MIDWEST POULTRY RESEARCH PROGRAM

4630 Churchill Street, #1, St. Paul, MN, 55126 • 651.766.8118 • mwpoultry@comcast.net • www.mwpoultry.org

FY '07 – MPRP Request for Proposals

INTRODUCTION

Midwest Poultry Consortium (MPC) announces the MPRP request for proposals. The MPRP was created to address research priorities of the poultry industry in our member states and to improve the efficiency and sustainability of poultry production through integrated, collaborative research and technology transfer. MPC member states include: CO, FL, IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI. Since its inception the MPRP has received $400,000 in '02, $700,000 in '03, $630,000 in '04, $688,000 in '05, and $682,000 in '06. The average cash match over the life of the project has been an astounding 41%. Funding for FY2007 is contingent on appropriations being approved by the U.S. Congress; however, we are optimistic we will receive a similar amount to FY2006. Funds will be distributed based on: 40% for projects addressing critical industry needs regardless of species, 20% for layer research, 20% for broiler research, and 20% for turkey research.

REVIEW PROCESS

A committee, made up of University personnel from five of the fourteen MPC states on a rotating basis (FY '07: CO, MO, ND, SD, WI) and industry sector representatives (broiler, layer, turkey and other species) will evaluate proposals and select those to be funded.

The committee will evaluate each proposal using the following criteria:

- Scientific Merit, Conceptual Adequacy & Innovation
  - Is the work well conceived? Is the work novel? Are the methods and procedures appropriate? Are hypotheses and objectives clearly delineated? Is the work feasible as defined? What is the probability that the work will be completed within stated time frames? Does the work duplicate existing or previously conducted research?
- Institutional Qualifications
  - Are the researchers qualified to conduct the proposed study? Are the researchers aware of current literature on the proposed area of study? Are available facilities, instrumentation, equipment, personnel and existing funding adequate to provide augmentative support of the study? Are requested dollars adequate, excessive or too low to complete the study?
- Relevance and/or Progress
  - Does proposed study address the priority needs of the MPRP? Will the work lead to development of new knowledge or new technology to address a priority need? Is reasonable progress being made if the submitted project is a continuation of a previously funded project?

Preference is given to projects with at least a 25% cash match (vs. in-kind) from third parties (i.e. poultry associations, companies); these commitments emphasize the importance of the proposed research to the poultry industry. Preference is also given to projects collaborating with one or more universities (**must** include a verification letter from the collaborating PI). Funds will only be distributed to projects for 12-month periods. Project start dates are set by USDA. For the past two years, USDA has assigned an August 1 start date. August 1, 2007, therefore, is the most likely date for the FY2007 funding cycle and this date should be used for your proposal.

DEADLINE

Proposals are due by December 4. Send 15-stapled hard copies (copied front-to-back) and one electronic copy to Midwest Poultry Consortium (address in letterhead). **Do not email** the electronic copy; enclose a CD with your hard copies. Do not convert your proposal to pdf format (documents need to be in a format that can be manipulated to assemble our single USDA application).

PROPOSAL

Proposals are limited to 12 pages, including budget/budget narrative and literature review (references, vitae, current & pending support, etc., are not included in this limit). Proposals **must** be approved and signed by your university's sponsored projects office.

New forms required for FY2007 - CSREES has transitioned to the SF-424 (R&R) application package. Applications submitted on other forms will not be accepted. Find guidelines, forms, and instructions attached.

Proposals, without exception, must include:

1. **Cover page(s)** – there are two cover pages which must be completed:
   a. MPRP Cover Page (see attached).
   b. USDA CSREES SF-424 (R&R) (see attached).
2. **Project Summary** – include a specific description of the activity to be undertaken, focusing on the following:
   a. Overall project goal(s) and supporting objectives.
   b. Plans to accomplish project goals(s).
   c. Relevance of the project to the priority research needs of MPRP.
3. **Procedures** – procedures/methodology should be explicitly stated. Include:
   a. Description of investigations/experiments in sequence.
   b. Techniques to be employed, including their feasibility.
   c. Expected results.
   d. Means by which data will be analyzed or interpreted.
   e. Pitfalls which might be encountered.
   f. Limitations to proposed procedures.
4. **Justification** – include in-depth information on the following:
   a. Estimates of the magnitude of the problem and its relevance to ongoing State-Federal food/agricultural research programs.
   b. Importance of starting the work during the current fiscal year.
   c. Reasons for having the work performed by the proposing institution.
5. **Facilities and Equipment** –facilities available for use or assignment to the project during the requested period of support, should be reported and described briefly. (Facilities and non-expendable equipment are not allowable expenses.)
6. **Project Timetable** – outline important phases as a function of time for the entire project period.
7. **Literature Review and References** – include a literature review and references.
8. **Budget.** The new budget forms required (SF-424) for these projects do not provide space for cash match information. Therefore, you need to provide two budgets, one which details the funds you are requesting, the other which details the cash match secured (clearly identify which budget is your cash match budget). Budgets **must** be detailed (*including breakdown for salary and benefits, direct costs, per unit costs, etc.*). Download mandatory budget forms (see attached).
   a. Each contractor must have a separate budget form(s).
      i. If project has subcontractors, you will **need overall budget forms for the requested project funds as well as cash match funds, along with separate budget form(s) for each institution receiving funds** (cash match must be accounted for on a separate budget page and **must** be accompanied by a letter of commitment). The total project cost will be the sum of total grant funds requested plus the total cash match secured. Only the overall budget form(s) and narrative will count toward the 12 page limit.
      ii. Federal funds may not be used in this program for secretarial support, office supplies, or tuition. Cash-match funds may not be used for any item that is not allowable for payment by Federal funds in this program, with the exception of tuition. You may also pay such expenses from other funds, as allowable by their source, provided that these funds are not included as part of the cash match to the project. Indirect costs are not allowed.
9. **Budget Narrative.** Each budget line item must be detailed and justified; funds will not be awarded without a complete budget justification. ***Due to limited program funds, it is highly unlikely that awards will be made to proposals that include PI salaries****, or portions thereof. Faculty PIs are strongly encouraged to obtain their salary support from other sources.* Separately describe the use of USDA-requested funds and the matching funds; this is important to assure that all USDA funds are for program-allowable expenses. Use the same category headings/subheadings as the USDA form.
   a. If funds are requested for hourly labor, provide the hourly rate and number of hours.
   b. Fringe benefit rates must be given for all categories of paid personnel.
   c. Travel funds must answer: purpose of travel, location, number of miles, number of trips and mileage rate.
   d. Materials and supplies need to be itemized. Office supplies are not allowable.
   e. All other direct costs (i.e. repairs, equipment rental, fees) must be itemized. If testing fees are requested, the number of samples and price per sample is required.
10. **Senior/Key Person Profile Form, Vitae(s).** Revised form must be included (see attached).
    a. Information for each PI.
    b. Information for active and pending projects, including this proposal.
    c. All current effort to which PI and senior personnel have committed a portion of their time must be listed, whether or not salary for the person involved is included in the budgets of the various projects.
    d. Brief summary vitae of the principal investigator(s), senior project director(s), and senior associate(s). This section should include curricula vitae of all faculty who are expected to work on the project, whether or not CSREES funds are sought for their support. The vitae should be limited to two (2) pages per person in length, excluding publications listing.

11. **Other Project Information Form.** Without exception, proposals must include a completed *Other Project Information* form (formerly known as the Assurance Statement), **both for their institution, as well as any subcontractors**. This form must be completed, signed by the appropriate authorized representative, and returned whether or not the project involves:
    a. Care and use of animals;
    b. Protection of human subjects.

IMPORTANT: *Receipt of funding is dependent upon submission of all required information.* ***Projects will not be funded if the above forms*** *and any requested additional information* ***are not received in the MPC office by the deadline;*** *funds will be awarded to an alternate project. PIs are urged to take into account the time required at their institution to obtain approvals. It is suggested that approvals be requested at the time of proposal submission, so as to not risk forfeiting the award because of lack of timely approvals.*

REPORTING

Researchers approved for funding must prepare and submit:

a. An electronic copy of a final report which must include a brief summary of findings for publication on the MPC website, annual report and distribution at appropriate events, as requested by MPC staff. (Interim reports may be requested.)
b. Interim and final project reports to fulfill the program's federal reporting requirements, as requested by the Project Director at Iowa State University.

Administrative questions may be directed to Beth Nelson or Jon Dockter at (651) 766-8118 or mwpoultry@comcast.net.

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MPRP RESEARCH PRIORITIES – 2006

BROILER

1. Food Safety
    a. Reduction of potential pathogens both in pre-harvest and post-harvest
    b. Find ways to improve shelf life and meat quality
2. Meat Quality
    a. Color
    b. Texture
    c. Taste
    d. Nutrient composition of the meat
    e. Blood spots
3. Nutrient Utilization/Environmental Impacts
    a. Economical improvements for better utilization of phosphorus and nitrogen
    b. General improvement of utilization of all nutrients
    c. Improvement of amino acid digestibility
    d. Nutrient effects on necrotic enteritis, gut microflora/pathogen levels
    e. Environmental impact of nutrient utilization
    f. Odor reduction/reduce air emissions
    g. Physical manipulation of feed ingredients and nutrient utilization
    h. Ileal digestibility of amino acids
    i. DDGS in broiler feeds
4. Bird health/performance
    a. AI control
    b. Alternatives to antibiotics (probiotics, enzymes, other)
    c. Gut microflora/gut integrity
    d. Facility environment
    e. Lighting programs – timing and type of light
    f. Respiratory viruses
    g. Lack of distinct ovarian hierarchy (problem causes fewer eggs laid by broilers than layers)
    h. Design vaccines which do not cause fertility problems
    i. Ingredient/feed quality as it affects bird performance
        i. Pellet quality
        ii. Particle size consistency
5. Bird weight uniformity
6. Animal welfare and behavior

TURKEY

1. Animal Welfare
    a. Proactive evidence (for consumers) on management practices impact on the bird
    b. Molting, transportation, density, stunning, debeaking, toe clipping
    c. Indicators of stress (heat shock proteins)
        i. How to measure
        ii. Common definition
        iii. Stress during growout, breeding, harvest and in hatchery
        iv. Reducing stress
    d. Develop National Spokesperson to Represent National Poultry Industry

2. Reproduction
    a. Photorefractoriness and heat stress
    b. Light management (impact of wavelength on reproduction)
3. Growth & Body Composition
    a. Genetics – inheritance of muscle morphology
    b. Myosin expression
    c. Muscle
    d. Skeleton
4. Food Safety
    a. Pre-harvest – salmonella reduction
    b. Post-harvest – salmonella reduction
5. Environmental Regulations
    a. Improve nutrient utilization to reduce fecal output
    b. Air quality – ammonia reduction in barn
        i. Emissions of ammonia and particulates from turkey barns – data to use in EPA challenges (lack of consent agreement participation)
    c. Adding value for manure as a fertilizer – chemical vs. manure
6. Diseases
    a. Need differentiated vaccine from field challenge (APV), better techniques
    b. Eradicating APV:
        i. Where does it come from in the reservoir?
        ii. How do we keep it from spreading farm to farm?
        iii. Prevent infection with field virus
    c. Avian influenza – Concern that H3 seems to be easily transmitted to turkey (more so than H1)
    d. Clostridium spp. and late mortality
    e. Dermatitis
7. Nutrition
    a. Alternative feed sources
    b. Ingredients and enzymes to promote gut health and improve digestibility
    c. Veggie diets (potential loss of animal byproducts availability)
    d. Digestible amino acids and "Ideal Proteins"
    e. DDGS
8. Antibiotic Usage
    a. Replacement strategies – If feed grade antibiotics are prohibited
    b. Lack of transferability of research from broiler antibiotic strategies to turkey production.
9. Meat Quality
    a. Cluster of conditions associated with muscle growth problems (fiber fragmentation, water holding capacity)
    b. PSE
    c. Blood spots (not just the electric stun issue)
10. Consumption
    a. Quality & safety issues associated with organic, free-range
11. Stem Cells
    a. Potential to improve growth, disease resistance

LAYER

Health-Related Issues

1. Peritonitis
    a. Define the spectrum of the disease (age relation, environmental impact, etc.)
    b. Define the causative organisms (primary and secondary pathogens)
    c. Route of infection (up the oviduct??)
    d. Role genetics
    e. Priority to replicate field conditions to see the disease
2. Evaluating alternatives to some traditional antibiotics.
3. Evaluate the disease risk that non-commercial poultry poses to the industry

Diseases

1. E. coli peritonitis
    a. Causes
    b. Environmental issues that exacerbate

    c. Treatments
2. Avian Influenza
    a. Biosecurity programs
    b. Knowledge of reviver, wild birds, live markets

Performance
1. Strain effects on nutrient requirements
2. Overcoming adverse effects of vaccine
3. Uniformity
4. Studies on pullet growth and subsequent production
5. Vitamin and micro mineral on performance and shell quality
6. Ileal digestibility requirements
7. Design vaccines which do not cause fertility problems

Welfare Issues
1. Mass euthanasia for cage layers, for spent hens and during eradication
2. Molting techniques
    a. Non-feed removal molting techniques
3. Beak trimming by strain interaction
4. Nutritional and management strategies for heat stress
5. Techniques to objectively define stress in cage environments
6. Skeletal integrity in mature layers
7. Cage-space requirements
8. Cage free/organic layers
9. Replacement modeling

Spent Hen Utilization.
1. Removal from cage, transport and euthanasia techniques
2. Add value to the product, especially its use as human food and other feed

Nutrition
1. Determining amino acid requirements in pullets and laying hens (different ages).
2. Osteomalasia (early lay period) and osteoporosis (late lay) prevention
3. Calcium carbonate
    a. Characterize physical and chemical properties of calcium carbonate
    b. Characterize its physiological effects in the bird (e.g. skeleton)
    c. Use of calcium carbonate in the molting period
4. Reduce nutrient excretion through use of enzymes, nutrient levels and digestibility.
5. Determining amino acid availability in feed ingredients
6. Determining energy requirements and develop software-based models for flock amino acid requirements
7. DDGS
8. Trace mineral additives for pullets, effects on immune function
9. ME values for carbohydrate enzymes for various ages of birds

Egg Products
1. Develop new, value added uses for egg and egg shell (non-food as well)
    a. Separate into high-value components
    b. Pet-food use and non-food uses
    c. Non-ingredient egg products
2. Define positive nutrition and health aspects of egg consumption
3. Testing method for Staph enterotoxin in fertile eggs
4. New premium market eggs

Egg Safety
1. Salmonella enteritidis (SE) control
2. Liquid-egg pasteurization techniques

Environment
1. Manure disposal and added value (fuel potential), nutrient management of manure
2. Mortality disposal
3. Identify and quantify NH3 emissions, dust, and odor from live production
4. Waste handling and storage, emissions, odor and fly control
5. Egg wash water and disposal

Issues not currently being addressed:
- Pullet performance in general
- Vitamin trace mineral research in layers
- Monitoring wild birds for influenza

