



# A Walk Through The SF424 (R&R)

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# Handouts for This Session

- **A Walk Through The SF424 (R&R)**  
*(Powerpoint Presentation Slides)*
- **Sample Application Package** *(PDF sample of all the SF424 (R&R) components + agency-specific components)*
- **eRA Assembly of the SF424 (R&R) Application** *(Word document showing system-generated Table of Contents + a chart referencing where each piece of the TOC is found in the (R&R))*



# Features of the SF424 (R&R)

- The SF424 (R&R) is an application form that is comprised of common data elements developed for use by Federal agencies funding Research and Research-Related programs
- Also provides a consistent electronic submission process through Grants.gov

# Features of the SF424 (R&R) (cont.)

- SF424 (R&R) data is arranged in components
- Not all components will be used for every **Funding Opportunity Announcement (FOA)**
- Agencies “construct” application packages for each FOA
- NIH will use several “standard” packages
- The FOA will indicate which components are required and which are optional
- Each FOA will have the appropriate application package attached
- A direct link is provided on each FOA in the NIH Guide:

Apply for Grant Electronically



# Features of the SF424 (R&R) (cont.)

- A complete application to NIH will include a combination of (R&R) components & PHS398 components
- The applicant **must** complete the application using the package attached to that particular FOA (*Information is drawn from the specific FOA and used in the forms*)
- Applicants can *not* use any sample form packages or form packages from other announcements
- The applicant will complete data entry in all necessary components and upload appropriate attachments



# Features of the SF424 (R&R) (cont.)

- SF424 (R&R) Components include:
  - SF424 (R&R)—*An application cover component*
  - Research & Related Project/Performance Site Location (s)
  - Research & Related Other Project Information
  - Research & Related Senior/Key Person
  - Research & Related Budget
  - Research & Related Personal Data (*NIH will not use*)
  - R&R Subaward Budget Attachment Form
  - SBIR/STTR Information



# Features of the SF424 (R&R) (cont.)

- NIH requires additional data collection to accommodate the unique information required for review of its biomedical research portfolio. Therefore, NIH has also developed agency-specific components (titled PHS398):
  - PHS398 Cover Letter File
  - PSH398 Cover Page Supplement (*supplements the R&R Cover*)
  - PHS 398 Modular Budget
  - PHS 398 Research Plan
  - PHS 398 Checklist
- Why call them PHS398?
  - Needed a generic term since other HHS agencies will use
  - It's the OMB-cleared data collection instrument that gives us the authority to request these additional data elements



# Features of the SF424 (R&R) (cont.)

- Application components include specific data fields as well as multiple attachments
- Most attachments are text
- NIH requires PDF for text attachments
- Attachments can be generated using any word processing software but will need to be converted to PDF before they can be attached to the actual application form

*(Applicants will need some type of PDF-creation software)*





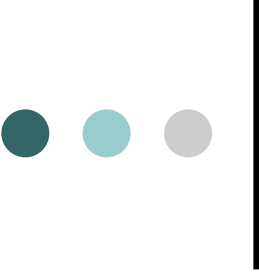
# Features of the SF424 (R&R) (cont.)

- After submission, the **eRA system** will:
  - Generate a Table of Contents
  - Assemble the grant image
  - Include headers (PI name) & footers (page numbers) on all pages
- Applicants (*PD/PI & Authorized Organizational Representative*) will review and verify this grant image in the eRA Commons

# Features of the SF424 (R&R): Application Guide

- NIH has developed 2 Application Guides specific to the SF424 (R&R):  
1) General Instructions; 2) General +SBIR/STTR
- Includes instructions that are imbedded in the actual forms as well agency-specific instructions
- Agency-specific instructions denoted with the HHS Logo
- Documents have same part structure as PHS 398 Instructions:
  - Part I: Instructions for Preparing and Submitting an Application
  - Part II: Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan
  - Part III: Policies, Assurances, Definitions





# SF424 (R&R) Components

- Application Package Header
- SF424 (R&R)—*An application cover component*
- Research & Related Project/Performance Site Location (s)
- Research & Related Other Project Information
- Research & Related Senior/Key Person
- Research & Related Budget
- R&R Subaward Budget Attachment Form
- SBIR/STTR Information

Submit Save Print Cancel **Check Package for Errors**



# Grant Application Package

Opportunity Title:	Small Business Innovation Research Program Parent Ann
Offering Agency:	National Institutes of Health
CFDA Number:	93.061
CFDA Description:	Innovations in Applied Public Health Research
Opportunity Number:	PA-06-006
Competition ID:	
Opportunity Open Date:	11/07/2005
Opportunity Close Date:	01/04/2006
Agency Contact:	GrantsInfo Telephone: (301) 435-0714 Email: GrantsInfo@nih.gov

Header Information  
Pre-filled from announcement

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: [Redacted]

