

## Instructions For Completing SF-424 R&R Cover Form

### 1. Type of Submission

Check one of the Type of Submission boxes. If this submission is to change or correct a previously submitted "New" application, click the Changed/Corrected Application box and enter the Grants.gov tracking number in the Federal Identifier field. If this submission is to change or correct a "resubmission", "renewal", "continuation", or "revision" application, leave the Federal identifier field as previously filled with the existing identifier (e.g. Award number). Do NOT insert the Grants.gov tracking number in these cases.

### 2. Date Submitted

Enter the date the application is submitted to Federal agency (or State if applicable).

#### 2.1 Applicant Identifier

Enter the applicant's control number (if applicable)

### 3. Date Received by State

Enter the date received by state (if applicable).

#### 3.1 State Application Identifier

Enter the state application identifier (if applicable).

### 4. Federal Identifier and Agency Routing Number

#### a. Federal Identifier

New project applications should leave this field blank, unless you are submitting a Changed/Corrected application or a New application following a Pre-Application. When submitting a changed/corrected "new" application, enter the Grants.gov tracking number. When a New Application is being submitted following a Pre-Application, enter the agency-assigned pre-application number, if applicable. If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier number (for example, award number) even if submitting a changed/corrected application.

#### b. Agency Routing Number

Enter the agency-assigned routing identifier per the agency-specific instructions. This is an optional field.

### 5. Applicant Information

#### 5.1 Organizational DUNS

Enter the DUNS or DUNS+4 number of the applicant organization. This field is required.

#### 5.2 Legal Name

Enter legal name of applicant, which will undertake the assistance activity, enter the complete address of the applicant (including county/parish and country), and name, telephone number, e-mail, and fax of the person to contact on matters related to this application. This field is required.

#### 5.3 Department

Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.

#### 5.4 Division

Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.

#### 5.5 Applicant Address

##### 5.5.a Street1

Enter first line of the street address for the applicant in "Street1" field. This field is required.

##### 5.5.b Street2

Enter second line of the street address for the applicant in "Street2" field. This field is optional.

##### 5.5.c City

Enter the city for address of applicant. This field is required.

##### 5.5.d County/Parish

Enter the county or parish for address of applicant.

##### 5.5.e State

Enter the State where the applicant is located. This field is required if the applicant is located in the United States.

##### 5.5.e.1 Province

Enter the Province.

##### 5.5.f Country

Select the country for the applicant address. This field is required.

### **5.5.g ZIP / Postal Code**

Enter the **nine-digit** Postal Code (e.g., ZIP code) of applicant. This field is required if the applicant is located in the United States. This field is required if a State is selected; optional for Province.

### **5.6 Person to be contacted on matters involving this application**

#### **5.6.a Prefix**

Enter the prefix (e.g., Mr., Mrs., Rev.) for the person to contact on matters related to this application.

#### **5.6.b First Name**

Enter first (given) name of the person to contact on matters related to this application. This field is required.

#### **5.6.c Middle Name**

Enter the middle name of the person to contact on matters related to this application.

#### **5.6.d Last Name**

Enter the last (family) name of the person to contact on matters related to this application. This field is required.

#### **5.6.e Suffix**

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the person to contact on matters related to this application.

### **5.7 Phone Number**

Enter the daytime phone number for the person to contact on matters related to this application. This field is required.

### **5.8 Fax**

Enter the fax number for the person to contact on matters related to this application.

### **5.9 Email**

Enter the e-mail address for the person to contact on matters related to this application.

### **6. Employer Identification (EIN) or (TIN)**

Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. This field is required.

### **7. Type of Applicant**

Select from the menu or enter the appropriate letter in the space provided. If "Small Business" is selected as "Type of Applicant", then note if the organization is "Woman-owned" and/or "Socially and Economically Disadvantaged."

#### **7.1 Other (Specify)**

Complete only if "Other" is selected as the Type of Applicant.

#### **7.2 Women Owned**

Check if you are a women-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.

#### **7.3 Socially and Economically Disadvantaged**

Check if you are 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).

### **8. Type of Application**

Select the type from the following list. Check only one. This field is required.

#### **8.0.1 New**

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

#### **8.0.2 Resubmission**

An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration.

#### **8.0.3 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.

#### **8.0.4 Continuation**

A non-competing application for an additional funding/budget period within a previously approved project period.

#### **8.0.5 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.

**8.1 If Revision, mark appropriate box(es)**

- 8.1.1 A. Increase Award
- 8.1.2 B. Decrease Award
- 8.1.3 C. Increase Duration
- 8.1.4 D. Decrease Duration
- 8.1.5 E. Other

**8.1.6 Specify**

If "Other" is selected for Revision, add text to explain.

**8.2 Is this application being submitted to other agencies**

**8.2.1 Yes / No**

Check applicable box. This field is required.

**8.2.2 What other Agencies**

Enter agency name.

**9. Name of Federal Agency**

Name the Federal agency from which assistance is being requested with this application. This information is pre-populated by Grants.gov.

**10. Catalog of Federal Domestic Assistance (CFDA) Number**

Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. This information is pre-populated by Grants.gov.

**11. Descriptive Title of Applicant's Project**

Enter a descriptive title of the project. For example, include in the description the primary purposes for which the funding shall be used; (e.g. community and economic development projects in the City of Chicago). This field is required.

**12. Proposed Project**

**12.1 Start Date**

Enter the proposed start date of the project. This field is required.

**12.2 Ending Date**

Enter the proposed end date of the project. This field is required.

**13. Project Director / Principal Investigator Contact Information**

**13.1 Prefix**

Enter the prefix of the individual responsible for the overall scientific and technical direction of the project.

**13.2 First Name**

Enter the first name of the individual responsible for the overall scientific and technical direction of the project. This is required information.

**13.3 Middle Name**

Enter the middle name of the individual responsible for the overall scientific and technical direction of the project.

**13.4 Last Name**

Enter the last name of the individual responsible for the overall scientific and technical direction of the project. This is required information.

**13.5 Suffix**

Enter the suffix of the individual responsible for the overall scientific and technical direction of the project.

**13.6 Position/Title**

Enter the position/title of the individual responsible for the overall scientific and technical direction of the project.

**13.7 Organization Name**

Enter the organization name of the individual responsible for the overall scientific and technical direction of the project.

**13.8 Department**

Enter the department of the individual responsible for the overall scientific and technical direction of the project.

**13.9 Division**

Enter the division of the individual responsible for the overall scientific and technical direction of the project.

**13.10.a Street1**

Enter first line of the street address for the PD/PI in the "Street1" field. This field is required.

**13.10.b Street2**

Enter second line of the street address for the PD/PI in "Street2" field. This field is optional.

**10.c City**

Enter the City for address of the PD/PI. This field is required.

**10.d County/Parish**

Enter the county or parish for address of the PD/PI.

**10.e State**

Enter the State where the PD/PI is located. This field is required if the PD/PI is located in the United States.

**10.e.1 Province**

Enter the Province for PD/PI.

**10.f Country**

Select the country for the PD/PI address.

**10.g ZIP / Postal Code**

Enter the **nine-digit** Postal Code (e.g., ZIP code) of the PD/PI. This field is required if the PD/PI is located in the United States.

**11 Phone Number**

Enter the daytime phone number for the PD/PI. This field is required.

**12 Fax**

Enter the fax number for the PD/PI.

**13 Email**

Enter the e-mail address for the PD/PI. This field is required.

**14. Estimated Project Funding**

**14.1 a. Total Federal Funds Requested**

Enter total Federal funds requested for the entire project period. This field is required.

**14.2 b. Total Non-Federal Funds**

Enter the total non-Federal funds proposed for the entire project period. This is optional information.

**14.3 c. 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.

**14.4 d. Estimated Program Income**

Identify any Program Income estimated for this project period if applicable. This field is required.

**15. Is Application Subject to Review by State Executive Order 12372 Process?**

If yes, check box. 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.

**16.1 Date**

If block 17a is checked, insert date application was submitted to State.

**17. Certification**

Check "I agree" to provide the required certifications and assurances. This field is required.

**17. Authorized Representative**

**17.1 Prefix**

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Authorized Representative.

**17.2 First Name**

Enter first (given) name of the Authorized Representative. This field is required.

**17.3 Middle Name**

Enter the middle name of the Authorized Representative.

**17.4 Last Name**

Enter the last (family) name of the Authorized Representative. This field is required.

**17.5 Suffix**

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Authorized Representative.

**17.6 Position/Title**

Enter the title of the Authorized Representative. This field is required.

**17.7 Organization Name**

Enter the name of organization for the Authorized Representative. This field is required.

**17.8 Department**

Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Authorized Representative.

