

APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

	<b>2. DATE SUBMITTED</b> <input style="width:100%;" type="text"/>	<b>Applicant Identifier</b> <input style="width:100%;" type="text"/>
	<b>3. DATE RECEIVED BY STATE</b> <input style="width:100%;" type="text"/>	<b>State Application Identifier</b> <input style="width:100%;" type="text"/>
<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>4. Federal Identifier</b> <input style="width:100%;" type="text"/>	
<b>5. APPLICANT INFORMATION</b>		
		<b>* Organizational DUNS:</b> <input style="width:100%;" type="text"/>
<b>* Legal Name:</b> <input style="width:100%;" type="text"/>		
<b>Department:</b> <input style="width:100%;" type="text"/>	<b>Division:</b> <input style="width:100%;" type="text"/>	
<b>* Street1:</b> <input style="width:100%;" type="text"/>	<b>Street2:</b> <input style="width:100%;" type="text"/>	
<b>* City:</b> <input style="width:100%;" type="text"/>	<b>County:</b> <input style="width:100%;" type="text"/>	<b>* State:</b> <input style="width:100%;" type="text"/>
<b>* Country:</b> <input style="width:100%;" type="text"/> USA		<b>* ZIP Code:</b> <input style="width:100%;" type="text"/>
Person to be contacted on matters involving this application <b>Prefix:</b> <input style="width:100%;" type="text"/>		
<b>* First Name:</b> <input style="width:100%;" type="text"/>	<b>Middle Name:</b> <input style="width:100%;" type="text"/>	<b>* Last Name:</b> <input style="width:100%;" type="text"/>
		<b>Suffix:</b> <input style="width:100%;" type="text"/>
<b>* Phone Number:</b> <input style="width:100%;" type="text"/>	<b>Fax Number:</b> <input style="width:100%;" type="text"/>	<b>Email:</b> <input style="width:100%;" type="text"/>
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <input style="width:100%;" type="text"/>	<b>7. * TYPE OF APPLICANT:</b> <input style="width:100%;" type="text"/> Please select one of the following	
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): <b>Small Business Organization Type</b> <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input checked="" type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):	<b>9. * NAME OF FEDERAL AGENCY:</b> <input style="width:100%;" type="text"/> Department of Health and Human Services	
<b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies?	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <input style="width:100%;" type="text"/> 10.001 <b>TITLE:</b> <input style="width:100%;" type="text"/> Program Title	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <input style="width:100%;" type="text"/>		
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> <input style="width:100%;" type="text"/>		
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> <input style="width:100%;" type="text"/> <b>* Ending Date</b> <input style="width:100%;" type="text"/>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. <b>* Applicant</b> <input style="width:100%;" type="text"/> b. <b>* Project</b> <input style="width:100%;" type="text"/>	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>		
<b>Prefix:</b> <input style="width:100%;" type="text"/>		
<b>* First Name:</b> <input style="width:100%;" type="text"/>	<b>Middle Name:</b> <input style="width:100%;" type="text"/>	<b>* Last Name:</b> <input style="width:100%;" type="text"/>
		<b>Suffix:</b> <input style="width:100%;" type="text"/>
<b>Position/Title:</b> <input style="width:100%;" type="text"/>	<b>* Organization Name:</b> <input style="width:100%;" type="text"/>	
<b>Department:</b> <input style="width:100%;" type="text"/>	<b>Division:</b> <input style="width:100%;" type="text"/>	
<b>* Street1:</b> <input style="width:100%;" type="text"/>	<b>Street2:</b> <input style="width:100%;" type="text"/>	
<b>* City:</b> <input style="width:100%;" type="text"/>	<b>County:</b> <input style="width:100%;" type="text"/>	<b>* State:</b> <input style="width:100%;" type="text"/>
<b>* Country:</b> <input style="width:100%;" type="text"/> USA		<b>* ZIP Code:</b> <input style="width:100%;" type="text"/>
<b>* Phone Number:</b> <input style="width:100%;" type="text"/>	<b>Fax Number:</b> <input style="width:100%;" type="text"/>	<b>* Email:</b> <input style="width:100%;" type="text"/>

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width:150px;" 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>
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**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.

**19. Authorized Representative**

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

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

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

\* Country:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative**
**\* Date Signed**

Completed on submission to Grants.gov
Completed on submission to Grants.gov

**20. Pre-application**

**CHECKLIST**

**Public Burden Statement:**

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

**NOTE TO APPLICANT:**

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application:  NEW  Noncompeting Continuation  Competing Continuation  Supplemental

**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

- |  | Included                 | NOT Applicable           |
|--|--------------------------|--------------------------|
| 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) .....   | <input type="checkbox"/> |                          |
| 2. Proper Signature and Date on PHS-5161-1 "Certifications" page. ....   | <input type="checkbox"/> |                          |
| 3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) .....  | <input type="checkbox"/> |                          |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) |                          |                          |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....  |                          |                          |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....  |                          |                          |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....   |                          |                          |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....   |                          |                          |
| 5. Human Subjects Certification, when applicable (45 CFR 46) .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**PART B: This part is provided to assure that pertinent information has been addressed and included in the application.**