### Mandatory Documents

- SF424 (R&R)
- PHS 398 Research Plan
- PHS 398 Cover Page Supplement
- PHS 398 Checklist
- SBIR/STTR\_Information
- Research & Related Other Project Information
- Research & Related Budget

Move Form to Submission List



Move Form to Documents List



### Mandatory Completed Documents for Submission

Open Form

Open Form

### Optional Documents

- PHS 398 Cover Letter File
- Research & Related Subaward Budget

Move Form to Submission List



### Optional Completed Documents for Submission

## Application Submission Verification and Signature

Opportunity Title: NIH SBIR Omnibus Solicitation (SAMPLE ONLY)

Offering Agency: NIH

CFDA Number: 83.887

CFDA Description: Vision Research

Opportunity Number: PA-08-SBIR

Competition ID:

Opportunity Open Date: 10/15/2006

Opportunity Close Date: 01/01/2008

Application Filing Name :

### Do you wish to sign and submit this Application?

Please review the summary provided to ensure that the information listed is correct and that you are submitting an application to the opportunity for which you want to apply.

If you want to submit the application package for the listed funding opportunity, click on the "Sign and Submit Application" button below to complete the process. You will then see a screen prompting you to enter your user ID and password.

If you do not want to submit the application at this time, click the "Exit Application" button. You will then be returned to the previous page where you can make changes to the required forms and documents or exit the process.

If this is not the application for the funding opportunity for which you wish to apply, you must exit this application package and then download and complete the correct application package.

[Sign and Submit Application](#)

[Exit Application](#)



# Features of the SF424 (R&R): Application Package Header

- Header page is attached to every posted application package
- Header data is pre-filled from the actual announcement
- Notes which components are required (mandatory) and which are optional for this particular announcement
- Includes basic instructions
- Includes Application Submission Verification & Signature screen



# Features of the SF424 (R&R): Application Package Header (cont)

## ○ **Multiple CFDA Issue**

- For FOAs posted before 12/19/2005, the system draws only the first CFDA in the list
- For FOAs posted after 12/19/2005, the system now leaves this field blank
- For either situation, applicants should just ignore this and not try to enter/change data
- In Grants.gov, use the FOA number for searching and confirming you are responding to the correct announcement
- Or use the link directly from the NIH Guide FOA



## Features of the SF424 (R&R): Application Package Header (cont)

- **Saving an application package:** You will get warning message when you first save a package from the FOA. This is because no data has been entered yet. Users will continue to get this message each time you save until all data is entered. OK to ignore message. Just prior to submission recommend using the “Check Package for Errors”



<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>4. Federal Identifier</b> [ ]	

**1. \* TYPE OF SUBMISSION**

Pre-application    Application  
 Changed/Corrected Application

**5. APPLICANT INFORMATION**      \* Organizational DUNS: [ ]

\* Legal Name: [ ]

Department: [ ]      Division: [ ]

\* Street1: [ ]      Street2: [ ]

\* City: [ ]      County: [ ]      \* State: [ ]      \* ZIP Code: [ ]

\* Country: [ USA ]

Person to be contacted on matters involving this application

Prefix:      \* First Name: [ ]      Middle Name: [ ]      \* Last Name: [ ]      Suffix: [ ]

\* Phone Number: [ ]      Fax Number: [ ]      Email: [ ]

<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> [ ]	<b>7. * TYPE OF APPLICANT:</b> Please select one of the following [ ]
--	---

**8. \* TYPE OF APPLICATION:**    New

Resubmission    Renewal    Continuation    Revision

Other (Specify):  
 Women Owned       Small Business Organization Type  
 Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

A. Increase Award    B. Decrease Award    C. Increase Duration

D. Decrease Duration    E. Other (specify): [ ]

**9. \* NAME OF FEDERAL AGENCY:**  
National Institutes of Health [ ]

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
[ ]

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

What other Agencies? [ ]

TITLE: [ ]

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

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

<b>13. PROPOSED PROJECT:</b> * Start Date [ ]      * Ending Date [ ]	<b>14. CONGRESSIONAL DISTRICTS OF:</b> 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: [ ]      \* ZIP Code: [ ]

\* Country: [ USA ]

\* Phone Number: [ ]      Fax Number: [ ]      \* Email: [ ]

