

Grant Application Package

Opportunity Title:	NIH Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-16-160
Competition ID:	FORMS-D
Opportunity Open Date:	04/17/2016
Opportunity Close Date:	05/07/2019
Agency Contact:	eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

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:

Select Forms to Complete

Mandatory

[SF424 \(R & R\)](#)

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Optional

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[PHS 398 Inclusion Enrollment Report](#)

[PHS Assignment Request Form](#)

Instructions

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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.

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. TYPE OF SUBMISSION
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application

4. a. Federal Identifier	<input type="text"/>
b. Agency Routing Identifier	<input type="text"/>
c. Previous Grants.gov Tracking ID	<input type="text"/>

2. DATE SUBMITTED	Applicant Identifier
<input type="text"/>	<input type="text"/>

5. APPLICANT INFORMATION	Organizational DUNS: <input type="text" value="0602175020000"/>
Legal Name: <input type="text" value="Joan & Sanford I Weill Medical College of Cornell University"/>	
Department: <input type="text" value="Office of Sponsored Research"/> Division: <input type="text" value="Sponsored Research Admin."/>	
Street1: <input type="text" value="1300 York Avenue"/>	
Street2: <input type="text" value="Box 89"/>	
City: <input type="text" value="New York"/> County / Parish: <input type="text"/>	
State: <input type="text" value="NY: New York"/> Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="10065-4805"/>	

Person to be contacted on matters involving this application		
Prefix: <input type="text" value="Ms."/>	First Name: <input type="text" value="Aleta"/>	Middle Name: <input type="text" value="R."/>
Last Name: <input type="text" value="Gunsul"/>	Suffix: <input type="text" value="MPA"/>	
Position/Title: <input type="text" value="Director, Office of Sponsored Research Admin."/>		
Street1: <input type="text" value="1300 York Avenue"/>		
Street2: <input type="text" value="Box 89"/>		
City: <input type="text" value="New York"/> County / Parish: <input type="text"/>		
State: <input type="text" value="NY: New York"/> Province: <input type="text"/>		
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="10065-4805"/>		
Phone Number: <input type="text" value="646-962-8290"/> Fax Number: <input type="text" value="646-962-0531"/>		
Email: <input type="text" value="grantsandcontracts@med.cornell.edu"/>		

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text" value="13-1623978"/>

7. TYPE OF APPLICANT: <input type="text" value="O: Private Institution of Higher Education"/>
Other (Specify): <input type="text"/>
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:	If Revision, mark appropriate box(es).
<input type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>

Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What other Agencies? <input type="text"/>
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9. NAME OF FEDERAL AGENCY: <input type="text" value="National Institutes of Health"/>	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/>
	TITLE: <input type="text"/>

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
<input type="text"/>

12. PROPOSED PROJECT:	13. CONGRESSIONAL DISTRICT OF APPLICANT
Start Date: <input type="text"/> Ending Date: <input type="text"/>	<input type="text" value="NY-012"/>

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization Name:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested

b. Total Non-Federal Funds

c. Total Federal & Non-Federal Funds

d. Estimated Program Income

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

a. YES THIS PREAPPLICATION/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 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

Signature of Authorized Representative **Date Signed**

20. Pre-application

21. Cover Letter Attachment

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 10/31/2018

1. Human Subjects Section

Clinical Trial? Yes No

*Agency-Defined Phase III Clinical Trial? Yes No

2. Vertebrate Animals Section

Are vertebrate animals euthanized? Yes No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines? Yes No

If "No" to AVMA guidelines, describe method and provide scientific justification

3. *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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. 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: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please 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):

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents: Yes No

If "Yes" then answer the following:

*Previously Reported: Yes No

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:

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

If applicable, WCM's Human Subject FWA is: 00000093

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:

If applicable, WCM's Animal Welfare Assurance number is: D16-00186

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:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1

