

Administrative Supplement Applications
NOT-OD-09-056

Cover Letter

- ____ Cite 'NOT-OD-09056'
 ____ PI name
 ____ Parent grant number & parent grant title
 ____ Total Amount requested for supplement
 (include F&A costs)
 ____ Name/Title of AOR (Carol Zuiches)
 ____ PI Address
 ____ AOR Address (include email:
NIHAPPS-URA@lists.uchicago.edu)
 ____ AOR Signature Block included

Form Page 1

- ____ (#1) Title matches parent grant
 ____ (#2) Marked 'Yes' and RFA-OD-09-056
 and RFA Title listed
 ____ (#3) PD/PI listed is same as parent grant
 ____ (#4) Human Subject marked correctly
 ____ (#4) Assurance Number accurate - 00005565
 (if applicable)
 ____ (#5) Vertebrate Animals marked correctly
 ____ (#5) Assurance Number accurate - A3523-01
 (if applicable)
 ____ (#6) Project end date matches (or prior to)
 parent grant end date
 ____ (#7/8) Direct costs exclude subaward F&A
 (if applicable)
 ____ (#9) Address correct:
 The University of Chicago
 5801 South Ellis Ave
 Chicago, Cook, IL, USA 60637
 ____ (#11) DUNS# Correct - 005421136
 ____ (#11) EIN# Correct - 362177139
 ____ (#12/13) Use Carol Zuiches' contact info
 ____ (#12/13) Use NIHAPPS-URA@lists.uchicago.edu

Form Page 2**Project Summary**

- ____ Relates to supplement (not parent grant)

Project Performance Sites

- ____ Department address listed (Not 5801 S. Ellis...)
 ____ Subaward(s) listed (if applicable)

Form Page 2 (continuation)

- ____ List PD/PI (with eRA username)
 ____ List all new Key Personnel/OSC
 ____ Human Embryonic Stem Cell use addressed

Form Page 4

- ____ Only PHS 398 Detailed Budget format used
 ____ Budget period end date matches end date for
 parent grant budget period (or prior to)
 ____ Effort included for all new personnel
 ____ Correct NIH Salary Cap used - \$196,700
 (do not inflate capped salary in out years)
 ____ Subaward Direct Costs and F&A Costs included
 (if necessary)

PI: _____

(For URA Use Only) TRACS#: _____

- ____ Total Direct Costs for Budget Period 1 and
 dates match PTF Box V.A.

Form Page 5**Budget for Entire Proposed Project Period**

- ____ Totals in Yr 1 match Totals on Form Page 4
 ____ Appropriate number of budget periods used
 ____ Subaward Direct Costs and F&A Costs included
 for each budget period (if necessary)
 ____ Total Direct Costs matches PTF Box V.B.

Budget Justification

- ____ Includes PD/PI and all new personnel
 (with project role and effort)
 ____ Include Salary Cap Statement (if necessary)
 ____ Include fringe benefit and F&A (56%) rate
 ____ Addresses all line items on Budget
 ____ Appropriate exclusions made from MTDC
 ____ Address subaward costs (if necessary)
 ____ Include F&A rate and agreement date -3/16/09

Biosketch

- ____ Included for all new Key Personnel/OSC
 ____ Does not exceed 4 pages each
 ____ Includes PMCIDs as required
 ____ Includes Research Support

Resources

- ____ Description of Facilities included
 ____ Description of Major Equipment included

Research Plan

- ____ Scope of the overall project and anticipated
 contribution of the requested supplement
 ____ Scope of project does not exceed 5 pages
 ____ Research plan addresses how the revision will
 accelerate the tempo of the scientific research
 and/or allow for job creation and retention
 addressing each Recover Act Justification (below)

***Recovery Act Justifications**

- ____ *Enabling hiring of additional staff
 ____ *Increased hours for current part-time staff
 ____ *Procuring additional needed equipment
 ____ *Contracting for additional needed skills

Checklist

- ____ Mark application type as 'Revision' w/ grant #
 ____ Include correct DHHS agreement date -3/16/09
 ____ MTDC & F&A (56%) amounts are correct

Subawards (if applicable)

- ____ Signed face page and workscope included for
 each subaward
 ____ Subaward Detailed Budget included
 for each subaward (Form Page 4&5)
 ____ Total foreign subaward costs do not exceed
 10% of project TDC or \$25,000
 ____ Checklist for subawards included