- New non-ingredient food egg products
- Heat stress in layers

DUCK

Environment

1. Reducing Phosphorus Excretion
2. Maximizing phosphorus utilization

Nutrition

1. Role of Fiber to Improve Gut Health
2. Maximize Amino Acid Utilization
3. Evaluation of the effect of low level mycotoxin contamination of feed ingredients on immunological response
4. Use of Ileal Digestible Amino Acids
5. DDGS
    a. Performance improvement via altering amino acid/ME in feeds fed to commercial ducks
    b. Need to determine safe levels across different ages

Animal Welfare

1. Duck handling preharvest
    a. Example – Typically, waterfowl are grabbed by the neck because of the weak legs and leg availability, but USDA is opposed to this on the basis of animal welfare
2. Control of feather pulling
3. Environmental enrichment
4. New bill sear technology
5. Role of lighting
    a. Nutritional implications – fiber v. energy

Feather Development

1. Important because:
    a. Feathers are used for down comforters and pillows
    b. Scarce feather covering with younger age at processing results in increased scratches on carcass

Factors influencing skeletal development

1. Nutritional implications
2. Genetic selection: investigate methods/tools for measurement in the live duck

PHEASANT

1. Development of Dietary Strategies to Feed Pheasants as a Meat Bird
    a. Most productive phase feeding systems
2. Flight Speed in Hunting Pheasants
3. Characterize and Evaluate the Flight Characteristics of Various Species of Hunting Types of Pheasants
4. Shelf-life of Further Processed Pheasant Products
5. Fertility of Hunting Stock
    a. With addition of new males
    b. Lighting program
6. Tail Feathering (tail feather strength)
    a. Nutritional, management or breeding techniques to grow stronger tail feathers

ALL /GENERAL

1. Value of Probiotics as an Alternative to Antibiotics
2. Enhancement of Probiotics by the Use of Prebiotics
    a. To maintain health
3. Small-scale On-farm Biomass Converters
4. Comparing Bacterial Contamination and Antibiotic Resistance in Conventional vs. Organic Poultry Production

FY 2007 Midwest Poultry Research Program

(Type project title here)		
Name Address Phone/Fax/Email of Principal Investigator(s):		
Signature of Principal Investigator: _____		
MPRP Funds Requested:	**Matching Funds Amount:**	**Total Project Cost:**
Circle industry segment being researched: BROILER LAYER TURKEY DUCK PHEASANT QUAIL PARTRIDGE ALL OTHER_____		
Proposed Start Date:	**Proposed Completion Date:**	
Contact Address Phone/Fax/Email of Principal Investigator(s) Sponsored Projects Office:		
Institutional Authority Signature: _____		

Send 15 hard copies and one electronic copy of project proposal to:

Jon E. Dockter
Midwest Poultry Consortium
4630 Churchill Street, Suite # 1
St. Paul, MN 55126

United States Department of Agriculture

Cooperative State Research, Education, and Extension Service

PAPER-BASED APPLICATION GUIDE

A Guide for Preparation and Submission of Paper-based CSREES Applications

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I. INTRODUCTION

1. Background

The unique mission of the Cooperative State Research, Education, and Extension Service (CSREES) is to advance knowledge for agriculture, the environment, human health and well-being, and communities by supporting research, education, and extension programs in the Land-Grant University System and other partner organizations. CSREES does not perform actual research, education, and extension but rather helps fund it at the State and local level and provides program leadership in these areas.

CSREES collaborates or has working partnerships with many institutions and individuals. Our key partners are the institutions of higher learning making up the Land-Grant University System. However, we also partner with other Federal agencies, within and beyond USDA; non-profit associations; professional societies; commodity groups and grower associations; multistate research committees; private industry; citizen groups; foundations; regional centers; the military; task forces; and other groups.

CSREES and its partners focus on critical issues affecting people's daily lives and the nation's future. The advanced research and educational technologies we support empower people and communities to solve problems and improve their lives on the local level.

Grants.gov allows organizations to electronically find and apply for competitive grant opportunities from all Federal grant-making agencies, including CSREES. Grants.gov encompasses over 900 grant programs offered by the 26 Federal grant-making agencies. It streamlines the process of awarding more than $350 billion annually to colleges, universities, K-12 school systems, businesses, informal science organizations, and other research organizations throughout the United States. Grants.gov is one of 24 Federal cross-agency e-Government initiatives focused on improving access to government services via the Internet.

2. Purpose and Scope

This instruction document is intended to assist applicants in the preparation and submission of paper-based applications to CSREES. This document is based on the document and forms for use in preparation of applications via Grants.gov. The forms to be used in the preparation of a paper-based application are a portable document format (PDF) version of the forms for submitting an application via Grants.gov. The forms and the accompanying instructions for Grants.gov submissions are modified to assist applicants that want to submit a CSREES application but for whatever reason are not submitting the application via Grants.gov. Paper-based applications do not have the ability to pre-populate information entered on one form to another form; therefore, some information will entail duplicative entries.

3. Intended Audience

Individuals, organizations, etc. that meet the eligibility requirements of a CSREES funding opportunity and are interested in submitting an application to CSREES in response to a funding opportunity.

4. Document Symbols

The following symbols are used throughout this document to highlight information that is of particular interest or importance:

This symbol indicates CSREES-specific instructions.

This symbol represents a link to an important reference material.

* This symbol represents a required field.

5. Referenced Documents

5.1 CSREES Funding Opportunity

A CSREES Funding Opportunity (e.g., request for applications) provides information specific to an opportunity for funding through CSREES. A request for applications (RFA) includes, among other things, eligibility information and guidance for the preparation of applications for submission to CSREES. CSREES makes active funding opportunities available via Grants.gov (http://www.grants.gov) or the CSREES web site.

CSREES Funding Opportunities via the CSREES web site: http://www.csrees.usda.gov/fo/funding.cfm

WHILE THE APPLICATION WILL NOT BE SUBMITTED TO CSREES VIA GRANTS.GOV, PART II. IS INCLUDED IN AN EFFORT TO EDUCATE THE APPLICANT ABOUT GRANTS.GOV WITH THE HOPES THAT THE APPLICANT WILL BE PREPARED TO SUBMIT ANY FUTURE APPLICATIONS THROUGH GRANTS.GOV

II. GENERAL INSTRUCTIONS FOR SUBMISSION VIA GRANTS.GOV

1. Registration Process

Before using Grants.gov for the first time, each organization must register to create an institutional profile. Once registered, the applicant's organization can then apply for any government grant on the Grants.gov website, including CSREES grants.

Grants.gov Registration: http://www.grants.gov/GetStarted

2. Software Requirements[1]

2.1 PureEdge

In order to access, complete and submit applications, applicants need to download and install the PureEdge Viewer. For minimum system requirements and download instructions, please see the Grants.gov User Guide.

2.2 Special Instructions for Macintosh Users

If the applicant does not have a Windows operating system, the applicant can still use PureEdge by using a Windows emulation program. PureEdge has created detailed instructions for Macintosh users:

http://www.grants.gov/GrantsGov_UST_Grantee/!SSL!/WebHelp/MacSupportforPureEdge.pdf

[1] Note: If the applicant has problems setting up software on their machine, the applicant may not have security permissions to install new programs on their system. If that is the case, they should contact their organization's system administrator.

WHILE THE APPLICATION WILL NOT BE SUBMITTED TO CSREES VIA GRANTS.GOV, PART III., SECTIONS 3. AND 7. ARE INCLUDED IN AN EFFORT TO EDUCATE THE APPLICANT ABOUT GRANTS.GOV WITH THE HOPES THAT THE APPLICANT WILL BE PREPARED TO SUBMIT ANY FUTURE APPLICATIONS THROUGH GRANTS.GOV

III. CSREES GENERAL INSTRUCTIONS

1. CSREES Implementation of Grants.gov

In fiscal year (FY) 2006, CSREES will implement the SF-424 R&R (Research and Related) forms package (see 70 FR 9656, published in the Federal Register on February 28, 2005) along with CSREES agency-specific forms and instructions to receive electronic applications for two programs through Grants.gov. These programs will be identified in the applicable Request for Applications (RFAs). In addition, CSREES has selected a limited number of institutions to use Grants.gov for the submission of electronic applications for a variety of programs in FY 2006. CSREES expects to provide all applicants the option to electronically submit applications to all programs in FY 2007.

2. Components of a CSREES Application

The documents listed in Table 1 are components of a CSREES application. The documents identified as required must be submitted to CSREES as part of the application. Detailed instructions for submitting both required and optional documents can be found on the page indicated in the last column of the table.

Table 1: Components of a CSREES Application

Document	Required	Optional	Instructions
R&R SF424 Cover Sheet	✔		Page 12
R&R Other Project Information	✔		Page 20
R&R Key Person	✔		Page 24
R&R Personal Data	✔		Page 27
R&R Budget	✔		Page 29
Supplemental Information	✔		Page 36
NRI Proposal Type Form		✔	Page 38
Application Modification Form		✔	Page 39

3. Conformance with Application Preparation Requirements

It is imperative that all applications conform to the application preparation and submission instructions. All attachments to an application must be in pdf (portable document format) (see Part III., 3.1) and comply with CSREES font, spacing and margin requirements. Applications also must comply with specifications identified in the RFA. Conformance with all preparation and submission instructions is required and will be strictly enforced unless a deviation had been approved in advance of application submission. Please note that CSREES RFAs may establish additional requirements. CSREES may return without review applications that are not consistent with these instructions.

3.1 Portable Document Format (pdf)

CSREES requires that applicants submit attachments to applications to Grants.gov in portable document format (pdf). Using pdf format allows applicants to preserve the formatting of their documents. In order to save a document as a pdf, the applicant will need to use pdf generator software. Grants.gov has published the following web page on tools and software that the applicant can use:

Tools and software the applicant can use: http://www.grants.gov/assets/PDFConversion.pdf

4. Submission of Same Application to Multiple Agencies

Concurrent submission of an application to other organizations for simultaneous consideration will not prejudice its review.

5. Submission of an Application for CSREES Review

An application may be submitted only once to CSREES. The submission of duplicate or substantially similar applications concurrently for review by more than one program will result in the return of the redundant applications.

6. Applications Eligible for Submission

For FY 2006, CSREES will accept applications via Grants.gov from all applicants to two programs. For programs where it is an option, the applicable RFA will identify it as an option. In addition, a limited number of institutions will have the opportunity to submit electronic applications to a variety of CSREES programs in FY 2006. These institutions will be notified about the funding opportunities where electronic submission is an option.

7. Next Steps – Post Submission to Grants.gov

Applicants can refer to Grants.gov to check the status of an application at any time. Grants.gov requires a user login and password.

Check Application Status: https://apply.grants.gov/ApplicantLoginGetID

7.1 Grants.gov Contact Center

If the Authorized Representative (AR) and PD have not received a confirmation message from Grants.gov within 48 hours of submission of the application, please contact:
Telephone: 1-800-518-4726
Email: support@grants.gov

7.2 CSREES Help

If the AR and PD have not received a confirmation message from CSREES within 60 days of submission of the application, please contact the Program Contact identified in Part VII of the applicable RFA.

7.3 Application File Update – Post Submission

Applications submitted through Grants.gov are considered official submissions to the Federal government. Applicants wishing to change or correct a previously submitted application should use the Application Modification Form. See Part VI, Section 3. of these instructions.

IV. GRANT APPLICATION PACKAGE INSTRUCTIONS

1. Grant Application Package

1.5 Accessing the Forms

The Grant Application Package for paper-based applications contains forms in portable document format (pdf). To access the documents, one must have Adobe Reader. For information about Adobe Reader, visit http://www.adobe.com/products/acrobat/readstep2.html.

1.6 Saving the Application

The application package may be completed on-line, printed and submitted to CSREES. However, if the applicant would like to save the application on-line, then software such as Adobe Writer is necessary. For information about Adobe Writer, visit http://www.adobe.com.

V. RESEARCH AND RELATED (R&R) FORMS AND INSTRUCTIONS

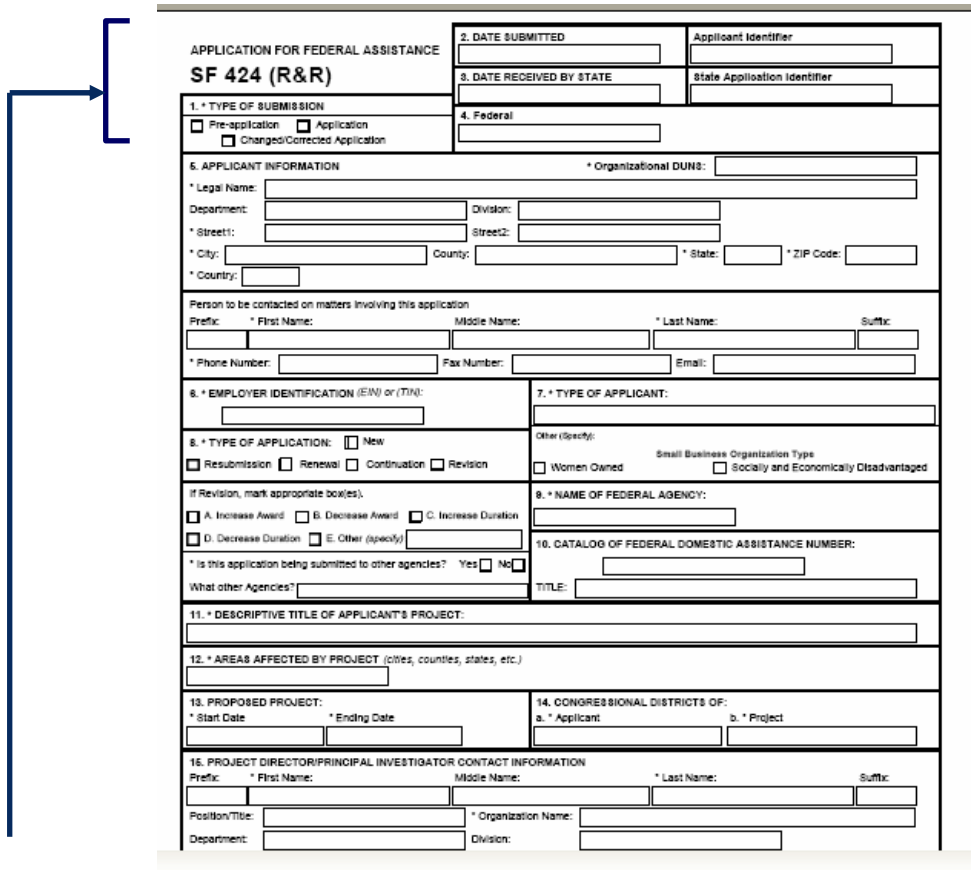
1. Overview

This section contains both the SF-424 (R&R) instructions and any applicable CSREES-specific instructions. The CSREES-specific instructions are identified by the CSREES logo. It is important that all applications conform to these SF-424 (R&R) General Instructions and, where specified, with the CSREES-specific instructions. Conformance is required and will be strictly enforced unless a deviation has been approved in advance of submission. Applicants are advised that CSREES may return without review applications that are not consistent with these instructions.

