



## Manage RPPR ?

Form Approved OMB No. 0925-0002  
Expiration Date: XX/XX/2018

Select Grant Number link to manage the RPPR:

### Grant Applications

3 records found, displaying all records.

Grant Number	PO/PI Name	Project Title	Due Date	Status	Current Reviewer
<a href="#">T32 CA 123456</a>	SMITH, JOHN	Host Genetic Factors Associated with CMS	02/15/2015 OVERDUE	PO/PI Work in Progress	SPECTOR, STEPHEN A
<a href="#">R01 GM 123456</a>	SMITH, JOHN	Modulating Autophagy to Eradicate HIV	03/15/2015 OVERDUE	Not Started	
<a href="#">R01 GM 654321</a>	SMITH, JOHN	HIV CENTERS FOR UNDERREPRESENTED POPULATIONS	10/01/2015	Not Started	

Public reporting burden for this collection of information is estimated to average 15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002).





# Section B - Accomplishments

## B. Accomplishments

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**B.1 What are the major goals of the project?**

List the major goals of the project as stated in the approved application or as approved by the agency. If the application lists milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.

Generally, the goals will not change from one reporting period to the next. However, if the awarding agency approved changes to the goals during the reporting period, list the revised goals and objectives. Also explain any significant changes in approach or methods from the agency approved application or plan.

"Goals" are equivalent to "specific aims." Significant changes in objectives and scope require prior approval of the agency (e.g., NIH Grants Policy Statement, 8.1.2).

**List the major goals below** (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

**B.1.a Have the major goals changed since the initial competing award or previous report?**  Yes  No

---

**B.2 What was accomplished under these goals?**

For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results, including major findings, developments, or conclusions (both positive and negative); and 4) key outcomes or other achievements. Include a discussion of stated goals not met. As the project progresses, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.

"Goals" are equivalent to "specific aims." In the response, emphasize the significance of the findings to the scientific field.

Response should not exceed 2 pages.

Upload accomplishments

---

**B.5 How have the results been disseminated to communities of interest?**

Describe how the results have been disseminated to communities of interest. Include any outreach activities that have been undertaken to reach members of communities who are not usually aware of these research activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.

Reporting the routine dissemination of information (e.g., websites, press releases) is not required. For awards not designed to disseminate information to the public or conduct similar outreach activities, a response is not required and the grantee should select "Nothing to Report". A detailed response is only required for awards or award components that are designed to disseminate information to the public or conduct similar outreach activities. Note that scientific publications and the sharing of research sources will be reported under Products.

**Nothing to Report**

**or enter response below** (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

---

**B.6 What do you plan to do during the next reporting period to accomplish the goals?**

Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

Remember that significant changes in objectives and scope require prior approval of the agency (e.g., NIH Grants Policy Statement, 8.1.2.).

Include any important modifications to the original plans. Provide a scientific justification for any changes involving research with human subjects or vertebrate animals. A detailed description of such changes must be provided under Changes.

**Enter response below** (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

[A.Cover Page](#) | [B.Accomplishments](#) | [C.Products](#) | [D.Participants](#) | [E.Impact](#) | [F.Changes](#) | [G.Special Reporting Req](#) | [H.Budget](#)

**B. Accomplishments**

Save
Cancel

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*"Goals" are equivalent to "specific aims." In the response, emphasize the significance of the findings to the scientific field.*

*Response should not exceed 2 pages.*

Upload accomplishments
Add Attachment
Delete Attachment
View Attachment

**B.3 Competitive Revisions/Administrative Supplements**

**For this reporting period, is there one or more Revision/Supplement associated with this award for which reporting is required?**  Yes  No

If yes, identify the Revision(s)/Supplement(s) by grant number (e.g., 3R01CA098765-01S1) or title and describe the specific aims and accomplishments for each Revision/Supplement funded during this reporting period. Include any supplements to promote diversity or re-entry, or other similar supplements to support addition of an individual or a discrete project.

Revision/Supplement #

or Revision/Supplement Title

Total remaining allowed limit is 255 characters.

**Describe the specific aims for this Revision/Supplement below** (Limit is 700 characters or approximately 1/4 of a page.)

