


Sample Only
OSRS WU Direct-Pay Template

NIH ASSIST Application Package Forms-H Sample-Application Initiation

[Home](#) > Initiate Application

Initiate Application for FOA #: PA-20-185

After initiation, the *Lead Application Organization Name* and *Lead Application Organization DUNS* cannot be changed.

**FOA INFORMATION:**

Please verify you have the correct solicitation #

FOA Number:	PA-20-185
Opportunity Title:	NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Competition ID:	FORMS-H
Competition Title:	Use for due dates on or after January 25, 2023
Opportunity Open Date:	10/26/2022
Opportunity Close Date:	05/07/2023
Agency Contact:	eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/
Application Identifier:	
Application Project Title * (describe title in 200 characters)	Project Title Forms-H
Lead Applicant Organization: *	WASHINGTON UNIVERSITY

Lead Applicant Organization Address: Campus Box 1054
1 Brookings Drive
SAINT LOUIS, MO 631304862

Lead Organization DUNS: 0685522070000

Lead Organization UEI: L6NFUM28LQM5

SAM Registration Expiration Date: 11/17/2023

An active SAM Registration is required to submit your application to the agency [Click for SAM Registration Details](#)

Contact Project Director/Principal Investigator

Enter PD/PI Information below or [Pre-fill Application from Username](#) [Clear](#)

First Name: Sally

Middle Name: J

Last Name: Researcher

[Initiate Application](#) [Cancel](#)

Click here to use Commons ID to pre-fill information

NIH ASSIST Application Package (R01) Forms-H Sample-Summary Page

Home > Search for Applications > Application Information

Hide Navigation [Show Help](#)

Application Information

Tips:

- AORs must continue to use their Grants.gov username and password to submit their applications. Login.gov credentials are not supported for submission at this time
- If you are unable to submit using your Grants.gov username and password for your organization, please login to Grants.gov and go to the MyAccount section and reset your Grants.gov password

Application saved

Summary | RIR Cover | Cover Page Supplement | Other Project Information | Sites | Sr/Key Person Profile | Research Plan | Human Subjects and Clinical Trials

Application Information

Application Identifier: 1365176

Application Project Title: Project Title Forms-H

PD/PI Name: Researcher, Sally J

Organization: WASHINGTON UNIVERSITY

Project Period:

Status: [Work in Progress](#) [Submit Application](#) "Submit Application" is only active for Signing Officials

Status Date: 2023-01-11 03:41:43.000 PM EST

Helpful tips at the top of each screen

When department is ready to submit, proposal status can be changed with "Update Submission Status" button on the left Actions Menu. Switch to "Ready to Submit"



FOA Information:

FOA Information:	PA-20-185
Opportunity Title:	NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
Agency:	National Institutes of Health
CFDA Number:	
Competition ID:	FORMS-H
Competition Title:	Use for due dates on or after January 25, 2023
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SAM Registration Expiration Date: 11/17/2023

An active SAM Registration is required to submit your application to the agency

[Click for SAM Registration Details](#)

- Fields are automatically populated in this section
- Some actions are only available from this screen, such as Preview Application. The “Return to Application” action can be used to return to this screen
- Use the left menu to update settings and status

Actions ?

MANAGE ACCESS

Use to add forms such as R&R budget/subaward budget

ADD OPTIONAL FORM

PREVIEW APPLICATION

Preview/save a copy of the proposal

VALIDATE APPLICATION

Validate/Check for errors or warnings

VIEW STATUS HISTORY

UPDATE SUBMISSION STATUS

Use to update the status of the proposal

COPY APPLICATION

DELETE APPLICATION

NIH ASSIST Application Package (R01) Forms-H Sample-Cover Page Form

Hide Navigation

Show Help

Application Information ?

Tips:

- Complete this form first. Some information is forward populated to other forms.
- Multi-project applications - For the Overall component, complete the entire form. For other components, you will only be able to complete a subset of fields (Applicant Information, Type of Applicant - optional, Descriptive Title of Applicant's Project and Proposed Project Start/End Dates). Expand All will expose fields available for data entry.

