

Kirschstein–NRSA Individual Fellowship Application Checklist

Applicant completes Section 1.

NAME OF APPLICANT *(Last, first, middle initial)*

Section 1 – Applicant

A. TYPE OF APPLICATION

NEW application *(This application is being submitted to the PHS for the first time.)*

REVISION of application number _____

(This application replaces a prior unfunded version of a new or competing continuation application.)

COMPETING CONTINUATION of award number _____

(This application is to extend a funded award beyond its current award period.)

CHANGE of Sponsoring Institution Name of former Institution: _____

B. ASSURANCES/CERTIFICATIONS

The following assurances/certifications are made and verified by your signature in Item 15 on the Face Page of the application.

• Debarment and Suspension • Delinquent Federal Debt • Drug-Free Workplace *(Applicable only to new or revised applications being submitted to the PHS for the first proposed project period-- Type 1.)* Descriptions of individual certifications are included in Part III, Policies, Assurances, Definitions, and Other Information, of the application instructions. If unable to certify compliance, provide an explanation and place it after this page. Use a Continuation Page.

C. KIRSCHSTEIN–NRSA SENIOR FELLOWSHIP APPLICANTS ONLY

1. PRESENT INSTITUTIONAL BASE SALARY

Amount Academic Period/number of months

2. STIPEND/SALARY DURING FIRST YEAR OF PROPOSED FELLOWSHIP

a. Stipend requested from PHS

Amount Number of months

b. Supplementation from other sources

Amount Number of months Type *(sabbatical leave, salary, etc.)* Source

D. TUITION and FEES

Predocctoral applicants should list estimated combined costs of tuition and fees. Postdoctoral applicants should list the estimated costs for the tuition and fees for courses planned that support the research training experience. For postdoctoral applicants, those courses should be described under Section D. Research Design and Methods of the Research Training Plan. Health insurance for predocctoral and postdoctoral fellowships is now paid as part of the institutional allowance. Senior Fellowship applicants should omit this section.

None Requested

Funds Requested:

Year – 01	Year – 02	Year – 03	Year – 04	Year – 05	Year – 06 (when applicable)

Section II – Sponsoring Institution

ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III, Policies, Assurances, Definitions, and Other Information. If unable to certify compliance, where applicable, provide an explanation and place it after this page.
 • Human Subjects Research • Research Using Human Embryonic Stem Cells • Research on Transplantation of Human Fetal Tissue • Women and Minority Inclusion Policy • Inclusion of Children Policy • Vertebrate Animals •

• Debarment and Suspension • Drug-Free Workplace *(applicable to new [Type 1] or revised [Type 1] applications only)* • Non-Delinquency on Federal Debt • Research Misconduct • Civil Rights (Form HHS 441 or HHS 690) • Handicapped Individuals (Form HHS 641 or HHS 690) • Sex Discrimination (Form HHS 639-A or HHS 690) • Age Discrimination (Form HHS 680 or HHS 690) • Recombinant DNA Research, Including Human Gene Transfer Research • Financial Conflict of Interest (except Phase I SBIR/STTR) • Smoke Free Workplace • Prohibited Research • Select Agents and Toxins