The contents of the application should be assembled in the following order.

(1) SF-424 R&R Cover Sheet
(2) NRI Proposal Type Form (if required)
(3) CSREES Supplemental Information
(4) Conflict of Interest List(s)
(5) R&R Other Project Information
(6) Project Summary/Abstract
(7) Project Narrative
(8) Bibliography & References Cited
(9) Documentation for Facilities & Other Resources
(10) Equipment Documentation
(11) Other Attachments
(12) R&R Key Person Profile(s)
(13) Biographical Sketch and Current & Pending Support for PI/PD followed by those for each Key Person
(14) R&R Budget
(15) Budget Narrative
(16) R&R Personal Data

2. SF-424 (R&R) (Cover Sheet)



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

5. APPLICANT INFORMATION — * Organizational DUNS:
* Legal Name:
Department: | Division:
* Street1: | Street2:
* City: | County: | * State: | * ZIP Code:
* Country:

Person to be contacted on matters involving this application
Prefix: | * First Name: | Middle Name: | * Last Name: | Suffix:
* Phone Number: | Fax Number: | Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
7. * TYPE OF APPLICANT:
8. * TYPE OF APPLICATION: ☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision
Other (Specify):
Small Business Organization Type: ☐ Women Owned ☐ Socially and Economically Disadvantaged
If Revision, mark appropriate box(es). ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ E. Other (specify)
9. * NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies? Yes ☐ No ☐
What other Agencies? | TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
13. PROPOSED PROJECT: * Start Date | * Ending Date
14. CONGRESSIONAL DISTRICTS OF: a. * Applicant | b. * Project
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: | * First Name: | Middle Name: | * Last Name: | Suffix:
Position/Title: | * Organization Name:
Department: | Division:

2.1 Enter a Type of Submission (Field 1 on the Form)

The applicant is required to select a type of submission.

Unless specifically required by a CSREES request for application, pre-applications are not required and should not be submitted to CSREES. A changed/corrected application should only be submitted by an applicant in the event they need to modify an application they have already submitted through Grants.gov

2.2 Enter Date Submitted and Applicant Identifier (Field 2 on the Form)

Enter the date submitted to the Federal agency (or State if applicable) in the ***Date Submitted*** field. Please use mm/dd/yyyy format (e.g., 08/13/2004). Enter the Applicant's control number (if applicable) in the ***Applicant Identifier*** field.

2.3 Enter Date Received by State (Field 3 on the Form)

The ***Date Received by State*** field is for State use only (if applicable).

Leave the ***State Application Identifier*** field blank.

2.4 Federal (Field 4 on the Form)

Enter the assigned Federal Identifier number (e.g., award number) if the application is a continuation, revision or renewal application. For a new project, leave the ***Federal*** field blank.

If an application is being submitted that is related to a previously submitted application (i.e., resubmission) award (i.e., renewal, continuation, or revision), enter the CSREES-assigned application (i.e., proposal number) or award number, as appropriate, in the Federal field.
If the application is a modification of an application that was previously submitted to CSREES (see Part VI., 3.), enter the CSREES-assigned application number (i.e., proposal number) in the Federal field.

2.5 Enter Applicant Information (Field 5 on the Form)

Enter the DUNS or DUNS+4 number of the applicant organization in the **** Organizational DUNS*** field. This is required information.

(Applicant should not enter information into this field if an individual.)

Field Name	Input
*Legal Name	Enter the applicant's legal name. This is required information.
Department	Enter the applicant's department.
Division	Enter the applicant's division.
*Street 1	Enter the physical address of the applicant. Two lines are available for street address input. The first line is required information. The second line is not required.
Street 2	Additional line for street address.
*City	Enter the name of the city/place of the applicant. This is required information.
County	Enter the name of the county of the applicant.
*State	Enter the name of the state of the applicant. Choose one from the following list. This is required information. AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands
*Zip Code	Enter the five- or nine-digit postal code for the applicant. This is required information.
*Country	Enter the name of the country for the applicant. Choose one from the following list. This is required information. United States United States minor outlying islands

Person to be contacted on matters involving this application:

Field Name	Input
Prefix	Enter the prefix of the contact. Choose one from the following list. Mr. Ms. Mrs. Dr. Miss Rev.
*First Name	Enter the first name of the contact. This is required information.
Middle Name	Enter the middle name of the contact.
*Last Name	Enter the last name of the contact. This is required information.
Suffix	Enter the suffix of the contact. Choose one from the following list. Jr. PhD Sr. JD MD
*Phone Number	Enter the phone number of the contact. This is required information.
Fax Number	Enter the fax number of the contact.
Email	Enter the email address of the contact.

2.6 Enter Employer Identification (EIN) or (TIN) (Field 6 on the Form)

Employer Identification (EIN) or (TIN) - Enter either TIN or EIN as assigned by the U.S. Internal Revenue Service. If applicant's organization is not in the U.S., type 44-4444444.

2.7 Enter Type of Applicant (Field 7 on the Form)

Type of Applicant - Select from the following list and enter the appropriate letter and the corresponding description in the space provided.

A: State Government
B: County Government
C: City or Township Government
D: Special District Governments
E: Independent School District
F: State-Controlled Institution of Higher Education
G: Native American Tribal Government (Federally Recognized)
H: Public/Indian Housing Authority
I: Native American Tribal Organization (other than Federally recognized)
J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education)
K: Nonprofit without 501C3 IRS status (other than Institution of Higher Education)
L: Private Institution of Higher Education
M: Individual
N: For-profit Organization (other than small business)
O: Small Business
P: Other (specify) Complete only if "Other" is selected as the Type of Applicant.

If Small Business is selected as Type of Applicant, then note if the organization is Woman-owned and/or Socially and Economically Disadvantaged.

- ***Woman Owned*** - Check if the applicant is a woman-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.
- ***Socially and Economically Disadvantaged*** - Check if the applicant is a socially and economically disadvantaged small business as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act, U.S.C. 637(a).

2.8 Select Type of Application (Field 8 on the Form)

Select the type from the following list. Check only one.

- ***New*** - An application that is being submitted to an agency for the first time.

- ***Resubmission*** - An application that was previously submitted but not funded and is being resubmitted for new consideration.
- ***Renewal*** - An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.
- ***Continuation*** - A non-competing application for an additional funding/budget period within a previously approved project period.
- ***Revision*** - An application that proposes a change in - 1) the Federal Government's financial obligations or contingent liability from an existing obligation; or, 2) any other change in the terms and conditions of the existing award.

Check Part II, B. of the RFA for the types of applications that may be submitted in response to the RFA. If a renewal application is being submitted, enter the CSREES-assigned award number of the previously-funded application in the Federal field (Field 4 on the form). If a resubmission renewal application is being submitted, select "resubmission" and enter the CSREES-assigned application number (i.e., proposal number) of the previously-funded application in the Federal field (Field 4 on the form).

If Revision, mark the appropriate box(es)

- ***Increase Award***
- ***Decrease Award***
- ***Increase Duration***
- ***Decrease Duration***
- ***Other (specify)***
  If "Other" is selected, please specify in space provided.

The type of application acceptable may vary by funding opportunity. The RFA will stipulate the type of application that may be submitted to CSREES in response to the funding opportunity.

**** Is this application being submitted to other agencies?*** – Enter yes or no. If yes, enter the name(s) of other Agencies. This is required information.

List the names or acronyms of all other public or private sponsors including other agencies within USDA to which your application has been or might be sent. In the event you decide to send your application to another organization or agency at a later date, you must inform the identified CSREES program contact as soon as practicable. Submitting your application to other potential sponsors will not prejudice its review by CSREES; however, submitting the same (i.e., duplicate) application to another CSREES program is not permissible.

2.9 Name of Federal Agency (Field 9 on the Form)

**** Name of Federal Agency*** – This is the name the Federal agency from which assistance is being requested with this application.

Enter CSREES/USDA in the space provided.

2.10 Catalog of Federal Domestic Assistance Number (Field 10 on the Form)

This is the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

The Catalog of Federal Domestic Assistance number and title of the given program can be located near the top of the first page of each RFA.

2.11 Enter Descriptive Title of Applicant's Project (Field 11 on the Form)

**** Descriptive Title of Applicant's Project*** - Enter a brief descriptive title of the project. This is required information.

Project titles are read by a variety of nonscientific people; therefore, highly technical words or phraseology should be avoided where possible. In addition, introductory phrases such as "investigation of," "research on," "education for," or "outreach that" should not be used.

2.12 List Areas Affected by Project (Field 12 on the Form)

**** Areas Affected by Project*** - List only the largest political entities affected by the project (e.g., State, counties, cities). This is required information.

2.13 Enter Proposed Project (Field 13 on the Form)

**** Start Date*** – Enter the proposed start date of the project. This is required information. Please use mm/dd/yyyy format (e.g., 08/13/2004).
**** Ending Date*** – Enter the proposed ending date of the project. This is required information. Please use mm/dd/yyyy format (e.g., 08/13/2004).

The proposed duration for which support is requested must be consistent with the nature and complexity of the proposed activity. In some situations, a funding opportunity may limit the duration of requested support. In such cases, the limitations will be addressed in the RFA. Specification of a desired starting date for the project is important and helpful to CSREES staff; however, CSREES may not always be able to meet the requested dates. In such cases, CSREES will consult with the applicant.

2.14 Enter Congressional Districts (Field 14 on the Form)

**** Applicant*** - Enter the applicant's Congressional District. This is required information.
**** Project*** – Enter the Congressional District of the primary site where the project will be performed. This is required information.

2.15 Enter Project Director/Principal Investigator Contact Information (Field 15 on the Form)

Field Name	Input
Prefix	Enter the prefix of the individual responsible for the overall scientific and technical direction of the project. Choose one from the following list. Mr. Ms. Mrs. Dr. Miss Rev.
*First Name	Enter the first name of the individual responsible for the overall scientific and technical direction of the project. This is required information.
Middle Name	Enter the middle name of the individual responsible for the overall scientific and technical direction of the project.
*Last Name	Enter the last name of the individual responsible for the overall scientific and technical direction of the project. This is required information.
Suffix	Enter the suffix of the individual responsible for the overall scientific and technical direction of the project. Jr. PhD Sr. JD MD
Position/Title	Enter the position/title of the individual responsible for the overall scientific and technical direction of the project.
*Organization Name	Enter the organization name of the individual responsible for the overall scientific and technical direction of the project. This is required information.
Department	Enter the department of the individual responsible for the overall scientific and technical direction of the project.
Division	Enter the division of the individual responsible for the overall scientific and technical direction of the project.
*Street 1	Enter the physical address of the applicant. Two lines are available for street address input. The first line is required information. The second line is not required.
Street 2	Additional line for street address.
*City	Enter the name of the city/place of the applicant. This is required information.

County	Enter the name of the county of the applicant. This is required information.
*State	Enter the name of the state of the applicant. This is required information. Choose one from the following list. AK IL NH UT AL IN NJ VA AR KS NM VT AZ KY NV WA CA LA NY WI CO MA OH WV CT MD OK WY DC ME OR American Samoa DE MI PA Guam FL MN RI Northern Mariana GA MO SC Islands HI NC SD Puerto Rico IA ND TN U.S. Virgin Islands ID NE TX
*Zip Code	Enter the five- or nine-digit postal code for the applicant. This is required information.
*Country	Enter the name of the country for the applicant. Choose one from the following list. This is required information. United States United States minor outlying islands
*Phone Number	Enter the phone number of the applicant. This is required information.
Fax Number	Enter the fax number of the applicant.
*Email	Enter the email of the applicant. This is required information.

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16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding
b. * Total Federal & Non-Federal Funds
c. * Estimated Program Income

17. * 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

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: Street2:
* City: County: * State: * ZIP Code:
* Country:
* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative * Date Signed

20. Pre-application Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001

2.16 Enter Estimated Project Funding (Field 16 on the Form)

Field Name	Input
* Total Estimated Project Funding	Enter total Federal funds requested for the entire project period. This is required information.
*Total Federal & Non-Federal Funds	Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. This is required information.
*Estimated Program Income	Identify any Program Income estimated for this project period if applicable. This is required information.

2.17 Is Application Subject to Review by State Executive Order 12372 Process? (Field 17 on the Form)

If yes, select "This pre-application/application was made available to the state executive order 12372 process for review on:" and enter the date. If the announcement indicates that the program is covered under Executive Order 12372, applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372.

If no, check appropriate box.

For the reasons set forth in the final Rule-related Notice to 7 CFR Part 3015, Subpart V (48 FR 29114, June 24, 1983), CSREES programs are excluded from the scope of the Executive Order 12372 which requires intergovernmental consultation with State and local officials.

2.18 Complete Certification (Field 18 on the Form)

Check to provide the required certifications and assurances and the Authorized Representative is to sign the application in the space provided.

- ***I agree***

The applicable certifications can be located on the CSREES website. See http://www.csrees.usda.gov/business/awards.html. Ignore all references in the forms and instructions regarding the signing of Form CSREES-2002, Proposal Cover Page. For this application, by signing the application the applicant is providing the required certifications set forth in 7 CFR Part 3017, as amended, regarding Debarment and Suspension and Drug-Free Workplace; and 7 CFR Part 3018 regarding Lobbying. Submission of the individual forms is not required. (Please read the Certifications before submitting the application.) If the project will involve a subcontractor or consultant, the subcontractor/consultant should submit a Form AD-1048, Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions, to the grantee organization for retention in their records. This form should not be submitted to USDA. In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award the obligations to comply with the terms and conditions of CSREES in effect at the time of the award.

2.19 Enter Authorized Representative (Field 19 on the Form)

Field Name	Input
Prefix	Enter the prefix of the authorized representative. Choose one from the following list. Mr. Ms. Mrs. Dr. Miss Rev.
*First Name	Enter the first name of the authorized representative. This is required information.
Middle Name	Enter the middle name of the authorized representative.
*Last Name	Enter the last name of the authorized representative. This is required information.
Suffix	Enter the suffix of the authorized representative. Choose one from the following list. Jr. PhD Sr. JD MD
*Position/Title	Enter the position/title of the authorized representative. This is required information.
*Organization Name	Enter the organization name of the authorized representative. This is required information.
Department	Enter the department of the authorized representative.