Summary **R&R Cover** Cover Page Supplement Other Project Information Sites Sr/Key Person Profile Research Plan Human Subjects and Clinical Trials

Application for Federal Assistance

OMB Number: 4040-0001
Expiration Date: 11/30/2025

SF 424 (R&R) v5.0 ?

Edit

Expand All * Required field(s)

1. * TYPE OF SUBMISSION

* Type of Submission Pre-Application Application Changed/Corrected Application

Chose correct application type

2. DATE SUBMITTED

Date Submitted

Applicant Identifier

Enter RMS#_PI Last Name_First Initial
(ex: P23-12345_Researcher_S)

3. DATE RECEIVED BY STATE

Date Received by State

State Application Identifier

4. A. FEDERAL IDENTIFIER / 4. B. AGENCY ROUTING IDENTIFIER / 4. C. PREVIOUS TRACKING IDENTIFIER

Federal Identifier

Agency Routing Identifier

Previous Grants.gov Tracking ID

5. * APPLICANT INFORMATION

* UEI

* Legal Name

Department

Division

* Street 1

Street 2

* City

County/Parish

State

Province

* Country

Zip/Postal Code

Person to be contacted on matters involving this application

Prefix

* First Name

Middle Name

* Last Name

Suffix

Position/Title

* Street 1

Street 2

* City

County/Parish

State

Province

* Country

Zip/Postal Code

* Phone Number

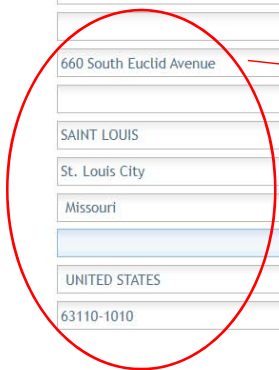
Fax Number

Email

Blank if new, if not new, Grant # in either format: 1R01CA123456-01 or CA123456

Use for Change/Corrected Applications
Entry Format: GRANT12345678

Enter PI's department name



Zip Codes must be 9 digits

Med School Address:
 Street 1: 660 South Euclid Avenue
 Street 2: Leave Blank
 City: St. Louis
 County/Parish: St. Louis City
 Zip: 63110-1010

Danforth Address:
 Street 1: Campus Box 1054
 Street 2: One Brookings Drive
 City: St. Louis
 County/Parish: St. Louis
 Zip: 63130-4862

Use researchgrants@wusm.wustl.edu

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

* Employer Identification

7. * TYPE OF APPLICANT

* Type of Applicant

Other (specify)

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)

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

What other Agencies?

9. * NAME OF FEDERAL AGENCY

* Name of Federal Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

Catalog of Federal Domestic Assistance Number

Title

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

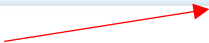
* Descriptive Title of Applicant's Project

12. * PROPOSED PROJECT

* Start Date

* Ending Date

13. * CONGRESSIONAL DISTRICT OF APPLICANT

* Congressional District of Applicant 

(e.g. CA-012, outside the U.S. enter 00-000)

Read and select correct answers

Congressional District in the format:
 2 character state abbreviation
 3 character District Number

14. * PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

The PD/PI Contact Information on the SF 424 (R&R) Cover is populated from the PROFILE - Project Director/Principal Investigator on the Research and Related Senior/Key Person Profile (Expanded) form. If you wish to change these items, please do so on the Research and Related Senior/Key Person Profile (Expanded) form; you will not be able to edit the response here.

Prefix

* First Name

Middle Name

* Last Name

Suffix

* Position/Title

* Organization Name

Department

Division

* Street 1

Street 2

* City

County/Parish

* State

Province

* Country

* Zip/Postal Code

* Phone Number

Fax Number

* Email

PI's email here

15. * ESTIMATED PROJECT FUNDING

* a. Total Federal Funds Requested

* b. Total Non-Federal Funds

* c. Total Federal & Non-Federal Funds

* d. Estimated Program Income

Generally, a & c should match and b & d should be \$0. Check guidelines for exceptions.

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. * Yes This pre-application/application was made available to the State Executive Order 12372 process for review on: Date

b. * No Program is not covered by E.O. 12372; or Program has not been selected by State for review

17. By signing this application, I certify (1) to the statements contained in the best of my knowledge. I also provide the required assurances* and agree to not fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

* I agree

Generally, the answer is no. Check guidelines for statements about State Executive Order 12372

* 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.