# SF424 (R&R)

## Cover Component

### Page 1

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input style="width: 100%;" type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input style="width: 100%;" type="text"/></p> <p>c. * Estimated Program Income <input style="width: 100%;" type="text"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>b. NO <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>
<p><b>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)</b></p> <p><input type="checkbox"/> * I agree</p> <p><small>* 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.</small></p>	
<p><b>19. Authorized Representative</b></p> <p>Prefix: <input type="text"/> * First Name: <input style="width: 150px;" type="text"/> Middle Name: <input style="width: 150px;" type="text"/> * Last Name: <input style="width: 150px;" type="text"/> Suffix: <input style="width: 50px;" type="text"/></p> <p>* Position/Title: <input style="width: 150px;" type="text"/> * Organization: <input style="width: 250px;" type="text"/></p> <p>Department: <input style="width: 150px;" type="text"/> Division: <input style="width: 150px;" type="text"/></p> <p>* Street1: <input style="width: 150px;" type="text"/> Street2: <input style="width: 150px;" type="text"/></p> <p>* City: <input style="width: 100px;" type="text"/> County: <input style="width: 100px;" type="text"/> * State: <input style="width: 50px;" type="text"/> * ZIP Code: <input style="width: 50px;" type="text"/></p> <p>* Country: <input style="width: 50px;" type="text" value="USA"/></p> <p>* Phone Number: <input style="width: 100px;" type="text"/> Fax Number: <input style="width: 100px;" type="text"/> * Email: <input style="width: 150px;" type="text"/></p> <p style="text-align: center;"> <span style="margin-right: 100px;"><b>* Signature of Authorized Representative</b></span> <span><b>* Date Signed</b></span> </p> <p style="text-align: center;"> <span style="margin-right: 100px;">Completed on submission to Grants.gov</span> <span>Completed on submission to Grants.gov</span> </p>	
<p><b>20. Pre-application</b> <input style="width: 200px;" type="text"/></p> <p style="text-align: right;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </p>	

# SF424 (R&R)

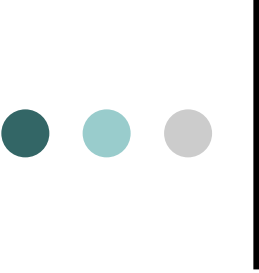
## Cover Component

### Page 2



# Component: SF424 (R&R)— *A Cover Component*

- Similar to the PHS398 Face Page
- Provides general information about the applicant organization, contact information for the **PD/PI** and **Authorized Organizational Representative**
- Provides application-specific information (type, title etc)



# SF424 (R&R)—A Cover Component: A Few Data Issues


- **Item 1, Type of Submission**

- Pre-application—instructed not to use unless specifically noted in FOA
- Changed/Corrected Application—To be used only when correcting an application that failed system validations. This is NOT a resubmission (amendment).

- **Item 5, Applicant Information:** This is for the applicant *organization*

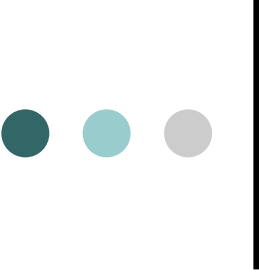
- **Organizational DUNS:** Must match DUNS in eRA Commons profile for Applicant Institution

- AOR should verify DUNS in Commons profile before submission



# SF424 (R&R)—A Cover Component: A Few Data Issues

- **Item 8, Type of Application--New Terminology**
  - New is the same
  - **Resubmission** is equivalent to a Revision (*a revised or amended application*)
  - **Renewal** is equivalent to a Competing Continuation
  - **Continuation** is equivalent to a Progress Report. For the purposes of NIH and other PHS agencies, the box for Continuation will **not** be used and should **not** be checked.
  - **Revision** is somewhat equivalent to a Competing Supplement
- Terminology cross-walk provided in instructions



# SF424 (R&R)—A Cover Component: A Few Data Issues

## ○ **Item 10, CFDA Number & Title**

- *CFDA = Catalog of Federal Domestic Assistance*
- Fields are pre-filled based on the specific announcement
- Fields may be blank for applications in response to a FOA that include multiple CFDA's
- When multiple CFDA's are listed in an announcement, a CFDA will be assigned by the eRA system once a specific Institute assignment is made

# Project/Performance Site Locations

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

### Project/Performance Site Primary Location

Organization Name:	<input type="text"/>								
* Street1:	<input type="text"/>	Street2:	<input type="text"/>						
* City:	<input type="text"/>	County:	<input type="text"/>	* State:	<input type="text"/>	* ZIP Code:	<input type="text"/>	* Country:	<input type="text"/>

### Project/Performance Site Location 1

Organization Name:	<input type="text"/>								
* Street1:	<input type="text"/>	Street2:	<input type="text"/>						
* City:	<input type="text"/>	County:	<input type="text"/>	* State:	<input type="text"/>	* ZIP Code:	<input type="text"/>	* Country:	<input type="text"/>

Reset Entry

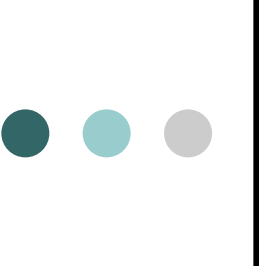
Next Site

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment



## Component: Research and Related Project/Performance Site Locations

- Equivalent to the PHS398 Form Page 2 Performance Site section
- Collects individual data for up to 8 locations
- > 8 locations information is provided in an attachment (*not structured data, just text*)
- Format for the >8 attachment available on SF424 (R&R) Forms Page:  
<http://grants.nih.gov/grants/funding/424/index.htm>