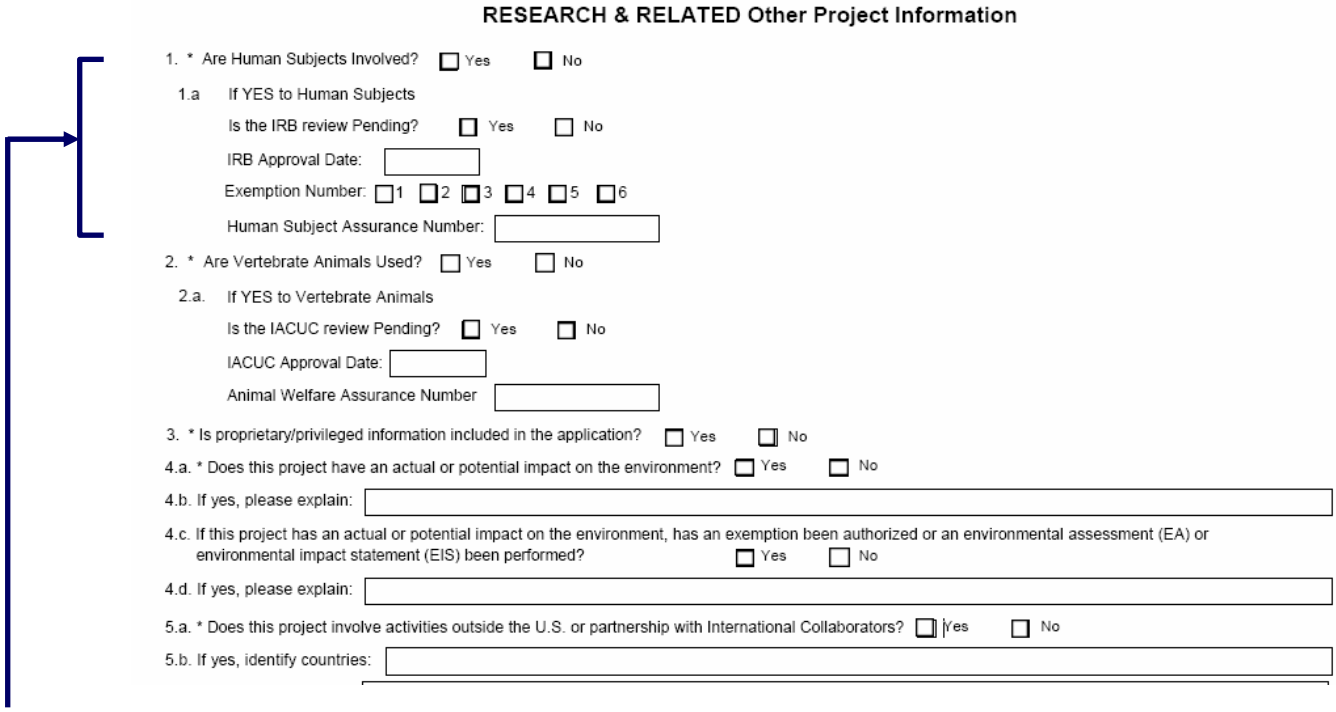
Division	Enter the division of the authorized representative.
*Street 1	Enter the physical address of the applicant. Two lines are available for street address input. The first line is required information. The second line is not required.
Street 2	Additional line for street address.
*City	Enter the name of the city/place of the authorized representative. This is required information.
County	Enter the name of the county of the authorized representative.
*State	Enter the name of the state of the authorized representative. This is required information. Choose one from the following list. AK IL NH UT AL IN NJ VA AR KS NM VT AZ KY NV WA CA LA NY WI CO MA OH WV CT MD OK WY DC ME OR American Samoa DE MI PA Guam FL MN RI Northern Mariana GA MO SC Islands HI NC SD Puerto Rico IA ND TN U.S. Virgin Islands ID NE TX
*Zip Code	Enter the five- or nine-digit postal code for the authorized representative. This is required information.
*Country	Enter the name of the country for the authorized representative. This is required information. Choose one from the following list. United States United States minor outlying islands
*Phone Number	Enter the phone number of the authorized representative. This is required information.
Fax Number	Enter the fax number of the authorized representative.
*Email	Enter the email of the authorized representative. This is required information.
Signature of Authorized Representative	It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov. If this application is submitted through Grants.gov, leave blank. If a hard copy is submitted, the AR must sign this block.
*Date Signed	If this application is submitted through Grants.gov, the system will generate this date. If submitting a hard copy, enter the date the AR signed the application. This is required information.
*Pre-Application	Provide a summary description of the project in accordance with the announcement and/or agency-specific instructions and attach here. This is required information.

Infrequently, a CSREES funding opportunity will require or request submission of a preliminary application in advance of submission of a full application. The two predominant reasons for requiring submission of a preliminary application are to:

- Reduce the applicant's unnecessary effort in application preparation when the chance of success is very small. This is particularly true of exploratory initiatives where the community senses that a major new direction is being identified, or competitions that will result in a small number of actual awards; and
- Increase the overall quality of the full submission.

The CSREES RFA will specify the content and submission requirements in Section V.A of the RFA when preliminary applications are to be utilized.

3. R&R Other Project Information


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:
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:

3.1 Are Human Subjects Involved? (Field 1 on the Form)

This is required information. Check yes or no.

- ***Yes***
- ***No***

Projects involving research with human subjects must ensure that subjects are protected from research risks in conformance with the relevant Federal policy known as the Common Rule (*Federal Policy for the Protection of Human Subjects, 45 CFR 690*). All projects involving human subjects must either (1) have approval from the organization's Institutional Review Board (IRB) before issuance of an CSREES award or, (2) must affirm that the IRB or an appropriate knowledgeable authority previously designated by the organization (not the Project Director) has declared the research exempt from IRB review in accordance with the applicable subsection, as established in section 101(b) of the Common Rule. The box for "Human Subjects" must be checked "yes" with the IRB approval date (if available) or exemption subsection from the Common Rule identified in the space provided. Check “yes” even if the proposed project is exempt from Regulations for the Protection of Human Subjects. If “no”, skip the remaining questions about Human Subjects.

If “YES” to Human Subjects:

Is the IRB review Pending?

- ***Yes***
- ***No***

IRB Approval Date – Enter the latest Institutional Review Board (IRB) approval date (if available). Please use mm/dd/yyyy format (e.g., 08/13/2004). Leave blank if Pending.
NOTE: This is required information if the applicant selected “NO” to “Is the IRB review Pending?”

Exemption Number – If human subject activities are exempt from Federal regulations, provide the exemption numbers corresponding to one or more of the exemption categories. The six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human

Subjects. These regulations can be found at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm. Please check the exemption number:

- ***1***
- ***2***
- ***3***
- ***4***
- ***5***
- ***6***

Human Subject Assurance Number – Enter the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office for Human Research Protections, in the Department of Health and Human Services, if available.

3.2 Are Vertebrate Animals Used? (Field 2 on the Form)

This is required information. Check yes or no.

- ***Yes***
- ***No***

For applications involving the use of vertebrate animals, sufficient information must be provided within the 15-page project description to enable reviewers to evaluate the choice of species, number of animals to be used, and any necessary exposure of animals to discomfort, pain, or injury. Consistent with the requirements of the Animal Welfare Act [7 U.S.C. 2131 et seq.] and the regulations promulgated by the Secretary of Agriculture [9 CFR, 1.1-4.11], CSREES requires that proposed projects involving use of any vertebrate animal for research or education be approved by the submitting organization's Institutional Animal Care and Use Committee (IACUC) before an award can be made.

If activities involving vertebrate animals are planned at any time during the proposed project at any performance site, check yes. If no, skip the remaining questions about Vertebrate Subjects.
If YES to Vertebrate Subjects:

Is the IACUC review Pending? Check yes or no.

- ***Yes***
- ***No***

IACUC Approval Date – Enter the Institutional Animal Care and Use Committee (IACUC) approval date (if available). Please use mm/dd/yyyy format (e.g., 08/13/2004). Leave blank if Pending.
Animal Welfare Assurance Number – Enter the Federally-approved assurance number, if available.

3.3 Is Proprietary/Privileged Information Included in the Application? (Field 3 on the Form)

This is required information. Check yes or no.

- ***Yes***
- ***No***

Patentable ideas, trade secrets, privileged or confidential commercial or financial information, the disclosure of which may harm the applicant, should be included in applications only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check yes and clearly mark each line or paragraph on the pages containing the proprietary/privileged information with a legend similar to - "The following contains proprietary/privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation."

Such information also may be included as a separate statement.

While CSREES will make every effort to prevent unauthorized access to such material, CSREES is not responsible or in any way liable for the release of such material.

3.4 Does this Project Have an Actual or Potential Impact on the Environment? (Field 4 on the Form)

This is required information. Check yes or no.

- ***Yes***
- ***No***

If yes, please explain – Enter an explanation for the actual or potential impact on the environment.
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? - Check yes or no.

- ***Yes***
- ***No***

If yes, please explain – Enter additional details about the EA or EIS.

If the project meets one of the exemptions identified in 7 CFR Part 3407, CSREES' implementing regulations of the National Environmental Policy Act of 1969 (see http://www.access.gpo.gov/nara/cfr/waisidx_04/7cfr3407_04.html), then the explanation should include the specific exemption.

3.5 Does this Project Involve Activities Outside the U.S. or Partnership with International Collaborators? (Field 5 on the Form)

This is required information. Check yes or no.

- ***Yes***
- ***No***

If yes:
Provide countries with which international cooperative activities are involved – Enter the names of countries.
Optional Explanation – Enter an explanation for involvement with outside entities (optional).

3.6 Include Project Summary/Abstract (Field 6 on the Form)

The Project Summary must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a scientifically or technically literate lay reader. This Summary must not include any proprietary/confidential information.

The summary should be approximately 250 words. "Project Summary" should be identified at the top of the page followed by the names and affiliated organizations of all Project Directors and the title of the project. The summary should be a self-contained, specific description of the activity to be undertaken and should focus on: overall project goal(s) and supporting objectives; plans to accomplish project goal(s); and relevance of the project to the goals of the program. The importance of a concise, informative Project Summary cannot be overemphasized. The Project Summary should be placed immediately after the "R&R Other Project Information" form.

3.7 Include Project Narrative (Field 7 on the Form)

Provide Project Narrative in accordance with the announcement and/or agency-specific instructions. The Project Narrative should follow the Project Summary in the application.

"Project Narrative" must be identified at the top of the page and be prepared in accordance with the guidelines specified under Part IV.B. in the applicable RFA.

3.8 Include Bibliography & References Cited (Field 8 on the Form)

Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the same sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers, and year of publication. Include only bibliographic citations. Applicants should be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of the application. 'Bibliography and References Cited' should be identified at the top of the page and immediately follow the Project Narrative.

3.9 Include Facilities & Other Resources (Field 9 on the Form)

This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Describe only those resources that are directly applicable to the proposed work. Provide any information describing the Other Resources available to the project (e.g., machine shop, electronic shop) and the extent to which they would be available to the project. "Facilities and Other Resources" should be identified at the top of the page and should be placed behind the Bibliography and References Cited.

3.10 Include Equipment Documentation (Field 10 on the Form)

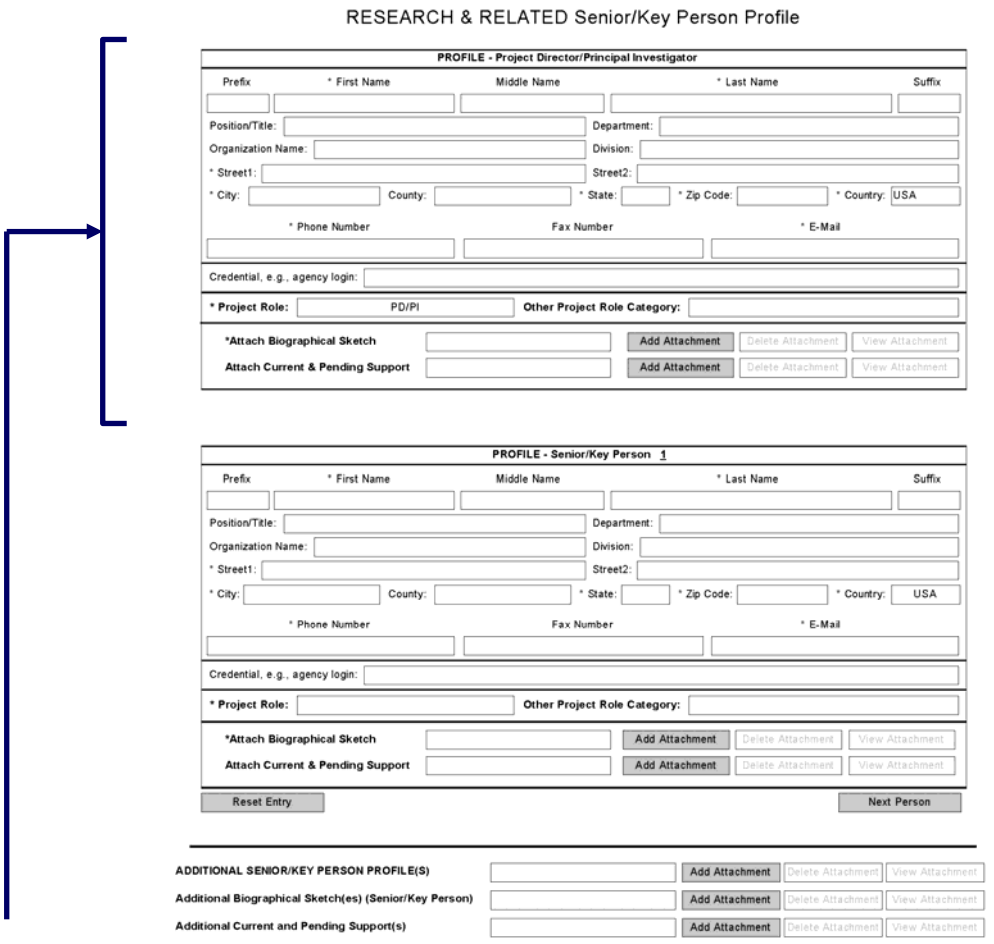
Include "Equipment Documentation" at the top of the page followed by a list of major items of equipment already available for this project and, if appropriate, identify location and pertinent capabilities. This information should follow the documentation for facilities and other resources.

3.11 Other Attachments (Field 11 on the Form)

Include other project information not provided above or in accordance with the announcement and/or agency-specific instruction.

Appendices to the Project Narrative are allowed if they are directly germane to the proposed project. The addition of appendices should not be used to circumvent the text and/or figures and tables page limitations.

4. R&R Key Person



Beginning with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement, Senior/Key Personnel are defined as all individuals who contribute in a substantive, measurable way to the scientific development or execution of the project whether or not salaries are requested. Consultants should be included if they meet this definition. Include all Senior/Key Person profiles followed by the biographical sketch (see 4.2) and the corresponding current and pending support (see 4.3) for each individual in the same order as the individuals are identified in the Senior/Key Person profiles.

4.1 Enter Profile – Project Director/Principal Investigator

Field Name	Input
Prefix	Enter the prefix of the authorized representative. Choose one from the following list. Mr. Ms. Mrs. Dr. Miss Rev.
*First Name	Enter the first name of the senior/key person. This is required information.
Middle Name	Enter the middle name of the senior/key person.
*Last Name	Enter the last name of the senior/key person. This is required information.