18. SFLLL (DISCLOSURE OF LOBBYING ACTIVITIES) OR OTHER EXPLANATORY DOCUMENTATION

SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment Delete Attachment View Attachment

19. * AUTHORIZED REPRESENTATIVE

Prefix: --- Select Prefix ---

* First Name: Teri

Middle Name:

* Last Name: Medley

Suffix: --- Select Suffix ---

* Position/Title: Director

* Organization: Washington University

Department: Office of Sponsored Research Services

Division:

* Street 1: Campus box 1054

Street 2: One Brookings Drive

* City: St. Louis

County/Parish: St. Louis

* State: Mississippi

Province:

* Country: UNITED STATES

* Zip/Postal Code: 63110-4862

* Phone Number: 314-747-4134

Fax Number: 314-362-8712

* Email: researchgrants@wum.wust.edu

* Signature of Authorized Representative: Completed on submission to Grants.gov

* Date Signed: 01/11/2023

This should match Teri Medley's information from box 5.

NIH ASSIST Application Package (R01) Forms-H Sample-Cover Page Supplement

Home > Search for Applications > Application Information

Show Navigation Show Help

Application Information

Tip:

- Multi-project applications - In the Overall component, repeat any Human Embryonic Stem Cell lines from other components in the cell line table. For other components, enter Human Embryonic Stem Cells used for the component.

Summary RBR Cover **Cover Page Supplement** Other Project Information Sites Sr/Key Person Profile Research Plan Human Subjects and Clinical Trials

PHS 398 Cover Page Supplement
PHS398 CoverPageSupplement v5.0

OHG Number: 0922-0001
Expiration Date: 09/30/2024

Edit View Burden Statement

1. Vertebrate Animals Section

Are vertebrate animals euthanized?
If "Yes" to euthanasia Yes No

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?
If "No" to AVMA guidelines, describe method and provide scientific justification Yes No

PI and department should read and respond with correct answers for all of these sections

2. Program Income Section

* Is program income anticipated during the periods for which the grant support is requested? Yes No

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

Budget Period	Anticipated Amount (\$)	Source(s)	Remove
---------------	-------------------------	-----------	--------

Add Income Budget Period

3. Human Embryonic Stem Cells Section

* Does the proposed project involve human embryonic stem cells? Yes No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. Or, if a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used:

Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s): (Example: 0004)

Add Stem Cell Line

4. Human Fetal Tissue Section

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

If "Yes" then provide the HFT Compliance Assurance Add Attachment Delete Attachment View Attachment

If "Yes" then provide the HFT Sample IRB Consent Form Add Attachment Delete Attachment View Attachment

5. Inventions and Patents Section (for Renewal applications)

* Inventions and Patents Yes No

If "Yes" then answer the following:

* Previously Reported Yes No

For renewals, answer yes or no to inventions and patents. If yes, answer next question.

Previously reported means that WU OTM is aware of invention and has reported it to iEdison.gov

6. Change of Investigator/Change of Institution Section

Change of Project Director/Principal Investigator

Name of former Project Director/Principal Investigator

Prefix

* First Name

Middle Name

* Last Name

Suffix

Change of Grantee Institution

* Name of former Institution

NIH ASSIST Application Package (R01) Forms-H Sample-R&R Other Project Information

Home > Search for Applications > Application Information

Hide Navigation Show Help

Application Information ?

Tips:
For Multi Project Applications:

- Human Subjects: Answer only the 'Are Human Subjects Involved?' and 'Is the Project Exempt from Federal regulations?' questions for non-Overall components.
- Vertebrate Animals: Answer only the 'Are Vertebrate Animals Used?' question for non-Overall components.
- Project Narrative: Required for Overall component. Check FOA instructions for all other components.