Total remaining allowed limit is 700 characters.

**Describe the accomplishments for this Revision/Supplement below** (Limit is 700 characters or approximately 1/4 of a page.)

Total remaining allowed limit is 700 characters.

Add/New
Clear

No items found.

Revision/Supplement #	Revision/Supplement Title	Specific Aims	Accomplishments	Action
Nothing found to display.				

**B.4 What opportunities for training and professional development has the project provided?**

If the research is not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. "Training" activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. "Professional development" activities result in increased knowledge or skill in one's area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.

*For all projects reporting graduate student and/or postdoctoral participants in Section D, Participant, grantees are encouraged to describe the use of Individual Development Plans (IDPs) for those participants. Do not include the actual IDP, instead include information to document that IDPs are used to help manage the training for those individuals.*

*For T, F, K, R25, R13, D43 and other awards or award components designed to provide training and professional development opportunities, a response is required. Do not reiterate what is reported under Accomplishments. Limit the response to this reporting period.*

Nothing to Report or upload description
Add Attachment
Delete Attachment
View Attachment

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No items found.


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Nothing found to display.				

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Nothing to Report

or upload description

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**Nothing to Report**

**or enter response below** (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

**B.6 What do you plan to do during the next reporting period to accomplish the goals?**

Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

⚙ Remember that significant changes in objectives and scope require prior approval of the agency (e.g., NIH Grants Policy Statement, 8.1.2.).

⚙ Include any important modifications to the original plans. Provide a scientific justification for any changes involving research with human subjects or vertebrate animals. A detailed description of such changes must be provided under Changes.

**Enter response below** (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [D Participants](#) | [E Impact](#) | [F Changes](#) | [G Special Reporting Reg](#) | [H Budget](#)

# Section C - Products

## C. Products ?

NIH Manuscript Submission System Status: Available  
The information has been saved successfully

### C.1 Publications

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication and monograph) during the reporting period resulting directly from this award?  Yes  No

If yes, select from the table below to affiliate publications with this progress report.

If you need to login to My NCBI account please use this link: [My NCBI ?](#)

All publications associated with this project in My NCBI ?

Showing 1 to 1 of 1 entries

Previous 1 Next

Associate with this RPPR	Public Access Compliance	Citation
<input checked="" type="checkbox"/>		

Sort Table Above By  Then By   
 Ascending  Descending  Ascending  Descending

Hide publications from My NCBI

Publications not associated with this project in My NCBI ?

Showing 1 to 1 of 1 entries

Previous 1 Next

Associate with this RPPR	Public Access Compliance	Citation
<input type="checkbox"/>		

Sort Table Above By  Then By   
 Ascending  Descending  Ascending  Descending

### C.2 Website(s) or other Internet site(s)

List the URL for any internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above.

For awards not designed to create or maintain one or more websites select "Nothing to Report". A description is only required for awards designed to create or maintain one or more websites. Limit the response to this reporting period.

Nothing to Report

or list URL(s) for Internet site(s) and provide description(s) below (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

### C.3 Technologies or techniques

Identify technologies or techniques that have resulted from the research activities. Describe the technologies or techniques and how they are being shared.

Limit the response to this reporting period.

Nothing to Report

or identify and describe technologies or techniques below (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

### C.4 Inventions, patent applications, and/or licenses

Have inventions, patent applications and/or licenses resulted from the award during this reporting period?  Yes  No

If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization?  Yes  No

Reporting of inventions through [Edison](#) is strongly encouraged.

### C.5 Other products and resource sharing

#### C.5.a Other Products

Identify any other significant products that were developed under this project.

Describe the product and how it is available to be shared with the research community. Do not repeat information provided above. Limit the response to this reporting period.

Examples of other products are: audio or video products; data and research material (e.g., cell lines, DNA probes, animal models); databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware.

Nothing to Report

or Upload other products and resources

#### C.5.b Resource sharing ?

If the initial research plan addressed, or the terms of award require, a formal plan for sharing final research data, model organisms, Genome Wide Association Studies data, or other such project-specific data, describe the progress in implementing that plan. For sharing model organisms, include information on the number of requests received and number of requests fulfilled during this reporting period. If the sharing plan is fully implemented, provide a final statement on data sharing.