Suffix	Enter the suffix of the senior/key person. Choose one from the following list. Jr. PhD Sr. JD MD
Position/Title	Enter the position/title of the senior/key person.
Organization Name	Enter the organization name of the senior/key person.
Department	Enter the department of the senior/key person.
Division	Enter the division of the senior/key person.
*Street 1	Enter the physical address of the senior/key person. Two lines are available for street address. The first line is required information. The second line is not required.
Street 2	Additional line for street address.
*City	Enter the name of the city/place of the senior/key person. This is required information.
County	Enter the name of the county for the senior/key person. This is required information.
*State	Enter the name of the state of the authorized representative. This is required information. Choose one from the following list. AK IL NH UT AL IN NJ VA AR KS NM VT AZ KY NV WA CA LA NY WI CO MA OH WV CT MD OK WY DC ME OR American Samoa DE MI PA Guam FL MN RI Northern Mariana GA MO SC Islands HI NC SD Puerto Rico IA ND TN U.S. Virgin Islands ID NE TX
*Zip Code	Enter the five- or nine-digit postal code for the senior/key person This is required information.
*Country	Enter the name of the country for the authorized representative. This is required information. Choose one from the following list. United States United States minor outlying islands
*Phone Number	Enter the phone number of the senior/key person This is required information.
Fax Number	Enter the fax number of the senior/key person.
*Email	Enter the email of the senior/key person. This is required information.
Credential; e.g., agency login	If the application is being submitted to an agency (e.g., NIH) where the senior/key person has an established personal profile, enter the agency ID. If not, leave blank.
*Project Role	Enter the project role. Choose one from the following list. Use "Other" if a category is not listed in the pick list. PD/PI Post Doctoral Associate Technician Co-PD/PI Other Professional Consultant Faculty Graduate Student Other (Specify) Post Doctoral Undergraduate Student
Other Project Role Category	Complete if "Other Professional" or "Other" has been selected as a project role; e.g., Engineer, Chemist.

4.2 Include Biographical Sketch (Senior/Key Person)

Provide a biographical sketch for each senior/key person. Recommended information includes - Education and Training, Research and Professional Experience, Collaborators and Affiliations (for conflicts of interest), Publications and Synergistic Activities.

The vitae should be limited to two (2) pages each in length, excluding publications listings. The vitae should include a presentation of academic and research credentials, as applicable; e.g., earned degrees, teaching experience, employment history, professional activities, honors and awards, and grants received. A chronological

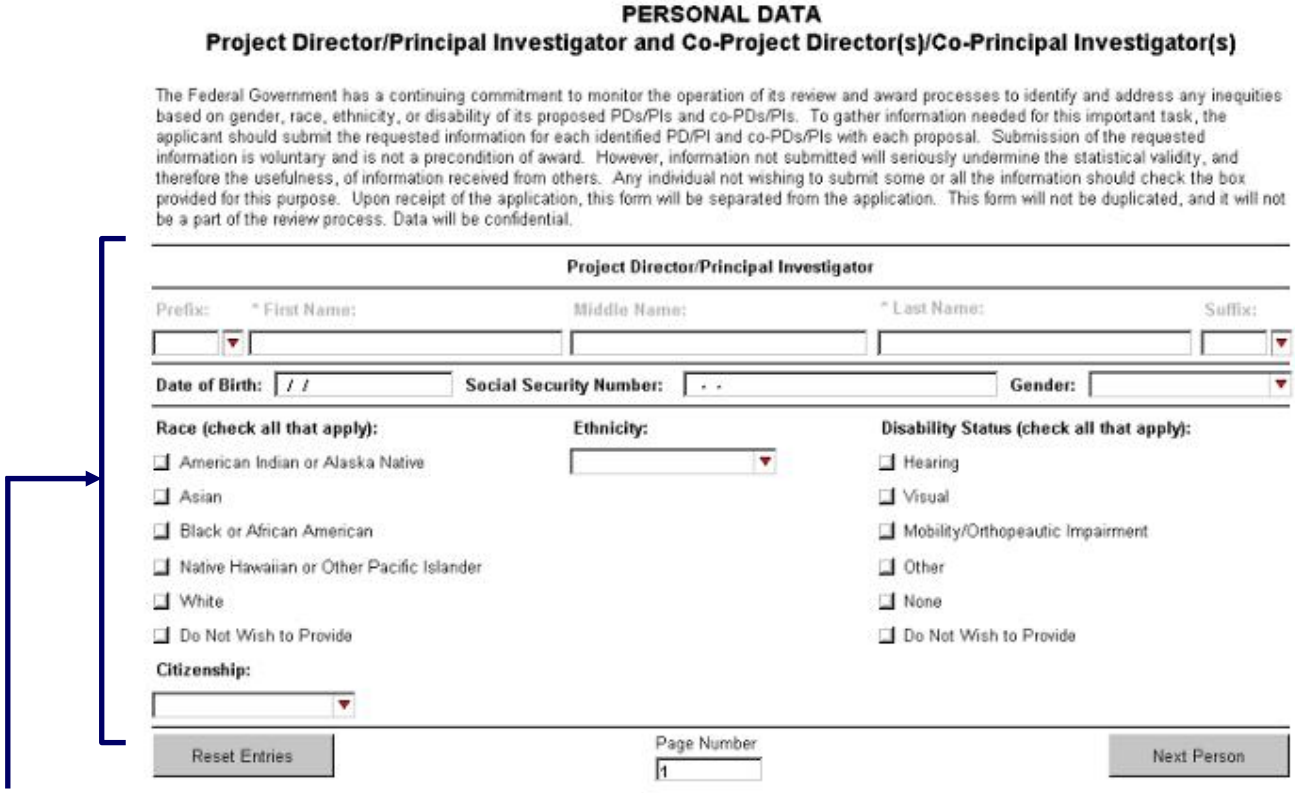
list of **all** publications in **refereed journals** during the past **four (4) years**, including those in press, must be included. Also, list only those **non-refereed** technical publications that have **relevance** to the proposed project. All authors should be listed in the same order as they appear on each paper cited, along with the title and complete reference as these usually appear in journals.

4.3 Include Current and Pending Support

Provide a list of all current and pending support for the PD/PI (even if they receive no salary support from the project(s)) for ongoing projects and pending applications. Show the total award amount for the entire award period (including indirect costs) as well as the number of person-months per year to be devoted to the project by the senior/key person, regardless of source of support. Concurrent submission of an application to other organizations for simultaneous consideration will not prejudice its review.

A current and pending support list should be included for all PD/PIs. Please note that the project being proposed should be identified as pending in the attached document. An application that duplicates or overlaps substantially with an application already reviewed and funded (or to be funded) by another organization or agency will not be funded under this program.

5. R&R Personal Data



PERSONAL DATA

Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, 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.

Project Director/Principal Investigator

Prefix: | * First Name: | Middle Name: | * Last Name: | Suffix:

Date of Birth: / / | Social Security Number: - - | Gender:

Race (check all that apply):
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):
- Hearing
- Visual
- Mobility/Orthopeautic Impairment
- Other
- None
- Do Not Wish to Provide

Citizenship:

Reset Entries | Page Number 1 | Next Person

The Federal government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PD/PI with each application. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, 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.

To meet the responsibilities of the Department of Agriculture, 7 U.S.C. 3121, CSREES must collect certain information to maintain its Privacy Act Record System, Privacy Act of 1974, 5 U.S.C. 552a. Such information includes the social security number of the PD/PI and Co-PDs/PIs as well as race and ethnicity information. This information is used only for tracking and statistical purposes necessary to meet the demands of the agency and will not be part of the review process. This information is purely voluntary in which case the failure or refusal to provide the information would not deny an individual any right, benefit, or privilege provided by law. However, it is strongly encouraged that applicants provide the requested information to increase the quality of the CSREES database, aid in verification of eligibility for certain programs and to have a unique identifier for principal investigators/project directors to aid in tracking grantees from one institution to another.

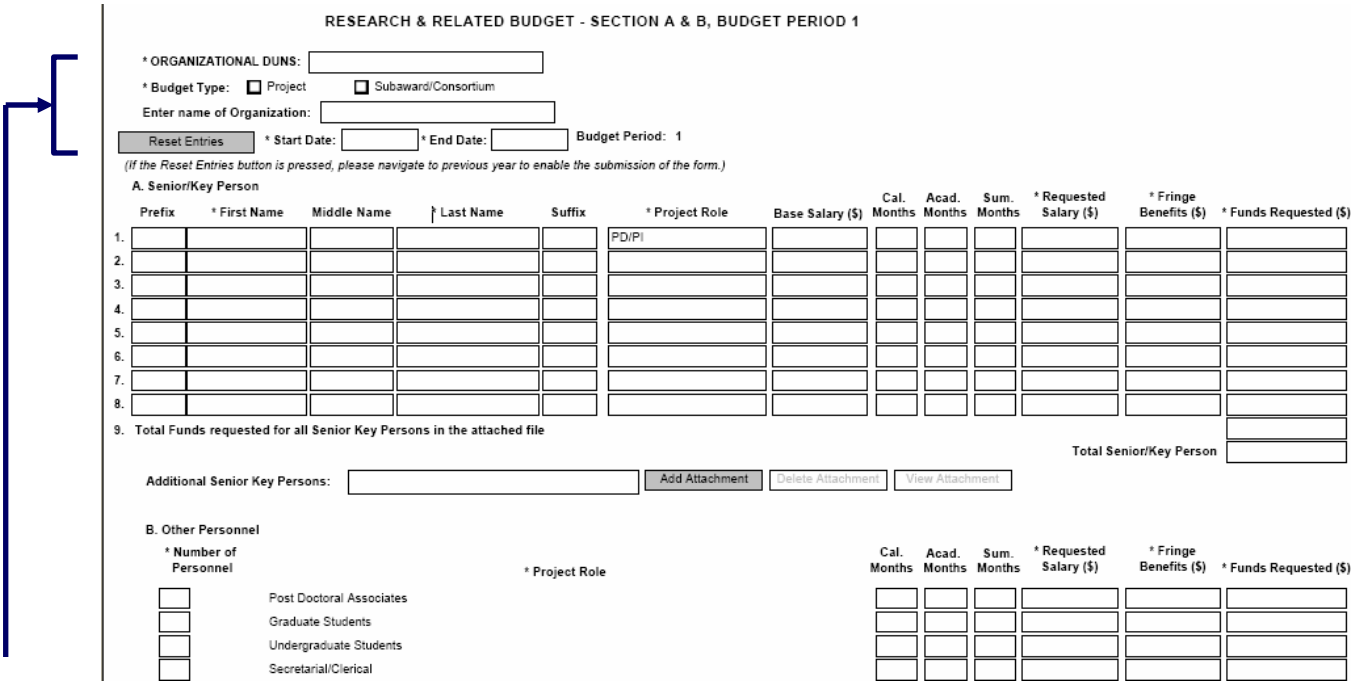
5.1 Enter Project Director/Principal Investigator

Field Name	Input
Prefix	Enter the prefix of the authorized representative. Choose one from the following list. Mr. Ms. Mrs. Dr. Miss Rev.
*First Name	Enter the first name of the senior/key person. This is required information.
Middle Name	Enter the middle name of the senior/key person.
*Last Name	Enter the last name of the senior/key person. This is required information.
Suffix	Enter the suffix of the senior/key person. Choose one from the following list. Jr. PhD Sr. JD MD
Date of Birth	Enter the date of birth of the Project Director/Principal Investigator.
Social Security Number	Enter the Social Security Number of the Project Director/Principal Investigator. The Social Security Number serves as a helpful identifier. However, submission of this data is voluntary. The applicant should leave blank if they do not wish to provide it, and CSREES will assign an identifier to the PD/PI.

Failure to submit the Social Security Number (SSN) will not affect the organization's eligibility for an award. However, SSN is an integral part of the CSREES information system and assist in processing of the application.

Field Name	Input
Gender	Enter the gender of the Project Director/Principal Investigator. Choose from the following list. Male Female Do not wish to provide
Race (check all that apply)	Check one or more: 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. 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. Do Not Wish to Provide
Ethnicity	Chose one: Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race Not Hispanic or Latino Do not wish to provide
Disability Status (check all that apply)	Check one or more: Hearing Visual Mobility/Orthopedic Impairment Other None Do Not Wish to Provide
Citizenship	Chose one: U.S. Citizen Permanent Resident *Other non-U.S. Citizen* *Do Not Wish to Provide*

6. R&R Budget



RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:
* Budget Type: Project Subaward/Consortium
Enter name of Organization:
Reset Entries * Start Date: * End Date: Budget Period: 1
(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	Total Funds requested for all Senior Key Persons in the attached file												
											Total Senior/Key Person		

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						

6.1 Enter Budget Information

The electronic version of this form contains a technical issue; the "Subproject" and "Subaward/Consortium" Budget Types are not functional. Therefore, applicants submitting electronically are instructed to include a detailed breakdown of funds for any Subprojects and Subaward/Consortiums in the Budget Justification (see 6.14, Budget Justification). Applicants submitting a paper-based application are requested to do the same to allow consistency, to the extent possible.

Unless a particular program announcement provides otherwise, each application must contain a budget for each budget period of requested support and a cumulative budget for the full term of requested CSREES support.

Applicants will be using the SF-424 R&R "Funds Requested" budget type to prepare their application for submission to CSREES.

Field Name	Input
*Budget Type	Select one: • ***Project*** - The budget requested for the primary applicant organization. This is required information. • ***Subaward/Consortium*** - The budget requested for subawardee/consortium organization(s). Note, separate budgets are required only for subawardee/consortium organizations that perform a substantive portion of the project.
*Organization Name	Enter organization name of applicant. This is required information.
*Start Date	Enter the requested/proposed start date of each budget period. Please use mm/dd/yyyy format (e.g., 08/13/2004). This is required information.
*End Date	Enter the requested/proposed end date of each budget period. Please use mm/dd/yyyy format (e.g., 08/13/2004). This is required information.
Budget Period	Use budget(s) with appropriate budget period; e.g.; 1,2,3,4,5.

6.2 Enter Senior/Key Person (Field A on the Form)

This section identifies names of senior/key personnel. Each person identified in the senior/key person profile who is an employee of the applying organization must be listed in this section if funds are requested.

Salaries of the project director(s) and other personnel associated directly with the project should constitute direct costs in proportion to their effort devoted to the project. Charges by academic institutions for work performed by faculty members during the summer months or other periods outside the base salary period are to be at a monthly rate not in excess of that which would be applicable under the base salary and other provisions of the applicable cost principles. All salaries requested must be consistent with the regular practices of the institution.

Award funds may not be used to augment the total salary or rate of salary of project personnel or to reimburse them for consulting or other time in addition to a regular full-time salary covering the same general period of employment.

Field Name	Input
Prefix	Enter the prefix of the authorized representative. Choose one from the following list. Mr. Ms. Mrs. Dr. Miss Rev.
*First Name	Enter the first name of the senior/key person. This is required information.
Middle Name	Enter the middle name of the senior/key person.
*Last Name	Enter the last name of the senior/key person. This is required information.
Suffix	Enter the suffix of the senior/key person. Choose one from the following list. Jr. PhD Sr. JD MD
*Project Role	Enter the project role of the senior/key person. This is required information.
Base Salary ($)	Enter the annual compensation paid by the employer for each senior/key personnel. This includes all activities such as research, teaching, patient care, or other. The applicant may choose to leave this column blank.
Cal. Months	Identify the number of calendar months devoted to the project.
Acad. Months	Identify the number of academic months devoted to the project.
Sum. Months	Identify the number of summer months devoted to the project.
*Requested Salary ($)	Regardless of the number of months being devoted to the project, indicate only the amount of salary being requested for this budget period for each senior/key person. This is required information.
*Fringe Benefits ($)	Enter the applicable fringe benefits, if any, for each senior/key person. This is required information.

