

Program Director/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location

Organizational Name:

DUNS:

Street 1: Street 2:

City: County: State:

Province: Country: Zip/Postal Code:

Project/Performance Site Congressional Districts:

Additional Project/Performance Site Location

Organizational Name:

DUNS:

Street 1: Street 2:

City: County: State:

Province: Country: Zip/Postal Code:

Project/Performance Site Congressional Districts:

Program Director/Principal Investigator (Last, First, Middle):

SCIENTIFIC/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells **No** **Yes**

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:

<http://stemcells.nih.gov/research/registry/>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

The name of the program director/principal investigator must be provided at the top of each printed page and each continuation page.

RESEARCH GRANT TABLE OF CONTENTS

Page Numbers

Face Page	1
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells	_____
Table of Contents	_____
Detailed Budget for Initial Budget Period	_____
Budget for Entire Proposed Period of Support	_____
Budgets Pertaining to Consortium/Contractual Arrangements	_____
Biographical Sketch – Program Director/Principal Investigator (<i>Not to exceed four pages each</i>).....	_____
Other Biographical Sketches (<i>Not to exceed four pages each – See instructions</i>).....	_____
Resources	_____
Checklist	_____
Research Plan	_____
1. Introduction to Resubmission Application, if applicable (<i>Not to exceed three pages.</i>), or Introduction to Revision Application, if applicable (<i>Not to exceed one page.</i>).....	_____
2. Specific Aims	_____
3. Background and Significance	_____
4. Preliminary Studies/Progress Report	_____
5. Research Design and Methods	_____
6. Inclusion Enrollment Report (Renewal or Revision applications only).....	_____
7. Bibliography and References Cited/Progress Report Publication List.....	_____
8. Protection of Human Subjects	_____
9. Inclusion of Women and Minorities	_____
10. Targeted/Planned Enrollment Table	_____
11. Inclusion of Children	_____
12. Vertebrate Animals	_____
13. Select Agent Research	_____
14. Multiple PD/PI Leadership Plan	_____
15. Consortium/Contractual Arrangements	_____
16. Letters of Support (e.g., Consultants).....	_____
17. Resource Sharing Plan (s).....	_____

(Items 2-5: not to exceed 25 pages)

Appendix (*Five identical CDs.*)

Check if Appendix is Included

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT <i>(Itemize)</i>								
SUPPLIES <i>(Itemize by category)</i>								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i>								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i>								\$
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								\$

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>						
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
TOTAL DIRECT COSTS						
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD						\$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the project/performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

Program Director/Principal Investigator (Last, First, Middle):

Place this form at the end of the signed original copy of the application.
Do not duplicate.

PERSONAL DATA ON PROGRAM DIRECTOR(S)/PRINCIPAL INVESTIGATOR(S)

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed program director(s)/principal investigator(s).

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. When multiple PDs/PIs are proposed, complete a form for each. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests the last four digits of the Social Security Number for accurate identification, referral, and review of applications and for management of PHS grant programs. Although the provision of this portion of the Social Security Number is voluntary, providing this information may improve both the accuracy and speed of processing the application. Please be aware that no individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose this section of the Social Security Number. The PHS requests the last four digits of the Social Security Number under Sections 301(a) and 487 of the PHS Acts as amended (42 U.S.C 241a and U.S.C. 288). All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)	SEX/GENDER
SOCIAL SECURITY NUMBER (last 4 digits only) XXX-XX-	<input type="checkbox"/> Female <input type="checkbox"/> Male

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Hispanic or Latino

Not Hispanic or Latino

RACE

2. What race do you consider yourself to be? Select one or more of the following.

American Indian or Alaska Native. A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Check here if you do not wish to provide some or all of the above information.

Program Director/Principal Investigator (Last, First, Middle):

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title: _____

Total Planned Enrollment: _____

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category: Total of All Subjects *			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of All Subjects *			

* The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: _____
 Total Enrollment: _____ Protocol Number: _____
 Grant Number: _____

PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race				
Ethnic Category	Sex/Gender			Total
	Females	Males	Unknown or Not Reported	
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
Ethnic Category: Total of All Subjects*				*
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of All Subjects*				*
PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)				
Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of Hispanics or Latinos**				**

* These totals must agree.
 ** These totals must agree.