**7.9 Division**

Enter the name of primary organizational division, office, or major subdivision of the Authorized Representative.

**7.10.a Street1**

Enter first line of the street address for the Authorized Representative in the "Street1" field. This field is required.

**7.10.b Street2**

Enter second line of the street address for the Authorized Representative in the "Street2" field. This field is optional.

**7.10.c City**

City for address of the Authorized Representative. This field is required.

**7.10.d County/Parish**

Enter the county or parish for address of Authorized Representative.

**7.10.e State**

Enter the State where the Authorized Representative is located. This field is required if the Authorized Representative is located in the United States.

**7.10.e.1 Province**

Enter the Province for Authorized Representative.

**7.10.f Country**

Select the country for the Authorized Representative address.

**7.10.g ZIP / Postal Code**

Enter the **nine-digit** Postal Code (e.g., ZIP code) of the Authorized Representative. This field is required if the Authorized Representative is located in the United States.

**7.11 Phone Number**

Enter the daytime phone number for the Authorized Representative. This field is required.

**7.12 Fax**

Enter the fax number for the Authorized Representative.

**7.13 Email**

Enter the e-mail address for the Authorized Representative. This field is required.

**7.14 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 AOR must sign this block.

**7.15 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 AOR signed the application.

**8. Pre-application**

If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency specific instructions and attach here.

## Instructions For Completing SF-424 R&R Personal Data Form

### 1.0 Project Director/Principal Investigator

#### 1.1 Prefix

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the PD/PI. Pre-populated from SF 424 R&R.

#### 1.2 First Name

Enter the first (given) name of the PD/PI. This field is required. Pre-populated from SF 424 R&R.

#### 1.3 Middle Name

Enter the middle name of the PD/PI. Pre-populated from SF 424 R&R.

#### 1.4 Last Name

Enter the last (family) name of the PD/PI. This field is required. Pre-populated from SF-424 R&R.

#### 1.5 Suffix

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI. Pre-populated from SF 424 R&R.

### 2.0 Gender

Select one.

### 3.0 Race (check all that apply)

Choose 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.

### 4.0 Ethnicity

Choose one ethnicity type.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

### 5.0 Disability Status (check all that apply)

Select one or more.

### 6.0 Citizenship:

Select one.

### 7.0 Co-Project Director/Co-Principal Investigator 1

#### 7.1 Prefix

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the PD/PI.

#### 7.2 First Name

Enter the first (given) name of the PD/PI. This field is required.

#### 7.3 Middle Name

Enter the middle name of the PD/PI.

#### 7.4 Last Name

Enter the last (family) name of the PD/PI. This field is required.

#### 7.5 Suffix

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.

### 8.0 Gender

Select one.

### 9.0 Race (check all that apply)

Choose 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.

### 10.0 Ethnicity

Choose one ethnicity type.

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

### 11.0 Disability Status (check all that apply)

Select one or more.

### 12.0 Citizenship

Select one.

### 13.0 Reset Entries

Click to blank out all fields for this person.

### 14.0 Previous Person

Click for previous person's record.

### 15.0 Next Person

Click this button to advance to the next person's record.

## Instructions For Completing SF-424 R&R Senior/Key Person Profile Form (Expanded)

### 1.0 PROFILE - Project Director/Principal Investigator

#### 1.1 Prefix

Pre-populated from the SF 424 (R&R). The prefix (e.g., Mr., Mrs., Rev.) for the name of the Project Director.

#### 1.2 First Name

Pre-populated from the SF 424 (R&R). The first (given) name of the Project Director. This field is required.

#### 1.3 Middle Name

Pre-populated from the SF 424 (R&R). The middle name of the Project Director.

#### 1.4 Last Name

Pre-populated from the SF 424 (R&R). The last (family) name of the Project Director. This field is required.

#### 1.5 Suffix

Pre-populated from the SF 424 (R&R). The suffix (e.g., Jr, Sr, PhD) for the name of the Project Director.

#### 1.6 Position/Title

Pre-populated from the SF 424 (R&R). The title of the Project Director.

#### 1.7 Department

Pre-populated from the SF 424 (R&R). The name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.

#### 1.8 Organization Name

Pre-populated from the SF 424 (R&R). The name of organization of the PD/PI.

#### 1.9 Division

Pre-populated from the SF 424 (R&R). The name of primary organizational division, office, or major subdivision of the PD/PI.

#### 1.10 n/a

n/a

#### 1.11 Street 1

Pre-populated from the SF 424 (R&R). The first line of the street address for the Project Director in the "Street 1" field. This field is required.

#### 1.12 Street 2

Pre-populated from the SF 424 (R&R). The second line of the street address for the Project Director in the "Street 2" field. This field is optional.

#### 1.13 City

Pre-populated from the SF 424 (R&R). The city for address of Project Director. This field is required.

#### 1.14 County/Parish

Pre-populated from the SF 424 (R&R). The county or parish for address of Project Director.

#### 1.15 State

Pre-populated from the SF 424 (R&R). The state where the Project Director is located. This field is required if the Project Director is located in the United States.

#### 1.15.a Province

Pre-populated from the SF 424 (R&R). The Province where the Project Director is located.

#### 1.16 Country

Pre-populated from the SF 424 (R&R). The country for the Project Director address. This field is required.

#### 1.17 ZIP / Postal Code

Pre-populated from the SF 424 (R&R). The nine-digit Postal Code (e.g., ZIP code) of Project Director. This field is required if the Project Director is located in the United States.

#### 1.18 Phone Number

Pre-populated from the SF 424 (R&R). The daytime phone number for the Project Director. This field is required.

#### 1.19 Fax Number

Pre-populated from the SF 424 (R&R). The fax number for the Project Director.

#### 1.20 E-Mail

Pre-populated from the SF 424 (R&R). The e-mail address for the Project Director. This field is required for Project Director.

#### 1.21 Credential, e.g., agency login

If you are submitting to an agency (e.g., NIH) where you have an established personal profile, enter the agency ID. If not, leave blank.



### 1.22 Project Role

Select one. Use "Other" if a category is not listed in the pick list.

### 1.23 Other Project Role Category

Complete if you have selected "Other Professional" or "Other" as a project role; e.g., Engineer, Chemist.

### 1.24 Degree Type

Enter the highest academic or professional degree or other credentials (e.g., RN). This is optional information.

### 1.25 Degree Year

Enter the year the highest degree or other credential was obtained. This is optional information.

### 1.26 Attach Biographical Sketch

Provide a biographical sketch for the PD/PI. Recommended information includes - Education and Training, Research and Professional Experience, Collaborators and Affiliations (for conflicts of interest), Publications and Synergistic Activities. Save the information in a single file and attach. This is required information.

### 1.27 Attach Current & 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.

## 2.0 PROFILE - Senior/Key Person 1

### 2.1 Prefix

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Senior/Key Person.

### 2.2 First Name

Enter first (given) name of the Senior/Key Person. This field is required.

### 2.3 Middle Name

Enter the middle name of the Senior/Key Person.

### 2.4 Last Name

Enter the last (family) name of the Senior/Key Person. This field is required.

### 2.5 Suffix

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Senior/Key Person.

### 2.6 Position/Title

Enter the title of the Senior/Key Person.

### 2.7 Department

Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Senior/Key Person.

### 2.8 Organization Name

Enter the name of organization of the Senior/Key Person.

### 2.9 Division

Enter the name of primary organizational division, office, or major subdivision of the Senior/Key Person.

### 2.10 n/a

n/a

### 2.11 Street 1

Enter first line of the street address for the Senior/Key Person in the "Street 1" field. This field is required.

### 2.12 Street 2

Enter second line of the street address for the Senior/Key Person in the "Street 2" field. This field is optional..

### 2.13 City

City for address of Senior/Key Person. This field is required.

### 2.14 County/Parish

County or parish for address of Senior/Key Person.

### 2.15 State

Enter the State where the Senior/Key Person is located. This field is required if the Senior/Key Person is located in the United States.

### 2.15.a Province

Enter the Province where Senior/Key Person is located.

## 2.16 Country

Select the country for the Senior/Key Person address.

## 2.17 ZIP / Postal Code

Enter the **nine-digit** Postal Code (e.g., ZIP code) of Senior/Key Person. This field is required if the Senior/Key Person is located in the United States.

## 2.18 Phone Number

Enter the daytime phone number for the Senior/Key Person. This field is required.

## 2.19 Fax Number

Enter the fax number for the Senior/Key Person.

## 2.20 E-Mail

Enter the e-mail address for the Senior/Key Person. This field is required for the Senior/Key Person.

## 2.21 Credential, e.g., agency login

If you are submitting to an agency (e.g., NIH) where you have an established personal profile, enter the agency ID. If not, leave blank.