Nothing to Report

or Upload resource sharing response

[Cover Page](#) | [Accomplishments](#) | [Products](#) | [Participants](#) | [Impact](#) | [Changes](#) | [Special Reporting Req](#) | [Budget](#)

# C1

## C. Products ?

NIH Manuscript Submission System Status: Available

The information has been saved successfully

### C.1 Publications

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication and monograph) during the reporting period resulting directly from this award?  Yes  No

If yes, select from the table below to affiliate publications with this progress report.

If you need to login to My NCBI account please use this link: [My NCBI](#) ?

All publications associated with this project in My NCBI ?

Showing 1 to 1 of 1 entries

Previous  Next

Associate with this RPPR	Public Access Compliance	Citation
<input checked="" type="checkbox"/>		

Sort Table Above By

Ascending  Descending

Then By

Ascending  Descending

[Hide publications from My NCBI](#)

Publications not associated with this project in My NCBI ?

Showing 1 to 1 of 1 entries

Previous  Next

Associate with this RPPR	Public Access Compliance	Citation
<input type="checkbox"/>		

Sort Table Above By

Ascending  Descending

Then By

Ascending  Descending



# Proposed C2-5

## C.2 Website(s) or other Internet site(s)

<Instructions go here...>

<NIH Specific Instructions go here...>

**Nothing to Report**

<Instructions go here...>

Audio or video  
Data or Databases  
...

Add/New

Clear

<enter description text here...>

Category	Website(s) or other Internet site(s)
<category, category, category>	<Item Discription>
<category>	<Item Discription>
<category>	<Item Discription>

## C.3 Technologies or techniques

<Instructions go here...>

<NIH Specific Instructions go here...>

**Nothing to Report**

<Instructions go here...>

Audio or video  
Data or Databases  
...

Add/New

Clear

<enter description text here...>

Category	Technologies or techniques
<category, category, category>	<Item Discription>
<category>	<Item Discription>
<category>	<Item Discription>

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Have inventions, patent applications and/or licenses resulted from the award during this reporting period?  Yes  No

If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization?  Yes  No

<Instructions go here>

## C.5 Other products and resource sharing

<Instructions go here...>

<NIH Instructions go here...>

**Nothing to Report**

<Instructions go here...>

Audio or video  
Data or Databases  
...

Add/New

Clear

<enter description text here...>

Category	Other products and resrouce sharing
<category, category, category>	<Item Discription>
<category>	<Item Discription>
<category>	<Item Discription>

# Section D - Participants

Save
Cancel

### D.1 What individuals have worked on the project?

Provide or update the following information for: (1) program director(s)/principal investigator(s) (PDs/PIs); and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours or 8.3% of annualized effort).

Provide the name and identify the role the person played in the project. Indicate the nearest whole person month (Calendar, Academic, Summer) that the individual worked on the project. Show the most senior role in which the person has worked on the project for any significant length of time. For example, if an undergraduate student graduates, enters graduate school, and continues to work on the project, show that person as a graduate student.

**Instructions**

- An individual's Commons user ID may be used to partially populate his or her information.
- A Commons ID is required for all individuals with a postdoctoral role and/or supported by a Reentry or Diversity Supplement
- Individuals with a postdoctoral-like role should be identified as "Postdoctoral (scholar, fellow, or other postdoctoral position)".
- Do not include Other Significant Contributors who are not committing any specified measurable effort to this project.
- Do not report personnel for whom a PHS 2271 Appointment form has been submitted through XTRAK.
- Required fields are marked with an \*.

**eRA Commons User ID** ?

Populate from Profile

\*First Name  Middle Name  \*Last Name  \*Senior/Key Personnel? ?  Yes  No Last 4 digits of Social Security Number  DoB (MM/YYYY)

Degree(s)  \*Project Role  Supplement Support (SS) ?  \*Person Months ?

