

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION
INTERNATIONAL CONSORTIA PROGRAM**
Project Title Form

Program _____

Consortium Members - - U.S. Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members - - Foreign Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members - - Foreign Partners:

Lead: _____

Partner: _____

Project Title: _____

Abstract of Proposal:

Select project format:

- Four-year consortia project
- Two-year consortia project

Federal Funds Requested:

Year 1: _____

Year 2: _____

Year 3: _____

Year 4: _____

Total: _____

U.S. Department of Education Budget Summary		OMB Control Number: xxxx-xxxx Expiration Date: xx/xx/xxxx			
1. Program _____		2. Select One: Lead (fiscal agent) Partner			
3. Name of Institution/Organization: _____					
Project Costs Requested from FIPSE:					
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Total (e)
4. Personnel (salary & wages)					
5. Fringe Benefits (employee benefits)					
6. Travel					
7. Equipment (purchase)					
8. Supplies (and materials)					
9. Contractual (enter partner totals here)					
10. Other (equipment rental, printing, etc.)					
11. Total Direct Costs (lines 4-10)					
12. Indirect Costs* (8% of line 11)					
13. Mobility Stipends					
14. Language Stipends					
15. Subtotal of Stipends (lines 13+14)					
16. Total Requested from FIPSE (lines 11+12+15) (These figures should appear on the Title Form)					
Project Costs Not Requested from FIPSE:					
17. Lead Partner non-federal funds					
18. Subcontractor(s) non-federal funds					
Funds Requested by Foreign Partners:					
19a. Total Requested from Canada					
19b. Total Requested from Mexico					
19c. Total Requested from Brazil					
19d. Total Requested from Europe					
*Indirect Cost Information (To be completed by Your Business Office): If you are requesting reimbursement for indirect costs on line 12, please answer the following questions: (1) Do you have an Indirect Cost Rate Agreement approved by the federal government? Yes No (Radio Button) (2) If Yes, please provide the following information: o Period covered by the Indirect Cost Rate Agreement: From: <u>mm/dd/yyyy</u> To: <u>mm/dd/yyyy</u> o Approving federal agency: ED Other (please specify): _____ (Radio Button) (3) For Restricted Rate Programs (select one) - - Are you using a restricted indirect cost rate that: Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? (Radio Button)					

ED form No. xxx

CONSORTIUM PARTNERS IDENTIFICATION FORM

Program _____

Select Country _____

Lead Partner:

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

Name of Institution/Organization:

Department:

Complete Address: Street Name1: Street Name2:

City: State/Province: Zip/Postal Code: Country:

Phone Number:

Fax Number:

E-mail Address:

Partner Two:

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

Name of Institution/Organization:

Department:

Complete Address: Street Name1: Street Name2:

City: State/Province: Zip/Postal Code: Country:

Phone Number:

Fax Number:

E-mail Address:

Partner Three:

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

Name of Institution/Organization:

Department:

Complete Address: Street Name1: Street Name2:

City: State/Province: Zip/Postal Code: Country:

Phone Number:

Fax Number:

E-mail Address:

Instructions for Completing the Forms found in the Grants.gov Application Package for the U.S.-Brazil Higher Education Consortia Program

Application Procedures

Each U.S.-Brazil consortium should prepare a common proposal that contains the following elements. The proposal should contain sufficient information and details to allow the evaluators to judge the capacity of the project to meet the objectives of the U.S.-Brazil Program. You and your Brazilian lead partners should submit to FIPSE, and CAPES proposals that are identical in content. **You must download the application package found in Grants.gov to complete and submit the application.**

1. **SF 424.** Please follow the attached instructions to complete the SF 424 on page 42.
2. **DEPARTMENT OF EDUCATION SUPPLEMENTAL INFORMATION FOR THE SF 424.** Please follow the attached instructions to complete the ED Supplement to the SF 424 on page 44.
3. **ED FIPSE PROJECT TITLE FORM.** Complete each item using the guidelines below.

Program: Select U.S.-Brazil Program

Consortium Members -- U.S. Partners:

Enter the name of the lead U.S. Partner after Lead

Enter the name of the U.S. Partner after Partner

Leave the second Partner blank

Consortium Members -- Foreign Partners:

Enter the name of the lead Foreign Partner (for Brazil) after Lead

Enter the name of the Foreign Partner (for Brazil) after Partner

Leave the second Partner blank

Project Title: Enter the title of the project. There is a 60 character limit in this field.

