; postdoctoral fellows in cancer prevention, control, behavioral or population sciences; intramural postdoctoral fellows
- US citizen, non-citizen national, green card

- Scientific Discipline

- *Basic, population-based, and clinical research\**

- Requirements

- At least 75% effort
- Mentor/s

- Support

- Salary (up to \$100K/year) and research expenses (\$50K/year) for up to three years

# Link to funding announcements

- K22 - <http://grants.nih.gov/grants/guide/pa-files/PAR-12-129.html>
- K99 - <http://grants.nih.gov/grants/guide/pa-files/PA-11-197.html>

# NCI K22

PAR-09-089: The NCI Transition Career Development Award (K22) - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://grants.nih.gov/grants/guide/pa-files/PAR-09-089.html

Most Visited Getting Started Latest Headlines The Burroughs Wellco...

PAR-09-089: The NCI Transition Career...

**Announcement Type**  
This is a reissue of [PAR-06-455](#).

**Update:** The following updates relating to this announcement have been issued:

- [September 29, 2010](#) (NOT-OD-11-008) - Updated Electronic Application Forms Required for F, K, T and D Submissions with Due Dates of January 25, 2011 and Beyond. Adobe B1 forms are required for due dates on or after January 25, 2011.
- [August 16, 2010](#) - IMPORTANT NOTE! NIH has eliminated the error correction window for due dates of January 25, 2011 and beyond. As of January 25, all corrections must be complete by the due date for an application to be considered on-time. [See NOT-OD-10-123](#).
- [December 30, 2009](#) - This FOA has been updated to reflect the new requirements from NIH's Enhancing Peer Review Initiative. The new requirements are effective for submissions intended for due dates January 25, 2010 and beyond. If submitting an application intended for a due date of January 25, 2010 and beyond, follow the guidance below and be sure to use the Adobe-Forms-B version of the application forms and instructions. If applying for a due date before January 25, 2010, follow the guidance in the [archived version of this FOA](#) and be sure to use the Adobe-Forms-A version of the application forms and instructions.
- [April 2, 2009](#) - Change in allowable salary levels on Career Awards supported by the National Cancer Institute (see Notice NOT-CA-09-022).
- [February 9, 2009](#) - See Notice (NOT-CA-09-013) The National Cancer Institute (NCI) is announcing a change in allowable levels of salary support.

**Program Announcement (PA) Number: PAR-09-089**

**NOTICE:** Applications submitted in response to this Funding Opportunity Announcement (FOA) for Federal assistance must be submitted electronically through Grants.gov (<http://www.grants.gov>) using the SF424 Research and Related (R&R) forms and the SF424 (R&R) Application Guide.

**APPLICATIONS MAY NOT BE SUBMITTED IN PAPER FORMAT.**

This FOA must be read in conjunction with the application guidelines included with this announcement in [Grants.gov/Apply for Grants](#) (hereafter called Grants.gov/Apply).

A registration process is necessary before submission and applicants are highly encouraged to start the process at least four (4) weeks prior to the grant submission date. See [Section IV](#).

**Apply for Grant Electronically**

A compatible version of [Adobe Reader](#) is required for download. For Assistance downloading this or any Grants.gov application package, please contact Grants.gov Customer Support at <http://grants.gov/CustomerSupport>.

**Catalog of Federal Domestic Assistance Number(s)**  
93.398

http://grants.nih.gov/grants/guide/pa-files-archive/PAR-09-089.html

# NCI K22

File Edit View History Bookmarks Tools Help

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PAR-09-089: The NCI Transition Care...

## Part I Overview Information

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### Department of Health and Human Services

#### Participating Organizations

National Institutes of Health (NIH), (<http://www.nih.gov>)

#### Components of Participating Organizations

National Cancer Institute (NCI), (<http://www.cancer.gov>)

#### Title: ~~The NCI Transition Career Development Award (K22)~~

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# Other Common Agencies

- DoD - <https://cdmrp.org/>
- Foundation for Women's Cancer
- Children's Cancer Foundation
- Childhood Brain Tumor Foundation
- St. Baldrick's

Congressionally Directed Medical Research Programs

# CDMRP

Department of Defense

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## FUNDING OPPORTUNITIES



### Synopsis of Current Program Announcements

- [Amyotrophic Lateral Sclerosis](#)
- [Autism](#)
- [Bone Marrow Failure](#)
- [Breast Cancer](#)
- [Gulf War Illness](#)
- [Lung Cancer](#)
- [Multiple Sclerosis](#)
- [Neurofibromatosis](#)
- [Ovarian Cancer](#)
- [Peer Reviewed Cancer](#)
- [Peer Reviewed Medical](#)
- [Prostate Cancer](#)
- [Tuberous Sclerosis Complex](#)