- |   | YES                      | NOT Applicable           |
|---|--------------------------|--------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) ..... | <input type="checkbox"/> |                          |
| 3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE?.....   | <input type="checkbox"/> |                          |
| 4. Have biographical sketch(es) with job description(s) been attached, when required?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....              | <input type="checkbox"/> |                          |
| 6. Has the 12 month detailed budget been provided? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the detailed budget address only the additional funds requested? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**PART C: In the spaces provided below, please provide the requested information.**

Business Official to be notified if an award is to be made

**Name:** Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
**Title:**  **Organization:**   
**Address:** \* Street1:  Street 2:   
 \* City:  \* State:   
 \* Zip Code:  \* Country: USA  
**\* Telephone Number:**   
**E-mail Address:**   
**Fax Number:**

Program Director/Project Director/Principal Investigator designated to direct the proposed project

**Name:** Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
**Title:**  **Organization:**   
**Address:** \* Street1:  Street2:   
 \* City:  \* State:   
 \* Zip Code:  \* Country: USA  
**\* Telephone Number:**   
**E-mail Address:**   
**Fax Number:**

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

-  -

**SOCIAL SECURITY NUMBER**

**HIGHEST DEGREE EARNED**

**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)



### INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

### EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order. 12372 and, where appropriate, whether the State has been given an opportunity to comment.

# RESEARCH & RELATED 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		Fax Number		* E-Mail
<input type="text"/>		<input type="text"/>		<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"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
			<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person <u>1</u>				
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		Fax Number		* E-Mail
<input type="text"/>		<input type="text"/>		<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"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
			<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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Additional Biographical Sketch(es) (Senior/Key Person)

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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Additional Current and Pending Support(s)

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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# RESEARCH & RELATED Project/Performance Site Location(s)

## Project/Performance Site Primary Location

Organization Name:											
* Street1:				Street2:							
* City:			County:			* State:		* ZIP Code:		* Country:	

## Project/Performance Site Location 1

Organization Name:											
* Street1:				Street2:							
* City:			County:			* State:		* ZIP Code:		* Country:	

<input type="button" value="Reset Entry"/>	<input type="button" value="Next Site"/>
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<b>Additional Location(s)</b>	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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OMB Number: 4040-0001  
Expiration Date: 04/30/2008

**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

*(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="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"/>
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**RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1**

\* 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.	<b>Total funds requested for all equipment listed in the attached file</b>	<input type="text"/>
	<b>Total Equipment</b>	<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"/>
<b>Total Travel Cost</b>	<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"/> <b>Number of Participants/Trainees</b> <b>Total Participant/Trainee Support Costs</b>	<input type="text"/>

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

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 (\$)

**Total Direct Costs (A thru F)**

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>			<b>0.00</b>

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

**Total Direct and Indirect Institutional Costs (G + H)**

J. Fee

Funds Requested (\$)

K. \* Budget Justification

(Only attach one file.)

**RESEARCH & RELATED BUDGET - Cumulative Budget**

		Totals (\$)
<b>Section A, Senior/Key Person</b>		<input type="text"/>
<b>Section B, Other Personnel</b>		<input type="text"/>
Total Number Other Personnel	<input type="text"/>	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		<input type="text"/>
<b>Section C, Equipment</b>		<input type="text"/>
<b>Section D, Travel</b>		<input type="text"/>
1. Domestic	<input type="text"/>	
2. Foreign	<input type="text"/>	
<b>Section E, Participant/Trainee Support Costs</b>		<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"/>	
<b>Section F, Other Direct Costs</b>		<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"/>	
<b>Section G, Direct Costs (A thru F)</b>		<input type="text"/>
<b>Section H, Indirect Costs</b>		<input type="text"/>
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		<input type="text"/>
<b>Section J, Fee</b>		<input type="text"/>

# 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

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

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p><b>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</b></p> <p>Completed on submission to Grants.gov</p>	<p><b>* TITLE</b></p> <input data-bbox="873 1360 1495 1402" type="text"/>
<p><b>* APPLICANT ORGANIZATION</b></p> <input data-bbox="103 1472 850 1514" type="text"/>	<p><b>* DATE SUBMITTED</b></p> <p>Completed on submission to Grants.gov</p>

# 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

# ATTACHMENTS FORM

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

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

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

**Instructions for the SF424 R&R (Research and Related)**

This application form is replacing the 6025 training application form and the 398 application form. The 424 R&R will be used for all HRSA training and research programs.

**INSTRUCTIONS FOR THE APPLICATION FACE PAGES**

Below are detailed instructions for the completion of the 424 R&R form:

Field	Instructions
1.	Select <b>Type of Submission</b> : Check the appropriate type from the submission options. Select <b>Application</b> for all HRSA grant programs
2.	<b>Date Submitted</b> : Enter the date the application is submitted to the Federal agency.
3.	<b>Date Received by State</b> : State Use Only (if applicable)
4.	<b>Federal Identifier</b> : New Project Applications should leave this field blank. If this is a Continuation application (competing or non-competing) or a Supplement, enter your grant number located on your Notice of Grant Award (NGA).
5.	<p><b>Applicant Information</b>: All items in bold are required fields and must be completed</p> <p>Enter your <b>Organization’s DUNS Number</b> (received from Dun and Bradstreet), Enter the <b>Legal Name, Applicant Department</b> (if applicable) and <b>Division</b> (if applicable) who will undertake the assistance activity. In <b>Street 1</b> enter the first line of the street address of your organization. In <b>Street2</b> enter the second line of your organization, if applicable. Enter the <b>City, County and State, Zip Code</b> and <b>Country</b> where your organization is located. Enter the <b>Person to be Contacted on Matters Involving the Application</b>:</p> <p><b>This is the POINT OF CONTACT, the person to be contacted</b> for the matters pertaining to this specific application (i.e. principle investigator, project director, other). Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the person to be contacted on matters relating to this application. Enter the <b>Phone</b> and <b>Fax</b> number as well as the <b>E-MAIL</b> address of this person. <b>These are all required fields.</b></p>
6.	<p><b>Employer Identification (EIN)/ (TIN)</b></p> <p>Enter the 9 Digit Employer Identification Number as Assigned by the Internal Revenue Services.</p>
7.	<p><b>Type of Applicant</b> : Select the appropriate letter from one of the following:</p> <ul style="list-style-type: none"> <li>A. State Government</li> <li>B. County Government</li> <li>C. City or Township Government</li> <li>D. Special District Government</li> <li>E. Independent School District</li> <li>F. State Controlled Institution of Higher Education</li> <li>G. Native American Tribal Government (Federally Recognized)</li> </ul>

	<p>H. Public/Indian Housing Authority</p> <p>I. Native American Tribal Organization (other than Federally recognized)</p> <p>J. Nonprofit with 501C3 IRS status (other than Institute of Higher Education)</p> <p>K. Nonprofit without 501C3 IRS status (other than Institute of Higher Education)</p> <p>L. Private Institution of Higher Education</p> <p>M. Individual</p> <p>N. For Profit Organization(other than small business)</p> <p>O. Small Business</p> <p>P. Other (specify)</p> <p><b>Women Owned:</b> Check if you are a woman owned small business( 51% owned/controlled and operated by a woman/women)</p> <p><b>Socially and Economically Disadvantaged:</b> Check if you are a socially and economically disadvantaged small business, as determined by the U.S. SBA pursuant to Section 8(a) of the SBA U.S.C.637(a).</p>
8.	<p><b>Type of Application: Select the Type from the following list :</b></p> <ul style="list-style-type: none"> <li>- <b>New:</b> A new assistance award</li> <li>- <b>Resubmission</b> ( not applicable to HRSA)</li> <li>- <b>Renewal</b> – An application for a competing continuation – this is a request for an extension for an additional funding/budget period for a project with a projected completion.</li> <li>-<b>Continuation:</b> A non-competing application for an additional funding/budget period for a project within a previously approved projected period</li> <li>- <b>Revision:</b> Any change in the Federal Governments financial obligation or contingent liability from an existing obligation. Indicate the <b>Type of Revision</b> by checking the appropriate box: <ul style="list-style-type: none"> <li>A. Increase in Award (supplement, competing supplement)</li> <li>B. Decrease Award</li> <li>C. Increase Duration</li> <li>D. Decrease Duration</li> <li>E. Other (Enter text to Explain)</li> </ul> </li> </ul> <p><b>Is Application being submitted to Other Agencies:</b> Indicate by checking <b>YES</b> or <b>NO</b> if the application is being submitted to HRSA only.</p> <p><b>What other Agencies:</b> Enter Agency Name ( if applicable)</p>
9.	<p><b>Name of Federal Agency:</b> Enter the Name of the Federal Agency from which assistance is being requested</p>
10.	<p><b>Catalogue of Federal Domestic Assistance Number (CFDA):</b> Use the CFDA Number found on the front page of the program guidance and associated Title of the CFDA (if available).</p>
11.	<p><b>Descriptive Title of Applicant’s Project:</b> Enter a brief descriptive title of the project. A continuation or revision must use the same title as the currently funded project.</p>
12.	<p><b>Areas Affected by Project:</b> List only the largest political Entities affected by the</p>

	project ( ex. states, counties, cities)
13.	<b>Proposed Project:</b> Enter the project <b>Start Date</b> of the project in the Start Date Field and the project <b>Ending Date</b> in the Ending Date Field. ( ex.11/01/2005 to 10/31/2008)
14.	<b>Congressional District Applicant and Congressional District Project:</b> Enter your Congressional District(s) in Applicant Field. Enter the Congressional District (s) of Project, the primary site where the project will be performed. ( <a href="http://www.gpoaccess.gov/cdirectory/browse-cd-05.html">http://www.gpoaccess.gov/cdirectory/browse-cd-05.html</a> )
15.	<b>Project Director/Principal Investigator Contact Information :</b> All items in bold are required fields and must be completed Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the Project Director/Principle Investigator (PD/PI) for the project. Enter the <b>Title</b> of the PD/PI and the <b>name of the organization</b> of the PD/PI. Enter the name of the primary organization <b>Department</b> and <b>Division</b> of the PD/PI. In <b>Street 1</b> enter the first line of the street address of the PD/PI for the project. In <b>Street2</b> enter the second line of the street address for the PD/PI, if applicable. Enter the <b>City, County</b> and <b>State, Zip Code</b> and <b>Country</b> of the PD/PI. Enter the <b>Phone</b> and <b>Fax</b> number as well as the <b>E-MAIL</b> address of this person. <b>These are all required fields.</b>
16.	<b>Estimated Project Funding:</b> <b>a. Total Estimated Project Funding</b> Enter the total <b>Federal Funds</b> requested for the <b>BUDGET PERIOD</b> for which you are applying. <b>Enter only the amount for the year you are applying, NOT the amount for the entire project period.</b> <b>b. Total Federal and Non-Federal Funds:</b> Enter the total Federal and non-Federal funds for the <b>BUDGET PERIOD</b> for which you are applying. <b>c. Estimated Program Income:</b> Identify any Program Income for the <b>BUDGET PERIOD.</b>
17.	<b>Is Application Subject to Review by State Executive Order 12372 Process:</b> If YES: Check the YES box if the announcement indicates that the program is covered under State Executive Order 12372. If NO: Place a check in the NO box.
18.	<b>Complete Certification</b> Check the “I agree” box to attest to acceptance of required certifications and assurances listed at the end of the Application.
19.	<b>Authorized Representative</b> (Authorizing Official - This is the person who has the authority to sign the application for the organization ) All items in bold are required fields and must be completed  Enter the name of Authorized Representative/Authorizing Official. Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the Authorized Representative (AR) or Authorizing Official (AO). Enter the <b>Title</b> of the Authorized Representative and the <b>organization</b> of the AR/AO. Enter the name of the primary organization <b>Department</b> and <b>Division</b> of the AO. In <b>Street1</b> enter the first line of the street address of the AR/AO for the project. In <b>Street2</b> enter the second line of the street address for the AR/AO, if applicable. Enter the <b>City, County</b> and <b>State, Zip Code</b> and <b>Country</b> of the AR/AO. Enter the <b>Phone</b> and <b>Fax</b> number as well as the <b>E-MAIL</b> address of AR/AO this person.

