

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-07-070
Competition ID:	ADOBE-FORMS-A
Opportunity Open Date:	12/05/2008
Opportunity Close Date:	01/07/2010
Agency Contact:	Grants Info TTY 301-451-0088 E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Please see the Quick Links on the URA website if you have any problems completing the forms.

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

SF424 (R & R)
Research & Related Senior/Key Person Profile (E)
Research & Related Other Project Information
Research & Related Project/Performance Site Loc
PHS 398 Cover Page Supplement
PHS 398 Research Plan
PHS 398 Checklist

Optional Documents

When the option is provided, applicants may only select one budget type; either Modular or R & R Budget.

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

PHS 398 Cover Letter File
PHS 398 Modular Budget
Research & Related Budget
R & R Subaward Budget Attachment(s) Form

Instructions

- 1** Enter a name for the application in the Application Filing Name field.
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3** Click the "Save & Submit" button to submit your application to Grants.gov.
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED []	Applicant Identifier []
3. DATE RECEIVED BY STATE []	State Application Identifier []

1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. Federal Identifier []

5. APPLICANT INFORMATION * Organizational DUNS: 005421136

* Legal Name: The University of Chicago

Department: leave blank Division: leave blank

* Street1: 5801 S. Ellis Ave.

Street2: leave blank

* City: Chicago County: Cook

* State: IL: Illinois Province: []

* Country: USA: UNITED STATES * ZIP / Postal Code: 60637

Person to be contacted on matters involving this application

Prefix: [] * First Name: Enter URA Manager First Name Middle Name: []

* Last Name: Enter URA Manager Last Name Suffix: []

* Phone Number: URA Manager Phone # Fax Number: 773-702-2142

Email: URA Manager email@uchicago.edu

URA Managers are assigned by department. See <http://researchadmin.uchicago.edu/about/staff.shtml> for Manager assignments

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 362177139

7. * TYPE OF APPLICANT: 0: Private Institution of Higher Education

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:
National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE: []

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Enter Project title - note NIH Limitation on 81 characters including spaces and punctuation

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
Enter areas here

13. PROPOSED PROJECT:

* Start Date [] * Ending Date []

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant 01 b. * Project 01

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [] * First Name: PI First Name Middle Name: []

* Last Name: PI Last Name Suffix: []

Position/Title: PI Title

* Organization Name: The University of Chicago

Department: Enter PI Department Division: Enter PI Division

* Street1: Enter PI Mailing Address

Street2: []

* City: Chicago County: Cook

* State: IL: Illinois Province: []

* Country: USA: UNITED STATES * ZIP / Postal Code: 60637

* Phone Number: PI Phone Number Fax Number: PI Fax Number

* Email: PI Email address @uchicago.edu

For Multi-PI applications, enter Contact PI information here

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px; height:20px;" type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px; height:20px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width:150px; height:20px;" type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width:100px;" type="text"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input checked="" 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: ← New address

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email: → NIH Use: nihapps-ura@lists.uchicago.edu
All other agencies use: IO-URA@lists.uchicago.edu

*** Signature of Authorized Representative**

*** Date Signed**

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator					
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="PI First Name"/>	Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="PI Last Name"/>	Suffix:	<input type="text"/>		
Position/Title:	<input type="text" value="PI Title"/>	Department:	<input type="text" value="Enter PI Department"/>		
Organization Name:	<input type="text" value="The University of Chicago"/>		Division:	<input type="text" value="Enter PI Division"/>	
* Street1:	<input type="text" value="Enter PI Mailing Address"/>		PI data is auto-filled from SF424 (R&R)		
Street2:	<input type="text"/>				
* City:	<input type="text" value="Chicago"/>	County:	<input type="text" value="Cook"/>		
* State:	<input type="text" value="IL: Illinois"/>		Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code:	<input type="text" value="60637"/>	
* Phone Number:	<input type="text" value="PI Phone Number"/>	Fax Number:	<input type="text" value="PI Fax Number"/>		
* E-Mail:	<input type="text" value="PI Email address @uchicago.edu"/>				
Credential, e.g., agency login:	<input type="text" value="NIH Commons User Name - REQUIRED"/>				
* Project Role:	<input type="text" value="PD/PI"/>	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"/>	<input type="button" value="View 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"/>