Please select a role  Not Applicable  Calendar:  Academic:  Summer:

Other (Project Role)

**Is the individual's primary affiliation with a foreign organization?**  Yes  No  
Check "no" if the individual's primary affiliation is with a foreign organization but the individual is working on this award solely while in the U.S.

If yes, provide the name of the organization and country

Organization Name  Country

Please select a country

List of Participants														
Commons ID	S/K	Name	SSN	DOB	Degree(s)	Role	Person Months			Foreign Affiliation		SS	Action	
							Cal	Aca	Sum	Org	Country			

### D.2 Personnel Updates

#### D.2.a Level of Effort

Will there be, in the next budget period, either (1) a reduction of 25% or more in the level of effort from what was approved by the agency for the PD/PI(s) or other senior/key personnel designated in the Notice of Award, or (2) a reduction in the level of effort below the minimum amount of effort required by the Notice of Award?

Yes  No

Reductions are cumulative, i.e., the 25% threshold may be reached by two or more successive reductions that total 25% or more. Once agency approval has been given for a significant change in the level of effort, then all subsequent reductions are measured against the approved adjusted level. Selecting "yes" constitutes a prior approval request to the agency and the issuance of a subsequent year of funding constitutes agency approval of the request.

If yes, provide an explanation below (Limit is 700 characters or approximately 1/4 of a page.)

Total remaining allowed limit is 700 characters.

#### D.2.b New Senior/Key Personnel

Are there, or will there be, new senior/key personnel?  Yes  No

Senior/key personnel are those identified by the grantee institution as individuals who contribute in a substantive measurable way to the scientific development or execution of the project, whether or not salaries are requested. Typically these individuals have doctoral or other professional degrees, although individuals at the masters or baccalaureate level may be considered senior/key personnel if their involvement meets this definition. Consultants may be considered senior/key personnel if they meet this definition. "Zero percent" effort or "as needed" is not an acceptable level of involvement for senior/key personnel.

If yes, upload biosketches and other support for all new senior/key personnel ?

Add Attachment Delete Attachment View Attachment

#### D.2.c Changes in Other Support

Has there been a change in the active other support of senior/key personnel since the last reporting period?  Yes  No

If yes, upload active other support for senior/key personnel whose support has changed and indicate what the change has been

Add Attachment Delete Attachment View Attachment

#### D.2.d New Other Significant Contributors

Are there, or will there be, new other significant contributors?  Yes  No

Other significant contributors are individuals who have committed to contribute to the scientific development or execution of the project, but are not committing any specified measurable effort (i.e., person months) to the project.

If yes, upload biosketches for all new other significant contributors.

Add Attachment Delete Attachment View Attachment

#### D.2.e Multi-PI (MPI) Leadership Plan

Will there be a change in the MPI Leadership Plan for the next budget period?  N/A  Yes  No

Change in status of PD/PI requires prior approval of the agency (e.g., NIH Grants Policy Statement, 8.1.2.6).

If yes, upload a revised MPI Leadership Plan that includes a description of the change(s)

Add Attachment Delete Attachment View Attachment

Save
Cancel
[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [D Participants](#) | [E Impact](#) | [F Changes](#) | [G Special Reporting Req](#) | [H Budget](#)

Save Cancel

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- Do not include Other Significant Contributors who are not committing any specified measurable effort to this project.
- Do not report personnel for whom a PHS 2271 Appointment form has been submitted through xTRAIN.
- Required fields are marked with an \*.

eRA Commons User ID ?

\*First Name  Middle Name  \*Last Name

\*Senior/Key Personnel? ?  Yes  No Last 4 digits of Social Security Number XXX-XX- DoB (MM/YYYY)

Degree(s)  \*Project Role  Supplement Support (SS) ?  \*Person Months ?

Other (Project Role)

\*Is the individual's primary affiliation with a foreign organization?  Yes  No

Check "no" if the individual's primary affiliation is with a foreign organization but the individual is working on this award solely while in the U.S.