	<p><b>These are all required fields .</b></p> <p><b>Date Signed: If you are submitting this electronically please print off a copy of the face/cover pages of the application, sign and send them to HRSA’s Grants Application Center (GAC) –( See the program guidance for the GAC’s address)</b></p> <p>Note: Applicant applying in paper must send their entire grant application with the signed face/cover pages to the GAC</p>
20.	<p><b>Pre-Application</b></p> <p>This is Not applicable to HRSA. A limited number of HRSA programs require a Letter of Intent which is different from a preapplication. Information required and the process for submitting such a Letter of Intent is outlined in the funding opportunity announcements for those programs with such a requirement. .</p>

INSTRUCTIONS FOR 5161 CHECKLIST (This is used for the 424 R&R as well)

Field	Instructions
Type of Application	<p>Check one of the boxes corresponding to one of the following types:</p> <ul style="list-style-type: none"> <li>- <b>New:</b> A new application is a request for financial assistance for a project or program not currently receiving DHHS support.</li> <li>-<b>Non competing Continuation:</b> A non-competing application for an additional funding/budget period for a project within a previously approved project period</li> <li>- <b>Competing Continuation</b> ( same as Renewal from 424R&amp;R face page) –this is a request for an extension of support for an additional funding/budget period for a project with a projected completion.</li> <li>- <b>Supplemental</b> (same as Revision from 424 R&amp;R face page) An application requesting a change in the Federal Governments financial obligation or contingent liability from an existing obligation.</li> </ul>
Part A	Leave this Section Blank
Part B	Leave this Section Blank
Part C	In the Space Provided below, please provide the requested information
Business Official to be notified if an award is to be made	<p>Enter the name of Business Official to be notified if an award is to be made. Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the Business Official and the <b>organization. Enter the Address Street1</b> enter the first line of the street address of the Business Official. In <b>Street2</b> enter the second line of the street address for the AR/AO, if applicable. Enter the <b>City, County and State, Zip Code</b> and <b>Country</b> of the business</p>

	official. Enter the <b>Telephone</b> and <b>Fax</b> number as well as the <b>E-MAIL</b> address of Business Official. Enter the Applicant Organizations 12 Digit DHHS EIN ( if already assigned) – This should be the same information as supplied in file number 5 of the 424 R&R face page .
Project Director/Principle Investigator designated to direct the proposed project	Enter the name of Project Director/Principle Investigator (PD/PI) – this should be the same information as supplied on the 424 R & R face page field number 15. Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable). Enter the name of the primary organization and Address: <b>Street1</b> enter the first line of the street address of the AR/AO for the project. In <b>Street2</b> enter the second line of the street address for the AR/AO, if applicable. Enter the <b>City, County</b> and <b>State, Zip Code</b> and <b>Country</b> of the PD/PI. Enter the <b>Telephone Number, E-Mail</b> and <b>Fax</b> number. <b>DO NOT</b> enter the social security number. Enter the highest degree earned for the PD/PI.

**INSTRUCTIONS FOR R&R SENIOR/KEY PERSON PROFILE**

Starting with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement senior key personnel are defined as all individuals who contribute in a substantive, measurable way to the execution of the project or activity whether or not salaries are requested. Consultants should be included if they meet this definition. For each of these individuals a Biosketch should be attached which lists the individual’s credentials/degrees.