Summary R&R Cover Cover Page Supplement **Other Project Information** Sites Sr/Key Person Profile Research Plan Human Subjects and Clinical Trials

Research & Related Other Project Information

R&R OtherProjectInfo v1.4 OMB Number: 4040-0001
Expiration Date: 11/30/2025

Edit * Required field(s)

1. * Are Human Subjects Involved Yes No

1.a If YES to Human Subjects
Is the project exempt from Federal regulations?
If yes, check the appropriate exemption number.
If no, is the IRB review Pending?
IRB Approval Date
Human Subjects Assurance Number

Yes No
 1 2 3 4
 Yes No

If yes, enter appropriate information below

If human subjects are involved, enter: 00002284

2. * Are Vertebrate Animals Used? Yes No

2.a If YES to Vertebrate Animals
Is the IACUC review Pending?
IACUC Approval Date
Animal Welfare Assurance Number

Yes No

If yes, answer questions below

If Animal Subjects are involved, enter: D1600245

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

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

4.b. If yes, please explain:

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

4.d. If yes, please explain:

5. * Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.a. If yes, please explain:

6. * Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries:

6.b. Optional Explanation:

Read and select answers

7. * Project Summary/Abstract	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8. * Project Narrative	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Bibliography & References Cited	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Facilities & Other Resources	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Equipment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12. Other Attachments	<input type="text"/>	Add Attachment		

Attachment File Name	Delete on Save	Update Attachment	View Attachment
Nothing found to display.			

NIH ASSIST Application Package (R01) Forms-H Sample-Performance Sites

Home > Search for Applications > Application Information

Show Navigation Show Help

Application Information

All editable fields marked with **◆◆◆** must be entered in order to Save this form. Please gather these data before beginning your data entry.

Summary R&R Cover Cover Page Supplement Other Project Information **Sites** Sr/Key Person Profile Research Plan Human Subjects and Clinical Trials

Project/Performance Site Locations Summary

Project/Performance Site Location(s) OMB Number: 4040-0010
Expiration Date: 11/30/2025

PerformanceSite v4.0 * Required field(s)

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Do not select

Project Performance Site

Organization Name: Washington University

UEI (e.g. ABCDE1234567): L6NFIJH2BLQMS

* Street 1: 660 South Euclid Avenue

Street 2:

* City: Saint Louis

County/Parish: St. Louis City

State: Missouri

Province:

* Country: UNITED STATES

Zip/Postal Code: 63110-1010

Project/Performance Site Congressional District (e.g. CA-012, outside the U.S. enter 00-000): MO-001

Information on this page will pre-populate, edit if needed

Only for Canada

9 digit zip code required if located in U.S.

**Congressional District in the format:
2 character state abbreviation
3 character District Number**

Application Information

Tips:

For Multi Project Applications:

- For the Overall component, enter the Primary Site only.
- For other components, list all performance sites that are part of the component.

Summary RBR Cover Cover Page Supplement Other Project Information **Sites** Sr/Key Person Profile Research Plan Human Subjects and Clinical Trials

Project/Performance Site Locations Summary

Primary Performance Site

Organization Name	UEI	Address	Action
WASHINGTON UNIVERSITY	L6NFUMZ8LQMS	660 South Euclid Avenue SAINT LOUIS, MO 63110-1010 UNITED STATES	Edit View

Project/Performance Site Location(s)

[Add Site](#)

Click here to add an additional site outside WU (ex: subaward performance sites)

Entry #	Organization Name	Action
Nothing found to display.		

NIH ASSIST Application Package (R01) Forms-H Sample-Senior/Key Personnel

Application Information

Tips:

For Multi Project Applications:

- In the Overall component, only enter the PD/PI and any multi-PD/Pis for the entire application and use the PD/PI role for each.
- For other components, enter all Sr/Key for that component and use roles other than PD/PI.
- Each Sr/Key person gets one biosketch covering their involvement for the entire application. It does not matter which component is chosen to include the single biosketch.
- A system-generated Summary of Sr/Key persons and their biosketches will appear with the Overall component when the application is assembled. Biosketches will not be included in component previews.