If the grantee's usual accounting practices provide that its contributions to employee benefits (social security, retirement, etc.) be treated as direct costs, CSREES funds may be requested to fund fringe benefits as a direct cost.

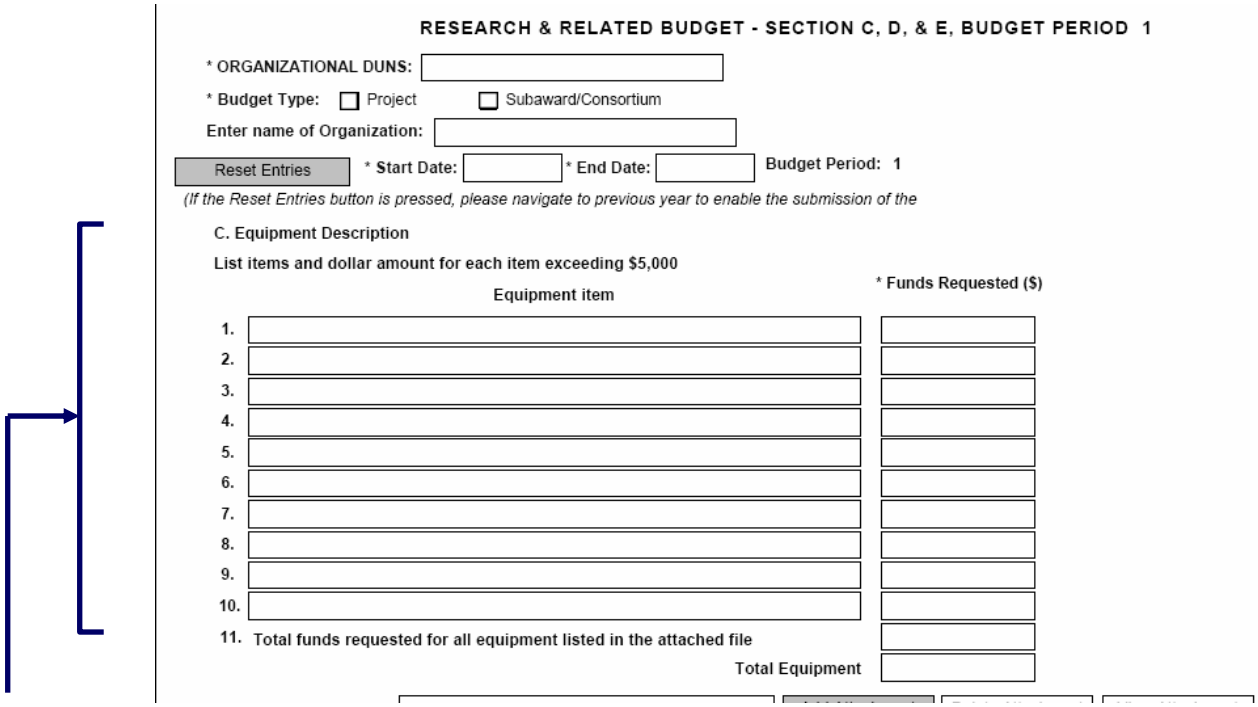
Field Name	Input
*Funds Requested ($)	Enter requested salary & fringe benefit for each senior/key person. This is required information.
Total Funds requested for all Senior Key Persons in the Attached File	Enter the total funds requested for all additional senior/key persons. This is required information.
Total Senior/Key Person	Enter the total number of senior/key persons for which funds are requested.

Additional Senior Key Persons - If funds are requested for more than 8 Senior/Key Persons, include all pertinent budget information on a separate page.

The applicant organization may request that salary data on senior personnel not be released to persons outside the Federal government during the review process. Such information may be included as a separate statement. This statement must include all of the information requested on the budget for each person involved. CSREES will not forward the detailed information to reviewers and will hold it privileged to the extent permitted by law.

6.3 Enter Other Personnel (Field B on the Form)

Field Name	Input
*Number of Personnel	For each project role category, identify the number of personnel proposed. This is required information.
*Project Role	Use the blank(s) if an appropriate project role is not listed; e.g., Engineer, IT Professionals, etc. This is required information.
Cal. Months	Identify the number of calendar months devoted to the project.
Acad. Months	Identify the number of academic months devoted to the project.
Sum. Months	Identify the number of summer months devoted to the project.
*Requested Salary ($)	Regardless of the number of months being devoted to the project, indicate only the amount of salary being requested for this budget period for each senior/key person. This is required information.
*Fringe Benefits ($)	Enter the applicable fringe benefits, if any, for each senior/key person. This is required information.
*Funds Requested ($)	Enter requested salary & fringe benefit for each senior/key person. This is required information.
Total Number of Other Personnel	Enter the total number of other personnel.
Total Salary, Wages and Fringe Benefits (A+B)	Enter the total salary, wages and fringe benefits.


RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

Reset Entries * Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment item	* Funds Requested ($)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	Total funds requested for all equipment listed in the attached file	
	Total Equipment	

6.4 Enter Equipment Description (Field C on the Form)

Equipment is defined as an item of property that has an acquisition cost of $5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year.

Equipment item - List each item of equipment separately and justify each in the budget justification section. Allowable items ordinarily will be limited to research equipment and apparatus not already available for the conduct of the work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research.
**** Funds Requested ($)*** - List the estimated cost of each item of equipment including shipping and any maintenance costs and agreements. This is required information.

Total funds requested for all equipment listed in the budget justification - If this section cannot accommodate all the equipment proposed, include the information in the budget justification. List each additional item and the funds requested in the budget justification. List the total funds requested.
Total Equipment – Enter the total amount of funds requested for equipment.

General purpose equipment (equipment whose use is not limited only to research, medical, scientific, educational, or other technical activities; i.e., office equipment and furnishings, air conditioning equipment, reproduction and printing equipment, motor vehicles, and automatic data processing equipment) requires special justification and prior approval from the Office of Extramural Programs (OEP), CSREES.

6.5 Enter Travel (Field D on the Form)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) Funds Requested ($) – Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and U.S. Possessions. In the budget justification section, include purpose, destination, dates of travel (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).
2. Foreign Travel Costs Funds Requested ($) - Enter the total funds requested for foreign travel. Foreign travel includes any travel outside of North America and/or U.S. Possessions. In the budget justification section, include purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).

Travel and subsistence should be in accordance with organizational policy. Irrespective of the organizational policy, allowances for airfare will not normally exceed round trip jet economy air accommodations. Please note that 7 CFR Part 3015.205 is applicable to air travel.

Total Travel Costs – Enter the total amount of funds requested for travel.

6.6 Enter Participant/Trainee Support Costs (Field E on the Form)

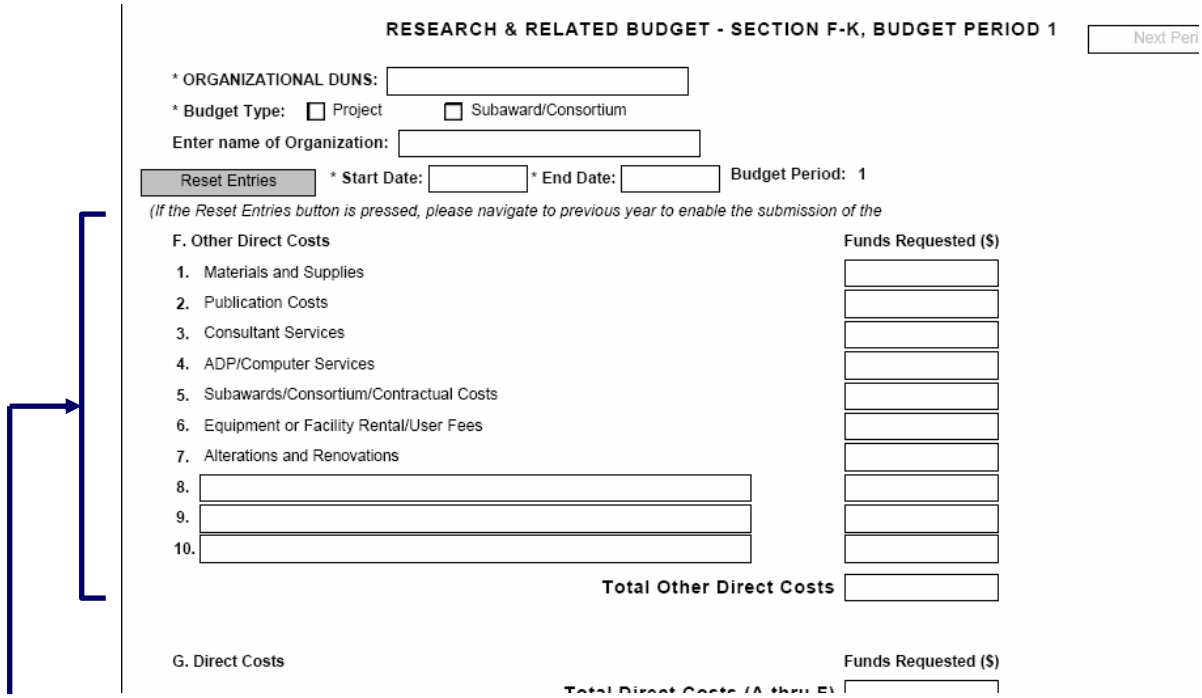
Participant costs are the costs associated with conference, workshop, or symposium attendees who are not employees of the applicant or a subawardee. Trainee costs are the costs associated with educational projects that support trainees (pre-college, college, graduate and post graduate). List total costs for each budget item and the number of participants/trainees. In the budget justification, identify the purpose of the conference/training, dates, and places and justify costs.

If participant support costs at conferences/meetings are requested, indicate purpose, dates, and place of conference/meeting; number of participants; cost for each; speaker fees (include number of persons, number of days, and cost per person); cost of facilities rental, and other related expenses.

D. Travel	Funds Requested ($)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2. Foreign Travel Costs	
Total Travel Cost	

E. Participant/Trainee Support Costs	Funds Requested ($)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
Number of Participants/Trainees — Total Participant/Trainee Support Costs	

6.7 Total Participant/Trainee Support Costs


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

Next Peri

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

Reset Entries * Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

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)	

6.8 Enter Other Direct Costs (Field F on the Form)

1. Materials and Supplies - List total funds requested for materials and supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category.

The types of expendable materials and supplies required should be indicated in general terms with estimated costs.

2. Publication Costs - List the total publication funds requested. The application budget may request funds for the costs of documenting, preparing, publishing or otherwise making available to others the findings and products of the work conducted under the award. In the budget justification, include supporting information.

Costs of preparing and publishing the results of a project conducted under the award, including costs of reports, reprints, page charges or other journal costs, and necessary illustrations, may be included.

3. Consultant Services - List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

Applicants normally are expected to utilize the services of their own staff to the maximum extent possible in managing and performing the activities supported by awards. If the need for consultant services is anticipated, the proposal narrative should provide a justification for the use of such services, a statement of work to be performed, and a resume or curriculum vita for each consultant. The proposal budget should indicate the amount of funds required for this purpose. The budget narrative should list the name(s) of the consultant(s), the name(s) of their organization(s), and a breakdown of the amount being charged to the award (e.g., number of days of service, rate of pay, travel, per diem, etc.). If this information is not available at the time of award, funds for this purpose will be withheld until the information is provided to and approved by CSREES.

4. ADP/Computer Services - List total funds requested for ADP/Computer Services. The cost of computer services, including computer-based retrieval of scientific, technical and education information may be requested.

In the budget justification, include the established computer service rates at the proposing organization if applicable.

5. Subawards/Consortium/Contractual Costs - List total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. In the budget justification, include a breakdown of the funds requested for each subaward/consortium/contractual activity.

6. Equipment or Facility Rental/User Fees - List total funds requested for Equipment or Facility Rental/User Fees. In the budget justification, identify each rental/user fee and justify.

7. Alterations and Renovations - List total funds requested for Alterations & Renovations. In the budget justification, itemize by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.

Add text to describe any "other" Direct Costs not requested above. Use the budget justification to further itemize and justify.

Total Other Direct Costs – Enter the total amount of funds requested for other direct costs.

6.9 Verify Total Direct Costs (Field G on the Form)

Total Direct Costs (A-F) – Enter the total amount of funds requested for direct costs.

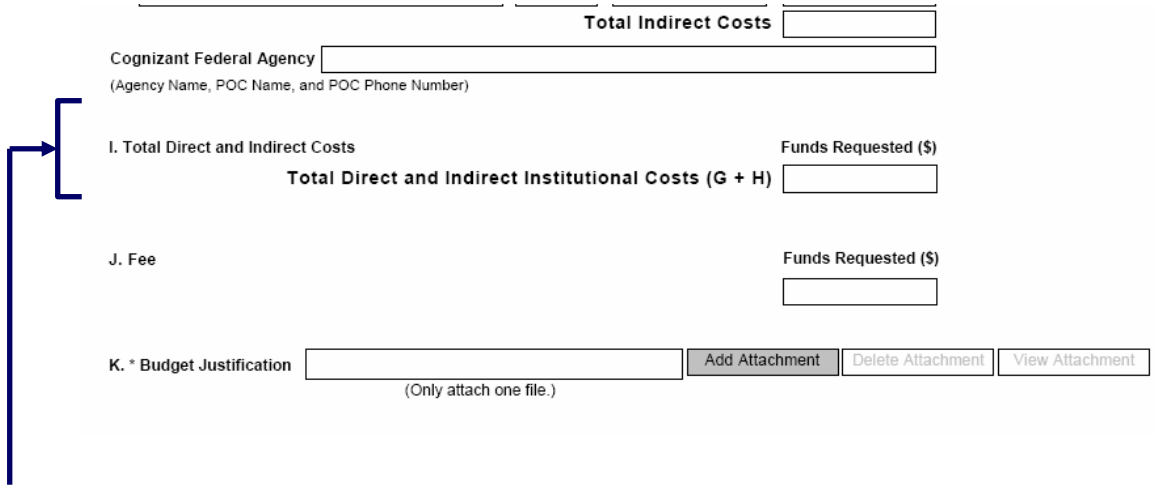
6.10 Enter Indirect Costs (Field H on the Form)

Indirect Cost Type - Indicate the type of base; e.g., Salary & Wages, Modified Total Direct Costs, Other (explain). Also indicate if Off-site. If more than one rate/base is involved, use separate lines for each. If the applicant does not have a current indirect rate(s) approved by a Federal agency, indicate, "None--will negotiate" and include information for a proposed rate. Use the budget justification if additional space is needed.
Indirect Cost Rate (%) - Indicate the most recent Indirect Cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If the applicant has a cognizant/oversight agency and is selected for an award, the applicant must submit the indirect rate proposal to that office for approval. If the applicant does not have a cognizant/oversight agency, contact the awarding agency.
Indirect Cost Base - Enter the amount of the base for each indirect cost type.
**** Funds Requested ($)*** - Enter funds requested for each indirect cost type. This is required information.