Field	Instruction
Prefix	Ex. Mr., Ms. Mrs. Rev. Enter the Prefix for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of the 424 R&R.
First Name	This is the first (given) name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the 424 R&R.
Middle Name	This is the middle name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the 424 R&R.
Last Name	This is the last name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the last name of the project director identified on the face page of the 424

	R&R.
Suffix	Enter the Suffix (Ex. Jr., Sr., PhD.,) for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of the 424 R&R.
Position/Title	Enter the Title for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Title for the project director identified on the face page of the 424 R&R.
Department	This is the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Department for the project director identified on the face page of the 424 R&R.
Organization Name	This is the name of the organizational for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Organization Name for the project director identified on the face page of the 424 R&R.
Division	This is the primary organizational division, office, or major subdivision of the individual. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Division for the project director identified on the face page of the 424 R&R.
Street1	This is the first line of the street address for the individual identified as a key/senior person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Street address for the project director identified on the face page of the 424 R&R.
Street 2	This is the second line of the street address (if applicable) for the individual identified. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the second line of the Street address ( if applicable) for the project director identified on the face page of the 424 R&R
City	Enter the city where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.
County	Enter the County where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.
State	Enter the state where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated
ZIP Code	Enter the Zip Code where the key/senior person is located. If this is

	the entry for the Project Director and you are submitting electronically this field will be prepopulated
Phone Number	Enter the daytime phone number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated
Fax Number	Enter the fax number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated
Email address	Enter the email address for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated- This is a required field
Credential e.g. agency login	Leave this field blank
Project Role	Enter the project role from the list below 1. Project Director (PD)/Principle Investigator(PI) 2. Co- PD/Co- PI 3. Faculty 4. Post Doctoral 5. Post Doctoral Associate 6. Other Professional 7. Graduate Student 8. Undergraduate Student 9. Technician 10. Consultant 11. Other (Specify)
Other Project Role Category	Complete if you selected “Other “as a project role. For example, Engineer, social worker.
Attach Biographical Sketch	Provide a biographical sketch for the PD/PI or Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual’s credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Save the information in a single file and attach by clicking Add attachment –if applying electronically
Attach Current & Pending Support	Follow the individual program guidance pertaining to this issue. If current and pending support on level of effort documentation is required, please attach accordingly.

## INSTRUCTIONS FOR R&R PROJECT PERFORMANCE SITE LOCATION(S) FORM

Indicate the primary site/sites where the work or activity will occur. If a portion of the project is at any other location(s), identify it in the section provided. If more than eight project/performance site locations are proposed, provide the information in a separate file and attach these in a file in the space provided at the bottom of the form. If applying in paper add this information as part of the appendix.

Enter the Primary Performance Site first. Add all other performance sites in the space provided.

Field name	Instructions
Organization Name	Enter the Name of the Performance Site/Organization
Street 1	Enter the first line of the street address of the performance site location
Street 2	Enter the second line of the street address of the performance site location, if applicable
City	Enter the city of the performance site.
County	Enter the county where the performance site is located.
State	Select from the list of States or enter the State/province in which the performance site is located
Zip Code	Enter the zip code of the performance sit location
Country	Enter the country of the performance site from the list

## INSTRUCTIONS FOR R&R BUDGET

### Section A & B

#### SECTION A

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For applicants applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form..
Enter Name of Organization	Enter the name of your organization
Start Date	Enter the requested Start Date of Budget Period
End Date	Enter the requested End Date of the Budget Period ( these should cover 1 full year/12 months)
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)
A. Senior/Key Person	Enter the <b>Prefix, First/(Given) name, Middle name</b> (if applicable), <b>Last Name</b> and <b>Suffix</b> of the senior/key person
Project Role	Enter the project role of the Senior/Key person.
Base Salary (\$)	Enter the annual compensation paid by the employer for each Senior/Key person. This includes all activities such as research, teaching, patient care. etc.
Cal. Months	Enter the number of Calendar months devoted to the project in the applicable box for each project role category
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category ( If your institution does not use a 9 month academic period, indicate your institution's definition of academic year in the budget justification)
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category ( If your institution does not use a 3 month summer period, indicate your institution's definition of summer period in the budget justification)
Requested Salary (\$)	Regardless of the number of months being devoted to the project, indicate only the funds being requested to cover the amount of salary/wages for each senior/key person for this budget period
Fringe Benefits (\$)	Enter applicable fringe benefits, if any, for each senior/key person

Funds Requested (\$)	Enter federal funds requested for salary/wages & fringe benefits for each senior/key person for this budget period for this project.
Line 9. Total Funds Requested for all Senior Key Persons in the attached Files	Enter the total federal funds requested for all senior/key persons listed in the attached file (these requested funds would be for key persons over and above those listed in the preceding rows/fields of section A). If applicants are applying in hardcopy please attach a table listing the key personnel over and above the 8 persons listed on the budget page using the same format appearing in the budget table and enter the total funds requested for these additional by people in row 9.
Additional Senior Key Persons (attach file)	If applying electronically attach a file here detailing the funds requested for key personnel over and above the 8 senior/key persons already listed in this section; include all pertinent budget information. The total funds requested in this file should be entered in “ <b>the total funds requested for all additional senior/key persons in line 9 of Section A</b> . If applying in hardcopy please be certain to provide detailed information on the key personnel as well as funds requested in the same format appearing in the budget table. Be certain to include the total funds for these additional key persons in <b>the total funds requested for all additional senior/key persons in line 9 of Section A</b> .