Summary RBR Cover Cover Page Supplement Other Project Information **Sr/Key Person Profile** Research Plan Human Subjects and Clinical Trials

Sr/Key Person Summary

PROFILE - Project Director/Principal Investigator

PD/PI Name	Project Role	Action
Sally J Researcher	PD/PI	Edit View

PROFILE - Senior/Key Person(s)

[Add Sr/Key](#)

Entry #	Sr/Key Person	Project Role	Action
1	Fake MedUnderCap	Co-Investigator	Edit Remove View

Enter additional Key Personnel here.

(ex: additional PD/PI's, Key Personnel, and Other Significant Contributors)

The role of Co-PI/PD is not used by NIH

All editable fields marked with "*" must be entered in order to Save this form. Please gather these data before beginning your data entry.

- Summary
- R&R Cover
- Cover Page Supplement
- Other Project Information
- Sites
- Sr/Key Person Profile**
- Research Plan
- Human Subjects and Clinical Trials

Sr/Key Person Summary

Research & Related Senior/Key Person Profile (Expanded)

OMB Number: 4040-0001
Expiration Date: 11/30/2025

R&R Key Person Expanded v4.0

Edit

* Required field(s)

PROFILE -

Credential, e.g., agency login [Populate fields from Credentials](#)

Prefix

* First Name

Middle Name

* Last Name

Suffix

Position/Title

Department

Organization Name

Division

* Street 1

Street 2

* City

County/Parish

Enter assigned Commons User name for all Senior/Key Personnel

State

Province

* Country

* Zip/Postal Code

* Phone Number

Fax Number

* E-Mail

* Project Role

Other Project Role Category

Degree Type

Degree Year

Attach Biographical Sketch [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Attach Current & Pending Support [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Only for Canada

9 digit zip code required if located in U.S.

Generally not required. Check guidelines for exceptions.

Research & Related Senior/Key Person Profile (Expanded)

R&R Key Person Expanded v4.0 ?

OMB Number: 4040-0001
Expiration Date: 11/30/2025

Edit

* Required field(s)

PROFILE -

Credential, e.g., agency login [Populate fields from Credentials](#)

Prefix

* First Name

Middle Name

* Last Name

Suffix

Position/Title

Department

Organization Name

Division

* Street 1

Street 2

* City

County/Parish

State

Province

* Country

* Zip/Postal Code

* Phone Number

Fax Number

* E-Mail

* Project Role

Other Project Role Category

Degree Type ?

Degree Year

Attach Biographical Sketch [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Attach Current & Pending Support [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