Use this Table of Contents for Research Career Development Awards. Include candidate's name on each page.

RESEARCH CAREER DEVELOPMENT AWARD TABLE OF CONTENTS (Substitute Page)

Page Numbers

Letters of Reference* (attach unopened references to the Face Page)

Basic Administrative Data

Table listing administrative data items such as Face Page, Description, Table of Contents, Budget, Biographical Sketches, and Resources with corresponding page numbers.

Career Development Plan

The Candidate

Table listing candidate-related items like Background, Career Goals, and Training, with a bracket indicating a 25-page limit for items 2-5.

Statements by Mentor, Co-Mentor(s),* Consultant(s),* and Contributor(s)*

Environment and Institutional Commitment to Candidate

Table listing environment and commitment items like Institutional Environment and Research Career Development.

Research Plan

Table listing research plan items 1 through 17, with a bracket indicating a 25-page limit for items 2-5.

Checklist

Appendix (Five identical CDs.)

Check if Appendix is included

Note: Font and margin requirements must conform to limits provided in the Specific Instructions.

*Include these items only when applicable.

CITIZENSHIP

Table defining citizenship categories: U.S. citizen or non-citizen national, Permanent resident of U.S., and Non-citizen with temporary visa.

CAREER DEVELOPMENT AWARD REFERENCE REPORT GUIDELINES

(Series K)

Title of Award:

Type of Award:

Application Submission Deadline: _____

Name of Candidate (Last, first, middle):

Name of Respondent (Last, first, middle):

The candidate is applying to the National Institutes of Health for a Career Development Award (CDA). The purpose of this award is to develop the research capabilities and career of the applicant. These awards provide up to five years of salary support and guarantee them the ability to devote at least 75 percent of their time to research for the duration of the award, depending on the specific program for which the candidate is applying. Many of these awards also provide funds for research and career development costs. The award is available to persons who have demonstrated considerable potential to become independent researchers, but who need additional supervised research experience in a productive scientific setting.

We would appreciate receiving your evaluation of the above candidate with special reference to:

- potential for conducting research;
- evidence of originality;
- adequacy of scientific background;
- quality of research endeavors or publications to date, if any;
- commitment to health-oriented research; and
- need for further research experience and training.

Any related comments that you may wish to provide would be welcomed. These references will be used by PHS committees of consultants in assessing candidates.

Complete the report in English on 8-1/2 x 11" sheets of paper. Return your reference report to the candidate sealed in the envelope as soon as possible and in sufficient time so that the candidate can meet the application submission deadline. References must be submitted with the application.

We have asked the candidate to provide you with a self-addressed envelope with the following words in the front bottom corner: "DO NOT OPEN—PHS USE ONLY." Candidates are not to open the references. Under the Privacy Act of 1974, CDA candidates may request personal information contained in their records, including this reference. Thank you for your assistance.

Type the name of the program director/principal investigator at the top of each printed page and each continuation page. (For type specifications, see PHS 398 Instructions.)

INSTITUTIONAL RESEARCH TRAINING
INCLUDING RUTH L. KIRSCHSTEIN NATIONAL RESEARCH SERVICE AWARD
TABLE OF CONTENTS (Substitute Page)