## SECTION B. Other Personnel

Field Name	Instructions
Number of Personnel	For each project role/category identify the number of personnel proposed.
Project Role	If project role is other than Post-Doctoral Associates, Graduate Students, Undergraduate students, or Secretarial/Clerical, enter the appropriate project role ( for example, Engineer, Statistician, IT Professional etc. ) in the blanks.
Cal. Months	Enter the number of Calendar months devoted to the project in the applicable box for each project role category/stipend category
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category ( If your institute does not use a 9 month academic period , indicate your institution’s definition of academic year in the budget justification)
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category ( If your institute does not use a 3 month summer period , indicate your institution’s definition of summer period in the budget justification)
Requested Salary (\$)	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages/stipend amount being requested for each project role
Fringe Benefits	Enter applicable fringe benefits, if any, for each project role category

(\$)	
Funds Requested (\$)	Enter requested salary/wages & fringe benefits for each project role category
Total Number Other Personnel	Enter the total number of other personnel and related funds requested for this project
Total Salary, Wages and Fringe Benefits (A &B)	Enter the total funds requested for all senior key persons, stipends and all other personnel- If applying electronically this will be computed based on detailed information provided. If applying through hard copy please enter this number, ensuring that the total is equal to the detailed information provided

RESEARCH AND RELATED BUDGET

SECTION C, D, E,

**Section C, D & E**

**SECTION C: Equipment Description**

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form)
Enter Name of Organization	Enter the name of your organization
Start Date	Enter the requested Start Date of Budget Period
End Date	Enter the requested/proposed End Date of the Budget Period ( these should cover 1 full year/12 months)
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc. )
Equipment Item	Equipment is identified as an item of property that has an acquisition cost of \$5,000 or more (unless the organization has established lower levels) and an expected service life of more than 1 year. List each item of equipment separately and justify each in the budget justification section. Ordinarily allowable items are limited to those which will be used primarily or exclusively in the actual conduct or performance of grant activities.
Funds Requested	Enter the estimated cost of each item of equipment, including shipping and any maintenance costs and agreements.
Total Funds Requested for all equipment listed in the attached files	Enter the estimated cost of all equipment listed in any attached documents/files.
Additional Equipment	If the space provided can not accommodate all the equipment proposed, attach a file or document delineating the equipment proposed. If applying in hardcopy please provide this information on a separate/attached sheet. List the total funds requested on line 11 of this section.

## SECTION D. Travel

Field Name	Instructions
Domestic Travel Costs (Incl. Canada, Mexico, and US Possessions)	Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US possessions. In the budget justifications section, include the purpose , destinations, dates of travel (if known) , and number of individuals for each trip. If the dates of travel are known, specify estimated length of trip (for example, 3 days)
Foreign Travel Costs	Enter the total funds to be used for foreign travel. Foreign travel includes any travel outside of the United States, Canada, Mexico and or the U.S. Possessions. In the budget justification section, include the purpose, destination, travel dates (if known), and number of individuals for each trip. If the dates of travel are not known , specify estimated length of trip ( ex. 3 days)
Total Travel Costs	The total funds requested for all travel related to this project– this should equal the total of all domestic and foreign and may be computed if applying electronically. If applying in hardcopy please enter this amount

RESEARCH AND RELATED BUDGET

SECTION C, D, E,

**SECTION E: Participant/Trainee Support Costs**

Field Name	Instructions
Tuition/Fees/Health Insurance	Enter the total amount of funds requested for participant /trainee tuition, fees, and /or health insurance. (if applicable)
Stipends	Enter the total amount of funds requested for participant /trainee stipends.
Travel	Enter the total funds requested for participant/trainee travel associated with this project (if applicable)
Subsistence	Enter the total funds requested for participant/trainee subsistence (if applicable)
Other	Describe and enter the total funds requested for any other participant/trainee costs/institutional allowances, scholarships etc. Please identify these in the space provided.
Number of Participants	Enter the total number of proposed participants/trainees (those receiving stipends, scholarships, etc.)
Trainee Costs	Enter the total costs associated with the above categories (i.e. participants/trainees- items 1-5). If applying electronically this total will be calculated for you.

RESEARCH AND RELATED BUDGET - SECTION F-K Budget Period

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of Organization	Enter the name of your organization
Start Date	Enter the requested Start Date of the Budget Period
End Date	Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months)
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc. )

**SECTION F. Other Direct Cost**

Field Name	Instructions
1. Materials and Supplies	Enter the total funds requested for materials and supplies. In the budget justification attachment please itemize all categories for which costs exceed \$1,000. Categories less than \$1,000 do not have to be itemized.
2. Publication Costs	Enter the total publication funds requested. The budget may request funds for the cost of documenting, preparing, publishing or otherwise disseminating the findings of this project to others. In the budget justification include supporting information.
3. Consultant Services	Enter the total funds requested for consultant services. In the budget justification identify each consultant, the services to be performed, travel related to this project and the total estimated costs.
4. ADP/Computer Services	Enter total funds requested for ADP/computer services. In the budget justification include the established computer service rates at the proposed organization (if applicable)

5. Subawards/Consortia/ Contractual Costs	Enter total funds requested for subaward, consortium and/or contractual costs proposed for this project.
6. Equipment/Facility Rental/ User Fees	Enter total funds requested for equipment or facility rental or users fees. In the budget justification please identify and justify these fees.
7. Alterations and Renovations (not applicable to training program grants)	Enter the total funds requested for alterations and renovations. In the budget justification itemize by category and justify the costs including repairs, painting, removal or installation of partitions. Where applicable provide square footage and costs.
Items 8-10	In items 8-10 please describe any “other” direct costs not requested above. Use the Budget Justification attachment to further itemize and justify these costs. If line space is inadequate please use line 10 to combine all remaining “other direct costs” and include details of these costs in the budget justification.
Total Other Costs	The total funds requested for all Other Direct Costs