If yes, provide the name of the organization and country

Organization Name  Country

**List of Participants**

Commons ID	S/K	Name	SSN	DOB	Degree(s)	Role	Person Months			Foreign Affiliation		SS	Action
							Cat	Aca	Sum	Org	Country		
													<a href="#">Edit</a>

# D2a-d

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### D.2.a Level of Effort

Will there be, in the next budget period, either (1) a reduction of 25% or more in the level of effort from what was approved by the agency for the PD/PI(s) or other senior/key personnel designated in the Notice of Award, or (2) a reduction in the level of effort below the minimum amount of effort required by the Notice of Award?

Yes  No

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If yes, upload biosketches and other support for all new senior/key personnel 

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Has there been a change in the active other support of senior/key personnel since the last reporting period?  Yes  No

If yes, upload active other support for senior/key personnel whose support has changed and indicate what the change has been

### D.2.d New Other Significant Contributors

Are there, or will there be, new other significant contributors?  Yes  No

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If yes, upload biosketches for all new other significant contributors.

# D2e

## D.2.e Multi-PI (MPI) Leadership Plan

Will there be a change in the MPI Leadership Plan for the next budget period?  N/A  Yes  No

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If yes, upload a revised MPI Leadership Plan that includes a description of the change(s)

Add Attachment

Delete Attachment

View Attachment

Save

Cancel

[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [D Participants](#) | [E Impact](#) | [F Changes](#) | [G Special Reporting Req](#) | [H Budget](#)

# Section E - Impact


## E. Impact

### E.1 Not Applicable

### E.2 What is the impact on physical, institutional, or information resources that form infrastructure?

Describe ways, if any, in which the project made an impact, or is likely to make an impact, on physical, institutional, and information resources that form infrastructure, including:

- physical resources (such as facilities, laboratories, or instruments);
- institutional resources (such as establishment or sustenance of societies or organizations); or
- information resources, electronic means for accessing such resources or for scientific communication, or the like.

 If the award or award component(s) is not intended to support physical, institutional, or information resources that form infrastructure, select "Nothing to Report".

Nothing to Report


or describe impact on physical, institutional, or information resources below (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

### E.3 Not Applicable

### E.4 What dollar amount of the award's budget is being spent in foreign country(ies)?

For domestic awardees provide the dollar amount obligated to first-tier subawards to foreign entities for this reporting period. For foreign awardees provide the dollar amount of the award, excluding all first-tier subawards to U.S. entities, for this reporting period. Dollars provided should reflect total costs.

If more than one foreign country, identify the distribution between the foreign countries. 

Nothing to Report(zero dollars)

or provide the following for each foreign country: Dollar Amount  Country

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# Section F - Changes

## F. Changes

SaveCancel

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**F.1 Not Applicable**

**F.2 Actual or anticipated challenges or delays and actions or plans to resolve them**

Describe challenges or delays encountered during the reporting period and actions or plans to resolve them.

Describe only significant challenges that may impede the research (e.g., accrual of patients, hiring of personnel, need for resources or research tools) and emphasize their resolution.

Nothing to Report

or describe challenges or delays and plans to resolve them below (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.

**F.3 Significant changes to Human Subjects, Vertebrate Animals, Biohazards, and/or Select Agents**

Describe significant deviations, unexpected outcomes, or changes in approved protocols for human subjects, vertebrate animals, biohazards, and/or select agents during this reporting period.

Remember that significant changes in objectives and scope require prior approval of the agency (e.g., NIH Grants Policy Statement, 8.1.2.). If there are changes in any of the following areas check the appropriate box and provide a description of the changes.

**F.3.a Human Subjects**

If human subject protocols are or will be different from the previous submission, include a description and explanation of how the protocols differ and provide a new or revised Protection of Human Subjects Section as described in the competing application instructions.

No Change

or upload description of change  Add Attachment Delete Attachment View Attachment

**F.3.b Vertebrate Animals**

If there are or will be significant changes to the uses of vertebrate animals from the previous submission, provide a description of the changes. Examples of changes considered to be significant include, but are not limited to, changing animal species, changing from noninvasive to invasive procedures, new project/performance site(s) where animals will be used, etc. If studies involving live vertebrate animals are planned and were not part of the originally proposed research design, provide a new or revised Vertebrate Animal Section as described in the competing application instructions.