## RESEARCH & RELATED Other Project Information

# 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

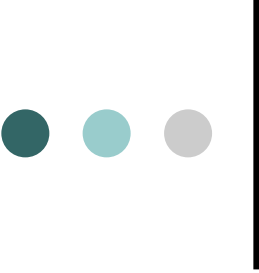
7. \* Project Narrative

8. Bibliography & References Cited

9. Facilities & Other Resources

10. Equipment

11. Other Attachments



# Component: Research and Related Other Project Information

- Includes information on involvement of Human Subjects, Vertebrate Animals, Environmental Impact, Foreign Involvement
  - Includes separate PDF attachments for
    - Project Summary/Abstract
    - Project Narrative
      - *NIH will use this upload for the “Relevance” section of the Abstract*
      - *Separate component developed for Research Plan*
    - Bibliography & References (*previously section G. Literature cited*)
    - Facilities & Other Resources
    - Equipment resources
- Equivalent to PHS  
398 Resources  
Format Page

# RESEARCH & RELATED Senior/Key Person Profile

# Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator				
Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title: <input type="text"/>		Department: <input type="text"/>		
Organization Name: <input type="text"/>		Division: <input type="text"/>		
* Street1: <input type="text"/>		Street2: <input type="text"/>		
* City: <input type="text"/>	County: <input type="text"/>	* State: <input type="text"/>	* Zip Code: <input type="text"/>	* Country: <input type="text"/>
* Phone Number: <input type="text"/>		Fax Number: <input type="text"/>	* E-Mail: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>				
* Project Role: <input type="text"/>		Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 1				
Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title: <input type="text"/>		Department: <input type="text"/>		
Organization Name: <input type="text"/>		Division: <input type="text"/>		
* Street1: <input type="text"/>		Street2: <input type="text"/>		
* City: <input type="text"/>	County: <input type="text"/>	* State: <input type="text"/>	* Zip Code: <input type="text"/>	* Country: <input type="text" value="USA"/>
* Phone Number: <input type="text"/>		Fax Number: <input type="text"/>	* E-Mail: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>				
* Project Role: <input type="text"/>		Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

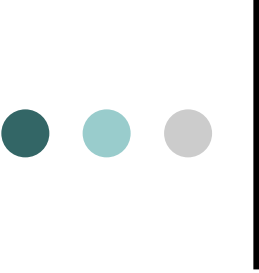
Reset Entry Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment



## Component: Research and Related Senior/Key Person

- Captures personal profile information on the PD/PI, Key Personnel, and Other Significant Contributors
- Captures structured data for 8 individuals (PI and 7 others)
- > 8 information is provided in an attachment (*not structured data, just text*)
- Format for the >8 attachment available on SF424 (R&R) Forms Page:  
<http://grants.nih.gov/grants/funding/424/index.htm>



## Component: Research and Related Senior/Key Person (cont.)

- **Credential:** Must enter the eRA Commons User Name—For the PD/PI, this is a **mandatory** field for NIH submissions. (*#1 Validation Failure to date*)
- Biosketch is attached for each person
  - *Same data requirements exist; however, page limits slightly change to just 4 pages*
  - *Eliminating the 2 page limit for subsections*
- Note, Attachment for **Current & Pending Support** (*a.k.a. Other Support*) will not be used at time of submission unless specified in FOA. For most applications, this will continue to be a Just-In-Time submission

# R&R Budget Sections A & B

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)*

## 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="checkbox"/>	Post Doctoral Associates						
<input type="checkbox"/>	Graduate Students						
<input type="checkbox"/>	Undergraduate Students						
<input type="checkbox"/>	Secretarial/Clerical						
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
Total Number Other Personnel					Total Other Personnel		

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



# Component: Research and Related Budget, Sections A & B

- Personnel separated into 2 sections
- A. Senior/Key Person
  - Allows 8 as named individuals & structured data
  - > 8 information is provided in an attachment (*not structured data, just text*)
  - Info for PD/PI must be entered even if \$ = 0
- B. Other Personnel
  - Postdocs, Grad Students, Undergrads: captures # only
  - *NIH will request more detail in Budget Justification*
- **Business Process Change from Percent Effort to Person Months**
  - NIH will be incorporating this business process change throughout-- Other Support documentation; Interim change to PHS398 & PHS2590 Progress Report in process

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the*

**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	<input type="text"/>
	<b>Total Equipment</b>	<input type="text"/>

Additional Equipment:

**D. Travel**

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

2. Foreign Travel Costs

**Total Travel Cost**

**Funds Requested (\$)**

**E. Participant/Trainee Support Costs**

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

**Total Participant/Trainee Support Costs**

**Funds Requested (\$)**

# R&R Budget Sections C - E





# Component: Research and Related Budget, Sections C - E

- C. Equipment
  - Allows itemization of up to 10
  - > 10 total dollars are inserted in line 11; however, the details are provided in an attachment
- D. Travel
  - R&R separates out Domestic & Foreign
  - This will not change any NIH policy/practice. We will continue to award as a single category
- E. Participant/Trainee Support Costs
  - Will not be used by NIH unless specifically noted in an announcement
  - Tuition Remission will continue to be included in section F. Other Direct Costs

Next Period



\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the*

F. Other Direct Costs	Funds Requested (\$)
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"/>

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

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
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" value="0.00"/>

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

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<input type="text" value="0.00"/>

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

K. \* Budget Justification      
 (Only attach one file.)

# R&R Budget Sections F - K



# Component: Research and Related Budget, Sections F - K

- F. Other Direct Costs
  - Itemizes Supplies, Publication Costs, Consultants, ADP/Computer Services, Consortium Costs, Equipment or Facility Rental/User Fees, Alterations & Renovations
  - Have included agency-specific instructions to use this section to also account for patient care costs & tuition remission
- G. Total Direct Costs (A – F)
- H. Indirect Costs
- I. Total Costs
- J. Fee
- K. Budget Justification—a PDF text attachment
- *Next Period* Button: At the top of the last budget page. All required data field in this component must be entered before this button is available



## Component: Research and Related Budget, General Notes

- Applicant prepares a detailed budget for *every* budget period
- *There is no summary budget page like the PHS398 Form Page 5*
- A detailed Cumulative budget is system-generated

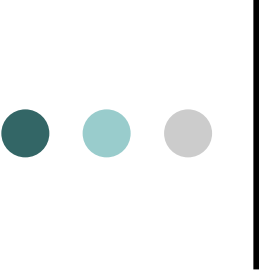
# R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a Pure Edge document.

[Click here to extract the R&R Subaward Budget Attachment](#)

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment



# Component: R&R Subaward Budget Attachment Form

- Used for detailed budget from any consortium grantee
- Allows up to 10 separate budget attachments—one for each consortium grantee
- Applicant sends the R&R budget component to the consortium grantee for completion; it is returned to the applicant; applicant attaches it in this component
- Applicant still needs to include the total costs for all consortiums in their own detailed budget, Section F.5

# SBIR/STTR Information

OMB Number: 0925-0001

Expiration Date: 09/30/2007

**\* Program Type (select only one)**

SBIR  STTR

Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

**\* SBIR/STTR Type (select only one)**

Phase I  Phase II

Fast-Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1. 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	* 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: <input type="text"/>
<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: <a href="http://www.sba.gov">http://www.sba.gov</a>
<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: <input type="text"/>
<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 e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, 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"/>

# SBIR/STTR Information

## Page 1

# SBIR/STTR Information

## Page 2

### SBIR-Specific Questions:

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

<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p>* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.</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>* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?</p>

### STTR-Specific Questions:

Questions 10 and 11 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 10 and 11 blank.

<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p>* 10. Please indicate whether the answer to BOTH of the following questions is TRUE:</p> <p>(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</p> <p>(2) Has the Project Director/Principal Investigator devoted at least 10% effort to the proposed project?</p>
<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p>* 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?</p>





# Component: SBIR/STTR Information

- Includes eligibility questions answered by both SBIR & STTR applicants as well as separate sections for SBIR & STTR-specific questions
- Includes Commercialization Plan as PDF Attachment



# Agency-specific Components *(a.k.a. PHS 398 Components)*

- PHS398 Cover Letter File
- PSH398 Cover Page Supplement  
*(supplements the R&R Cover)*
- PHS 398 Modular Budget
- PHS 398 Research Plan
- PHS 398 Checklist

# PHS 398 Cover Letter

OMB Number: 0925-0001

Expiration Date: 9/30/2007

\*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File



# Component: PHS 398 Cover Letter

- Provides a text attachment for a cover letter
- Instructions to applicant remain the same as in the PHS398
- Will be stored separately in the eRA Grant Folder, not as a part of the main application grant image
- Will be seen only by appropriate NIH staff; not peer reviewers
- Required when submitting a Changed/Corrected Application
- If *revising* the cover letter for a Changed/Corrected application, include all previous submitted letter text

# PHS 398 Cover Page Supplement Page 1

### 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:

\* Street 1:

Street 2:

\* City:

County:

\* State:

\* Zip Code:  \* Country:





# Component: PHS 398 Cover Page Supplement

- Companion form to the (R&R) Cover Component
- For the PI, includes New Investigator Code & Degree fields (*Note, PD/PI info at the top is pre-filled. Provided here for reference only*)
- Includes Clinical Trial & Phase-III defined clinical trial indicators
- For the Business Official Contact, includes complete contact information (*title & mailing address missing from section 5 of the R&R Cover*)
- Includes Human Embryonic Stem Cells section

# PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Expiration Date: 9/30/2007

# PHS 398 Modular Budget

## Budget Period: 1

Start Date:

End Date:

### A. Direct Costs

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

### B. Indirect Costs

Indirect Cost Type

Indirect Cost Rate (%)

Indirect Cost Base (\$)

\* Funds Requested (\$)

1.