## 2.22 Project Role

Select one. Use "Other" if a category is not listed in the pick list.

## 2.23 Other Project Role Category

Complete if you have selected "Other Professional" or "Other" as a project role; e.g., Engineer, Chemist.

## 2.24 Degree Type

Enter the highest academic or professional degree or other credentials (e.g., RN). This is optional information.

## 2.25 Degree Year

Enter the year the highest degree or other credential was obtained. This is optional information.

## 2.26 Attach Biographical Sketch

Provide a biographical sketch for the senior/key person. Recommended information includes: Education and Training, Research and Professional Experience, Collaborators and Affiliations (for conflicts of interest), Publications and Synergistic Activities. Save the information in a single file and attach here. This field is required.

## 2.27 Attach Current & Pending Support

Provide a list of all current and pending support for the senior/key person (even if they receive no salary support from the project(s)) for ongoing projects and pending proposals. 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 a proposal to other organizations will not prejudice its review.

## 3.0 Reset Entry

Select to reset this Senior/Key Person entry.

## 4.0 Next Person

Select to view the next Senior/Key Person entry.

## 5.0 Previous Person

Select to view the previous Senior/Key Person entry.

## 6.0 Select to attach additional Senior/Key Person Forms

Select to enter additional Senior/Key Person entries. All mandatory entries for the first 8 Senior/Key Persons must be filled in before moving to the next page is allowed.

## 7.0 Additional Senior/Key Person Form Attachments

7.1.1 When submitting senior/key persons in excess of 8 individuals, please attach additional senior/key person forms here. Each additional form attached here, will provide you with the ability to identify another 8 individuals, up to a maximum of 4 attachments (32 people).

7.1.2 The means to obtain a supplementary form is provided here on this form, by the button below. In order to extract, fill, and attach each additional form, simply follow these steps:

7.1.3 Select the "Select to Extract the R&R Additional Senior/Key Person Form" button, which appears below.

**7.1.4** Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".xfd" (for example, "My\_Senior\_Key.xfd"). If you do not name your file with the ".xfd" extension you will be unable to open it later, using your PureEdge viewer software.

**7.1.5** Using the "Open Form" tool on your PureEdge viewer, open the new form that you have just saved.

**7.1.6** Enter your additional Senior/Key Person information in this supplemental form. It is essentially the same as the Senior/Key person form that you see in the main body of your application.

**7.1.7** When you have completed entering information in the supplemental form, save it and close it.

**7.1.8** Return to this "Additional Senior/Key Person Form Attachments" page.

**7.1.9** Attach the saved supplemental form, that you just filled in, to one of the blocks provided on this "attachments" form.

**7.2** Select to Extract the R&R Additional Senior/Key Person Form

**7.3 Important:** Please attach additional Senior/Key Person forms, using the blocks below. Please remember that the files you attach must be Senior/Key Person Pure Edge forms, which were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

**7.4.1 Please attach Attachment 1**

Please add Senior/Key Person Attachment #1. This attachment should contain Senior/Key Persons 8-15.

**7.4.2 Please attach Attachment 2**

Please add Senior/Key Person Attachment #2. This attachment should contain Senior/Key Persons 16-23.

**7.4.3 Please attach Attachment 3**

Please add Senior/Key Person Attachment #3. This attachment should contain Senior/Key Persons 24-31.

**7.4.4 Please attach Attachment 4**

Please add Senior/Key Person Attachment #4. This attachment should contain Senior/Key Persons 32-39.

**7.5 Additional Senior/Key Person Profile(s)**

If more than 8 senior/key person profiles are proposed, provide the information requested in a separate file and attach here.

**7.6 Additional Biographical Sketch(es) (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. Save the information in a single file and attach here.

**7.7 Additional Current and Pending Support(s)**

Provide a list of all current and pending support for the PI and each senior/key person (even if they receive no salary support from the project(s)) for ongoing projects and pending proposals. 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 a proposal to other organizations will not prejudice its review.

## Instructions For Completing SF-424 R&R Other Project Information Form

### 1. Are Human Subjects Involved? Yes / No

If activities involving human subjects are planned at any time during the proposed project at any performance site, check yes. Check yes, even if the proposed project is exempt from Regulations for the Protection of Human Subjects. If activities involving human subjects are not planned at any time during the proposed project at any performance site, select no and skip the rest of block 1. This field is required.

#### 1.a If YES to Human Subjects

##### Is the Project Exempt from Federal regulations?

If the project is exempt from Federal regulations, check Yes. If the project is not exempt from Federal regulations, check No. If yes, check the appropriate exemption number.

##### Exemption Number:

Select the appropriate exemption number from 1, 2, 3, 4, 5, 6

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://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm>

##### If no, Is the IRB review Pending? Yes / No

If IRB review is pending, check Yes. If IRB review is not pending, check No.

##### IRB Approval Date:

Enter the latest Institutional Review Board (IRB) approval date (if available). Leave blank if Pending.

##### 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, if available. If the applicant has a FWA number, enter the 8-digit number. Do not enter the FWA before the number.

### 2. Are Vertebrate Animals Used? Yes / No

If activities involving vertebrate animals are planned at any time during the proposed project at any performance site, check yes. If no, skip the rest of block 2.

#### 2.a. If YES to Vertebrate Animals

##### Is the IACUC review Pending? Yes / No

Indicate if an Institutional Animal Care and Use Committee (IACUC) review is pending. Click No, **if no review is pending.**

##### IACUC Approval Date:

Enter the latest Institutional Review Board (IRB) approval date (if available). Leave blank if Pending.

##### Animal Welfare Assurance Number

Enter the Federally approved assurance number, if available.

### 3. Is proprietary/privileged information included in the application? Yes / No

Patentable ideas, trade secrets, privileged or confidential commercial or financial information, 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." This field is required.

#### 4.a. Does this project have an actual or potential impact on the environment? Yes / No

Indicate if this project has an actual or potential impact on the environment? Click no here if this is not the case. This field is required.

#### 4.b. If yes, please explain:

Explanation of the actual or potential impact on the environment.

#### 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

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.

**4.d. If yes, please explain:**

Enter additional details about the EA or EIS

**5. Is the research performance site designated, or eligible to be designated, as a historic place? Yes / No**

If any research performance site is designated or eligible to be designated as a historic place, if Yes, check the Yes box and then provide an explanation in the box provided in 5.a. Otherwise, check the No box. This field is required.

**5.b. If yes, please explain:**

If you checked the Yes box indicating any performance site is designated, or eligible to be designated, as a historic place, provide the explanation here.

**5.a. Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes / No**

Indicate whether this project involve activities outside of the United States or partnerships with international collaborators. Check yes or no. This field is required.

**5.b. If yes, identify countries:**

Enter the countries with which international cooperative activities are involved.

**5.c. Optional Explanation:**

Optional Explanation – Enter an explanation for involvement with outside entities (optional).

**6. Project Summary/Abstract**

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. Please click the add attachment button to the right of this field to complete this entry.

**7. Project Narrative**

Provide Project Narrative in accordance with the announcement and/or agency-specific instructions. Please click the add attachment button to the right of this field to complete this entry.

**8. Bibliography & References Cited**

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. To attach a document for Bibliography and References Cited, click "Add Attachment".

**9. Facilities & Other Resources**

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. Please click the add attachment button to the right of this field to complete this entry.

**10. Equipment**

List major items of equipment already available for this project and, if appropriate identify location and pertinent capabilities. Please click the add attachment button to the right of this field to complete this entry.

**11. Other Attachments**

Attach a file to provide any other project information not provided above or in accordance with the announcement and/or agency-specific instruction.

## Instructions For Completing SF-424 R&R SBIR/STTR Form

### Program Type (select only one): SBIR / STTR / Both

If you are applying under the SBIR program, check the SBIR box. If you are applying under the STTR program, check the STTR box. If a particular agency allows a single submission for both STTR & SBIR, check the Both box. A selection is required. (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

### SBIR/STTR Type (select only one): Phase I / Phase II / Fast-Track

If you are submitting a Phase I application, check the Phase I box. If you are submitting a Phase II application, check the Phase II box. When submitting a Phase II application, please include the Phase I SBIR/STTR grant number in item #4 (Federal Identifier) on the SF424 (R&R) Cover Component. If you are submitting a Fast-Track application, check the Fast-Track box. A selection is required. (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

### 1. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? Yes / No

If you certify that at the time of award, your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement, check the Yes box. Otherwise, check the No box. A selection is required.

### 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? Yes / No

If this application includes subcontracts with Federal laboratories or any other Federal Government agencies, check the Yes box and insert the name of the Federal laboratories/agencies in the space provided. Otherwise, check the No box. A selection is required.