	<i>Page Numbers</i>
Face Page (Form Page 1)	1
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells (Form Page 2, Form Page 2-continued, and additional continuation page, if necessary)	_____
Table of Contents (this Institutional Training Substitute Form Page 3)	_____
Detailed Budget for Initial Budget Period (Institutional Training Substitute Form Page 4)	_____
Budget for Entire Proposed Period of Support (Institutional Training Substitute Form Page 5) ...	_____
Biographical Sketch— Program Director/Principal Investigator (Not to exceed four pages)	_____
Resources	_____
 Research Training Program Plan	
1. Introduction (Resubmission or Revision Application only)	_____
2. Background	_____
3. Program Plan	_____
a. Program Administration	_____
b. Program Faculty	_____
c. Proposed Training	_____
d. Training Program Evaluation	_____
e. Trainee Candidates	_____
4. Recruitment and Retention Plan to Enhance Diversity	_____
5. Plan for Instruction in the Responsible Conduct of Research	_____
6. Progress Report (Renewal Applications Only)	_____
7. Human Subjects	_____
8. Vertebrate Animals	_____
9. Select Agent Research	_____
10. Literature Cited	_____
11. Multiple PD Leadership Plan (if applicable)	_____
12. Consortium/Contractual Arrangements.....	_____
13. Participating Faculty Biosketches (not to exceed four pages each)	_____
14. Data Tables	_____
15. Letters of Support	_____
Checklist	_____

Appendix (Five identical CDs.)

Check if Appendix is included

* Font and margin requirements must conform to limits provided in PHS 398 Specific Instructions.

**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT
DIRECT COSTS ONLY (Institutional Training Substitute Page)**

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD		ADDITIONAL YEARS OF SUPPORT REQUESTED							
	<i>(from Form Page 4)</i>		2nd		3rd		4th		5th	
	No.		No.		No.		No.		No.	
PREDOCTORAL STIPENDS										
POSTDOCTORAL STIPENDS										
OTHER STIPENDS										
TOTAL STIPENDS										
TUITION AND FEES										
TRAINEE TRAVEL TRAINING-RELATED EXPENSES (including Health Insurance)										
TOTAL DIRECT COSTS										

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD *(Item 8a, Face Page)*

\$

JUSTIFICATION. For all years, explain the basis for the budget categories requested. Follow the instructions for the Initial Budget Period and include anticipated postdoctoral levels.

Program Director/Principal Investigator (Last, First, Middle):

DO NOT SUBMIT UNLESS REQUESTED
Renewal Applications Only
SENIOR/KEY PERSONNEL REPORT

All Senior/Key Personnel for the Current Budget Period

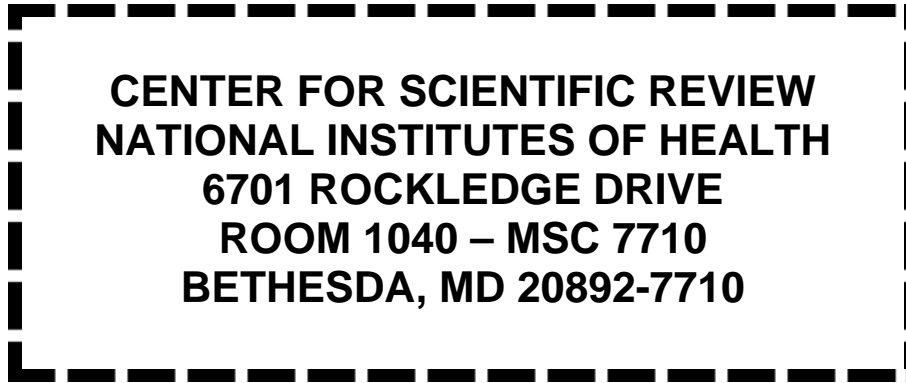
Name	Degree(s)	SSN (last 4 digits)	Role on Project (e.g. PI, Res. Assoc.)	Months Devoted to Project		
				Cal	Acad	Summer

Mailing address for application

Use this label or a facsimile

All applications and other deliveries to the Center for Scientific Review must come either via courier delivery or via the United States Postal Service (USPS.) Applications delivered by individuals to the Center for Scientific Review will not be accepted.

Applications sent via the USPS EXPRESS or REGULAR MAIL should be sent to the following address:



NOTE: All applications sent via a courier delivery service (non-USPS) should use this address, but CHANGE THE ZIP CODE TO 20817

The telephone number is 301-435-0715. C.O.D. applications will not be accepted.

A special label for responding to RFAs is not required.