6.11 Verify Total Indirect Costs

Cognizant Federal Agency - Enter the name of the cognizant Federal agency and the name and phone number of the individual responsible for negotiating the indirect rate. If no cognizant agency is known, enter "None".

Many CSREES programs have statutory limits on the amount of F&A/indirect cost recovery. This limitation flows down to subcontracts. Check Part IV, D. of the request for applications for the limitations, if any, on F&A/indirect costs.



6.12 Enter Total Direct and Indirect Costs (Field I on the Form)

Total Direct and Indirect Institutional Cost (G-H) – Enter the total direct and indirect costs (line G. plus line H.).

6.13 Enter Fee (Field J on the Form)

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in the budget unless the program announcement specifically allows the inclusion of a "fee" (e.g., SBIR). If a fee is allowable, enter the requested fee.

Inclusion of fees (profit) in a budget is allowable only if specifically authorized by a CSREES program solicitation.

6.14 Include Budget Justification (Field K on the Form)

Provide a budget justification for the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request.

VI. CSREES-SPECIFIC FORMS AND INSTRUCTIONS

The CSREES applicant is required to complete and submit the following form in conjunction with the SF-424 (R&R) forms included in this application package.

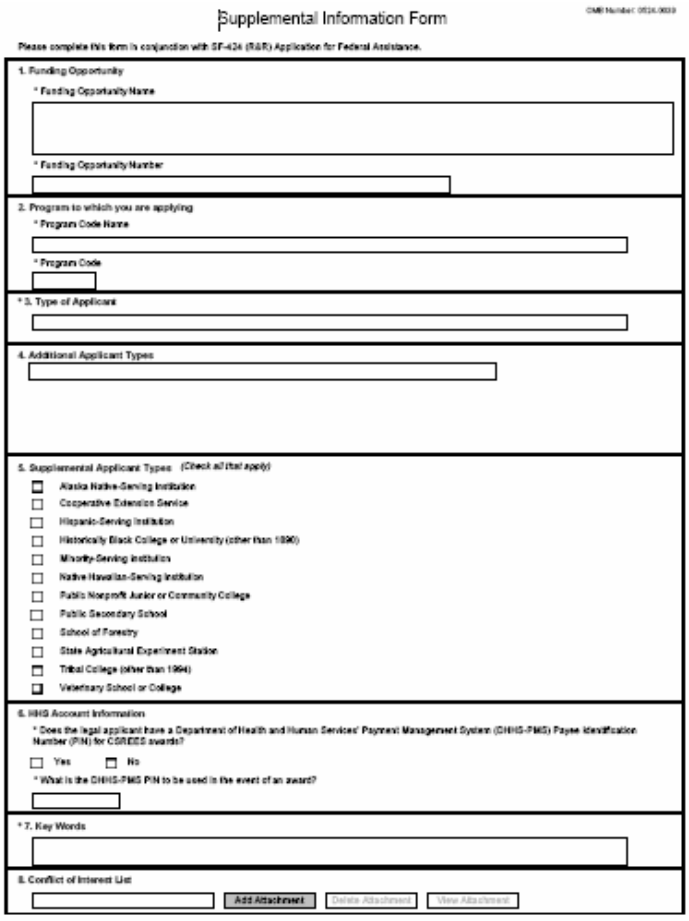
- CSREES Supplemental Information Form

The following CSREES-specific forms are optional and only should be submitted when appropriate:

- NRI Proposal Type Form
- Application Modification Form

Instructions for completing each of these forms follow.

1. CSREES Supplemental Information



Supplemental Information Form

Please complete this form in conjunction with SF-424 (R&R) Application for Federal Assistance.

1. Funding Opportunity
   * Funding Opportunity Name
   * Funding Opportunity Number
2. Program to which you are applying
   * Program Code Name
   * Program Code
* 3. Type of Applicant
4. Additional Applicant Types
5. Supplemental Applicant Types (Check all that apply)
   - Alaska Native-Serving Institution
   - Cooperative Extension Service
   - Hispanic-Serving Institution
   - Historically Black College or University (other than 1890)
   - Minority-Serving Institution
   - Native Hawaiian-Serving Institution
   - Public Nonprofit Junior or Community College
   - Public Secondary School
   - School of Forestry
   - State Agricultural Experiment Station
   - Tribal College (other than 1994)
   - Veterinary School or College
6. HHS Account Information
   * Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards?
   - Yes - No
   * What is the DHHS-PMS PIN to be used in the event of an award?
* 7. Key Words
8. Conflict of Interest List
   Add Attachment | Delete Attachment | View Attachment

1.1 Funding Opportunity (Field 1 on the Form)

Enter the funding opportunity name and number. This is required information.

1.2 Program Code (Field 2 on the Form)

**** Program Code Name*** – Enter the name of the program to which you are applying exactly as instructed in the full announcement. This field is required.

Program Code – Enter the program code to which you are applying exactly as instructed in the full announcement. This code is used to route proposals within the agency. This field is required.

1.3 Type of Applicant (Field 3 on the Form)

Type of Applicant - Select from the following list and enter the appropriate letter and the corresponding description in the space provided.

A: State Government
B: County Government
C: City or Township Government
D: Special District Governments
E: Independent School District
F: State-Controlled Institution of Higher Education
G: Native American Tribal Government (Federally Recognized)
H: Public/Indian Housing Authority
I: Native American Tribal Organization (other than Federally recognized)
J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education)
K: Nonprofit without 501C3 IRS status (other than Institution of Higher Education)
L: Private Institution of Higher Education
M: Individual
N: For-profit Organization (other than small business)
O: Small Business
P: Other (specify) Complete only if "Other" is selected as the Type of Applicant.

1.4 Applicant Type Codes (Field 4 on the form)

Enter an applicant type code if one of the listed options is applicable to the legal applicant of the application.

USDA Agency
Other Federal Agency
1862 Land-Grant University
1890 Land-Grant University (including Tuskegee University and West Virginia State University)
1994 Land-Grant University

1.5 Supplemental Applicant Types (Field 5 on the Form)

Select any of the listed options that are applicable to the legal applicant of the application.

1.6 HHS Account Information (Field 6 on the Form)

Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards? This is required information. Check yes or no.

- ***Yes***
- ***No***

If yes, ***what is the DHHS-PMS PIN to be used in the event of an award?*** – Enter the PIN to be used in the event of an award.

1.7 Key Words (Field 7 on the Form)

Enter the most relevant words to describe the proposed project. This is required information.

1.8 Conflict of Interest List (Field 8 on the Form)

Include a conflict of interest list for each key person included in the application.

Each list should list alphabetically, by the last names, the full names of the individuals in the following categories: (a) All co-authors on publications within the past four years, including pending publications and submissions; (b) all collaborators on projects within the past four years, including current and planned collaborations; (c) all thesis

or postdoctoral advisees/advisors within the past four years; and (d) all persons in your field with whom you have had a consulting or financial arrangement within the past four years, who stand to gain by seeing the project funded. This information is necessary to assist program staff in excluding from application review those individuals who have conflicts of interest with the personnel in the grant application. The program contact must be informed of any additional conflicts of interest that arise after the application is submitted.

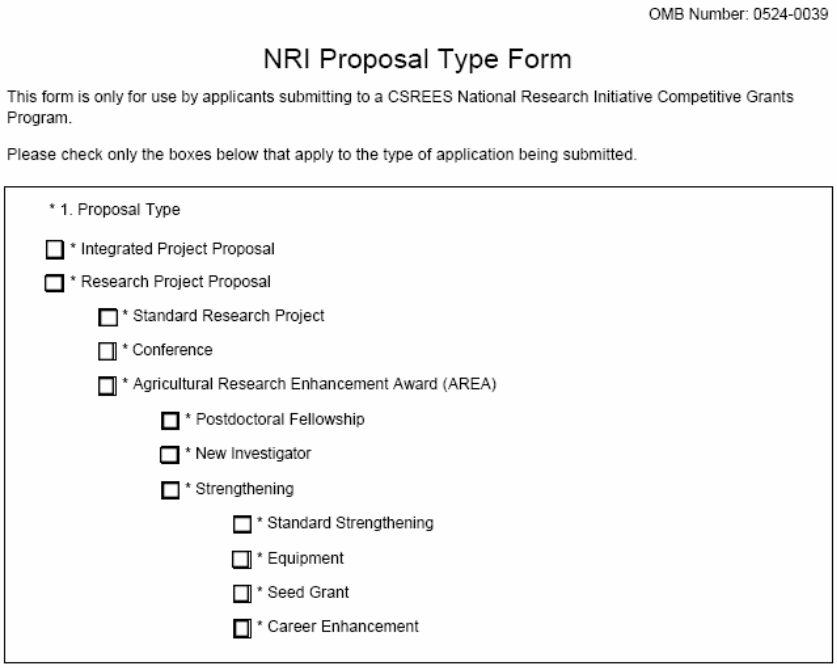
2. NRI Proposal Type Form

This form is only for use by applicants submitting to the CSREES National Research Initiative Competitive Grants Program.

Only check the boxes that apply to the type of proposal being submitted to CSREES.

2.1 Integrated Project Proposal

If the project involves any combination of research, education, and extension activities, with the provision that the project include at least two of the three stated components, then check “Integrated Project Proposal.”



OMB Number: 0524-0039

NRI Proposal Type Form

This form is only for use by applicants submitting to a CSREES National Research Initiative Competitive Grants Program.

Please check only the boxes below that apply to the type of application being submitted.

* 1. Proposal Type

- ☐ * Integrated Project Proposal
- ☐ * Research Project Proposal
  - ☐ * Standard Research Project
  - ☐ * Conference
  - ☐ * Agricultural Research Enhancement Award (AREA)
    - ☐ * Postdoctoral Fellowship
    - ☐ * New Investigator
    - ☐ * Strengthening
      - ☐ * Standard Strengthening
      - ☐ * Equipment
      - ☐ * Seed Grant
      - ☐ * Career Enhancement

2.2 Research Project Proposal

If the project is to involve fundamental or mission-linked research that is conducted by individual investigator(s) within the same discipline or multidisciplinary teams, as appropriate, check “Research Project Proposal.”

Select one of the three types of Research Project Proposals: Standard Research Project, Conference, or Agricultural Research Enhancement Award.

- Standard Research Project is one that is for fundamental or mission-linked research that is conducted by individual investigator(s) within the same discipline or multidisciplinary teams.

- Conference is a project that is for scientific meetings that bring together scientists to identify research needs, update information, or advance an area of research that is recognized as integral parts of research efforts.
- Agricultural Research Enhancement Award (AREA) are awards that are designed to help institutions develop competitive research programs and to attract new scientists into careers in high-priority areas of national need in agriculture, food, and environmental sciences.*

If the type of Research Project Proposal is an Agricultural Research Enhancement Award (AREA), select the descriptor(s) that best fit the application: Postdoctoral Fellowship, New Investigator, and/or Strengthening.

- Postdoctoral Fellowship is for individuals who have recently received or will soon receive their doctoral degree.
- New Investigator is one who is beginning his/her research career, does not have an extensive research publication record, has less than five years postgraduate, career-track research experience, and has not received competitively awarded Federal research funds beyond pre- or postdoctoral research awards.*
- Strengthening category consists of four categories: Standard Strengthening, Equipment, Seed Grant, and Career Enhancement.

If the Area Research Enhancement Award (AREA) is a New Investigator and a Strengthening then the AREA category, Standard Strengthening, should be completed.

If the Area Research Enhancement Award (AREA) is a Strengthening, then check whether the application is a Standard Strengthening, Equipment, Seed Grant, or Career Enhancement.

- Standard Strengthening is a project that provides an opportunity for faculty to enhance their research capabilities by funding sabbatical leaves.*
- Equipment is a request for funds that will be designated for equipment to strengthen the research capacity of the institution.*
- Seed Grant is a request for funds to enable investigators to collect preliminary data in preparation for applying for a Standard Research Grant.*
- Career Enhancement is a request for funds to provide an opportunity for faculty at institutions meeting specific criteria to enhance their research capabilities by funding sabbatical leave.*

*See full request for applications for further information.

3. Application Modification Form – included for informational purposes only.

At this time, this form may not be used with an application to a **COMPETITIVE** program.

This form is only to be completed when an applicant responding to a NON-COMPETITIVE program must modify an application that was submitted through Grants.gov. A modification may only be submitted if requested by CSREES. When a request is accepted, the proposed files or revisions to application attributes will immediately replace the existing files and become part of the official application.

If an applicant wishes to submit a modification that has ***not*** been requested by CSREES, the applicant should contact the appropriate program contact prior to submitting the modification. Unsolicited modifications may or may not be accepted by CSREES.

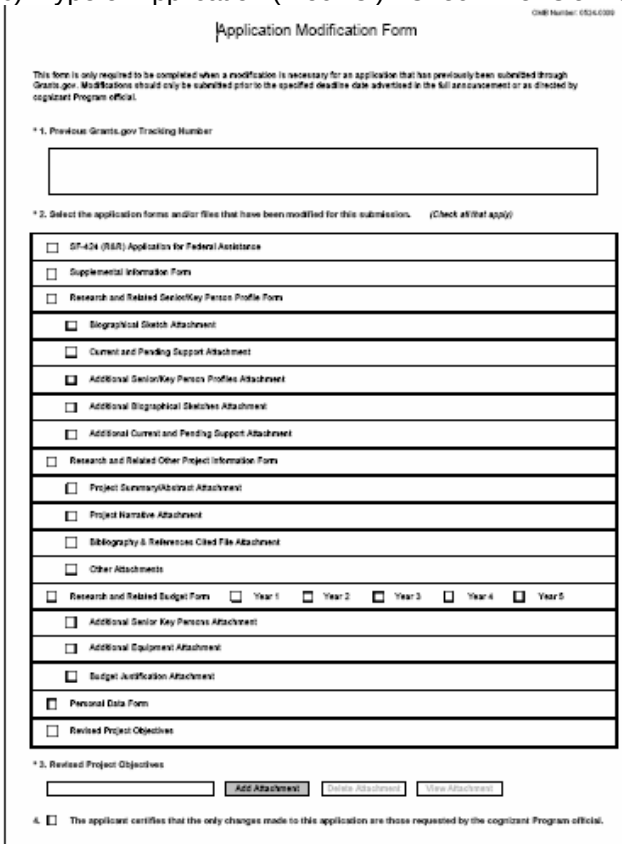
To submit a modification, the modified application should be organized in accordance with instructions in the applicable full funding opportunity RFA. Additional instructions include the following:

3.1 Application for Federal Assistance, Form SF-424 (R&R)

Two items on the Application for Federal Assistance must be completed as follows:

a) Federal (Block 4.). Enter the proposal number assigned by CSREES. This number was provided to you in the CSREES e-mail confirmation of original application receipt.

b) Type of Application (Block 8.). Check "Revision" and enter "Modification" under "Other."