#### If yes, insert the names of the Federal laboratories/agencies:

If you have answered "yes" to the question above, then please indicate the names of the applicable Federal laboratories or agencies, in the space provided.

### 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <http://www.sba.gov> Yes / No

If you are located in a HUBZone, check the Yes box. Otherwise, check the No box. A selection is required.

### 4. Will all research and development on the project be performed in its entirety in the United States? Yes / No

If all research and development on the project will be performed in its entirety in the United States, check the Yes box. Otherwise, check the No box and use the Add Attachment button below, to attach an explanation. A selection is required.

#### "If no, provide an explanation in an attached file. Explanation:"

If you have answered "no" to question 4 above, please prepare an explanation of the research and development that is being performed outside the United States, in a separate file. Then use the Add Attachment button to the right of this field to attach the file and complete this entry. When you click Add Attachment, browse to where you saved the file, select the appropriate file and then click Open to complete the action.

### 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? Yes / No

If the applicant and/or Program Director/Principal Investigator has submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work, check the Yes box and insert the names of the other Federal agencies in the space provided. Otherwise, check the No box. A selection is required.

**If yes, insert the names of the other Federal agencies:**

If you have answered "yes" to question 5 above, then please indicate the names of the applicable Federal agencies, in the space provided.

**6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? Yes / No**

If this application does not result in an award, and the Government is permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment), check the Yes box. Otherwise, check the No box. A selection is required.

**7-1 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. Attach File:**

If you are submitting a Phase II or Phase I/Phase II Fast Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. To attach a Commercialization Plan file, click the Add Attachment button to the right of this field, browse to where you saved the file, select the file, and then click Open.

**SBIR-Specific Questions:**

**Questions 8 and 9 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 8 and 9 blank and proceed to question 10.**

**8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment. Yes / No**

If you have received SBIR Phase II awards from the Federal Government, check the Yes box and use the Add Attachment button below, to attach a company commercialization history in accordance with agency-specific instructions. Otherwise, check the No box.

**Attach File**

If you have answered "Yes" to question 8 above, please prepare a commercialization history in accordance with agency specific instructions, in a separate file. Then use the Add Attachment button to the right of this field to attach the file and complete this entry. When you click Add Attachment, browse to where you saved the file, select the appropriate file and then click Open to complete the action.

**9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award? Yes / No**

If the Project Director/Principal Investigator will have his/her primary employment with the small business at the time of award, check the Yes box. Otherwise, check the No box.

**STTR-Specific Questions:**

**Questions 10 and 11 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 10 and 11 blank.**

**10. Please indicate whether the answer to BOTH of the following questions is TRUE:**

**(1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND**

**(2) will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?" Yes / No**

Check the "Yes" box ONLY if BOTH of the following conditions is TRUE: (1) the Project Director/Principal Investigator has a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; and (2) the Project Director/Principal Investigator will devote at least 10% effort to the proposed project. Check the "No" box if EITHER of these two conditions (or both) is false.

**11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work? Yes / No**

If in the joint research and development proposed in this project, the small business performs at least 40% of the work and the research institution named in the application performs at least 30% of the work, check the Yes box. Otherwise, check the No box.

R



One set of instructions for the two (5-yr & 10-yr) budget forms

## INSTRUCTIONS FOR COMPLETING RESEARCH & RELATED BUDGET - PERIOD 1

### Next Period

[Click here to view the next year.](#)

### Previous Period

[Click here to view the previous year.](#)

### ORGANIZATIONAL DUNS

This is the DUNS or DUNS+4 number of the applicant organization. For the project applicant, this field is prepopulated from the R&R SF424 Cover Page. For subaward applicants, this field is a required enterable field.

### Budget Type

Project, Subaward/Consortium: Check the appropriate block.

Project: The budget requested for the primary applicant organization.

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.

If creating Subaward Budget, use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.

### Enter name of Organization

Pre-populated from the R&R SF424. Enter name of the organization.

### Reset Entries

[Reset Entries](#)

### Start Date

Pre-populated from the R&R SF424. Enter the requested/proposed start date of each budget period. This field is required.

### End Date

Pre-populated from the R&R SF424. Enter the requested/proposed end date of each budget period. This field is required.

### Budget Period

Identifies the specific budget period; e.g., 1, 2, 3, 4, 5. If submitting through Grants.gov, the system will automatically generate a cumulative budget for the total project period. This is a required field.

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

### A. Senior/Key Person

#### Prefix

Pre-populated from the R&R SF424. Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of each Senior/Key Person.

#### First Name

Pre-populated from the R&R SF424. Enter the first name of the Senior/Key Person. This field is required.

#### Middle Name

Pre-populated from the R&R SF424. Enter the middle name of the Senior/Key Person.

#### Last Name

Pre-populated from the R&R SF424. Enter the last (family) name of the Senior/Key Person. This field is required.

#### Suffix

Pre-populated from the R&R SF424. Enter the suffix (e.g., Jr, Sr, PhD) for the name of the

#### Project Role (Senior/Key Person)

Identify the project role of each key/senior person in this section. This section could also include such roles as Co-PI/PI, Postdoctoral Associates, and Other Professionals.

#### Base Salary (Senior/Key Person)

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. You may choose to leave this column blank.

#### Calendar Months (Senior/Key Person)

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

#### Academic Months (Senior/Key Person)

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

#### Summer Months (Senior/Key Person)

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

#### Requested Salary (Senior/Key Person)

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.

**Fringe Benefits (Senior/Key Person)**

Enter applicable fringe benefits, if any, for each senior/key person.

**Funds Requested (Senior/Key Person)**

The requested salary & fringe benefit for each senior/key person.

**9. Total Funds requested for all Senior Key Person in the attached file.**

Enter the total funds requested for all additional senior/key persons. This is required information.

**Total Senior/Key Person**

Total Funds requested for all Senior Key Persons.

**Additional Senior Key Persons:**

If funds are requested for more than 8 Senior/Key Persons, include all pertinent budget information and attach as a file here. Enter the total funds requested for all additional senior/key persons in line 9 of Section A.

**B. Other Personnel**

**Number of Personnel for each Project Role**

For each project role category identify the number of personnel proposed. List any additional project role(s) in the blank(s) provided, e.g., Engineer, IT Professionals, etc.

**Calendar Months**

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

**Academic Months**

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

**Summer Months**

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

**Requested Salary**

Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.

**Fringe Benefits**

Enter applicable fringe benefits, if any, for this project role category.

**Funds Requested**

Enter requested salary/wages & fringe benefits for each project role.

**Total Number Other Personnel**

This total will auto-calculate. Total Salary, Wages and Fringe Benefits (A+B) – This total will auto-calculate.

**Total Other Personnel**

Total Funds requested for all Other Personnel.

**Total Salary, Wages and Fringe Benefits (A+B)**

Total Funds requested for all Senior Key Persons and all Other Personnel.

**C. Equipment Description**

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

**Equipment Item**

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. 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 attached file**

Total funds requested for all equipment listed in the attached file. Dollar amount for item should exceed \$5000.

**Total Equipment**

Total Funds requested for all equipment.

**Additional Equipment**

If this section cannot accommodate all the equipment proposed, attach a file in the block provided. List each additional item and the funds requested. For all additional items in the attached file, list the total funds requested on line 11 of this section.

## **D. Travel**

### ***Funds Requested***

#### **1. Domestic Travel Costs ( Incl. Canada, Mexico, and U.S. Possessions)**

Identify the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US 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**

Identify the total funds requested for foreign travel. Foreign travel includes any travel outside of North America and/or US 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).

#### **Total Travel Cost**

Total Funds requested for all travel.

## **E. Participant/Trainee Support Costs**

### ***Funds Requested***

#### **1. Tuition/Fees/Health Insurance**

List total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.

#### **2. Stipends**

List total funds requested for Participant/Trainee Stipends.

#### **3. Travel**

List total funds requested for Participant/Trainee Travel.

#### **4. Subsistence**

List total funds requested for Participant/Trainee Subsistence.

#### **5. Other**

Describe any other participant trainee funds requested. List total funds requested for any other Participant/Trainee costs described.

#### **Number of Participants/Trainees**

List total number of proposed participant/trainees.

#### **Total Participant/Trainee Support Costs**

Total Funds requested for all trainee costs.

## **F. Other Direct Costs**

### ***Funds Requested***

#### **1. Materials and Supplies**

List total funds requested for materials & supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1,000 are not required to be itemized.

#### **2. Publication Costs**

List the total publication funds requested. The proposal 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.

#### **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.

#### **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.

#### **6. Equipment or Facility Rental/User Fees**

List total funds requested for Equipment or Facility Rental/Use 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.