No Change

or upload description of change  Add Attachment Delete Attachment View Attachment

**F.3.c Biohazards**

If the use of biohazards is or will be different from the previous submission, provide a description and explanation of the difference(s).

No Change

or upload description of change  Add Attachment Delete Attachment View Attachment

**F.3.d Select Agents**

If the possession, use, or transfer of Select Agents is or will be different from that proposed in the previous submission, including any change in the select agent research location and/or the required level of biocontainment, provide a description and explanation of the differences. If the use of Select Agents was proposed in the previous submission but has not been approved by regulatory authorities, provide an explanation. If studies involving Select Agents are planned and were not part of the originally proposed research design, provide a description of the proposed use, possession, transfer, and research location as described in the competing application instructions.

U.S. Select Agent Registry information: <http://www.selectagents.gov/SelectAgentsandToxins.html>

No Change

or upload description of change  Add Attachment Delete Attachment View Attachment

SaveCancel[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [D Participants](#) | [E Impact](#) | [F Changes](#) | [G Special Reporting Req](#) | [H Budget](#)

# F1-2

## F. Changes

**F.1 Not Applicable**

**F.2 Actual or anticipated challenges or delays and actions or plans to resolve them**

Describe challenges or delays encountered during the reporting period and actions or plans to resolve them.

Describe only significant challenges that may impede the research (e.g., accrual of patients, hiring of personnel, need for resources or research tools) and emphasize their resolution.

Nothing to Report

or describe challenges or delays and plans to resolve them below (NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)

Total remaining allowed limit is 8000 characters.



F3a-d

## F. Changes

---

### F.3 Significant changes to Human Subjects, Vertebrate Animals, Biohazards, and/or Select Agents

Describe significant deviations, unexpected outcomes, or changes in approved protocols for human subjects, vertebrate animals, biohazards, and/or select agents during this reporting period.

Remember that significant changes in objectives and scope require prior approval of the agency (e.g., NIH Grants Policy Statement, 8.1.2.). If there are changes in any of the following areas check the appropriate box and provide a description of the changes.

#### F.3.a Human Subjects

If human subject studies are or will be different from the previous submission, please indicate there are changes here and provide these changes in section G.4 b, including a new or revised Protection of Human Subjects Plan as described in the competing application instructions. In addition, in G.4.b, please provide any updates to enrollment, human subjects protections training as well as clinical trials milestone information (if conducting one or more clinical trials).

No Change

or upload description of change

Add Attachment

Delete Attachment

View Attachment

#### F.3.b Vertebrate Animals

If there are or will be significant changes to the uses of vertebrate animals from the previous submission, provide a description of the changes. Examples of changes considered to be significant include, but are not limited to, changing animal species, changing from noninvasive to invasive procedures, new project/performance site(s) where animals will be used, etc. If studies involving live vertebrate animals are planned and were not part of the originally proposed research design, provide a new or revised Vertebrate Animal Section as described in the competing application instructions.

No Change

or upload description of change

Add Attachment

Delete Attachment

View Attachment

#### F.3.c Biohazards

If the use of biohazards is or will be different from the previous submission, provide a description and explanation of the difference(s).

No Change

or upload description of change

Add Attachment

Delete Attachment

View Attachment

#### F.3.d Select Agents

If the possession, use, or transfer of Select Agents is or will be different from that proposed in the previous submission, including any change in the select agent research location and/or the required level of biocontainment, provide a description and explanation of the differences. If the use of Select Agents was proposed in the previous submission but has not been approved by regulatory authorities, provide an explanation. If studies involving Select Agents are planned and were not part of the originally proposed research design, provide a description of the proposed use, possession, transfer, and research location as described in the competing application instructions.

No Change

or upload description of change

Add Attachment

Delete Attachment

View Attachment

## Section G – Special Reporting

[Save](#) | [Cancel](#)

---

**C1 Special Notice of Award Terms and Funding Opportunity Announcement Reporting Requirements**

Address any special reporting requirements specified in the award terms and conditions in the [Notice of Award \(NOA\)](#) or Funding Opportunity Announcement (FOA).