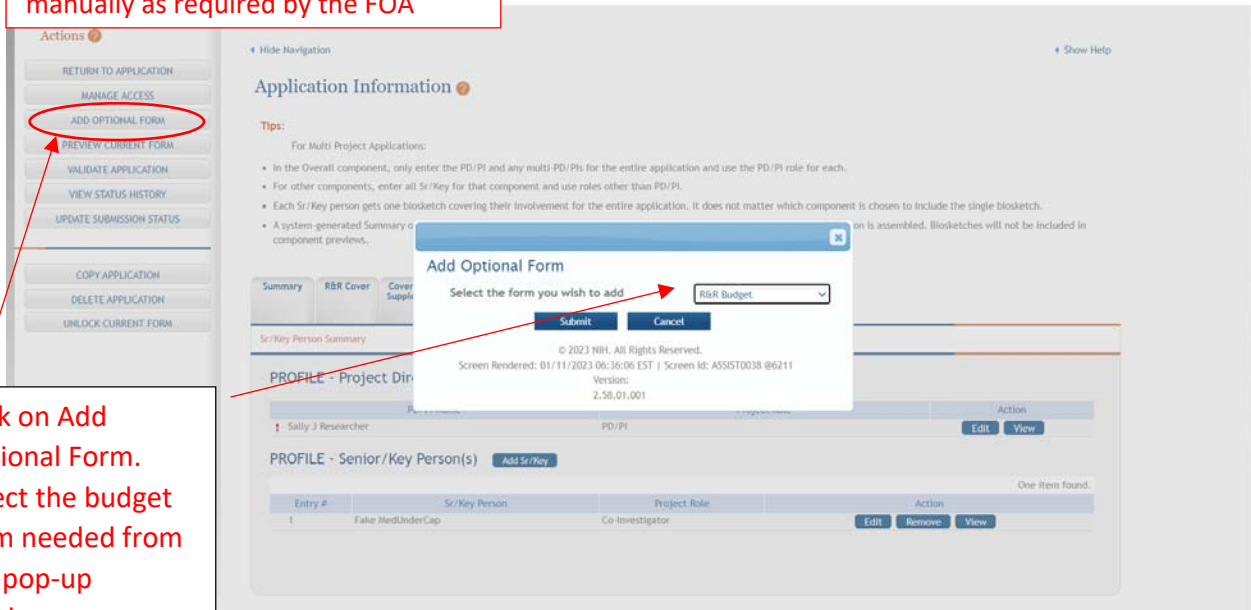
Only for Canada

9 digit zip code required if located in U.S.

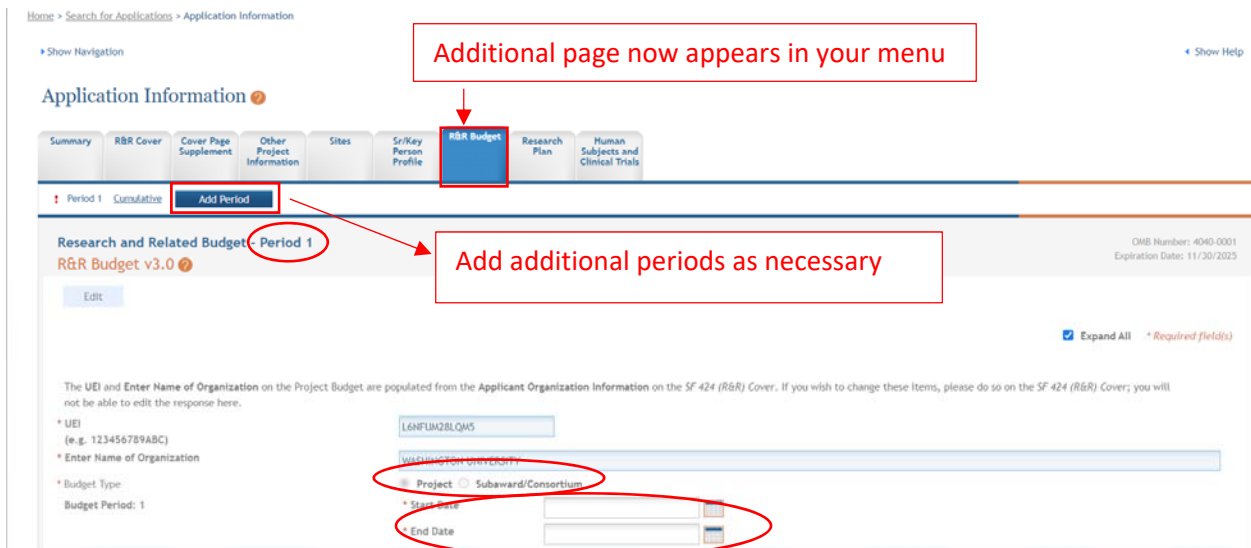
Include only if required by Funding Opportunity Announcement

NIH ASSIST Application Package (R01) Forms-H Sample-R&R Budget

R&R Budget forms must be added manually as required by the FOA



Click on Add Optional Form. Select the budget form needed from the pop-up window.



Principal Investigator role must be entered as PD/PI

A. * Senior/Key Person / B. Other Personnel

A. Senior/Key Person

Person Name	Project Role	Base Salary (\$)	Cal.	Months Acad.	Sum.	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)	Action
Sally J Researcher	PD/PI								Edit Remove

Additional Senior/Key Persons

Add Attachment

Total Funds requested for all Senior/Key Person

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Cal.	Months Acad.	Sum.	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)	Remove
<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"/>
<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"/>
<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"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="0"/>	Total Number Other Personnel							

Total Other Personnel \$

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

Person months should match RMS Budget and Budget Justification

Person months should match RMS Budget and Budget Justification

C. Equipment Description

Equipment Item	Funds Requested (\$)	Action
Nothing found to display.		