2.

3.

4.

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

## Budget Period: 2

Start Date:

End Date:

### A. Direct Costs

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

### B. Indirect Costs

Indirect Cost Type

Indirect Cost Rate (%)

Indirect Cost Base (\$)

\* Funds Requested (\$)

1.

2.

3.

4.

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

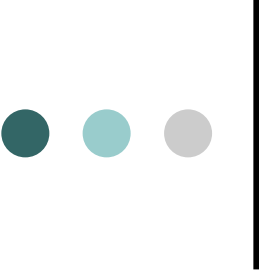
Indirect Cost Rate Agreement Date

Total Indirect Costs

### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)





# Component: PHS 398 Modular Budget

- Provides data entry for each budget period for
  - A. Direct Costs
    - DC less consortium F&A
    - Consortium F&A
    - Total DC
  - B. Indirect Costs Calculation section
  - C. Total Costs (A + B)
- Cumulative Budget is system-generated
- Budget Justification PDF text attachments for Personnel, Consortium and Other

## PHS 398 Research Plan

# PHS 398 Research Plan

### 1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

\*Type of Application:

New  Resubmission  Renewal  Continuation  Revision

### 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
<small>(for RESUBMISSION or REVISION only)</small>				
2. Specific Aims	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
3. Background and Significance	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
4. Preliminary Studies / Progress Report	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
5. Research Design and Methods	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

### Human Subjects Sections

Attachments 6-10 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 6-10 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

6. Protection of Human Subjects	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
7. Inclusion of Women and Minorities	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
8. Targeted/Planned Enrollment Table	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
9. Inclusion of Children	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
10. Data and Safety Monitoring Plan	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

### Other Research Plan Sections

11. Vertebrate Animals	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
12. Consortium/Contractual Arrangements	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
13. Letters of Support	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
14. Resource Sharing Plan(s)	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

15. Appendix	<a href="#">Add Attachments</a>	<a href="#">Remove Attachments</a>	<a href="#">View Attachments</a>
--------------	---------------------------------	------------------------------------	----------------------------------



# Component: PHS 398 Research Plan

- Separate PDF attachments for each section (*designed to maximize benefits of system validations*)
  - For each, include a section heading as part of the text; i.e., Specific Aims, Background & Significance
- Same formatting requirements in the PHS398 continue here—margins, page limits, etc
- Appendix Material
  - Allows up to 10 separate attachments
  - Will be stored separately in the eRA Grant Folder, not as a part of the main application grant image
  - Will be accessible to appropriate NIH staff and peer reviewers

# 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

# PHS398 Checklist Page 1

#### 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="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

# PHS398 Checklist Page 2

#### 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 following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/phs398/PolAssurDef.doc>

\*Human Subjects; \*Research Using Human Embryonic Stem Cells; \*Research on Transplantation of Human Fetal Tissue; \*Women and Minority Inclusion Policy; \*Inclusion of Children Policy; \*Vertebrate Animals; \*Debarment and Suspension; \*Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only) ; \*Lobbying; \*Non-Delinquency on Federal Debt; \*Research Misconduct; \*Civil Rights (Form HHS 441 or HHS 690); \*Handicapped Individuals (Form HHS 641 or HHS 690); \*Sex Discrimination (Form HHS 639-A or HHS 690); \*Age Discrimination (Form HHS 680 or HHS 690); \*Recombinant DNA and Human Gene Transfer Research; \*Financial Conflict of Interest (except Phase I SBIR/STTR); \*Prohibited Research; \*Select Agents; \*Smoke-Free Workplace; \*STTR ONLY: Certification of Research Institution Participation.

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

Explanation:



# Component: PHS 398 Checklist

- Captures additional information currently captured in the PHS398 Checklist
  - Change of PI
  - Change of Grantee Institution
  - Inventions & Patents
  - Program Income
  - PDF Text Upload for and Assurances/Certifications explanation



# What will a completed application look like?

- After submission, the **eRA system** will:
  - Assemble the grant image
  - Generate a Table of Contents
  - Include headers (PI name) & footers (page numbers) on all pages
- “*eRA Assembly of Grant Application*” is found at:  
<http://grants.nih.gov/grants/funding/424/index.htm>  
*(A document providing a sample Table of Contents & a chart cross-referencing the location in the forms components for each piece of the grant image)*