Abstract of Proposal: Enter a brief summary of the project. This should be concise and confined to the space provided, but in no case should you leave this space blank. This description should include the total number of students in each country to be moved during the project. There is a 1000 character limit in this field.

Select project format: Select the Four-year or Two-year consortia project.

Federal Funds Requested: Enter the amount of Federal funds being requested from FIPSE in the first year of the project. Because the first year is for preparatory work, please limit this request to \$30,000. Enter the amount requested for subsequent years of funding. Under "total" enter the cumulative amount requested for the life of the project.

4. **ED FIPSE BUDGET SUMMARY FORM.** Please follow the attached instructions to complete the ED FIPSE Budget Summary form on page 50.
5. **ED FIPSE CONSORTIUM PARTNERS IDENTIFICATION FORM.** Please follow the attached instructions to complete the ED FIPSE Consortium Partners Identification form on page 52. It is essential that you list the details of all Brazilian partners.

PLEASE NOTE: You are required to complete this form for both the lead partner and partner two on the original form and the first extracted copy. IF YOU DO NOT COMPLETE ALL REQUIRED INFORMATION YOUR APPLICATION WILL NOT BE SUBMITTED PROPERLY AND WILL BE REJECTED BY GRANTS.GOV.

6. **ED ABSTRACT FORM.** You will attach an overview outlining the key features of the project, including the total number of students from each institution being exchanged over the duration of the project, to this form. The summary should include the following items:
- Title of project.
 - Summary of program and project activities.
 - List of U.S and Brazilian consortium institutions.
 - Number of U.S. and Brazilian students targeted for study abroad.
 - Length of study abroad time.
 - Number of planned bilateral consortium meetings among coordinating institutions and approximate location (note: the Annual Meeting should count as one per year).
7. **PROGRAM NARRATIVE ATTACHMENTS FORM.** You will attach your project description to this form. In no more than 20 double-spaced pages, you should include an overview that describes the project, its objectives, strategies for achieving those objectives, and for each year of the project, the expected outcomes of the project and how success in achieving those objectives would be measured. (For more information on the guidelines refer to pages 24 through 37 of this instructions document.) *Each application should include a well-written evaluation plan aimed at measuring success of the project's activities and outcomes through solid quantitative and qualitative evidence. This plan must be coordinated among partners to ensure that the success being measured is consortia-wide.*
- PAGE LIMIT:**
- A “page” is 8.5” x 11”, on one side only, with 1” margins at the top, bottom, and both sides. Double space (no more than three lines per vertical inch) all text in the application narrative, including titles, headings, footnotes, quotations, reference, and captions, as well as all text in charts, tables, figures, and graphs. Use a font that is either 12 point or larger or no smaller than 10 pitch (characters per inch). The page limit does not apply to the budget section, including the narrative budget justification, the assurances and certifications, or the abstract, the resumes, the bibliography, or the letters of support. Our reviewers will not read any pages of your application that exceed the page limit.
8. **BUDGET NARRATIVE ATTACHMENT FORM.** You will attach the budget narrative for each year to this form. The budget narrative should detail all expenses for each year of the life of the project and how they have been determined.

The budget should clearly identify travel costs and other relevant expenses. It should further indicate how much of this budget is being requested from FIPSE and how much is to be covered from other sources. Clearly indicate the breakdown of expenses among the Brazilian and U.S. consortium members. Where applicable, the narrative must indicate the level of financial support from other public and private sources.

Letters of confirmation from these sources should also be attached to the “Budget Narrative Attachment Form.” For U.S. applicants, the budget figures must be submitted in U.S. dollars.

9. **OTHER ATTACHMENTS FORM.** You will attach three documents to this form: Personnel Information; Planning Timetable with Outcomes to be Achieved for Each Year of the Project; and Endorsement Letters. Please create electronic documents, in .doc, .pdf., or .rtf formats, and attach each of these documents separately to the Other Attachments Form. The following information should be included in each document:

- **PERSONNEL INFORMATION:** You should clearly state the qualifications of the Project Director and the personnel related to the project. Please include in your attachments for the narrative section brief one-page bios, highlighting relevant skills and experience of the personnel. If you must include a résumé, please limit it to fewer than five pages. Only attachments of this information will be considered.
- **PLANNING TIMETABLE WITH OUTCOMES TO BE ACHIEVED FOR EACH YEAR OF THE PROJECT:** Please include a planning chart listing goals and planned outcomes. This chart should fit your evaluation plan. Only Timetables that are attached will be considered.
- **ENDORSEMENT LETTERS:** You may attach letters of support from a senior executive officer of each academic partner in the consortium, indicating how this project fits within the academic exchange policy and the international strategy of the institution, and emphasizing what this project will add to that strategy. Other major parties involved in the consortium should also indicate in writing their commitment to this project. Endorsement letters should be attached to the narrative of your application. Only endorsement letters that are attached will be considered.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0347-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<p>Type of Submission: (Required): Select one type of submission in accordance with agency instructions.</p> <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	<p>Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p>
		11.	<p>Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.</p>
2.	<p>Type of Application: (Required) Select one type of application in accordance with agency instructions.</p> <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	<p>Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.</p>
		13.	<p>Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.</p>
		14.	<p>Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.</p>
3.	<p>Date Received: Leave this field blank. This date will be assigned by the Federal agency.</p>	15.	<p>Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.</p>
4.	<p>Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.</p>		
5a.	<p>Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.</p>	16.	<p>Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5thth district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district.</p> <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	<p>Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.</p>		
6.	<p>Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.</p>		
7.	<p>State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.</p>		
8.	<p>Applicant Information: Enter the following in accordance with agency instructions:</p>		
	<p>a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</p>	17.	<p>Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.</p>

	<p>b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</p> <p>c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p> <p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p> <p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>18.</p> <p>19.</p> <p>20.</p>	<p>Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.</p> <p>Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p> <p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
<p>9.</p>	<p>Type of Applicant: (Required)</p> <p>Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="165 903 740 1610"> <tr> <td data-bbox="165 903 451 1610"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="451 903 740 1610"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21.</p>	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>				

INSTRUCTIONS FOR
DEPARTMENT OF EDUCATION SUPPLEMENTAL INFORMATION FOR SF 424

- a. Project Director. Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application.
2. Novice Applicant. Check "Yes" or "No" only if assistance is being requested under a program that gives special consideration to novice applicants. Otherwise, leave blank.

Check "Yes" if you meet the requirements for novice applicants specified in the regulations in 34 CFR 75.225 and included on the attached page entitled "Definitions for Department of Education Supplemental Information for SF 424." By checking "Yes" the applicant certifies that it meets these novice applicant requirements. Check "No" if you do not meet the requirements for novice applicants.

3. Human Subjects Research. (See I. A. "Definitions" in attached page entitled "Definitions for Department of Education Supplemental Information For SF 424.")

If Not Human Subjects Research. Check "No" if research activities involving human subjects are not planned at any time during the proposed project period. The remaining parts of Item 3 are then not applicable.

If Human Subjects Research. Check "Yes" if research activities involving human subjects are planned at any time during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution. Check "Yes" even if the research is exempt from the regulations for the protection of human subjects. (See I. B. "Exemptions" in attached page entitled "Definitions for Department of Education Supplemental Information For SF 424.")

3a. If Human Subjects Research is Exempt from the Human Subjects Regulations. Check "Yes" if all the research activities proposed are designated to be exempt from the regulations. Insert the exemption number(s) corresponding to one or more of the six exemption categories listed in I. B. "Exemptions." In addition, follow the instructions in II. A. "Exempt Research Narrative" in the attached page entitled "Definitions for Department of Education Supplemental Information For SF 424."

3a. If Human Subjects Research is Not Exempt from Human Subjects Regulations. Check "No" if some or all of the planned research activities are covered (not exempt). In addition, follow the instructions in II. B. "Nonexempt Research Narrative" in the page entitled "Definitions for Department of Education Supplemental Information For SF 424"

3a. Human Subjects Assurance Number. If the applicant has an approved Federal Wide (FWA) on file with the Office for Human Research Protections (OHRP), U.S. Department of Health and Human Services, that covers the specific activity, insert the number in the space provided. If the applicant does not have an approved assurance on file with OHRP, enter "None." In this case, the applicant, by signature on the SF-424, is declaring that it will comply with 34 CFR 97 and proceed to obtain the human subjects assurance upon request by the designated ED official. If the application is recommended/selected for funding, the designated ED official will request that the applicant obtain the assurance within 30 days after the specific formal request.

Note about Institutional Review Board Approval. ED does not require certification of Institutional Review Board approval with the application. However, if an application that involves non-exempt human subjects research is recommended/selected for funding, the designated ED official will request that the applicant obtain and send the certification to ED within 30 days after the formal request.