# Program Announcements

- Read everything thoroughly
- Specific guidance for each part of the application (e.g. length, content, due date)

# Information I provide to you:

- EIN
- DUNS
- Congressional District
- AOR information
- Financial Officer information



# Mentored K Awards

- Candidate
- Mentors, consultants, collaborators
- Career development plan
- Institutional commitment
- Research plan

# Candidate Section

- Tell the story of your training path
- The “why” not the “what” you did
- Include information not included in your biosketch
- Sell yourself

# Approach (1)

- Demonstrates ability of investigator to perform work
- Should show PI's contribution to work
- Should show feasibility of experiments
- Can be structured relative to each aim
- Must be “doable” in requested period of funding
- If proposed studies are extension of current project, can you take the work with you?

# Approach (2)

- Must be hypothesis-based, not technology driven
- Should be innovative. If very innovative, MUST have preliminary data to show that study is feasible
- Must NOT be descriptive... No “fishing expeditions”
- Must be FOCUSED. Not a multi-aim proposal to conquer the world
- Include controls!
- Include a section on statistics
- Must discuss potential pitfalls and propose alternatives

# Process

- Career plans – Where?
- Research plans – What?
- Future plans – Who?

# Training, Skills, Experience

- What do you have?
- What do you need?

# Statements by Mentors and Collaborators

- Assemble a team
  - Primary mentor – senior investigator with track record
  - Co-mentors – complement primary mentor
- Each member must play a role
  - Collaborator – technical advisors with narrow focus

# Training Plan

- Acknowledge skills and knowledge you lack
  - Include coursework, detail, shadowing
  - Consider training outside your comfort



# Research Plan

- Extension of training plan
- Try your new skills and knowledge
- Provide experience and data
- Opportunity to learn

# Specific Aims Page

- THE most important page in the grant!
- The only page that other reviewers at the table may read
- Should be written at a *Scientific American* level
- Use short declarative sentences
- Do not include references, jargon or acronyms!
- Clearly state the hypothesis (bolding can be helpful)
- Be sure the aims test the hypothesis
- Should not be technology driven
- Interdependent, not dependent

# Specific Aims Page: Structure

- One to two paragraphs of introduction
- “Sprinkle in” a little preliminary data
- Funnel concept to the hypothesis
- Clearly state the hypothesis and aims
- Inclusion of rationale and/or research design

# Specific Aims Page: Ask Yourself

- Is the hypothesis functional (mechanistic) or descriptive?
- Do the aims test the hypothesis?
- Is the project doable within the funding timeframe (overly ambitious)?

# Significance and Innovation Section

- Not a literature review
- Leads the reader to the hypothesis
- Demonstrates the “conversation” in the field
- Demonstrates a critical question is being asked and (hopefully) answered
- Everything is focused on the hypothesis

# Research Strategy

- Significance
- Innovation
- Approach
  - Preliminary Studies for New Applications
  - Progress Report for Renewal/Revision Applications

# First page of the application

Save & Submit Save Print Cancel Check Package for Errors

GRANTS.GOV™

## Grant Application Package

Opportunity Title:	NIH Pathway to Independence Award (K99/R00)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	FA-09-036
Competition ID:	ADOBE-FORMS-A
Opportunity Open Date:	01/12/2009
Opportunity Close Date:	01/07/2012
Agency Contact:	Grants Info Grants Information E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

Move all the Mandatory Documents to the other box.



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

\* Application Filing Name:

### Mandatory Documents

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Move Form to Complete

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Move Form to Delete

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### Mandatory Documents for Submission

SF424 (R & R)
FHS 398 Career Development Award Supplemental F
FHS 398 Checklist
FHS 398 Cover Page Supplement
Research & Related Budget
Research & Related Senior/Key Person Profile (E
Research & Related Other Project Information

Open Form

### Optional Documents

FHS 398 Cover Letter File
R & R Subaward Budget Attachment(s) Form

Move Form to Submission List

=>

Move Form to Delete

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### Optional Documents for Submission

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Open Form

### Instructions

- 1** Enter a name for the application in the Application Filing Name field.
  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you click on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.
  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Close Form      Next      Print Page      About

**APPLICATION FOR FEDERAL ASSISTANCE**  
**SF 424 (R&R)**

2. DATE SUBMITTED: [ ]      Applicant Identifier: [ ]  
 3. DATE RECEIVED BY STATE: [ ]      State Application Identifier: [ ]  
 4. Federal Identifier: [ ]

1. \* TYPE OF SUBMISSION  
 Pre-application     Application     Changed/Corrected Application