# 424 R&R and PHS-398 Specific Table of Contents

## *Page Numbers*

<b>SF 424 R&amp;R Face Page</b>	<u>1</u>
<b>Table of Contents</b>	<u>3</u>
<b>Research &amp; Related Project/Performance Site Location(s)</b>	<u>          </u>
Additional Locations	<u>          </u>
<b>Research &amp; Related Other Project Information</b>	<u>          </u>
Project Summary/Abstract (Description)	<u>          </u>
Public Health Relevance Statement	<u>          </u>
Bibliography & References Cited	<u>          </u>
Facilities & Other Resources	<u>          </u>
Equipment	<u>          </u>
<b>Research &amp; Related Senior/Key Person</b>	<u>          </u>
Biographical Sketches for each listed Senior/Key Person	<u>          </u>
Additional Senior/Key Person Profiles	<u>          </u>
Additional Biographical Sketches	<u>          </u>
<b>Research &amp; Related Budget – Year 1</b>	<u>          </u>
<b>Research &amp; Related Budget – Year 2</b>	<u>          </u>
<b>Research &amp; Related Budget – Year 3</b>	<u>          </u>
<b>Research &amp; Related Budget – Year 4</b>	<u>          </u>
<b>Research &amp; Related Budget – Year 5</b>	<u>          </u>
<b>Research &amp; Related Budget – Cumulative Budget</b>	<u>          </u>
<b>Research &amp; Related Consortium Budget</b>	<u>          </u>



**SBIR/STTR Information**

Research &amp; Development Outside the U.S.

Commercialization Plan

Prior SBIR Phase II Awards

**PHS 398 Specific Cover Page Supplement****PHS 398 Specific Modular Budget**

Personnel Justification

Consortium Justification

Additional Narrative Justification

**PHS 398 Specific Research Plan**

Introduction to Application

Specific Aims

Background and Significance

Preliminary Studies/Progress Report

Research Design and Methods

Human Subjects Sections

Protection of Human Subjects

Data and Safety Monitoring Plan

Inclusion of Women and Minorities

Targeted/Planned Enrollment Table

Inclusion of Children

Vertebrate Animals

Consortium/Contractual Arrangements

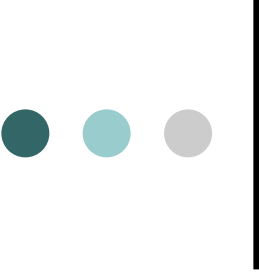
Resource Sharing Plan

Letters of Support

**PHS 398 Checklist**

PHS 398 Specific Assurances/Certification Explanation

**Appendix**



# New Terminology: Type of Application

<b>NIH Term</b>	<b>(R&amp;R) Term</b>
New (T-1)	New
Competing Continuation (T-2)	Renewal
Revision or Amendment	Resubmission
Competing Supplement	Revision

R&R Type of Application also include “Continuation”. This is equivalent to our Progress Report or T-5. NIH will not use the R&R for progress reports.



# New Terminology

<b>NIH Term</b>	<b>(R&amp;R) Term</b>
PA and/or RFA	<b>Funding Opportunity Announcement (FOA)</b> — general term for all PAs and RFAs
PI	PD/PI: Combined term
Authorized Organizational Official (AOO) or Signing Official (SO)	Authorized Organizational Representative (AOR)
Other Support	Current & Pending Support



# New Terminology

<b>NIH Term</b>	<b>(R&amp;R) Term</b>
Literature Cited (Part G. of 398 Research Plan)	“Bibliography & References Cited” in R&R Other Project Information Component
Consortium Budget	Subaward Budget

# Electronic Submission Information:

## <http://era.nih.gov/ElectronicReceipt/>



OER Home

## NIH Electronic Research Administration

# Electronic Submission of Grant Applications

- [Home](#)
- [Drivers for Change](#)
- [Electronic Submission Timeline](#)
- [Preparing for Electronic Submission](#)
- [Applying through Grants.gov](#)
- [Electronic Submission FAQ](#)
- [Related NIH Guide Notices](#)
- [Service Providers](#)
- [Communication Resources/Outreach](#)
- [Support](#)
- [Links](#)
- [History of Electronic](#)

### Electronic Submission

Big changes are coming to grants submission at the National Institutes of Health and the Agency for Healthcare Research Quality. Both NIH and AHRQ will soon **require** all competing research grant applications to come in **electronically** via the web portal of Grants.gov on a new SF 424 Research and Related (R&R) application.

We are phasing in the changes by type of grant program (mechanism), beginning with the Dec. 1, 2005 submission date for small business (SBIR/STTR) applicants and culminating in May 2007 when all grant programs will be submitted electronically on the new form [see [Transition Plan](#)].

Applicants should carefully note the transition date for the grant mechanism for which they wish to apply.