Paperwork Burden Statement. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0017. The time required to complete this information collection is estimated to average between 15 and 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, Potomac Center Plaza, 550 12th Street, S.W. Room 7076, Washington, DC 20202-4260.

DEFINITIONS FOR
DEPARTMENT OF EDUCATION SUPPLEMENTAL INFORMATION FOR SF 424

(Attachment to Instructions for Supplemental Information for SF 424)

Definitions:

Novice Applicant (See 34 CFR 75.225). For discretionary grant programs under which the Secretary gives special consideration to novice applications, a novice applicant means any applicant for a grant from ED that—

- Has never received a grant or sub-grant under the program from which it seeks funding;
- Has never been a member of a group application, submitted in accordance with 34 CFR 75.127-75.129, that received a grant under the program from which it seeks funding; and
- Has not had an active discretionary grant from the Federal government in the five years before the deadline date for applications under the program. For the purposes of this requirement, a grant is active until the end of the grant's project or funding period, including any extensions of those periods that extend the grantee's authority to obligate funds.

In the case of a group application submitted in accordance with 34 CFR 75.127-75.129, a group includes only parties that meet the requirements listed above.

PROTECTION OF HUMAN SUBJECTS IN RESEARCH

I. Definitions and Exemptions

A. Definitions.

A research activity involves human subjects if the activity is research, as defined in the Department's regulations, and the research activity will involve use of human subjects, as defined in the regulations.

—Research

The ED Regulations for the Protection of Human Subjects, Title 34, Code of Federal Regulations, Part 97, define research as “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.” If an activity follows a deliberate plan whose purpose is to develop or contribute to generalizable knowledge it is research. Activities, which meet this definition constitute research whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

—Human Subject

The regulations define human subject as “a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.” (1) If an activity involves obtaining information about a living person by manipulating that person or that person's environment, as might occur when a new instructional technique is tested, or by communicating or interacting with the individual, as occurs with surveys and interviews, the definition of human subject is met. (2) If an activity involves obtaining private information about a living person in such a way that the information can be linked to that individual (the identity of the subject is or may be readily determined by the investigator or associated with the information), the definition of human subject is met. [Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a school health record).]

B. Exemptions.

Research activities in which the only involvement of human subjects will be in one or more of the following six categories of exemptions are not covered by the regulations:

(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (a) research on regular and special education instructional strategies, or (b) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. If the subjects are children, exemption 2 applies only to research involving educational tests and observations of public behavior when the investigator(s) do not participate in the activities being observed. Exemption 2 does not apply if children are surveyed or interviewed or if the research involves observation of public behavior and the investigator(s) participate in the activities being observed. [Children are defined as persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law or jurisdiction in which the research will be conducted.]

(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior that is not exempt under section (2) above, if the human subjects are elected or appointed public officials or candidates for public office; or federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

(5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (a) public benefit or service programs; (b) procedures for obtaining benefits or services under those programs; (c) possible changes in or alternatives to those programs or procedures; or (d) possible changes in methods or levels of payment for benefits or services under those programs.

(6) Taste and food quality evaluation and consumer acceptance studies, (a) if wholesome foods without additives are consumed or (b) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

II. Instructions for Exempt and Nonexempt Human Subjects Research Narratives

If the applicant marked “Yes” for Item 3 of Department of Education Supplemental Information for SF 424, the applicant must provide a human subjects “exempt research” or “nonexempt research” narrative. Insert the narrative(s) in the space provided. If you have multiple projects and need to provide more than one narrative, be sure to label each set of responses as to the project they address.

A. Exempt Research Narrative.

If you marked “Yes” for item 3 a. and designated exemption numbers(s), provide the “exempt research” narrative. The narrative must contain sufficient information about the involvement of human subjects in the proposed research to

allow a determination by ED that the designated exemption(s) are appropriate. The narrative must be succinct.

B. Nonexempt Research Narrative.

If you marked “No” for item 3 a. you must provide the “nonexempt research” narrative. The narrative must address the following seven points. Although no specific page limitation applies to this section of the application, be succinct.