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.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
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" value="Joan & Sanford I Weill Medical College of Cornell University"/>		Division: <input type="text"/>
* Street1:	<input type="text" value="1300 York Avenue"/>		
Street2:	<input type="text" value="Box 89"/>		
* City:	<input type="text" value="New York"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text" value="NY: New York"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="10065-4805"/>
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
* Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete 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"/>	<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"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<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"/>		
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete 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"/>	<input type="button" value="View Attachment"/>

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

PHS 398 Research Plan

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction to Application
(Resubmission and Revision)

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

Research Plan Section

2. Specific Aims

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

3. *Research Strategy

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

4. Progress Report Publication List

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

Human Subjects Section

5. Protection of Human Subjects

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

6. Data Safety Monitoring Plan

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

7. Inclusion of Women and Minorities

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

8. Inclusion of Children

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

Other Research Plan Section

9. Vertebrate Animals

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

10. Select Agent Research

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

11. Multiple PD/PI Leadership Plan

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

12. Consortium/Contractual Arrangements

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

13. Letters of Support

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

14. Resource Sharing Plan(s)

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

15. Authentication of Key Biological and/or
Chemical Resources

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

Appendix

16. Appendix

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

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS: **Enter name of Organization:**

Budget Type: Project Subaward/Consortium **Budget Period: 1** **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad. Sum.			
Project Role: <input type="text" value="PD/PI"/>										

Additional Senior Key Persons: **Total Funds requested for all Senior Key Persons in the attached file**

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad. Sum.			
<input type="text"/>	Post Doctoral Associates	<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"/>	Undergraduate Students	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number Other Personnel <input type="text"/>						
Total Salary, Wages and Fringe Benefits (A+B) <input type="text"/>						
Total Other Personnel <input type="text"/>						

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>

Additional Equipment:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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)	<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"/>
Number of Participants/Trainees	<input type="text"/>
Total Participant/Trainee Support Costs	<input type="text"/>

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8.	
9.	
10.	
Total Other Direct Costs	

G. Direct Costs Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	69.50		

Total Indirect Costs

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

Department of Health & Human Services, Louis Martillotti, 212-264-0918

I. Total Direct and Indirect Costs Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	
Section B, Other Personnel	
Total Number Other Personnel	
Total Salary, Wages and Fringe Benefits (A+B)	
Section C, Equipment	
Section D, Travel	
1. Domestic	
2. Foreign	
Section E, Participant/Trainee Support Costs	
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
6. Number of Participants/Trainees	
Section F, Other Direct Costs	
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Other 1	
9. Other 2	
10. Other 3	
Section G, Direct Costs (A thru F)	
Section H, Indirect Costs	
Section I, Total Direct and Indirect Costs (G + H)	
Section J, Fee	

PHS 398 Modular Budget

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Budget Period: 1			
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium Indirect (F&A)			<input type="text" value="0.00"/>
Consortium Indirect (F&A)			<input type="text"/>
Total Direct Costs			<input type="text" value="0.00"/>
B. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 100%;" type="text" value="Department of Health & Human Services, Louis Martillotti, 212-264-0918"/>	
Indirect (F&A) Rate Agreement Date	<input style="width: 50%;" type="text" value="11/19/2015"/>	Total Indirect (F&A) Costs	<input style="width: 50%;" type="text"/>
C. Total Direct and Indirect (F&A) Costs (A + B)			Funds Requested (\$)
			<input style="width: 50%;" type="text" value="0.00"/>

Cumulative Budget Information	
1. Total Costs, Entire Project Period	
Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period	\$ <input style="width: 50%;" type="text" value="0.00"/>
Section A, Total Consortium Indirect (F&A) for Entire Project Period	\$ <input style="width: 50%;" type="text"/>
Section A, Total Direct Costs for Entire Project Period	\$ <input style="width: 50%;" type="text" value="0.00"/>
Section B, Total Indirect (F&A) Costs for Entire Project Period	\$ <input style="width: 50%;" type="text"/>
Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period	\$ <input style="width: 50%;" type="text" value="0.00"/>
2. Budget Justifications	
Personnel Justification	<input style="width: 50%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Consortium Justification	<input style="width: 50%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Additional Narrative Justification	<input style="width: 50%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>