5. APPLICANT INFORMATION      \* Organizational DUNS: [ ]

\* Legal Name: [ ]  
 Department: [ ]      Division: [ ]  
 \* Street1: [ ]  
 Street2: [ ]  
 \* City: [ ]      County: [ ]  
 \* State: [ ]      Province: [ ]  
 \* Country: [ USA: UNITED STATES ]      \* ZIP / Postal Code: [ ]

Person to be contacted on matters involving this application  
 Prefix: [ ]      \* First Name: [ ]      Middle Name: [ ]  
 \* Last Name: [ ]      Suffix: [ ]  
 \* Phone Number: [ ]      Fax Number: [ ]  
 Email: [ ]

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): [ ]

7. \* TYPE OF APPLICANT: [ Please select one of the following ]  
 Other (Specify): [ ]  
 Small Business Organization Type     Women Owned     Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:  
 New     Resubmission     Renewal     Continuation     Revision  
 If Revision, mark appropriate box(es).  
 A. Increase Award     B. Decrease Award     C. Increase Duration     D. Decrease Duration  
 E. Other (specify): [ ]

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

9. \* NAME OF FEDERAL AGENCY: [ National Institutes of Health ]  
 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ]  
 TITLE: [ ]

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: [ ]

12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): [ ]  
 13. PROPOSED PROJECT:      \* Start Date: [ ]      \* Ending Date: [ ]  
 14. CONGRESSIONAL DISTRICTS OF:      a. \* Applicant: [ ]      b. \* Project: [ ]

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  
 Prefix: [ ]      \* First Name: [ ]      Middle Name: [ ]  
 \* Last Name: [ ]      Suffix: [ ]  
 Position/Title: [ ]  
 \* Organization Name: [ ]  
 Department: [ ]      Division: [ ]  
 \* Street1: [ ]  
 Street2: [ ]  
 \* City: [ ]      County: [ ]  
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Enter IC's  
DUNs  
number



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Legal Name:      Department:      Division:      \* Street1:      Street2:      \* City:      County:      \* State:      Province:      \* Country:      USA: UNITED STATES      \* ZIP / Postal Code:

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Prefix:      \* First Name:      Middle Name:      \* Last Name:      Suffix:      Position/Title:      \* Organization Name:      Department:      Division:      \* Street1:      Street2:      \* City:      County:      \* State:      Province:      \* Country:      USA: UNITED STATES      \* ZIP / Postal Code:      \* Phone Number:      Fax Number:      \* Email:

← The applicant is the IC, not the PI

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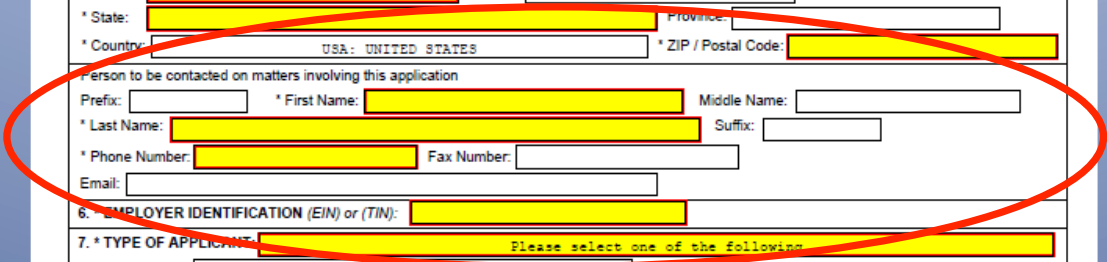
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The AOR should be listed here, not the PI

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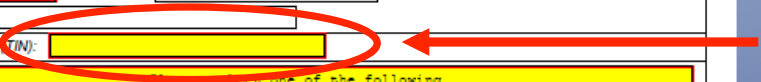
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 \* State: [ ]      Province: [ ]  
 \* Country: [ USA: UNITED STATES ]      \* ZIP / Postal Code: [ ]  
 \* Phone Number: [ ]      Fax Number: [ ]  
 \* Email: [ ]