(1) Human Subjects Involvement and Characteristics: Provide a detailed description of the proposed involvement of human subjects. Describe the characteristics of the subject population, including their anticipated number, age range, and health status. Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as children, children with disabilities, adults with disabilities, persons with mental disabilities, pregnant women, prisoners, institutionalized individuals, or others who are likely to be vulnerable

(2) Sources of Materials: Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

(3) Recruitment and Informed Consent: Describe plans for the recruitment of subjects and the consent procedures to be followed. Include the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. State if the Institutional Review Board (IRB) has authorized a modification or waiver of the elements of consent or the requirement for documentation of consent.

(4) Potential Risks: Describe potential risks (physical, psychological, social, legal, or other) and assess their likelihood and seriousness. Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects.

(5) Protection Against Risk: Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness. Where appropriate, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects. Also, where appropriate, describe the provisions for monitoring the data collected to ensure the safety of the subjects.

(6) Importance of the Knowledge to be Gained: Discuss the importance of the knowledge gained or to be gained as a result of the proposed research. Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

(7) Collaborating Site(s): If research involving human subjects will take place at collaborating site(s) or other performance site(s), name the sites and briefly describe their involvement or role in the research.

Copies of the Department of Education’s Regulations for the Protection of Human Subjects, 34 CFR Part 97 and other pertinent materials on the protection of human subjects in research are available from the Grants Policy and Oversight Staff, Office of the Chief Financial Officer, U.S. Department of Education, Washington, DC 20202-4250, telephone: (202) 245-6120, and on the U.S. Department of Education’s Protection of Human Subjects in Research Web Site: <http://www.ed.gov/about/offices/list/OCFO/humansub.html>

NOTE: The State Applicant Identifier on the SF 424 is for State Use only. Please complete it on the OMB Standard 424 in the upper right corner of the form (if applicable).

Instructions Summary Budget Form for U.S. Lead/ Fiscal Agent

- 1. Program:** Select U.S.-Brazil Program.
- 2. Select One:** Please select Lead (fiscal agent).
- 3. Name of Institution/Organization:** Please fill in name of institution/organization. The Summary Budget Form must list totals for the U.S. lead plus the total of the partners as subcontracts (in line 7). Please enter amounts in whole dollars. Please attach the budget narrative and a spreadsheet with detailed explanations for lead institution and partners to the “Budget Narrative Attachment Form.” For example, for the salary category, please list the name of the individual and how the salary request is being calculated. Subcontract (partner) budget must be calculated in the budget narrative to be attached to the “Budget Narrative Attachment Form.”
- 4. Personnel (Salary & Wages):** Enter totals for the salaries and wages for the U.S. Lead only.
- 5. Fringe Benefits (Employee Benefits):** Enter totals for the U.S. lead only.
- 6. Travel:** Enter travel costs for the U.S. lead only. There are two major categories of travel—1) the annual program meeting for all projects (fall 2007 in the United States , fall 2007 in Brazil), 2) individual consortium meetings (in the United States or Brazil). Travel funds for a second individual consortium meeting in the United States or in Brazil should also be submitted for each budget year. Typically a consortium meets twice in each year of the grant—once at the annual program meeting in the fall and once at a separate meeting for the individual consortium (either in the United States or Brazil).
- 7. Equipment (Purchase).** FIPSE does not typically cover equipment purchases.
- 8. Supplies (and materials):** Enter total for the U.S. lead only.
- 9. Contractual (enter partner totals here):** Enter total for subcontracts with the partner institutions, consulting and evaluation. The recommended consulting amount, including travel costs, for a consortium is \$5000 budgeted over four years.
- 10. Other (equipment rental, printing, etc.):** Enter totals for the U.S. lead only.
- 11. Total Direct Cost.** Field is calculated automatically.
- 12. Indirect Costs:** Indirect costs are limited to items totaled under line 11 (Total Direct Cost). The U.S. Department of Education uses a training rate of 8 percent for grants in the U.S.-Brazil Program. The 8 percent training rate applies to all U.S. partners in the consortium.
- 13. Mobility Stipends:** Enter the number of students from all partners who will be studying abroad and the minimum stipend amount (minimum 8 students at \$3500 each for the U.S. lead and the U.S. partner.) The minimum amount budgeted must be \$42,000 and should be entered only for years two, three, and four. This is a “training stipend” and is restricted to student use only. More mobility stipends may be requested but this will not increase the total amount of the grant. Mobility stipends are entered only on the U.S. lead /fiscal agent budget. Note: Consistent with EDGAR 75.562, c, and 75.564, stipends are not subject to indirect cost.
- 14. Language Stipends:** Enter the number of students from all partners who will be studying abroad and the minimum stipend amount (up to \$1000 per student for the U.S. lead and the U.S. partner.) The language stipend may be used in years one, two, three, and four. This is a “training stipend” and is restricted to student use only. Note: Consistent with EDGAR 75.562, c, and 75.564, stipends are not subject to indirect cost. Unused funds in this line may only be used for additional mobility stipends. Language stipends are entered only on the U.S. lead /fiscal agent budget. This is an optional item in the budget.