Nothing to Report  
or upload file(s) [Add Attachment](#)

---

**C2 Not Applicable**

---

**C3 Not Applicable**

---

**C4 Human Subjects**

**G.4.a Does the project involve human subjects?**  Yes  No

**G.4.b Inclusion Enrollment Data**

Please review the box below to determine if this project meets the definition of clinical research and requires the reporting of cumulative enrollment of subjects and the distribution of sex/gender, ethnicity and race. [Click here](#) for complete instructions/eligibility requirements.

**Inclusion Enrollment Report**

Inclusion enrollment is not required for this award.

**G.4.c ClinicalTrials.gov**

Does this project include one or more applicable clinical trials that must be registered in ClinicalTrials.gov under FDAAA?

Yes  No

If yes, provide the ClinicalTrials.gov identifier (NCT number (e.g., NCT008421)) for these trials.

NCT number:

[Add New](#) | [Clear](#)

---

**C5 Human Subjects Education Requirement**

Are there personnel on this project who are or will be newly involved in the design or conduct of human subjects research?

Yes  No

If yes, provide the following in the text box below (Limit is 1000 characters or approximately 1/2 of a page.)

- names of individuals
- the title of the education program completed by each individual, and
- a one sentence description of the program.

Your remaining allowed limit is 1000 characters.

---

**C6 Human Embryonic Stem Cells (HESC)**

Does this project involve human embryonic stem cells?  Yes  No

Only HESC lines listed as approved in the NIH [Registry](#) may be used in NIH-funded research.

If yes, identify the HESC Registration number(s) from the NIH Registry [Add New](#) | [Clear](#)

If there is a change in the use of HESCs provide an explanation below (Limit is 700 characters or approximately 1/4 of a page.)

Your remaining allowed limit is 700 characters.

---

**C7 Vertebrate Animals**

Does the project involve vertebrate animals?  Yes  No

---

**C8 Project Performance Sites**

If there are changes to the project performance site(s) displayed below, edit as appropriate.

Required fields:

Organization Name:

DUNS or SBDS-4:

Address 1:

Address 2:

City:

State:  Please select a state

Province:

County:

Country:  UNITED STATES

Zip Code:

Construction/OSHA:

Is this the primary Project Performance Site?  Yes  No

[Add New](#) | [Clear](#)

Organization Name	DUNS	Congressional District	Address	Action
				Edit Data

---

**C9 Foreign Component**

Foreign component is defined as significant scientific activity that was performed outside of the United States, either by the grantee or by a researcher employed by a foreign organization, whether or not grant funds were expended. The following grant-related activities are significant and must be reported:

- enrollment of human subjects to research with the potential to benefit
- intensive foreign travel by grantee project staff to collect data, or conduct surveys or sampling activities; or
- any grantee activity that may have an impact on U.S. foreign policy.

Examples of other grant-related activities that may be significant are:

- collaborations with investigators at a foreign site anticipated to result in co-authorship
- use of facilities or instrumentation at a foreign site, or
- receipt of financial support or resources from a foreign entity.

Foreign travel for consultation does not meet the definition of foreign component.

No foreign component

or provide the organization name, country, and description of each foreign component

Organization Name:  Country:  Please select a country

Description of Foreign Component (Limit is 700 characters or approximately 1/4 of a page.)

Your remaining allowed limit is 700 characters.

[Add New](#) | [Clear](#)

---

**C10 Estimated Unobligated Balance**

Is this a B or anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25% of the current year's total approved budget?  Yes  No

[Click here for instructions](#)

The total approved budget equals the current fiscal year award authorization plus any approved carryover of funds from a prior year(s). The numerator equals the total amount available for carryover and the denominator equals the current year's total approved budget.

If yes, provide the estimated unobligated balance:

**G.9.b Provide an explanation for unobligated balance below (Limit is 700 characters or approximately 1/4 of a page.)**

Your remaining allowed limit is 700 characters.

**G.9.c If authorized to carryover the balance, provide a general description of how it is anticipated that the funds will be spent. To determine carryover authorization, see the [Notice of Award](#) (Limit is 100 characters or approximately 1/2 of a page.)**

Your remaining allowed limit is 1000 characters.