OMB Number: 4040-0001  
 Expiration Date: 04/30/2008

Enter IC's EIN



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* City:		County:					
* State:		Province:					
* Country:		USA: UNITED STATES		* ZIP / Postal Code:			
Person to be contacted on matters involving this application							
Prefix:		* First Name:		Middle Name:			
* Last Name:				Suffix:			
* Phone Number:		Fax Number:					
Email:							
6. * EMPLOYER IDENTIFICATION (City or TIN):							
7. * TYPE OF APPLICANT: Please select one of the following							
Other (Specify):							
<input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged							
8. * TYPE OF APPLICATION:							
<input type="checkbox"/> New <input type="checkbox"/> Resubmission				If Revision, mark appropriate box(es).			
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision				<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):			
* Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What other Agencies?							
9. * NAME OF FEDERAL AGENCY:				10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			
National Institutes of Health				TITLE:			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:							
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)				13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
				* Start Date		* Ending Date	
						a. * Applicant	
						b. * Project	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION							
Prefix:		* First Name:		Middle Name:			
* Last Name:				Suffix:			
Position/Title:							
* Organization Name:							
Department:		Division:					
* Street:							
Street2:							
* City:		County:					
* State:		Province:					
* Country:		USA: UNITED STATES		* ZIP / Postal Code:			
* Phone Number:		Fax Number:					
Email:							

Select "Other" in the pull down menu and then enter Federal Government in the "Other" Box

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**APPLICATION FOR FEDERAL ASSISTANCE**  
**SF 424 (R&R)**

2. DATE SUBMITTED: [ ]      Applicant Identifier: [ ]  
 3. DATE RECEIVED BY STATE: [ ]      State Application Identifier: [ ]  
 4. Federal Identifier: [ ]

1. \* TYPE OF SUBMISSION  
 Pre-application     Application     Changed/Corrected Application

5. APPLICANT INFORMATION      \* Organizational DUNS: [ ]  
 \* Legal Name: [ ]  
 Department: [ ]      Division: [ ]  
 \* Street: [ ]  
 Street2: [ ]  
 \* City: [ ]      County: [ ]  
 \* State: [ ]      Province: [ ]  
 \* Country: [ USA: UNITED STATES ]      \* ZIP / Postal Code: [ ]

Person to be contacted on matters involving this application  
 Prefix: [ ]      \* First Name: [ ]      Middle Name: [ ]  
 \* Last Name: [ ]      Suffix: [ ]  
 \* Phone Number: [ ]      Fax Number: [ ]  
 Email: [ ]

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): [ ]

7. \* TYPE OF APPLICANT: [ ] Please select one of the following  
 Other (Specify): [ ]  
 Small Business Organization Type     Women Owned     Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:      If Revision, mark appropriate box(es).  
 New     Resubmission     A. Increase Award     B. Decrease Award     C. Increase Duration     D. Decrease Duration  
 Renewal     Continuation     Revision     E. Other (specify): [ ]

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

9. \* NAME OF FEDERAL AGENCY: [ National Institutes of Health ]      10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ]  
 TITLE: [ ]

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: [ ]

12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): [ ]      13. PROPOSED PROJECT:      14. CONGRESSIONAL DISTRICTS OF:  
 \* Start Date    \* Ending Date    a. \* Applicant    b. \* Project

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  
 Prefix: [ ]      \* First Name: [ ]      Middle Name: [ ]  
 \* Last Name: [ ]      Suffix: [ ]  
 Position/Title: [ ]  
 \* Organization Name: [ ]  
 Department: [ ]      Division: [ ]  
 \* Street: [ ]  
 Street2: [ ]  
 \* City: [ ]      County: [ ]  
 \* State: [ ]      Province: [ ]  
 \* Country: [ USA: UNITED STATES ]      \* ZIP / Postal Code: [ ]  
 \* Phone Number: [ ]      Fax Number: [ ]  
 \* Email: [ ]

OMB Number: 4040-0001  
 Expiration Date: 04/30/2008

See information for dates at <http://grants1.nih.gov/grants/funding/submissionschedule.htm>

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**APPLICATION FOR FEDERAL ASSISTANCE**  
**SF 424 (R&R)**

2. DATE SUBMITTED: [ ]      Applicant Identifier: [ ]

3. DATE RECEIVED BY STATE: [ ]      State Application Identifier: [ ]

1. \* TYPE OF SUBMISSION  
 Pre-application     Application     Changed/Corrected Application

4. Federal Identifier: [ ]

5. APPLICANT INFORMATION      \* Organizational DUNS: [ ]

\* Legal Name: [ ]  
 Department: [ ]      Division: [ ]  
 \* Street: [ ]  
 Street2: [ ]  
 \* City: [ ]      County: [ ]  
 \* State: [ ]      Province: [ ]  
 \* Country: [ USA: UNITED STATES ]      \* ZIP / Postal Code: [ ]

Person to be contacted on matters involving this application  
 Prefix: [ ]      \* First Name: [ ]      Middle Name: [ ]  
 \* Last Name: [ ]      Suffix: [ ]  
 \* Phone Number: [ ]      Fax Number: [ ]  
 Email: [ ]

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): [ ]