15. Subtotal of Stipends (lines 13 + 14): Field is calculated automatically.

16. Total requested from FIPSE (lines 11 + 12+ 15) (These figures should appear on the Title Form): Field is calculated automatically.

17. Lead Partner Non-Federal Funds: Enter total funding not requested from FIPSE.

18. Subcontractor(s) Partner Non-Federal Funds: Enter total funding not requested from FIPSE by partner institutions.

19a. Total Requested from Canada: Leave Blank.

19b. Total Requested from Mexico: Leave Blank.

19c. Total Requested from Brazil: Enter the dollar amount requested by Brazilian partners.

19d. Total Requested from Europe: Leave Blank.

Indirect Cost Information:

If you are requesting reimbursement for indirect costs on line 12, this information is to be completed by your Business Office. (1): Indicate whether or not your organization has an Indirect Cost Rate Agreement that was approved by the federal government. (2): If you checked “yes” in (1), indicate in (2) the beginning and ending dates covered by the Indirect Cost Rate Agreement. In addition, indicate whether ED or another federal agency (Other) issued the approved agreement. If you check “Other,” specify the name of the federal agency that issued the approved agreement. (3): If you are applying for a grant under a Restricted Rate Program (34 CFR 75.563 or 76.563), indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement or whether you are using a restricted indirect cost rate that complies with 34 CFR 76.564(c)(2). Note: State or local government agencies may not use the provision for a restricted indirect cost rate specified in 34 CFR 76.564(c)(2). Check only one response. Leave blank, if this item is not applicable.

Instructions for Completing the ED FIPSE Consortium Partners Identification Form

When completing the Consortium Partners Identification forms, it is essential that you list *both the lead and partner institutions for each country before moving back to the application package.* The consortia identification forms serve as identification for all U.S. and foreign partners involved in your consortium.

You are required to complete the original form for both the Lead Partner and Partner Two, and one extracted copy. **IF YOU DO NOT COMPLETE ALL REQUIRED INFORMATION YOUR APPLICATION WILL NOT BE SUBMITTED PROPERLY AND WILL BE REJECTED BY GRANTS.GOV.**

STEPS FOR COMPLETING THE CONSORTIUM PARTNERS IDENTIFICATION FORM:

1. Enter all information on the first page for lead partner (lead U.S. institution).
2. Select “Next” at the top of the page
3. Enter all information for Partner Two (U.S. partner institution)
4. Select “Next” at the top of the page
5. Do not fill out any information for Partner Three, simply select “Next” at the top of the page.
6. On this page you are required to extract a new form and complete it for the lead foreign partner and partner two for Brazil. To extract the form select the button “Select to extract the Consortium Partners Identification Form Attachment.”
7. Save the extracted file (blank copy of the original form) to your computer.
8. Using the extracted file you saved enter all information on the first page for lead Brazilian partner.
9. Select “Next” at the top of the page
10. Enter all information for Partner Two (Brazilian partner institution)
11. Select “Next” at the top of the page
12. Do not fill out any information for Partner Three, simply select “Next” at the top of the page.
13. Save the completed document to your computer.
14. Return to the original form where you “extracted” the copy and attach the copy you completed for the Brazilian partner under “Please Attach Attachment 1” using the “Add Attachment” button.

PLEASE NOTE: In order to complete these forms correctly you must extract and complete a copy of the form. When extracting a form you are basically saving a clean copy of the pure edge form to your computer, completing that form and reattaching it to the pure edge application. Reminder: To extract a form, fill out the original form, select the “NEXT” button at the top of the page until you reach a button that says “Select to extract the Consortium Partners Identification Form Attachment.” Select that button; you will be prompted to save a copy of the form onto your computer; complete that form and attach it to the page where you selected to extract the attachment. To attach the extracted form you must select “Add Attachment” on the page where you extracted the form and select the form you completed and saved on your computer.