#### **8 – 10. Additional Space for Other Direct Costs**

Add text to describe any "other" Direct Costs not requested above. Use the budget justification to further itemize and justify. List total funds requested for items 8-10 "Other."

#### **Total Other Direct Costs**

Total Funds requested for all other direct costs.

#### **G. Direct Costs**

##### ***Funds Requested***

##### **Total Direct Costs (A thru F)**

Total Funds requested for all direct costs.

#### **H. Indirect Costs**

##### **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 you do 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 you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do 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.

##### **Total Indirect Costs**

Total Funds requested for indirect costs.

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

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

#### **I. Total Direct and Indirect Costs**

##### ***Funds Requested***

##### **Total Direct and Indirect Institutional Costs (G + H)**

Total Funds requested for direct and indirect costs.

#### **J. Fee**

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

#### **K. Budget Justification (Only attach one file.)**

Use the budget justification to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support and other direct cost categories. Only one file may be attached.

#### **RESEARCH & RELATED BUDGET - Cumulative Budget Totals**

##### **Section A, Senior/Key Person**

Cumulative Total Funds requested for all Senior Key Persons.

##### **Section B, Other Personnel**

Cumulative Total Funds requested for all Other Personnel.

##### **Total Number Other Personnel**

The cumulative total number of other Personnel.

##### **Total Salary, Wages, and Fringe Benefits (A + B)**

Cumulative Total Funds requested for all Senior Key Persons and all Other Personnel.

##### **Section C, Equipment**

Cumulative Total Funds requested for all equipment.

##### **Section D, Travel**

Cumulative Total Funds requested for all travel.

##### **1. Domestic**

The cumulative total funds requested for domestic travel.

##### **2. Foreign**

The cumulative total funds requested for foreign travel.

##### **Section E, Participant/Trainee Support Costs**

The cumulative total funds requested for all trainee costs.

**1. Tuition/Fees/Health Insurance**

The cumulative total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.

**2. Stipends**

The cumulative total funds requested for Participant/Trainee Stipends.

**3. Travel**

The cumulative total funds requested for Participant/Trainee Travel.

**4. Subsistence**

The cumulative total funds requested for Participant/Trainee Subsistence.

**5. Other**

The cumulative total funds requested for any other Participant/Trainee costs described.

**6. Number of Participants/Trainees**

The cumulative total number of proposed participant/trainees

**Section F, Other Direct Costs**

The cumulative total funds requested for all other direct costs.

**1. Materials and Supplies**

The cumulative total funds requested for materials & supplies.

**2. Publication Costs**

The cumulative total publication funds requested.

**3. Consultant Services**

The cumulative total costs for all consultant services.

**4. ADP/Computer Services**

The cumulative total funds requested for ADP/Computer Services.

**5. Subaward/Consortium/Contractual Costs**

The cumulative total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.

**6. Equipment or Facility Rental/Use Fees**

The cumulative total funds requested for Equipment or Facility Rental/Use Fees.

**7. Alterations and Renovations**

The cumulative total funds requested for Alterations & Renovations.

**8. Other1**

The cumulative total funds requested in line 8 or the first Other Direct Cost Category.

**9. Other2**

The cumulative total funds requested in line 9 or the second Other Direct Cost Category.

**10. Other3**

The cumulative total funds requested in line 10 or the third Other Direct Cost Category.

**Section G, Direct Costs (A thru F)**

The cumulative total funds requested for all direct costs.

**Section H, Indirect Costs**

Cumulative Total Funds requested for indirect costs.

**Section I, Total Direct and Indirect Costs (G + H)**

The cumulative total funds requested for direct and indirect costs.

**Section J, Fee**

The cumulative total funds requested for fees.

## INSTRUCTIONS FOR COMPLETING SF 424 R&R BUDGET (TOTAL FED + NON-FED) - SECTION A & B, BUDGET PERIOD 1

### Next Period

Click here to view the next year.

### Previous Period

Click here to view the next year.

### Organizational DUNS

This is the DUNS or DUNS+4 number of the applicant organization. For the project applicant, this field is pre-populated from the R&R SF424 Cover Page. For subaward applicants, this field is a required enterable field.

### Budget Type

**Project, Subaward/Consortium: Check the appropriate block.**

- ▶ **Project:** The budget requested for the primary applicant organization.
- ▶ **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.
- ▶ If creating Subaward Budget, use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.

### Subaward/Consortium

- ▶ **Project:** The budget requested for the primary applicant organization.
- ▶ **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.
- ▶ If creating Subaward Budget, use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.

### Enter name of Organization

Enter name of the organization.

### Reset Entries

Reset Entries

### Start Date

Enter the requested/proposed start date of each budget period. This field is required.

### End Date

Enter the requested/proposed end date of each budget period. This field is required.

### Budget Period

Identifies the specific budget period; e.g., 1, 2, 3, 4, 5. If submitting through Grants.gov, the system will automatically generate a cumulative budget for the total project period. This field is required.

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

### A. Senior/Key Person

#### Prefix

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of each Senior/Key Person.

#### First Name

Enter the first name of the Senior/Key Person. This field is required for the addition of a senior/key person.

#### Middle Name

Enter the middle name of the Senior/Key Person.

#### Last Name

Enter the last (family) name of the Senior/Key Person. This field is required for the addition of a senior/key person.

#### Suffix

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Senior/Key Person.

### Project Role

Identify the project role of each key/senior person in this section. This section could also include such roles as Co-PI/PD, Postdoctoral Associates, and Other Professionals. This field is required for the addition of a senior/key person.

### 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. You may choose to leave this column blank.

**Calendar Months**

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

**Academic Months**

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

**Summer Months**

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

**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 should include both Federal & Non-Federal dollars. This field is required for the addition of a senior/key person.

**Fringe Benefits**

Enter applicable fringe benefits, if any, for each senior/key person. This should include both Federal & Non-Federal dollars. This field is required for the addition of a senior/key person.

**Total (Sal & FB)(Fed + Non-Fed)**

Total salary & fringe benefits (Fed + Non-Fed) for each senior/key person. This field is required for the addition of a senior/key person.

**Federal**

The requested salary & fringe benefit for each senior/key person.

**Non-Federal**

Enter Federal funds proposed for salary & fringe benefits for each senior/key person. This field is required for the addition of a senior/key person.

**9. Total Funds requested for all Senior Key Person in the attached file.**

Enter Total Salary and FB (Fed + Non-Fed) for all Senior Key Persons in the attached file. This field is required if additional Senior Key Persons are provided in an attached file.

Enter Federal funds proposed for salary & fringe benefits for all Senior Key Persons in the attached file. You must enter a dollar amount if salary or fringe benefits are proposed for any person in the attached

file. The amount entered can equal zero dollars. This field is required if additional Senior Key Persons are provided in an attached file.

Enter Non-Federal funds proposed for salary & fringe benefits for all Senior Key Persons in the attached file. You must enter a dollar amount if salary or fringe benefits are proposed for any person in the attached file. The amount entered can equal zero dollars. This field is required if additional Senior Key Persons are provided in an attached file.

**Total Senior/Key Person**

Total Salary + FB (Fed + Non-Fed) for all Senior Key Persons. This field is required if any Senior/KeyPersons are proposed.

**Federal Share**

Total Federal funds proposed for all Senior Key Persons. This field is required if any Senior/KeyPersons are proposed.

**Non-Federal Share**

Total Non-Federal funds proposed for all Senior Key Persons. This field is required if any Senior/KeyPersons are proposed.

**Additional Senior Key Persons:**

If funds are requested for more than 8 Senior/Key Persons, include all pertinent budget information and attach as a file here. Enter the Total (Fed + Non-Fed), Federal and Non-Federal funds proposed for all additional senior/key persons in line 9 of Section A. This field is required if funds are entered in line 9 of Section A.

**B. Other Personnel****Number of Personnel and Project Role**

For each project role category identify the number of personnel proposed. This field is required for each project role proposed.

**Calendar Months**

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

**Academic Months**

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

**Summer Months**

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

**Required Salary**

Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role. This should include both Federal and Non-Federal dollars. This field is required for each project role proposed.

**Fringe Benefits**

Enter applicable fringe benefits, if any, for this project role category. This should include both Federal and Non-Federal dollars. This field is required for each project role proposed.

**Total (Sal & FB)(Fed + Non-Fed)**

Total salary/wages & fringe benefits (Fed + Non-Fed). This field is required for each project role proposed.

**Federal Share**

Enter Federal funds proposed for salary/wages & fringe benefits. You must enter a dollar amount if salary/wages or fringe benefits are proposed for this project role. The amount entered can equal zero dollars. This field is required for each project role proposed.