Application Modification Form

This form is only required to be completed when a modification is necessary for an application that has previously been submitted through Grants.gov. Modifications should only be submitted prior to the specified deadline date advertised in the full announcement or as directed by cognizant Program official.

* 1. Previous Grants.gov Tracking Number

* 2. Select the application forms and/or files that have been modified for this submission. (Check all that apply)

- ☐ SF-424 (R&R) Application for Federal Assistance
- ☐ Supplemental Information Form
- ☐ Research and Related Senior/Key Person Profile Form
  - ☐ Biographical Sketch Attachment
  - ☐ Current and Pending Support Attachment
  - ☐ Additional Senior/Key Person Profiles Attachment
  - ☐ Additional Biographical Sketches Attachment
  - ☐ Additional Current and Pending Support Attachment
- ☐ Research and Related Other Project Information Form
  - ☐ Project Summary/Abstract Attachment
  - ☐ Project Narrative Attachment
  - ☐ Bibliography & References Cited File Attachment
  - ☐ Other Attachments
- ☐ Research and Related Budget Form ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5
  - ☐ Additional Senior Key Persons Attachment
  - ☐ Additional Equipment Attachment
  - ☐ Budget Justification Attachment
- ☐ Personal Data Form
- ☐ Revised Project Objectives

* 3. Revised Project Objectives

Add Attachment | Delete Attachment | View Attachment

4. ☐ The applicant certifies that the only changes made to this application are those requested by the cognizant Program official.

3.2 Previous Grants.gov Tracking Number

Enter the most recent Grants.gov Tracking Number for the application. This number is provided in the Confirmation that Grants.gov provides following the submission of the application as well as the two Grants.gov confirmation e-mails that are subsequently sent by Grants.gov, the first confirming Grants.gov receipt of the application and the second being Grants.gov validation status.

3.3 Select the application forms and/or files that have been modified for this submission.

The form contains a listing of sections within an application. The section(s) being modified should be checked accordingly. Only the section(s) that has been checked will be considered updated information.

3.4 Revised Project Objectives

If the box, "Revised Project Objectives," in item 2. of the form is checked, attach a file of the revised objectives. To attach Revised Project Objectives, click "Add Attachment".

3.5 The applicant certifies that the only changes made to this application are those requested by the cognizant Program official.

Check to provide the required assurance.

VII. SUBMISSION OF APPLICATION

1. What to Submit

Submit an original and the number of copies specified in the annual RFA. In addition submit the number of copies, as specified in the RFA, of the application's Project Summary. All copies of the application and the Project Summary must be submitted in one package.

2. Where to Submit

Applicants are strongly encouraged to submit completed applications via overnight mail or delivery service to ensure timely receipt by the USDA. The address for hand delivered applications or applications submitted using an express mail or overnight courier service is:

[ENTER NAME OF PROGRAM]
c/o Proposal Services Unit
Cooperative State Research, Education, and Extension Service
U.S. Department of Agriculture
Room 1420, Waterfront Centre
800 9th Street, SW
Washington, DC 20024

Telephone: (202) 401-5048

Applications sent via the U.S. Postal Service must be sent to the following address:

[ENTER NAME OF PROGRAM]
c/o Proposal Services Unit
Cooperative State Research, Education, and Extension Service
U.S. Department of Agriculture
STOP 2245
1400 Independence Avenue, SW
Washington, DC 20250-2245

Applications submitted by facsimile will not be accepted.

The receipt of all applications will be acknowledged by e-mail. Therefore, applicants are strongly encouraged to provide accurate e-mail addresses, where designated, on the SF-424 R&R Cover Sheet. If the applicant's e-mail address is not indicated, CSREES will acknowledge receipt of the application by letter.

If an applicant has not received an acknowledgment within 60 days of the submission, the applicant must contact the Agency contacts (see Part VII) immediately and ask for the proposal number assigned to the application. Failure to do so may result in the application not being considered for funding by the peer review panel. Once the application has been assigned an proposal number, this number should be cited on all future correspondence.

VIII. ADMINISTRATION OF AWARDS

Information regarding the administration of CSREES awards, including relevant award conditions, is contained on the CSREES web site: http://www.csrees.usda.gov/business/business.html.

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

5. APPLICANT INFORMATION *** Organizational DUNS:**

* Legal Name:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Phone Number: Fax Number: Email:

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

7. * TYPE OF APPLICANT:

Other (Specify):

8. * TYPE OF APPLICATION: ☐ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other *(specify)*

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

* Is this application being submitted to other agencies? Yes ☐ No ☐

What other Agencies?

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

13. PROPOSED PROJECT:

* Start Date * Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Position/Title: * Organization Name:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * 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

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: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative** *** Date Signed**

20. Pre-application Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

OMB Number: 0524-0039

Supplemental Information Form

Please complete this form in conjunction with SF-424 (R&R) Application for Federal Assistance.

1. Funding Opportunity

* Funding Opportunity Name

* Funding Opportunity Number

2. Program to which you are applying

* Program Code Name

* Program Code

*** 3. Type of Applicant**

4. Additional Applicant Types

5. Supplemental Applicant Types *(Check all that apply)*

- ☐ Alaska Native-Serving Institution
- ☐ Cooperative Extension Service
- ☐ Hispanic-Serving Institution
- ☐ Historically Black College or University (other than 1890)
- ☐ Minority-Serving Institution
- ☐ Native Hawaiian-Serving Institution
- ☐ Public Nonprofit Junior or Community College
- ☐ Public Secondary School
- ☐ School of Forestry
- ☐ State Agricultural Experiment Station
- ☐ Tribal College (other than 1994)
- ☐ Veterinary School or College

6. HHS Account Information

* Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards?

☐ Yes ☐ No

* What is the DHHS-PMS PIN to be used in the event of an award?

*** 7. Key Words**

8. Conflict of Interest List

Add Attachment | Delete Attachment | View Attachment

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:

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 Add Attachment | Delete Attachment | View Attachment

7. * Project Narrative Add Attachment | Delete Attachment | View Attachment

8. Bibliography & References Cited Add Attachment | Delete Attachment | View Attachment

9. Facilities & Other Resources Add Attachment | Delete Attachment | View Attachment

10. Equipment Add Attachment | Delete Attachment | View Attachment

11. Other Attachments Add Attachments | Delete Attachments | View Attachments ☐

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix | * First Name | Middle Name | * Last Name | Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number | Fax Number | * E-Mail

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 1

Prefix | * First Name | Middle Name | * Last Name | Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number | Fax Number | * E-Mail

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Reset Entry | Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)		Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)		Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person *2*

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Reset Entry | Previous Person | Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)		Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)		Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)		Add Attachment	Delete Attachment	View Attachment

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

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 3

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Reset Entry | Previous Person | Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)		Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)		Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)		Add Attachment	Delete Attachment	View Attachment

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

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 4

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Reset Entry | Previous Person | Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)		Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)		Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 5

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Reset Entry | Previous Person5 | Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)		Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)		Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 6

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Reset Entry | Previous Person | Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)		Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)		Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** PD/PI **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 7

Prefix	* First Name	Middle Name	* Last Name	Suffix

Position/Title: | Department:

Organization Name: | Division:

* Street1: | Street2:

* City: | County: | * State: | * Zip Code: | * Country:

* Phone Number	Fax Number	* E-Mail

Credential, e.g., agency login:

*** Project Role:** **Other Project Role Category:**

***Attach Biographical Sketch**		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Reset Entry | Previous Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)		Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)		Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 1**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	**Total Funds requested for all Senior Key Persons in the attached file**												
												Total Senior/Key Person	

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

B. Other Personnel

	* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
		Post Doctoral Associates						
		Graduate Students						
		Undergraduate Students						
		Secretarial/Clerical						
		Total Number Other Personnel					**Total Other Personnel**	
							Total Salary, Wages and Fringe Benefits (A+B)	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 1**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment item	* Funds Requested ($)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	**Total funds requested for all equipment listed in the attached file**	
	Total Equipment	

Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel

		Funds Requested ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs	
	Total Travel Cost	

E. Participant/Trainee Support Costs

		Funds Requested ($)
1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees **Total Participant/Trainee Support Costs**	

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

Next Period

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 1**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

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 ($)**	*** Funds Requested ($)**
1.				
2.				
3.				
4.				
			Total Indirect Costs	

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs	**Funds Requested ($)**
Total Direct and Indirect Institutional Costs (G + H)	

J. Fee	**Funds Requested ($)**

K. * Budget Justification Add Attachment Delete Attachment View Attachment

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 2**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	**Total Funds requested for all Senior Key Persons in the attached file**												
											Total Senior/Key Person		

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

B. Other Personnel

	* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
		Post Doctoral Associates						
		Graduate Students						
		Undergraduate Students						
		Secretarial/Clerical						
	Total Number Other Personnel						**Total Other Personnel**	
							Total Salary, Wages and Fringe Benefits (A+B)	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 2**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment item	* Funds Requested ($)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	**Total funds requested for all equipment listed in the attached file**	
	Total Equipment	

Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel

		Funds Requested ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs	
	Total Travel Cost	

E. Participant/Trainee Support Costs

		Funds Requested ($)
1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees **Total Participant/Trainee Support Costs**	

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2

Next Period

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 2**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

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 ($)**	*** Funds Requested ($)**
1.				
2.				
3.				
4.				
			Total Indirect Costs	

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs	**Funds Requested ($)**
Total Direct and Indirect Institutional Costs (G + H)	

J. Fee	**Funds Requested ($)**

K. * Budget Justification Add Attachment Delete Attachment View Attachment

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 3**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	**Total Funds requested for all Senior Key Persons in the attached file**												
											Total Senior/Key Person		

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

B. Other Personnel

	* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
		Post Doctoral Associates						
		Graduate Students						
		Undergraduate Students						
		Secretarial/Clerical						
	Total Number Other Personnel						**Total Other Personnel**	
							Total Salary, Wages and Fringe Benefits (A+B)	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 3**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment item	* Funds Requested ($)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	**Total funds requested for all equipment listed in the attached file**	
	Total Equipment	

Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel

		Funds Requested ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs	
	Total Travel Cost	

E. Participant/Trainee Support Costs

		Funds Requested ($)
1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees **Total Participant/Trainee Support Costs**	

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3

Next Period

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 3**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

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 ($)**	*** Funds Requested ($)**
1.				
2.				
3.				
4.				
			Total Indirect Costs	

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs	**Funds Requested ($)**
Total Direct and Indirect Institutional Costs (G + H)	

J. Fee	**Funds Requested ($)**

K. * Budget Justification Add Attachment Delete Attachment View Attachment

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 4

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 4**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	**Total Funds requested for all Senior Key Persons in the attached file**												
											Total Senior/Key Person		

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

B. Other Personnel

	* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
		Post Doctoral Associates						
		Graduate Students						
		Undergraduate Students						
		Secretarial/Clerical						
	Total Number Other Personnel						**Total Other Personnel**	
							Total Salary, Wages and Fringe Benefits (A+B)	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 4

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 4**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment item	* Funds Requested ($)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	**Total funds requested for all equipment listed in the attached file**	
	Total Equipment	

Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel

		Funds Requested ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs	
	Total Travel Cost	

E. Participant/Trainee Support Costs

		Funds Requested ($)
1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees **Total Participant/Trainee Support Costs**	

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 4

Next Period

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 4**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

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 ($)**	*** Funds Requested ($)**
1.				
2.				
3.				
4.				
			Total Indirect Costs	

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs	**Funds Requested ($)**
Total Direct and Indirect Institutional Costs (G + H)	

J. Fee	**Funds Requested ($)**

K. * Budget Justification Add Attachment Delete Attachment View Attachment

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 5

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 5**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.	**Total Funds requested for all Senior Key Persons in the attached file**												
											Total Senior/Key Person		

Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment

B. Other Personnel

	* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
		Post Doctoral Associates						
		Graduate Students						
		Undergraduate Students						
		Secretarial/Clerical						
	Total Number Other Personnel						**Total Other Personnel**	
							Total Salary, Wages and Fringe Benefits (A+B)	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 5

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 5**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment item	* Funds Requested ($)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	**Total funds requested for all equipment listed in the attached file**	
	Total Equipment	

Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel

		Funds Requested ($)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2.	Foreign Travel Costs	
	Total Travel Cost	

E. Participant/Trainee Support Costs

		Funds Requested ($)
1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees **Total Participant/Trainee Support Costs**	

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 5

*** ORGANIZATIONAL DUNS:**

*** Budget Type:** ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries *** Start Date:** *** End Date:** **Budget Period: 5**

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

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 ($)**	*** Funds Requested ($)**
1.				
2.				
3.				
4.				
			Total Indirect Costs	

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs	**Funds Requested ($)**
Total Direct and Indirect Institutional Costs (G + H)	

J. Fee	**Funds Requested ($)**

K. * Budget Justification Add Attachment Delete Attachment View Attachment

(Only attach one file.)

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		

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Expiration Date: 04/30/2008

RESEARCH & RELATED PERSONAL DATA
Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, 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.

Project Director/Principal Investigator

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:

Date of Birth: **Social Security Number:** **Gender:**

Race (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):

- ☐ Hearing
- ☐ Visual
- ☐ Mobility/Orthopedic Impairment
- ☐ Other
- ☐ None
- ☐ Do Not Wish to Provide

Citizenship:

Reset Entries | Next Person

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED PERSONAL DATA
Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

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Co-Project Director/co-Principal Investigator 1

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:

Date of Birth: **Social Security Number:** **Gender:**

Race (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):

- ☐ Hearing
- ☐ Visual
- ☐ Mobility/Orthopedic Impairment
- ☐ Other
- ☐ None
- ☐ Do Not Wish to Provide

Citizenship:

Reset Entries | Previous Person | Next Person

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED PERSONAL DATA
Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

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Co-Project Director/co-Principal Investigator 2

Prefix:	*** First Name:**	**Middle Name:**	*** Last Name:**	**Suffix:**

Date of Birth: **Social Security Number:** **Gender:**

Race (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):

- ☐ Hearing
- ☐ Visual
- ☐ Mobility/Orthopedic Impairment
- ☐ Other
- ☐ None
- ☐ Do Not Wish to Provide

Citizenship:

Reset Entries | Previous Person | Next Person

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED PERSONAL DATA
Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

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Co-Project Director/co-Principal Investigator 3

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:

Date of Birth: **Social Security Number:** **Gender:**

Race (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):

- ☐ Hearing
- ☐ Visual
- ☐ Mobility/Orthopedic Impairment
- ☐ Other
- ☐ None
- ☐ Do Not Wish to Provide

Citizenship:

Reset Entries | Previous Person | Next Person

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED PERSONAL DATA
Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

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Co-Project Director/co-Principal Investigator 4

Prefix:	*** First Name:**	**Middle Name:**	*** Last Name:**	**Suffix:**

Date of Birth: **Social Security Number:** **Gender:**

Race (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):

- ☐ Hearing
- ☐ Visual
- ☐ Mobility/Orthopedic Impairment
- ☐ Other
- ☐ None
- ☐ Do Not Wish to Provide

Citizenship:

Reset Entries | Previous Person

OMB Number: 4040-0001

Expiration Date: 04/30/2008