

Department of Health and Human Services Public Health Services  <h2 style="margin: 0;">Grant Application</h2> <p style="margin: 0;"><i>Do not exceed character length restrictions indicated.</i></p>		<b>LEAVE BLANK—FOR PHS USE ONLY.</b>		
		Type	Activity	Number
		Review Group		Formerly
		Council/Board (Month, Year)		Date Received
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>				
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i>				
Number: _____ Title: _____				
<b>3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR</b>				
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name
3c. POSITION TITLE		3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
3f. MAJOR SUBDIVISION				
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>				
TEL: _____ FAX: _____		E-MAIL ADDRESS:		
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes		
4b. Federal-Wide Assurance No.		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No.	
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
From _____ Through _____		7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)
				8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name  Address		10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
		11. ENTITY IDENTIFICATION NUMBER DUNS NO. _____ Cong. District _____		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name  Title  Address   Tel: _____ FAX: _____ E-Mail: _____		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name  Title  Address   Tel: _____ FAX: _____ E-Mail: _____		
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE

Use only if preparing an application with Multiple PDs/PIs. See [http://grants.nih.gov/grants/multi\\_pi/index.htm](http://grants.nih.gov/grants/multi_pi/index.htm) for details.

<b>Contact Program Director/Principal Investigator (Last, First, Middle):</b>		
<b>3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR</b>		
3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. NIH Commons User Name
3c. POSITION TITLE	3d. MAILING ADDRESS ( <i>Street, city, state, zip code</i> )	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX ( <i>Area code, number and extension</i> )	E-MAIL ADDRESS:	
TEL: _____ FAX: _____		
<b>3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR</b>		
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3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX ( <i>Area code, number and extension</i> )	E-MAIL ADDRESS:	
TEL: _____ FAX: _____		

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):

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SENIOR/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 senior/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: [https://grants.nih.gov/stem\\_cells/registry/current.htm](https://grants.nih.gov/stem_cells/registry/current.htm). *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.

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**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**

	<i>Page Numbers</i>
<b>Face Page</b> .....	1
<b>Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells</b> .....	2
<b>Table of Contents</b> .....	_____
<b>Detailed Budget for Initial Budget Period</b> .....	_____
<b>Budget for Entire Proposed Period of Support</b> .....	_____
<b>Budgets Pertaining to Consortium/Contractual Arrangements</b> .....	_____
<b>Biographical Sketch – Program Director/Principal Investigator (Not to exceed five pages each)</b> .....	_____
<b>Other Biographical Sketches (Not to exceed five pages each – See instructions)</b> .....	_____
<b>Resources</b> .....	_____
<b>Checklist</b> .....	_____
<b>Research Plan</b> .....	_____
1. Introduction to Resubmission Application, if applicable, or Introduction to Revision Application, if applicable *	_____
2. Specific Aims *	_____
3. Research Strategy *	_____
4. Bibliography and References Cited/Progress Report Publication List	_____
5. Vertebrate Animals	_____
6. Select Agent Research	_____
7. Multiple PD/PI Leadership Plan	_____
8. Consortium/Contractual Arrangements	_____
9. Letters of Support (e.g., Consultants)	_____
10. Resource Sharing Plan(s)	_____
11. Authentication of Key Biological and/or Chemical Resources	_____
12. PHS Human Subjects and Clinical Trials Information	_____

**Appendix (Two identical CDs.)**

Check if Appendix is Included

\* Follow the page limits for these sections indicated in the application instructions, unless the Funding Opportunity Announcement specifies otherwise.

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>	FROM	THROUGH
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List PERSONNEL (*Applicant organization only*)  
 Use Cal, Acad, or Summer to Enter Months Devoted to Project  
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							

<b>SUBTOTALS</b> →			
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CONSULTANT COSTS	
EQUIPMENT ( <i>Itemize</i> )	
SUPPLIES ( <i>Itemize by category</i> )	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS ( <i>Itemize by category</i> )	
OTHER EXPENSES ( <i>Itemize by category</i> )	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> ( <i>Item 7a, Face Page</i> )		<b>\$</b>
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>		<b>\$</b>

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

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## Budget Justification

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- **Biographical sketches** (NIH style, 5 page limit including other support)

- **Research plan** (specific aims, background, preliminary results (if any), experimental plan and a description of plans for future external funding applications not to exceed 4 single-spaced pages including figures and tables), and bibliography. The bibliography does not count toward the page limit.

A. Specific Aims (1 page)

B. Background

C. Preliminary Results (if any)

D. Experimental Plans

E. Plans for Securing for Future Funding

(B - E : not to exceed 4 single-spaced pages including figures and tables)

F. Bibliography

G. Vertebrate Animals (if applicable – 1 page)

H. Authentication of key biological and chemical reagents (1 page)

The margins must be 0.5 inches on all sides and use of Arial font with a font size of 11 is required.



**Documentation of biostatistical consultation\***,

\*NPOD requires all applicants for pilot projects to provide documentation of consultation with a biostatistician of their choice regarding experimental design, and recommend using NPOD's bioinformatics and biostatistics coordinators, Drs. Kathy Hanford or Steve Kachman (see <https://cehs.unl.edu/npod/biomedical-and-obesity-research-core/>) Documentation is to be provided by the biostatistician signing this page.

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Signature of Primary PI Applicant      Date

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Signature of Biostatistician      Date

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Email of Primary PI Applicant

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Printed name of Biostatistician

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Email of Biostatistician