**Non-Federal Share**

Enter Non-Federal funds proposed for salary/wages & fringe benefits. You must enter a dollar amount if salary/wages or fringe benefits are proposed for this project role. The amount entered can equal zero dollars. This field is required for each project role proposed.

**Total Number Other Personnel****Total Other Personnel**

Total Salary and FB (Fed + Non-Fed) for all Other Personnel. This field is required if any Other Personnel project roles are proposed.

**Federal Share Other Personnel**

Total Federal funds proposed for all Other Personnel. This field is required if any Other Personnel project roles are proposed.

**Non-Federal Share Other Personnel**

Total Non-Federal funds proposed for all Other Personnel. This field is required if any Other Personnel project roles are proposed.

**Total Salary, Wages and Fringe Benefits (A+B)**

Total Salary and FB (Fed + Non-Fed) for all Senior Key Persons and all Other Personnel. This field is required if any Senior/Key Persons or Other Personnel project roles are proposed.

**Total Federal Salary, Wages and Fringe Benefits (A+B)**

Total Federal funds proposed for all Senior Key Persons and all Other Personnel. This field is required if any Senior/Key Persons or Other Personnel project roles are proposed.

**Total Non-Federal Salary, Wages and Fringe Benefits (A+B)**

Total Non-Federal funds proposed for all Senior/Key Persons and all Other Personnel. This field is required if any Senior/Key Persons or Other Personnel project roles are proposed.

**C. Equipment Description**

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. 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. This field is required for each equipment item.

**Federal**

Enter Federal funds proposed for each item of equipment including shipping and any maintenance costs and agreements. This field is required for each equipment item.

**Non-Federal**

Enter Non-Federal funds proposed for each item of equipment including shipping and any maintenance costs and agreements. This field is required for each equipment item.

**Total (Fed + Non-Fed)**

Estimated cost (Fed + Non-Fed) of each item of equipment including shipping and any maintenance costs and agreements. Dollar amount for item listed should exceed \$5000. This field is required for each equipment item.



**Total funds requested for all equipment listed in the attached file**

**Federal**

Enter Federal funds proposed for all equipment listed in the attached file. This field is required if additional equipment is provided in an attached file.

**Non-Federal**

Enter Non-Federal funds proposed for all equipment listed in the attached file. This field is required if additional equipment is provided in an attached file.

**Total**

Total (Fed + Non-Fed) for all equipment listed in the attached file. This field is required if additional equipment is provided in an attached file.

**Total Equipment**

**Federal**

Total Federal funds proposed for all equipment. This field is required if any equipment are proposed.

**Non-Federal**

Total Non-Federal funds proposed for all equipment. This field is required if any equipment are proposed.

**Total**

Total (Fed+ Non-Fed) for all equipment. This field is required if any equipment are proposed.

**Additional Equipment**

If this section cannot accommodate all the equipment proposed, attach a file in the block provided. List each additional item and the funds requested. For all additional items in the attached file, list the total funds requested on line 15 of this section.

**D. Travel**

**Domestic Travel Costs ( Incl. Canada, Mexico, and U.S. Possessions)**

**Federal**

Enter Federal funds proposed for domestic travel. Domestic travel includes Canada, Mexico and US Territories/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). This field is required if funds are proposed for domestic travel.

**Non-Federal**

Enter Non-Federal funds proposed for domestic travel. This field is required if funds are proposed for domestic travel.

**Total**

Total (Fed + Non-Fed) for domestic travel. This field is required if funds are proposed for domestic travel.

**Foreign Travel Costs**

**Federal**

Enter Federal funds proposed for foreign travel. Foreign travel includes any travel outside of North America and/or US Territories/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). This field is required if funds are proposed for foreign travel.

**Non-Federal**

Enter Non-Federal funds proposed for foreign travel. This field is required if funds are proposed for foreign travel.

**Total**

Total (Fed + Non-Fed) for foreign travel. This field is required if funds are proposed for foreign travel.

**Total Travel Costs**

**Federal**

Total Federal funds proposed for all travel. This field is required if funds are proposed for domestic or foreign travel.

**Non-Federal**

Total Non-Federal funds proposed for all travel. This field is required if funds are proposed for domestic or foreign travel.

**Total**

Total (Fed + Non-Fed) for all travel. This field is required if funds are proposed for domestic or foreign travel.

## **E. Participant/Trainee Support Costs**

### **Tuition/Fees/Health Insurance**

#### **Federal**

List total Federal funds proposed for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.

#### **Non-Federal**

List total Non-Federal funds proposed for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.

#### **Total**

Total (Fed + Non-Fed) for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.

### **Stipends**

#### **Federal**

List total Federal funds proposed for Participant/Trainee Stipends. This field is required if funds are proposed for Participant/Trainee Stipends.

#### **Non-Federal**

List total Non-Federal funds proposed for Participant/Trainee Stipends. This field is required if funds are proposed for Participant/Trainee Stipends.

#### **Total**

Total (Fed + Non-Fed) for Participant/Trainee Stipends. This field is required if funds are proposed for Participant/Trainee Stipends.

### **Travel**

#### **Federal**

List total Federal funds proposed for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.

#### **Non-Federal**

List total Non-Federal funds proposed for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.

#### **Total**

Total (Fed + Non-Fed) for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.

### **Subsistence**

#### **Federal**

List total Federal funds proposed for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.

#### **Non-Federal**

List total Non-Federal funds proposed for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.

#### **Total**

Total (Fed + Non-Fed) for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.

#### **Other**

Describe any other Participant/Trainee Support costs. This field is required if funds are proposed for Participant/Trainee Support Costs.

#### **Federal**

List the total Federal funds proposed for any other Participant/Trainee costs described. This field is required if other Participant/Trainee Support Costs are listed or if funds are proposed for other Participant/Trainee Support costs.

#### **Non-Federal**

List the total Non-Federal funds proposed for any other Participant/Trainee costs described. This field is required if other Participant/Trainee Support Costs are listed or if funds are proposed for other Participant/Trainee Support costs.

#### **Total**

Total (Fed + Non-Fed) for any other Participant/Trainee costs described. This field is required if other Participant/Trainee Support costs are listed or if funds are proposed for other Participant/Trainee Support costs.

### **Number of Participants/Trainees**

List total number of proposed participant/trainees

### **Total Participant/Trainee Support Costs**

#### **Federal**

Total Federal funds proposed for all Participant/Trainee Support costs. This field is required if funds are proposed for any Participant/Trainee Support costs

## **Non-Federal**

Total Non-Federal funds proposed for all Participant/Trainee Support costs. This field is required if funds are proposed for any Participant/Trainee Support costs

## **Total**

Total (Fed + Non-Fed) for all participant/trainee support costs. This field is required if funds are proposed for any Participant/Trainee Support costs

## **F. Other Direct Costs**

### **1. Materials and Supplies**

#### **Federal**

List total Federal funds proposed for materials & supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. A category less than \$1,000 is not required to be itemized. This field is required if funds are proposed for materials & supplies.

#### **Non-Federal**

List total Non-Federal funds proposed for materials & supplies. This field is required if funds are proposed for materials & supplies.

#### **Total**

List total (Fed + Non-Fed) for materials & supplies. This field is required if funds are proposed for materials & supplies.

### **2. Publication Costs**

#### **Federal**

List the Federal publication costs proposed. The proposal 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. This field is required if funds are proposed for publication costs.

#### **Non-Federal**

List the Non-Federal publication costs proposed. This field is required if funds are proposed for publication costs.

#### **Total**

List the total (Fed + Non-Fed) for publication costs. This field is required if funds are proposed for publication costs.

## **3. Consultant Services**

### **Federal**

List the total Federal funds proposed 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. This field is required if funds are proposed for consultant services.

### **Non-Federal**

List the total Non-Federal funds proposed for all consultant services. This field is required if funds are proposed for consultant services.

### **Total**

List the total (Fed + Non-Fed) for all consultant services. This field is required if funds are proposed for consultant services.

## **4. ADP/Computer Services**

### **Federal**

List the total Federal funds proposed for all 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. This field is required if funds are proposed for ADP/Computer Services.

### **Non-Federal**

List the total Non-Federal funds proposed for all ADP/Computer Services. This field is required if funds are proposed for ADP/Computer Services.

### **Total**

Total (Fed + Non-Fed) for ADP/Computer Services. This field is required if funds are proposed for ADP/Computer Services.

## **5. Subawards/Consortium/Contractual Costs**

### **Federal**

List Federal Funds proposed for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. This field is required if funds are proposed for Subawards/Consortium/Contractual Costs.

**Non-Federal**

List Non-Federal Funds proposed for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. This field is required if funds are proposed for Subawards/Consortium/Contractual Costs.