**SECTION G: Direct Costs**

**If applying electronically, this item will be computed as the sum of sections A-F . If applying in paper please enter the sum of sections A-F in this field**

**SECTION H: Indirect Costs**

Field Name	Instructions
Indirect Cost Type	Indicate the type of indirect cost. Also indicate if this is off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect cost rate (s) approved by a Federal Agency indicate “None—will negotiate” and include information for proposed rate. Use the budget justification if additional space is needed.
Indirect Cost Rate (%)	Indicate the most recent indirect cost rate(s), also known as Facilities and Administrative Costs {F&A} established with a cognizant Federal office or, in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you do not have a cognizant oversight agency and are selected for an award, you must submit your requested indirect cost rate documentation to the awarding department. For HHS this would be the Division of Cost Allocation in DHHS.
Indirect Cost Base	Enter amount of the base for each indirect cost type.

(\$)	
Funds Requested	Enter the total funds requested for each indirect cost type.
Cognizant Federal Agency	Enter the name of the cognizant Federal Agency, name and telephone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter None.

**SECTION I: Total Direct and Indirect Institutional Costs (Section G+ Section H)**

Enter the total funds requested for direct and indirect costs. If applying electronically this field will be calculated for you.

**SECTION J: Fee**

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a fee. If a fee is allowable, enter the fee requested in this field.

**SECTION K: Budget Justification**

Detailed instructions for information to include in this section will be provided in the program application guidance. Use the budget justification to provide the additional information in each budget category and any other information necessary to support your budget request. Please use this attachment/section to provide the information requested/required in the program guidance. Please refer to the guidance to determine the need for and placement of (ex. in Appendix section) any other required budget tables stipulated in the guidance.

**RESEARCH AND RELATED BUDGET –CUMULATIVE BUDGET**

If applying electronically, all of the values on this form will be calculated based on the amounts that were entered previously under sections A through K for each of the individual budget periods. Therefore, if this application is being submitted electronically no data entry is allowed or required in order to complete this Cumulative Budget section.

If any amounts displayed on this form appear to be incorrect you may correct the value by adjusting one or more of the values that contributed to the total from the previous sections. To make such an adjustment you will need to revisit the appropriate budget period form(s) to enter corrected values.

If applying in paper form please ensure that entries in the cumulative budget are consistent with those entered in Sections A-K.

Field Name	Instructions
<b>Section A: Senior/Key Person</b>	The cumulative total funds requested for all Senior/Key personnel.
<b>Section B: Other Personnel</b>	The cumulative total funds requested for all other personnel.

Total Number Other Personnel	The cumulative total number of other personnel.
Total Salary, Wages, and Fringe Benefits (Section A + Section B)	The cumulative total funds requested for all Senior/Key personnel and all other personnel.
<b>Section C: Equipment</b>	The cumulative total funds requested for all equipment.
<b>Section D: Travel</b>	The cumulative total funds requested for all travel.
1. Domestic	The cumulative total funds requested for all domestic travel.
2. Foreign	The cumulative total funds requested for all foreign travel.
<b>Section E: Participant/Trainee Support Costs</b>	The cumulative total funds requested for all participant/trainee costs.
1. Tuition/Fees/Health Insurance	Enter the number of Calendar months devoted to the project in the applicable box for each project role category.
2. Stipends	Enter the cumulative total funds requested for participants/trainee stipends.
3. Travel	The cumulative total funds requested for Trainee /Participant travel.
4. Subsistence	The cumulative total funds requested for Trainee/Participant subsistence.
5. Other	The cumulative total funds requested for any Other participant trainee costs including scholarships.
6. Number of participants/trainees	The cumulative total number of proposed participants/trainees.
<b>Section F: Other Direct Costs</b>	The cumulative total funds requested for all other direct costs.
1. Materials and Supplies	The cumulative total funds requested for Materials and Supplies.
2. Publication Costs	The cumulative total funds requested for Publications.
3. Consultant Services	The cumulative total funds requested for Consultant Services.
4. ADP/Computer Services	The cumulative total funds requested for ADP/Computer Services.
5. Subawards/ Consortium/ Contractual Costs	The cumulative total funds requested for 1) all subaward/ consortium organization(s) proposed for the project, and 2) any other contractual costs proposed for the project.
6. Equipment or Facility Rental/User Fees	The cumulative total funds requested for Equipment or Facility Rental/ User Fees.
7. Alterations and Renovations	The cumulative total funds requested for Alterations and Renovations.
8. Other 1	The cumulative total funds requested in line 8 or the first Other

	Direct Costs category.
9. Other 2	The cumulative total funds requested in line 9 or the second Other Direct Costs category.
10. Other 3	The cumulative total funds requested in line 10 or the third Other Direct Costs category.
<b>Section G: Direct Costs A-F</b>	The cumulative total funds requested for all direct costs.
<b>Section H: Indirect Costs</b>	The cumulative total funds requested for all indirect costs.
<b>Section I : Total Direct and Indirect Costs</b>	The cumulative total funds requested for direct and indirect costs.
<b>Section J: Fee</b>	The cumulative funds requested for Fees (if applicable).