PROFILE - Senior/Key Person 1					
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>	Suffix:	<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"/>		PI data is auto-filled from SF424 (R&R)		
Street2:	<input type="text"/>				
* City:	<input type="text"/>	County:	<input type="text"/>		
* State:	<input type="text"/>		Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code:	<input type="text"/>	
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>		
* E-Mail:	<input type="text"/>				
Credential, e.g., agency login:	<input type="text" value="If Project Role = PD/PI; enter NIH Commons User Name"/>				
* Project Role:	<input type="text" value="PD/PI"/>	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"/>	<input type="button" value="View 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"/>



If you are submitting an application reflecting Multiple PDs/PIs, all such individuals **must** be assigned the PD/PI role, even those at organizations other than the applicant organization. The role of "Co-PD/PI" is not currently used by NIH and other PHS agencies. Do not assign any individual this role. If applicants wish to use the role of "Co-Investigator" or some other similar role, select "Other" for the Project Role field and then insert the appropriate role descriptor in the Other Project Role Category field. If including individuals classified as "Other Significant Contributors (OSCs)," use the "Other" category and indicate "Other Significant Contributor" as the role in the "Other Project Role Category." OSCs should be listed last after all other Senior/Key Persons have been listed.

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:

If human subjects involved at any time, check Yes.

1.a. IRB review will be pending
Assurance Number = 00005565

2. If vertebrate animals involved at any time, check Yes
2.a. Assurance Number = A3523-01

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

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

Project/Performance Site Location 1

Organization Name:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

Additional Location(s)

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

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

1. Project Director / Principal Investigator (PD/PI)		For Multi-PI applications, enter Contact PI information in #1.
Prefix:	<input type="text"/>	* First Name: <input type="text" value="PI First Name"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="PI Last Name"/>	
Suffix:	<input type="text"/>	
* New Investigator?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Degrees:	<input type="text"/>	<input type="text"/>
2. Human Subjects		
Clinical Trial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
* Agency-Defined Phase III Clinical Trial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Applicant Organization Contact		Top portion pre-filled with URA Manager information provided in box 5 on SF424 (R&R)
Person to be contacted on matters involving this application		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Enter URA Manager First Name"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Enter URA Manager Last Name"/>	
Suffix:	<input type="text"/>	
* Phone Number:	<input type="text" value="URA Manager Phone #"/>	Fax Number: <input type="text" value="773-702-2142"/>
Email:	<input type="text" value="URA Manager_email@uchicago.edu"/>	
* Title:	<input type="text" value="Grants and Contracts Manager"/>	
* Street1:	<input type="text" value="6030 S. Ellis Ave. Room 114 (ED-114)"/>	← <input type="text" value="New address"/>
Street2:	<input type="text" value="Research Administration"/>	
* City:	<input type="text" value="Chicago"/>	
County:	<input type="text" value="Cook"/>	
* State:	<input type="text" value="IL: Illinois"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="60637"/>

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

<input type="checkbox"/> New	<input type="checkbox"/> Resubmission	<input type="checkbox"/> Renewal	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision
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2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application <small>(for RESUBMISSION or REVISION only)</small>	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;">PDF attachments only!!</div>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2. Specific Aims		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3. Background and Significance		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4. Preliminary Studies / Progress Report		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5. Research Design and Methods		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6. Inclusion Enrollment Report		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7. Progress Report Publication List		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

Human Subjects Sections

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

8. Protection of Human Subjects		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9. Inclusion of Women and Minorities		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10. Targeted/Planned Enrollment		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11. Inclusion of Children		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

Other Research Plan Sections

12. Vertebrate Animals		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13. Select Agent Research		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14. Multiple PI Leadership Plan		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15. Consortium/Contractual Arrangements		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
16. Letters of Support		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
17. Resource Sharing Plan(s)		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

18. Appendix	<input type="button" value="Add Attachments"/>	<input type="button" value="Remove Attachments"/>	<input type="button" value="View Attachments"/>
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PHS 398 Checklist

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Change of Grantee Institution

* Name of former institution:

3. Inventions and Patents (For renewal applications only)

* Inventions and Patents: Yes No

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes No

4. * Program Income

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation:

PHS 398 Cover Letter

OMB Number: 0925-0001

*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

NIH applications:

Applicants are encouraged to include a cover letter with the application. The cover letter is only for internal use and will not be shared with peer reviewers. The letter should contain any of the following information that applies to the application:

1. Application title.
2. Funding Opportunity (PA or RFA) title of the NIH initiative.
3. Request of an assignment (referral) to a particular awarding component(s) or Scientific Review Group (SRG). The PHS makes the final determination.
4. List of individuals (e.g., competitors) who should not review your application and why.
5. Disciplines involved, if multidisciplinary.
6. For late applications (see Late Application policy in [Section 2.14](#)) include specific information about the timing and nature of the cause of the delay.
7. When submitting a Changed/Corrected Application after the submission date, a cover letter is required explaining the reason for the Changed/Corrected Application. If you already submitted a cover letter with a previous submission and are now submitting a Changed/Corrected Application, you must include all previous cover letter text in the revised cover letter attachment. The system does not retain any previously submitted cover letters until after an application is verified; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information. See NIH Notice NOT-OD-08-018
8. Explanation of any subaward budget components that are not active for all periods of the proposed grant.
9. Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications \$500,000 or more, approval for Conference Grant or Cooperative Agreement (R13 or U13), etc. To attach the approval documents to this submission, please append those referenced documents to your Cover Letter File, and upload as one attachment.

PHS 398 Modular Budget, Periods 1 and 2

Reminder: Either complete the Modular Budget Pages or the R&R Budget, not both!

Budget Period: 1

Start Date:
End Date:

A. Direct Costs * Funds Requested (\$)

* Direct Cost less Consortium F&A
 Consortium F&A
 * Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS Division of Cost Allocations
Central States Field Office
1301 Young Street
Dallas, Texas 75020
214-767-3261

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B) Funds Requested (\$)

Budget Period: 2

Start Date:
End Date:

A. Direct Costs * Funds Requested (\$)

* Direct Cost less Consortium F&A
 Consortium F&A
 * Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS Division of Cost Allocations
Central States Field Office
1301 Young Street
Dallas, Texas 75020
214-767-3261

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B) Funds Requested (\$)

PHS 398 Modular Budget, Periods 3 and 4

Budget Period: 3

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. 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"/>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Budget Period: 4

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. 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"/>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

PHS 398 Modular Budget, Periods 5 and Cumulative

Budget Period: 5

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. 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"/>

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

DHHS Division of Cost Allocations
 Central States Field Office
 1301 Young Street
 Dallas, Texas 75020
 214-767-3261

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Cumulative Budget Information

1. Total Costs, Entire Project Period

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period

\$

Section A, Total Consortium F&A for Entire Project Period

\$

*Section A, Total Direct Costs for Entire Project Period

\$

*Section B, Total Indirect Costs for Entire Project Period

\$

*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period

\$

2. Budget Justifications

Personnel Justification

Consortium Justification

Additional Narrative Justification

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

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

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

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

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"/>
Total Other Direct Costs	<input type="text"/>

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	<input type="text"/>

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"/>
Total Indirect Costs			<input type="text"/>

Cognizant Federal Agency 214-767-3261
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	<input type="text"/>

J. Fee	Funds Requested (\$)
	<input type="text"/>

K. * Budget Justification

(Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

		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		<input type="text"/>
Section D, Travel		<input type="text"/>
1. Domestic	<input type="text"/>	
2. Foreign	<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"/>	
6. 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/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"/>	
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"/>

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 PDF 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

Items that are required from proposed subrecipients on a University of Chicago prime award (See URA Guidelines for Grant and Contract Mgmt Policy 404:

1. Institutional endorsement from the subcontracting organization. Examples:
 - * For PHS applications -- fully signed Face Page
 - * For NSF - fully signed Proposal Budget {NSF Form 1030}
 - * For All Other agencies -- follow agency guidelines. For Non-Federal Agencies, a letter of intent to collaborate is usually routed.
2. Workscope (may be substituted with abstract for NIH grants) from the subcontracting institution
 - * 2-3 paragraphs which describes the work to be done by the subcontract. This should not be the same as what is being submitted by the prime institution but should, instead, be institution/project specific.
3. Budget and justification
 - * this should be prepared by the subrecipient -- they know their budgeting instructions (fringe rates, indirect costs, and inflation rates) and see NSF note above.
4. Biographical Sketches (PHS 398 9/04 format)
 - * follow agency requirements
5. Resources Page if a significant amount of resources are utilized by a subcontractor
6. Checklist Page (for PHS proposals only)
7. F&A Agreement

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