**Total**

List total (Fed + Non-Fed) for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. This field is required if funds are proposed for Subawards/Consortium/Contractual Costs.

**6. Equipment or Facility Rental/User Fees****Federal**

List Federal Funds proposed for Equipment or Facility Rental/User Fees. In the budget justification, identify each rental/user fee and justify. This field is required if funds are proposed for Equipment or Facility Rental/User Fees.

**Non-Federal**

List Non-Federal Funds proposed for Equipment or Facility Rental/User Fees. This field is required if funds are proposed for Equipment or Facility Rental/User Fees.

**Total**

Total (Fed + Non-Fed) for Equipment or Facility Rental/User Fees. This field is required if funds are proposed for Equipment or Facility Rental/User Fees.

**7. Alterations and Renovations****Federal**

List Federal Funds proposed for Alterations and 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. This field is required if funds are proposed for Alterations and Renovations.

**Non-Federal**

List Non-Federal Funds proposed for Alterations and Renovations. This field is required if funds are proposed for Alterations and Renovations.

**Total**

Total (Fed + Non-Fed) for Alterations & Renovations. This field is required if funds are proposed for Alterations and Renovations.

**8. – 10. Additional Spaces for Other Direct Costs**

Add text to describe any other Direct Costs not requested above. Use the budget justification to further itemize and justify. This field is required if funds are proposed for any other Direct Costs.

**Federal**

List Federal funds proposed for items 8-10 Other. This field is required if funds are proposed for any other Direct Costs.

**Non-Federal**

List Non-Federal funds proposed for items 8-10 Other. This field is required if funds are proposed for any other Direct Costs.

**Total**

Total (Fed + Non-Fed) for this item. This field is required if funds are proposed for any other Direct Costs.

**Total Other Direct Costs****Federal**

Total Federal funds proposed for all other direct costs. This field is required if funds are proposed for any Other Direct Costs.

**Non-Federal**

Total Non-Federal funds proposed for all other direct costs. This field is required if funds are proposed for any Other Direct Costs.

**Total**

Total (Fed + Non-Fed) for all other direct costs. This field is required if funds are proposed for any Other Direct Costs.

**G. Direct Costs****Total Direct Costs (A thru F)****Federal**

Total Federal funds proposed for all direct costs. This field is required if funds are proposed for direct costs.

**Non-Federal**

Total Non-Federal funds proposed for all direct costs. This field is required if funds are proposed for direct costs.

**Total (Fed + Non-Fed)**

Total (Fed + Non-Fed) for all direct costs. This field is required if funds are proposed for direct costs.

**H. Indirect Costs****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 you do 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. This field is required for each indirect cost type.

**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 you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.

**Indirect Cost Base**

Enter the amount of the base for each indirect cost type.

**Federal**

Enter Federal funds proposed for each indirect cost type. This field is required for each indirect cost type.

**Non-Federal**

Enter Non-Federal funds proposed for each indirect cost type. This field is required for each indirect cost type.

**Total (Fed + Non-Fed)**

Total (Fed + Non-Fed) for each indirect cost. This field is required for each indirect cost type.

**Total Indirect Costs****Federal**

Total Federal funds proposed for all Indirect Costs. This field is required if funds are proposed for Indirect Costs.

**Non-Federal**

Total Non-Federal funds proposed for all Indirect Costs. This field is required if funds are proposed for Indirect Costs.

**Total (Fed + Non-Fed)**

Total (Fed + Non-Fed) for all indirect costs. This field is required if funds are proposed for Indirect Costs.

**Cognizant Federal Agency**

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

**I. Total Direct and Indirect Costs****Federal**

Total Federal funds proposed for direct and indirect costs. This field is required if funds are proposed for direct and indirect costs.

**Non-Federal**

Total Non-Federal funds proposed for direct and indirect costs. This field is required if funds are proposed for direct and indirect costs.

**Total (Fed + Non-Fed)**

Total (Fed + Non-Fed) for direct and indirect costs. This field is required if funds are proposed for direct and indirect costs.

**J. Fee**

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

**K. Budget Justification**

Use the budget justification to provide the additional information requested in each budget category identified above and any other information you wish to submit to support your budget request. This field is required. (Only attach one file.)

**RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - Cumulative Budget**

**Section A, Senior/Key Person**

**Federal**

Cumulative Total Federal Share for all Senior/Key Persons. This field is required if any Senior/Key Persons are proposed.

**Non-Federal**

Cumulative Total Non-Federal Share for all Senior/Key Persons. This field is required if any Senior/Key Persons are proposed.

**Total**

Cumulative Total (Fed + Non-Fed) for all Senior Key Persons. This field is required if any Senior/Key Persons are proposed.

**Section B, Other Personnel**

**Federal**

Cumulative Total Federal Share for all Other Personnel. This field is required if any Other Personnel project roles are proposed.

**Non-Federal**

Cumulative Total Non-Federal Share for all Other Personnel. This field is required if any Other Personnel project roles are proposed.

**Total**

Cumulative Total (Fed + Non-Fed) for all Other Personnel. This field is required if any Other Personnel project roles are proposed.

**Total Number Other Personnel**

The cumulative total number of other Personnel.

**Total Salary, Wages, and Fringe Benefits (A + B)**

**Federal**

Cumulative Total (Fed + Non-Fed) for all Salary, Wages, and Fringe Benefits

**Non-Federal**

Cumulative Total Non-Federal Share for all Salary, Wages, and Fringe Benefits.

**Total**

Cumulative Total (Fed + Non-Fed) for all Salary, Wages, and Fringe Benefits.

**Section C, Equipment**

**Federal**

Cumulative Total Federal Share for all equipment. This field is required if any equipment are proposed.

**Non-Federal**

Cumulative Total Non-Federal Share for all equipment. This field is required if any equipment are proposed.

**Total**

Cumulative Total (Fed + Non-Fed) for all equipment. This field is required if any equipment are proposed.

**Section D, Travel**

**Federal**

Cumulative Total Federal Share requested for all travel. This field is required if funds are proposed for domestic or foreign travel.

**Non-Federal**

Cumulative Total Non-Federal Share for all travel. This field is required if funds are proposed for domestic or foreign travel.

**Total**

Cumulative Total (Fed + Non-Fed) for all travel. This field is required if funds are proposed for domestic or foreign travel.

**1. Domestic**

**Federal**

The cumulative total Federal Share for domestic travel. This field is required if funds are proposed for domestic travel.

**Non-Federal**

The cumulative total Non-Federal Share for domestic travel. This field is required if funds are proposed for domestic travel.

**Total**

The cumulative Total (Fed + Non-Fed) for domestic travel. This field is required if funds are proposed for domestic travel.

## 2. Foreign

### Federal

The cumulative total Federal Share for foreign travel. This field is required if funds are proposed for foreign travel.

### Non-Federal

The cumulative total Non-Federal Share for foreign travel. This field is required if funds are proposed for foreign travel.

### Total

The cumulative Total (Fed + Non-Fed) for foreign travel. This field is required if funds are proposed for foreign travel.

## Section E, Participant/Trainee Support Costs

### Federal

The cumulative total Federal Share for all Participant/Trainee Support costs. This field is required if funds are proposed for any Participant/Trainee Support costs.

### Non-Federal

The cumulative total Non-Federal Share for all Participant/Trainee Support costs. This field is required if funds are proposed for any Participant/Trainee Support costs.

### Total

The cumulative Total (Fed + Non-Fed) for all Participant/Trainee Support costs. This field is required if funds are proposed for any Participant/Trainee Support costs.

## 1. Tuition/Fees/Health Insurance

### Federal

The cumulative total Federal Share for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.

### Non-Federal

The cumulative total Non-Federal Share for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.

### Total

The cumulative Total (Fed + Non-Fed) for Participant/Trainee Tuition/Fees/Health Insurance.

This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.

## 2. Stipends

### Federal

The cumulative total Federal Share for Participant/Trainee Stipends. This field is required if funds are proposed for Participant/Trainee Stipends.

### Non-Federal

The cumulative total Non-Federal Share for Participant/Trainee Stipends. This field is required if funds are proposed for Participant/Trainee Stipends.

### Total

The cumulative Total (Fed + Non-Fed) for Participant/Trainee Stipends. This field is required if funds are proposed for Participant/Trainee Stipends.

## 3. Travel

### Federal

The cumulative total Federal Share for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.

### Non-Federal

The cumulative total Non-Federal Share for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.

### Total

The cumulative Total (Fed + Non-Fed) for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.

## 4. Subsistence

### Federal

The cumulative total Federal Share for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.

### Non-Federal

Cumulative Trainee Subsistence Non-Federal Share: The cumulative total Non-Federal Share for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.

### Total

Cumulative Trainee Subsistence: The cumulative Total (Fed + Non-Fed) for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.