- Once a grant mechanism is transitioned to the electronic mode and the grant opportunity is posted on Grants.gov, applicants will be able to download and begin working on their application package. For instance, if a grant opportunity is posted Oct. 17, applicants will be able to download and begin working on the application package on or after Oct 17. However, they cannot submit the application until the funding opportunity's open date. That grant opportunity may have an open date of Nov. 7 for a Dec. 1 submission deadline. In that case, the applicant can submit an application electronically to Grants.gov any time between the open and submission dates, i.e. any time between Nov. 7 and Dec. 1.
- An applicant must be cognizant of the fact that until a grant mechanism is transitioned any

**NIH is ready for  
Electronic  
Submission.  
Are You?**

[Find out where to register](#)

# Application Guide(s), Sample Application Packages, Additional Format Pages found at:

<http://grants.nih.gov/grants/funding/424/index.htm>

## SF424 (R&R) Application and Electronic Submission Information

The SF424 (R&R) will be used for electronic submission gradually replacing the PHS 398. This page provides preview versions of guides and practice application packages for preparing your application. Also, see the [Electronic Submission of Grant Applications](#) page for more information.

Preview versions of the instructions and application packages are being made available to allow you an opportunity to review and become familiar with them. We welcome comments and feedback as we finalize the guides. Send them to [GrantsInfo@nih.gov](mailto:GrantsInfo@nih.gov).

NOTE: The guides are not yet final and the application packages are for practice only and not to be used to submit any applications. When a Funding Opportunity Announcement (FOA) is posted, it will have an SF424 (R&R) application package that has been populated for the specific FOA. You will use that application package to apply for the opportunity.

**Sections on this Page:** [ [Instructions and Other Information](#) ] [ [Application Packages](#) ] [ [Additional Format Pages](#) ] [ [Contacts](#) ]

Instructions and Other Information	Date Posted	MS Word File	PDF File
Grants.gov Application Guide SF424 (R&R)	10/27/2005	<a href="#">MS Word</a>	PDF (Coming Soon)
Grants.gov SBIR/STTR Application Guide SF424 (R&R)	11/10/2005	<a href="#">MS Word</a>	PDF (Coming Soon)
eRA Assembly of the SF424(R&R) Application (An informational document describing the system-generated grant image of a SF424 (R&R Application) once submitted and received by the agency)	10/12/2005	<a href="#">MS Word</a>	n/a

### SAMPLE Application Packages

**These Application Packages are SAMPLES only. Do not try to use these**



# Finding Help: **Grants.gov Registration & Submission**

If help is needed with the Grants.gov registration process or with the technical aspects of submitting through the Grants.gov system:

- Check the resources available on the Grants.gov website first (<http://grants.gov/> )
- Grants.gov help is also provided by the following office:  
Grants.gov customer support  
Contact Center Phone: 1-800-518-472  
Business Hours M-F 7 a.m.-9 p.m. Eastern Standard Time  
Email [support@grants.gov](mailto:support@grants.gov)



## Finding Help:

# eRA Commons Registration & Validations Processes

If help is needed with the eRA Commons registration process for the applicant organization and principal investigators, or with the application validation process in the eRA Commons after submission through Grants.gov, contact:

- eRA Commons help desk  
Phone: 301-402-7469/866-504-9552 (Toll Free)  
301-451-5939 (TTY)  
Business hours M-F 7am-8pm Eastern Standard Time  
Email [commons@od.nih.gov](mailto:commons@od.nih.gov)
- Also visit:
  - eRA Commons website:  
<https://commons.era.nih.gov/commons/index.jsp>
  - eRA website: <http://era.nih.gov>





## Finding Help: **Application Preparation**

- Review application instruction guide(s)
- Contact Grants Info:
  - Grants Info
  - Phone: 301-435-0714
  - 301-451-0088 (TTY)
  - Email [GrantsInfo@nih.gov](mailto:GrantsInfo@nih.gov)
- All these help resources are found at:  
<http://era.nih.gov/ElectronicReceipt/support.htm>



# Collecting User Feedback

- NIH has established an e-mail address to collect comments and/or suggestions from users:

[NIHElectronicSubmiss@mail.nih.gov](mailto:NIHElectronicSubmiss@mail.nih.gov)

- Share your experiences—successes and challenges
- Share specific suggestions for improvement
- What resources are most useful (*Targeted e-mails, FAQs, Tips & Tools, Commons Alerts, Training tools*)



# Next Steps

- Review E-Application website: <http://era.nih.gov/ElectronicReceipt/>
- Familiarize yourself with the forms and application guide(s)
  - Application guides and sample versions of application packages are available at: <http://grants1.nih.gov/grants/funding/424/index.htm>
  - Must have PureEdge Viewer installed in order to manipulate the sample application packages. (***Check with your IT folks for permission and assistance in downloading this software***)
- Review available training resources: brochures, video library, video webcasts: <http://era.nih.gov/ElectronicReceipt/training.htm>
- Share experiences: 1) Network at mtgs; 2) Listservs
- Determine implementation plans for *your* Institution
- Spread the word—The SF424 (R&R) & electronic submission through Grants.gov are here!