7. \* TYPE OF APPLICANT: [ ] Please select one of the following  
 Other (Specify): [ ]  
 Small Business Organization Type     Women Owned     Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:      If Revision, mark appropriate box(es).  
 New     Resubmission     A. Increase Award     B. Decrease Award     C. Increase Duration     D. Decrease Duration  
 Renewal     Continuation     Revision     E. Other (specify): [ ]

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

9. \* NAME OF FEDERAL AGENCY: [ National Institutes of Health ]      10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ]  
 TITLE: [ ]

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: [ ]

12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): [ ]

13. PROPOSED PROJECT:      \* Start Date: [ ]      \* Ending Date: [ ]

14. CONGRESSIONAL DISTRICTS OF:      a. \* Applicant: [ ]      b. \* Project: [ ]

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  
 Prefix: [ ]      \* First Name: [ ]      Middle Name: [ ]  
 \* Last Name: [ ]      Suffix: [ ]  
 Position/Title: [ ]  
 \* Organization Name: [ ]  
 Department: [ ]      Division: [ ]  
 \* Street: [ ]  
 Street2: [ ]  
 \* City: [ ]      County: [ ]  
 \* State: [ ]      Province: [ ]  
 \* Country: [ USA: UNITED STATES ]      \* ZIP / Postal Code: [ ]  
 \* Phone Number: [ ]      Fax Number: [ ]  
 \* Email: [ ]

OMB Number: 4040-0001  
 Expiration Date: 04/30/2008

MD-006 for Bethesda  
 MD-008 for Frederick

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**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

2. DATE SUBMITTED: \_\_\_\_\_ Applicant Identifier: \_\_\_\_\_  
 3. DATE RECEIVED BY STATE: \_\_\_\_\_ State Application Identifier: \_\_\_\_\_

1. \* TYPE OF SUBMISSION  
 Pre-application     Application     Changed/Corrected Application

4. Federal Identifier: \_\_\_\_\_

5. APPLICANT INFORMATION      \* Organizational DUNS: \_\_\_\_\_  
 \* Legal Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Division: \_\_\_\_\_  
 \* Street1: \_\_\_\_\_  
 Street2: \_\_\_\_\_  
 \* City: \_\_\_\_\_ County: \_\_\_\_\_  
 \* State: \_\_\_\_\_ Province: \_\_\_\_\_  
 \* Country: \_\_\_\_\_ USA: UNITED STATES      \* ZIP / Postal Code: \_\_\_\_\_

Person to be contacted on matters involving this application  
 Prefix: \_\_\_\_\_ \* First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 \* Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 \* Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

7. \* TYPE OF APPLICANT: \_\_\_\_\_ Please select one of the following  
 Other (Specify): \_\_\_\_\_  
 Small Business Organization Type     Women Owned     Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:  
 New     Resubmission     A. Increase Award     B. Decrease Award     C. Increase Duration     D. Decrease Duration  
 Renewal     Continuation     Revision     E. Other (specify): \_\_\_\_\_

\* If Revision, mark appropriate box(es).  
 \* Is this application being submitted to other agencies?  Yes     No    What other Agencies? \_\_\_\_\_

9. \* NAME OF FEDERAL AGENCY: \_\_\_\_\_      10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: \_\_\_\_\_  
 National Institutes of Health      TITLE: \_\_\_\_\_

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

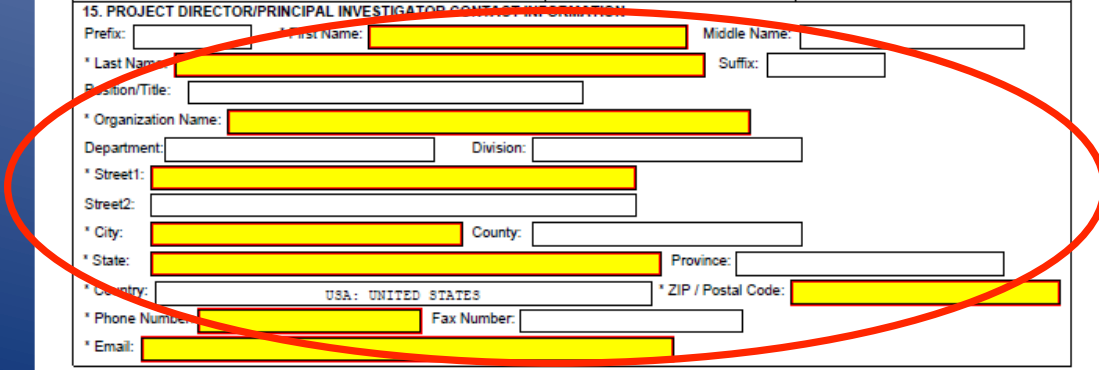
12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): \_\_\_\_\_