## 5. Other

### Federal

The cumulative total Federal Share for any other Participant/Trainee costs described. This field is required if funds are proposed for other Participant/Trainee costs.

### Non-Federal

The cumulative total Non-Federal Share for any other Participant/Trainee costs described. This field is required if funds are proposed for other Participant/Trainee costs.

### Total

The cumulative Total (Fed + Non-Fed) for any other Participant/Trainee costs described. This field is required if funds are proposed for other Participant/Trainee costs

## 6. Number of Participants/Trainees

The cumulative total number of proposed participant/trainees.

## Section F, Other Direct Costs

### Federal

Cumulative Total Federal Share for all other direct costs. This field is required if funds are proposed for any Other Direct Costs.

### Non-Federal

Cumulative Total Non-Federal Share for all other direct costs. This field is required if funds are proposed for any Other Direct Costs.

### Total

The cumulative Total (Fed + Non-Fed) for all other direct costs. This field is required if funds are proposed for any Other Direct Costs.

## 1. Materials and Supplies

### Federal

Cumulative Material And Supplies Federal Share: The cumulative total Federal Share for materials & supplies. This field is required if funds are proposed for materials & supplies.

### Non-Federal

The cumulative total Non-Federal Share for materials & supplies. This field is required if funds are proposed for materials & supplies.

### Total

The cumulative Total (Fed + Non-Fed) for materials & supplies. This field is required if funds are proposed for materials & supplies.

## 2. Publication Costs

### Federal

The cumulative total publication Federal Share. This field is required if funds are proposed for publication costs.

### Non-Federal

The cumulative total publication Non-Federal Share. This field is required if funds are proposed for publication costs.

### Total

The cumulative total Total (Fed + Non-Fed) for publication costs. This field is required if funds are proposed for publication costs.

## 3. Consultant Services

### Federal

The cumulative total Federal Share for all consultant services. This field is required if funds are proposed for consultant services.

### Non-Federal

The cumulative total Non-Federal Share for all consultant services. This field is required if funds are proposed for consultant services.

### Total

The cumulative Total (Fed + Non-Fed) for all consultant services. This field is required if funds are proposed for consultant services.

## 4. ADP/Computer Services

### Federal

The cumulative total Federal Share for ADP/Computer Services. This field is required if funds are proposed for ADP/Computer Services.

### Non-Federal

The cumulative total Non-Federal Share for ADP/Computer Services. This field is required if funds are proposed for ADP/Computer Services.



**Total**

The cumulative Total (Fed + Non-Fed) for ADP/Computer Services. This field is required if funds are proposed for ADP/Computer Services.

**5. Subaward/Consortium/Contractual Costs****Federal**

The cumulative total Federal Share for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. This field is required if funds are proposed for Subawards/Consortium/Contractual Costs.

**Non-Federal**

The cumulative total Non-Federal Share for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. This field is required if funds are proposed for Subawards/Consortium/Contractual Costs.

**Total**

The cumulative Total (Fed + Non-Fed) for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. This field is required if funds are proposed for Subawards/Consortium/Contractual Costs.

**6. Equipment or Facility Rental/Use Fees****Federal**

The cumulative total Federal Share for Equipment or Facility Rental/User Fees. This field is required if funds are proposed for Equipment or Facility Rental/User Fees.

**Non-Federal**

The cumulative total Non-Federal Share for Equipment or Facility Rental/User Fees. This field is required if funds are proposed for Equipment or Facility Rental/User Fees.

**Total**

The cumulative Total (Fed + Non-Fed) for Equipment or Facility Rental/Use Fees. This field is required if funds are proposed for Equipment or Facility Rental/User Fees.

**7. Alterations and Renovations****Federal**

The cumulative total Federal Share for Alterations & Renovations. This field is required if funds are proposed for Alterations & Renovations.

**Non-Federal**

The cumulative total Non-Federal Share for Alterations & Renovations. This field is required if funds are proposed for Alterations & Renovations.

**Total**

The cumulative Total (Fed + Non-Fed) for Alterations & Renovations. This field is required if funds are proposed for Alterations & Renovations.

**8. Other Costs****Federal**

The cumulative total Federal Share in line 8 or the first Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**Non-Federal**

The cumulative total Non-Federal Share in line 8 or the first Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**Total**

The cumulative Total (Fed + Non-Fed) in line 8 or the first Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**9. Other****Federal**

The cumulative total Federal Share in line 9 or the second Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**Non-Federal**

The cumulative total Non-Federal Share in line 9 or the second Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**Total**

The cumulative Total (Fed + Non-Fed) in line 9 or the second Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**10. Other****Federal**

The cumulative total Federal Share in line 10 or the third Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**Non-Federal**

The cumulative total Non-Federal Share in line 10 or the third Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**Total**

The cumulative Total (Fed + Non-Fed) in line 10 or the third Other Direct Cost Category. This field is required if funds are proposed for any other Direct Costs.

**Section G, Direct Costs (A thru F)****Federal**

Cumulative Total Federal Share for all direct costs. This field is required if funds are proposed for direct costs.

**Non-Federal**

Cumulative Total Non-Federal Share for all direct costs. This field is required if funds are proposed for direct costs.

**Total**

The cumulative Total (Fed + Non-Fed) for all direct costs. This field is required if funds are proposed for direct costs.

**Section H, Indirect Costs****Federal**

Cumulative Total Federal Share requested for indirect costs. This field is required if funds are proposed for Indirect Costs.

**Non-Federal**

Cumulative Total Non-Federal Share requested for indirect costs. This field is required if funds are proposed for Indirect Costs.

**Total**

Cumulative Total (Fed + Non-Fed) for indirect costs. This field is required if funds are proposed for Indirect Costs.

**Section I, Total Direct and Indirect Costs (G + H)****Federal**

Cumulative Total Federal Share requested for direct and indirect costs. This field is required if funds are proposed for direct and indirect costs.

**Non-Federal**

Cumulative Total Non-Federal Share requested for direct and indirect costs. This field is required if funds are proposed for direct and indirect costs.

**Total**

The cumulative Total (Fed + Non-Fed) for direct and indirect costs. This field is required if funds are proposed for direct and indirect costs.

**Section J, Fee**

The cumulative amount proposed for fees. This field is required if funds are proposed for fees.

**Instructions For Completing SF-424 R&R Up To 10 Subaward Budget Attachments Form**

**1.0 Attachments**

**1.1 Please attach Attachment 1**

Please attach Attachment 1.

**1.2 Please attach Attachment 2**

Please attach Attachment 2.

**1.3 Please attach Attachment 3**

Please attach Attachment 3.

**1.4 Please attach Attachment 4**

Please attach Attachment 4.

**1.5 Please attach Attachment 5**

Please attach Attachment 5.

**1.6 Please attach Attachment 6**

Please attach Attachment 6.

**1.7 Please attach Attachment 7**

Please attach Attachment 7.

**1.8 Please attach Attachment 8**

Please attach Attachment 8.

**1.9 Please attach Attachment 9**

Please attach Attachment 9.

**1.10 Please attach Attachment 10**

Please attach Attachment 10.

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## Instructions For Completing SF-424 R&R More Than 10 Subaward Budget Attachments Form

### **1.0 Attachments**

#### **1.1 Please attach Attachment 1**

Please attach Attachment 1.

#### **1.2 Please attach Attachment 2**

Please attach Attachment 2.

#### **1.3 Please attach Attachment 3**

Please attach Attachment 3.

#### **1.4 Please attach Attachment 4**

Please attach Attachment 4.

#### **1.5 Please attach Attachment 5**

Please attach Attachment 5.

#### **1.6 Please attach Attachment 6**

Please attach Attachment 6.

#### **1.7 Please attach Attachment 7**

Please attach Attachment 7.

#### **1.8 Please attach Attachment 8**

Please attach Attachment 8.

#### **1.9 Please attach Attachment 9**

Please attach Attachment 9.

#### **1.10 Please attach Attachment 10**

Please attach Attachment 10.

## Instructions For Completing SF-424 R&R Subaward Budget (Fed/Non-Fed) Attachments Form

### 1.0 Attachments

#### 1.1 Please attach Attachment 1

Please attach Attachment 1.

#### 1.2 Please attach Attachment 2

Please attach Attachment 2.

#### 1.3 Please attach Attachment 3

Please attach Attachment 3.

#### 1.4 Please attach Attachment 4

Please attach Attachment 4.

#### 1.5 Please attach Attachment 5

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#### 1.8 Please attach Attachment 8

Please attach Attachment 8.

#### 1.9 Please attach Attachment 9

Please attach Attachment 9.

#### 1.10 Please attach Attachment 10

Please attach Attachment 10.

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