Additional Equipment

Add Attachment Delete Attachment View Attachment

Total funds requested for all equipment listed in the attached file \$

Total Equipment \$

D. Travel

Funds Requested (\$)

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

2. Foreign Travel Costs \$

Total Travel Costs \$

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance \$

2. Stipends \$

3. Travel \$

4. Subsistence \$

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs \$

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"/>
11. <input type="text"/>	\$ <input type="text"/>
12. <input type="text"/>	\$ <input type="text"/>
13. <input type="text"/>	\$ <input type="text"/>
14. <input type="text"/>	\$ <input type="text"/>
15. <input type="text"/>	\$ <input type="text"/>
16. <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	\$ <input type="text"/>
Total Other Direct Costs	\$ <input type="text" value="0.00"/>

G. Direct Costs

Total Direct Costs (A thru F) \$

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)	Action
Nothing found to display.				
			Total Indirect Costs	\$ <input type="text" value="0.00"/>

I. Total Direct and Indirect Costs

Funds Requested \$

J. Fee

Funds Requested \$

K. Total Costs and Fee

Funds Requested \$

L. * Budget Justification

* (Only attach one file) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

[Save and Keep Lock](#)
[Save and Release Lock](#)
[Cancel and Release Lock](#)
[Remove Budget Period](#)
[Remove Form](#)

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

Enter information of Cognizant Federal agency:
DHHS, Arif Karim, 301-492-4855

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)	Action
Nothing found to display.				

H. Indirect Costs * Required field(s)

* Indirect Cost Type

Indirect Cost Rate

Indirect Cost Base \$

* Funds Requested \$

© 2023 NIH. All Rights Reserved.
Screen Rendered: 01/11/2023 07:09:04 EST | Screen ID: ASSIST0037#621
Version: 2.58.01.001

This is the pop up window to enter Indirect Costs

Summary RBR Cover Cover Page Supplement Other Project Information Sites Sr/Key Person Profile **RBR Budget** Research Plan Human Subjects and Clinical Trials

↑ Period: 1 Cumulative

Research and Related Budget - Cumulative Budget

OMB Number: 4040-0001
Expiration Date: 11/30/2025

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

NIH ASSIST Application Package (R01) Forms-H Sample-Research Plan

Summary	R&R Cover	Cover Page Supplement	Other Project Information	Sites	Sr/Key Person Profile	R&R Budget	Research Plan	Human Subjects and Clinical Trials
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PHS 398 Research Plan
PHS398 Research Plan v5.0

OMB Number: 0925-0001
Expiration Date: 10/31/2025

[Edit](#) [View Burden Statement](#) * Required field(s)

Introduction

1. Introduction to Application
(for Resubmission and Revision applications)

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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Research Plan Section

2. Specific Aims

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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* 3. Research Strategy

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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4. Progress Report Publication List

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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Other Research Plan Section

5. Vertebrate Animals

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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6. Select Agent Research

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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7. Multiple PD/PI Leadership Plan

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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8. Consortium / Contractual Arrangements

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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9. Letters of Support

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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10. Resource Sharing Plan(s)

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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11. Other Plan(s)

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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12. Authentication of Key Biological and/or Chemical Resources

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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Appendix

13. Appendix [Add Attachment](#)

Attachment File Name	Delete on Save	Update Attachment	View Attachment
Nothing found to display.			

[Save and Keep Lock](#) [Save and Release Lock](#) [Cancel and Release Lock](#)

NIH ASSIST Application Package (R01) Forms-H Sample-Human Subjects and Clinical Trials

Summary R&R Cover Cover Page Supplement Other Project Information Sites Sr/Key Person Profile R&R Budget Research Plan **Human Subjects and Clinical Trials**

PHS Human Subjects and Clinical Trials Information

PHS Human Subjects and Clinical Trials Information v3.0

OMB Number: 0925-0001
Expiration Date: 09/30/2024

[Edit](#) [View Burden Statement](#) * Required field(s)

Use of Human Specimens and/or Data

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

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

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

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

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

Are Human Subjects Involved? Yes No

Is the Project Exempt from Federal regulations? Yes No

Exemption number: 1 2 3 4 5 6 7 8

[Save and Keep Lock](#) [Save and Release Lock](#) [Cancel and Release Lock](#)

Enter appropriate information