13. PROPOSED PROJECT:  
 \* Start Date: \_\_\_\_\_ \* Ending Date: \_\_\_\_\_

14. CONGRESSIONAL DISTRICTS OF:  
 a. \* Applicant: \_\_\_\_\_ b. \* Project: \_\_\_\_\_

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  
 Prefix: \_\_\_\_\_ \* First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 \* Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 \* Organization Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Division: \_\_\_\_\_  
 \* Street1: \_\_\_\_\_  
 Street2: \_\_\_\_\_  
 \* City: \_\_\_\_\_ County: \_\_\_\_\_  
 \* State: \_\_\_\_\_ Province: \_\_\_\_\_  
 \* Country: \_\_\_\_\_ USA: UNITED STATES      \* ZIP / Postal Code: \_\_\_\_\_  
 \* Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 \* Email: \_\_\_\_\_

OMB Number: 4040-0001  
 Expiration Date: 04/30/2008



← The PI is listed here

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text"/></p> <p>c. * Estimated Program Income <input type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p><b>a. YES</b> <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input type="text"/></p> <p><b>b. NO</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

18. 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.

This the IC AOR 

19. Authorized Representative

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative

\* Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.



**PHS 398 Career Development Award Supplemental Form**

OMB Number: 0925-0001

**1. Application Type:**

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.

New  Resubmission  Renewal  Continuation  Revision

**2. Career Development Award Attachments:**

Please attach applicable sections, below.

Introduction (if applicable)

1. Introduction to Application      
*(for RESUBMISSION applications only)*

Candidate Information

2. Candidate's Background

3. Career Goals and Objectives

4. Career Development/Training Activities During Award Period

5. Training in the Responsible Conduct of Research

6. Mentoring Plan (when applicable)

Statements of Support

7. Statements by Mentor, Co-Mentors, Consultants, Contributors (as appropriate)

Environment and Institutional Commitment to Candidate

8. Description of Institutional Environment

9. Institutional Commitment to Candidate's Research Career Development

Research Plan

10. Specific Aims

11. Background and Significance

12. Preliminary Studies/Progress Report

13. Research Design and Methods

14. Inclusion Enrollment Report (for RENEWAL applications only)

15. Progress Report Publication List (for RENEWAL applications only)

Human Subject Sections

16. Protection of Human Subjects

17. Inclusion of Women and Minorities

18. Targeted/Planned Enrollment

19. Inclusion of Children

The majority of these sections require the attachment of a pdf for K99s and K22s.

## PHS 398 Career Development Award Supplemental Form

### 2. Career Development Award Attachments (continued):

#### Other Research Plan Sections

- |   |                      |   |  |  |
|---|----------------------|---|--|--|
| 20. Vertebrate Animals                  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 21. Select Agent Research               | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 22. Consortium/Contractual Arrangements | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 23. Resource Sharing Plan(s)            | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

#### Appendix (if applicable)

- |              |  |   |   |
|--------------|--|---|---|
| 24. Appendix | <input type="button" value="Add Attachments"/> | <input type="button" value="Delete Attachments"/> | <input type="button" value="View Attachments"/> |
|--------------|--|---|---|

### \*3. Citizenship:

- |  |  |
|--|--|
| <input type="checkbox"/> U.S. Citizen or noncitizen national       | <input type="checkbox"/> Permanent Resident of U.S.<br><i>(if a permanent resident of the U.S., a notarized statement must be provided by the time of award)</i> |
| <input type="checkbox"/> Non-U.S. Citizen with temporary U.S. visa |  |

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## PHS 398 Checklist

OMB Number: 0925-0001  
Expiration Date: 9/30/2007

### 1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

\* Type of Application:

New  Resubmission  Renewal  Continuation  Revision

Federal Identifier:

### 2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Change of Grantee Institution

\* Name of former institution:

### 3. Inventions and Patents (For renewal applications only)

\* Inventions and Patents: Yes  No

If the answer is "Yes" then please answer the following:

\* Previously Reported: Yes  No

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OMB Number: 0925-0001  
Expiration Date: 9/30/2007

**4. \* Program Income**

Is program income anticipated during the periods for which the grant support is requested?

Yes  No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. Assurances/Certifications (see instructions)**

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

*If unable to certify compliance*, where applicable, provide an explanation and attach below.

Explanation:

### PHS 398 Cover Page Supplement

OMB Number: 0925-0001

This is the PI.



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

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* New Investigator?  No  Yes

Degrees:

**2. Human Subjects**

Clinical Trial?  No  Yes

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

**3. Applicant Organization Contact**

Person to be contacted on matters involving this application

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Phone Number:  Fax Number:

Email:

\* Title:

\* Street1:

Street2:

\* City:

County:

\* State:

Province:

\* Country: USA: UNITED STATES \* Zip / Postal Code:

This is again the IC AOR.