#### INSTRUCTIONS FOR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Subawards are not allowed by HRSA unless legislatively authorized or requested in the Program Application Guidance. Please click on the subaward budget attachment to obtain the required budget forms. Attach all budget information by attaching the files in line items 1-10. Please do not attach any files to the subaward documents as they will not be transferred to HRSA. All justification for expenditures should be added to the budget justification for the project in section K of the project budget.

#### SF 424 R&R ASSURANCES

Read the 424 R&R Assurances in the program guidance. Signing of the application FACE Page and sending the signed face page to the Grants Application Center (see guidance) indicates acceptance of these Assurances listed.

#### SF 424 R&R OTHER PROJECT INFORMATION COMPONENT

##### **SF 424 R&R Other Project Information:**

**If this is an application for a Research Grant Please Respond to All of the Questions on this page.**

**If this is an application for a Training Grant Please Respond to Items 1 and Items 6-11.**

Field Name	Instructions
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1. Are Human Subjects Involved	If activities involving human subjects are planned at any time during proposed project check YES. Check this box even if the proposed project is exempt from Regulations for the protection of Human Subjects. Check NO if this is a training grant or if no activities involving human subjects are planned and skip to step 2.
1.a If YES to Human Subjects Involved	<p>Skip this section if the answer to the previous question was NO. If the answer was YES, indicate if the IRB review is pending. If IRB has been approved enter the approval date. If exempt from IRB approval enter the exemption numbers corresponding to one or more of the exemption categories. See:  <a href="http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm">http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm</a> for a list of the six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects.</p> <p>For Human Subject Assurance Number enter the IRB approval number OR the approved Federal Wide Assurance ( FWA) , multiple project assurance (MPA) , Single Project Assurance(SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research Protections, if available.</p>
2. Are Vertebrae Animals Used	If activities using vertebrae animals are planned at any time during the proposed project at any performance site check the YES box; otherwise check NO and proceed to step 3.
2 a. If YES to Vertebrae animals	Indicate if the IACUC review is pending by checking YES in this field otherwise check NO. Enter the IACUC approval Date in the approval date field leave blank if approval is pending. For Animal Welfare Assurance Number , enter the Federally approved assurance number if available
3. Is Proprietary /Privileged Information Included in the Application	Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in the application only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check the YES box and clearly mark each line or paragraph of the pages containing proprietary/privileged information with a legend similar to: “the following contains proprietary /privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation.
4a. Does this project have an actual or potential impact on the environment?	If your project will have an actual or potential impact on the environment check the YES box and explain in the box provided in <b>4b</b> . Otherwise check NO and proceed to question 5a.

4.b. If yes, please explain	If you checked the YES box indicating an actual or potential impact on the environment, enter the explanation or the actual or potential impact on the environment here.
4c. If this project has an actual or potential impact on the environment has an exemption been authorized or an Environmental Assessment (EA) or an Environmental Impact Statement (EIS) been performed?	If an exemption has been authorized or an EA or EIS has been performed check the YES box in 4d. Otherwise check the NO box.
4d. If yes please explain	If you checked the YES box indicating an exemption has been authorized or an EA or EIS has been performed, enter the explanation.
5a. Does the project involve activities outside of the U.S. or partnership with international collaborators?	If your project involves activities outside of the U.S. or partnerships with international collaborators check the YES box and list the countries in the box provided in 5b and an optional explanation in box 5c. Otherwise check NO and proceed to item 6.
5b. If yes Identify Countries	If the answer to 5a is YES – identify the countries with which international cooperative activities are involved.
5c. Optional explanation	Use this box to provide any supplemental information, if necessary. If necessary you can provide the information as an attachment by clicking “Add Attachment” to the right of Item 11 below.
6. Project Summary/ Abstract	<p>Please refer to the guidance for instructions regarding the information to include in the project summary/abstract. The project summary must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of the objectives and methods employed. The summary must NOT include any proprietary/confidential information.</p> <p>If applying electronically attach the summary/abstract by clicking on “Add Attachment” and browse to where you saved the file on your computer and attach.</p>
7. Project Narrative	Provide the project narrative in accordance with the program guidance/announcement and/or agency/program specific

	instructions. If you are applying electronically, to attach project narrative click “Add Attachment,” browse to where you saved the file, select the file, and click to attach. .
8. Bibliography and References Cited	Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers and year of publication. Include only bibliographic citations. Be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of this application. If applying electronically – attach the bibliography by clicking “Add Attachment” on line 8.
9. Facilities and Other Resources	<p>This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their pertinent capabilities, relative proximity and extent of availability to the project (e.g. machine shop, electronic shop), and the extent to which they would be available to the project.</p> <p>To attach a Facilities and Other Resources file, click Add Attachment, browse to where you saved the file, select the file and then click open.</p>
10. Equipment	List major items of equipment already available for this project and if appropriate identify location pertinent capabilities. To attach an Equipment file click “Add Attachment “ and select the file to be attached.
11. Other Attachments	Attach a file to provide any program specific forms or requirements not provided elsewhere in the application in accordance with the agency or program specific guidance. Click “Add Attachment” and select the file for attachment from where you saved the file.

## ATTACHMENTS FORM

Use this form to add files/attachments required in the program guidance whose location has not been specified elsewhere in the application package. Use the first line item to attach the file with information on your organization’s Business Official. Name this file BUSINESS OFFICIAL INFORMATION. Attach other files as required in the program guidance.