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

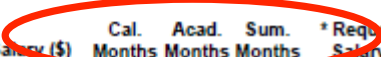
\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period 1

**List as months, not percent of the year. Fill out only Cal months. 75% effort is 9 months.**



#### A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PD/PI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

Additional Senior Key Persons:

#### B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Total Number Other Personnel						

Total Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)

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

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period: 1

List correct role for each person.

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	Total Funds requested for all Senior Key Persons in the attached file												
												Total Senior/Key Person	

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text"/>	Post Doctoral Associates							
<input type="text"/>	Graduate Students							
<input type="text"/>	Undergraduate Students							
<input type="text"/>	Secretarial/Clerical							
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>	Total Number Other Personnel						Total Other Personnel	
							Total Salary, Wages and Fringe Benefits (A+B)	



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

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period 1

An upper amount is defined by the PA in the K Phase.

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	Total Funds requested for all Senior Key Persons in the attached file												
												Total Senior/Key Person	

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text"/>	Post Doctoral Associates							
<input type="text"/>	Graduate Students							
<input type="text"/>	Undergraduate Students							
<input type="text"/>	Secretarial/Clerical							
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>	Total Number Other Personnel						Total Other Personnel	
							Total Salary, Wages and Fringe Benefits (A+B)	

Close Form

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

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

Delete Entry \* Start Date:  \* End Date:  Budget Period 1

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	
	Total Equipment	<input type="text"/>

Additional Equipment:

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text"/>

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

Close Form

**RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1** Next Period

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

Delete Entry Start Date:  \* End Date:  Budget Period 1

<b>F. Other Direct Costs</b>	<b>Funds Requested (\$)</b>
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
<b>Total Other Direct Costs</b>	<input type="text"/>

<b>G. Direct Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct Costs (A thru F)</b>	<input type="text"/>

<b>H. Indirect Costs</b>	<b>Indirect Cost Rate (%)</b>	<b>Indirect Cost Base (\$)</b>	<b>* Funds Requested (\$)</b>
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
<b>Total Indirect Costs</b>			<input type="text"/>

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

<b>I. Total Direct and Indirect Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<input type="text"/>

<b>J. Fee</b>	<b>Funds Requested (\$)</b>
	<input type="text"/>

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

RESEARCH & RELATED Budget (F-K) (Funds Requested)

Every year needs a budget sheet.

This needs to be within with cost constraints defined in the PA.

PA defines maximum amount.

Include a budget justification covering all years. This carries through on each sheet.

RESEARCH & RELATED BUDGET - Cumulative Budget

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

The upper limit for this total is also defined in the PA.

# Budget Items

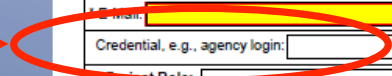
- If upper limit is \$250K, get as close as possible
- Include specialized equipment, publication costs, travel
- CCR not supportive of hiring postdoc on grant (postbac is OK)

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

**PROFILE - Project Director/Principal Investigator**

Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
 Position/Title:  Department:   
 Organization Name:  Division:   
 \* Street1:   
 Street2:   
 \* City:  County:   
 \* State:  Province:   
 \* Country: USA: UNITED STATES \* Zip / Postal Code:   
 \* Phone Number:  Fax Number:   
 \* E-mail:   
 Credential, e.g., agency login:   
 \* Project Role:  Other Project Role Category:   
 \* Attach Biographical Sketch  Add Attachment Delete Attachment View Attachment  
 Attach Current & Pending Support  Add Attachment Delete Attachment View Attachment

The PI should enter their eRA Commons username here.



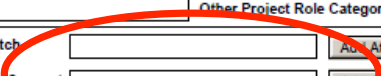
The PI should attach pdfs for both of these.



**PROFILE - Senior/Key Person 1**

Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
 Position/Title:  Department:   
 Organization Name:  Division:   
 \* Street1:   
 Street2:   
 \* City:  County:   
 \* State:  Province:   
 \* Country: USA: UNITED STATES \* Zip / Postal Code:   
 \* Phone Number:  Fax Number:   
 \* E-Mail:   
 Credential, e.g., agency login:   
 \* Project Role:  Other Project Role Category:   
 \* Attach Biographical Sketch  Add Attachment Delete Attachment View Attachment  
 Attach Current & Pending Support  Add Attachment Delete Attachment View Attachment

If Mentor included (K99), mentor needs to include biosketch formatted for this application and funding (NIH intramural numbers and outside sources).



Next Person

Close Form

Print Page

About

### RESEARCH & RELATED Other Project Information

1. \* Are Human Subjects Involved?  Yes  No

1.a. If YES to Human Subjects

Is the IRB review Pending?  Yes  No

IRB Approval Date:

Exemption Number:  1  2  3  4  5  6

Human Subject Assurance Number:

2. \* Are Vertebrate Animals Used?  Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

IACUC Approval Date:

Animal Welfare Assurance Number

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

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

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?  Yes  No

4.d. If yes, please explain:

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

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. \* Project Summary/Abstract

7. \* Project Narrative

8. Bibliography & References Cited

9. Facilities & Other Resources

10. Equipment

11. Other Attachments

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

Close Form

Print Page

About

### RESEARCH & RELATED Project/Performance Site Location(s)

#### Project/Performance Site Primary Location

Organization Name:

\* Street1:

Street2:

\* City:  County:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

#### Project/Performance Site Location 1

Organization Name:

\* Street1:

Street2:

\* City:  County:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

Next Site

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001  
Expiration Date: 04/30/2008



# Common Mistakes

- eRA Commons username is not included
- PI lists themselves as the applicant
- PI lists themselves or mentor as person to be contacted about the application
- Missing required attachment
- Funding dates do not agree
- Missing attachments for other support or institutional support
- 365 days in a year

# Page Limits (1)

- 12 pages combined - Candidate's background, Career Goals & Objectives, Career Development/Training Activities *During* Award, and Research Strategy
- 1 page – Specific Aims
- References are on a separate attachment

## Page Limits (2)

- Institutional Environment – 1 page
  - Stock language for K99
  - Still need attachment for K22 (1 sentence)
- Commitment to Candidate's Research Career Development – 1 page
  - K22 still needs this attachment
- Statements of support – 6 pages

# Supporting Materials

- Biosketch can be no more than four pages and can include only fifteen publications
- Letters of reference submitted to eRA  
Commons by referee
- Letters of support sent to applicant, applicant compiles and uploads as 1 pdf – limit of 6 pages

# Interacting with AOR

- The AOR needs to create an eRA Commons account for all PIs
- Make sure you contact your AOR early in the process
- Schedule a time to upload your grant with your AOR

# AOR Dates Oct & Feb

- October 12 (Friday) due date
  - First draft to me October 3-5
  - Final draft and submission October 9
  - October 8 is a government holiday
- February 12 (Tuesday) due date
  - First draft to me February 1-4
  - Final draft and submission February 7

\*\*These are the **latest** dates – earlier is acceptable and appreciated\*\*

# Important Notes (1)

- Email me if you need an eRA Commons account
  - Also let me know to which K you will be submitting and your target due date (e.g Oct, Feb).
- Email me again 2-3 weeks before due date to let me know you are on track
  - We will set up a date for you to send me your first draft of the application forms.
  - Filling out the forms takes more time than you think - start working on it when you are drained from writing the science

## Important Notes (2)

- After reviewing first draft - I will send you comments and we will arrange for the final draft and submission.
- You must also be available (i.e. reachable by phone) at the time we designate for submission, in case there are errors we need to correct immediately.



# Dates

- You have the 48 hour window to make corrections only if you submit more than 48 hours before the due date. All applications are final at 5 pm on the due date.
- Letters of Reference also must be received by 5pm on the due date. No longer a grace period.

# Final Reminders

- At Universities, grants offices also require extra time to submit your grant (i.e. no submissions on the actual due date).
- My helpfulness is in proportion to the amount of time we have in advance of the deadline.
- I don't check my NCI email on weekends and will not submit an application on a weekend.

# Other Resources

- The Center for Cancer Training website  
<http://cancer.gov.cct>
- Division of Extramural Activities website  
<http://deainfo.nci.nih.gov/Advisory/irg/sub-cmte/index.htm>
- Outside funding opportunities

# Standard Operating Procedures (1)

- Submit LOI for review
  - Funding agency
  - Deadline information
  - Description of research plan including % effort
  - Statement indicating that project does not conflict with currently funded projects, no additional CCR resources needed

# Standard Operating Procedures (2)

- If supported
  - Application to me at least 1 week in advance of deadline
  - Email from PI or Lab/Branch chief indicating support
- Applications using Grants.gov
  - I submit on your behalf

- A word of caution

- No acceptance until final Terms and Conditions of award are reviewed.

- Take advantage of opportunities
  - Adjunct instructor
  - Network – people, professional organizations
  - Check websites – follow trends, where field is going

- Check OER website
  - About
  - Policy
  - Dates
  - Program Announcements



**Good luck!**

...and drop me a note post-review.