---

**C11 Program Income**

Is program income anticipated during the next budget period?  Yes  No

If yes, use the budget table to enter the amount and source(s).

Anticipated Amount:  Source(s):

[Add New](#) | [Clear](#)

---

**C12 FTA Costs**

Is there a change in performance areas that will affect FTA costs?  Yes  No

If yes, provide an explanation below (Limit is 1000 characters or approximately 1/2 of a page.)

Your remaining allowed limit is 1000 characters.

[Save](#) | [Cancel](#) | [A. Grant Page](#) | [B. Account/Agency](#) | [C. Budget](#) | [D. Budget](#) | [E. Budget](#) | [F. Budget](#) | [G. Special Reporting Fee](#) | [H. Budget](#)

## G1-3

SaveCancel

**G.1 Special Notice of Award Terms and Funding Opportunity Announcement Reporting Requirements**

Address any special reporting requirements specified in the award terms and conditions in the [Notice of Award \(NoA\)](#) or Funding Opportunity Announcement (FOA).

Nothing to Report  
or upload file(s) Add Attachment

**G.2 Not Applicable**


**G.3 Not Applicable**

## G4-5


## G. Special Reporting Requirements

### G.4 Human Subjects

G.4.a Does the project involve human subjects?   Yes  No

Is the research exempt from Federal regulations?   Yes  No

If yes, check appropriate exemption number(s).  E1  E2  E3  E4  E5  E6

Does this project involve a clinical trial?   Yes  No

If yes, is this an NIH-defined Phase III Clinical Trial?   Yes  No

### G.4.b Human Subjects, Clinical Trials and Inclusion Enrollment

Please review the box below to determine if this project meets the definition of clinical research and requires the reporting of human subjects and/or clinical trials information, including cumulative enrollment of subjects and the distribution of sex/gender, ethnicity and race.

#### Human Subjects, Clinical Trials, and Inclusion Enrollment

Please click on the link below to view and update Human Subjects, Clinical Trials and Inclusion data records associated with this award

[Human Subjects and Clinical Trials Information](#)

### G.4.c ClinicalTrials.gov

Does this project include one or more applicable clinical trials that must be registered in ClinicalTrials.gov under FDAAA?

Yes  No

If yes, provide the ClinicalTrials.gov identifier, NCT number (e.g., NCT00654321) for those trials.

NCT number

Add/New

Clear

### G.5 Human Subjects Education Requirement

Are there personnel on this project who are or will be newly involved in the design or conduct of human subjects research?

Yes  No

If yes, provide the following in the text box below (Limit is 1300 characters or approximately 1/2 of a page.)

- names of individuals,
- title of the education program completed by each individual, and
- a one sentence description of the program

Total remaining allowed limit is 1300 characters.

## G6

### G.6 Human Embryonic Stem Cells (hESCs)

Does this project involve human embryonic stem cells?  Yes  No

Only hESC lines listed as approved in the NIH [Registry](#) may be used in NIH funded research.

If yes, identify the hESC Registration number(s) from the NIH Registry

Add/New

Clear

If there is a change in the use of hESCs provide an explanation below (Limit is 700 characters or approximately 1/4 of a page.)

Total remaining allowed limit is 700 characters.

# G7-8

## G.7 Vertebrate Animals

Does the project involve vertebrate animals?  Yes  No

## G.8 Project/Performance Sites

If there are changes to the project/performance site(s) displayed below, edit as appropriate. [?](#)

\*Required field(s)

\*Organization Name

\*DUNS or DUNS+4

\*Address 1

Address 2

\*City

\*State

Province

County

\*Country

\*Zip Code

\* [Congressional District](#)  
(e.g. MD-08 for Maryland, 8th District)

\*Is this the primary Project/Performance Site?  Yes  No

Project/Performance Sites				
Organization Names	DUNS	Congressional District	Address	Action
				<a href="#">Edit</a> <a href="#">Delete</a>

# G9-10b

## G.9 Foreign Component

"Foreign component" is defined as significant scientific activity that was performed outside of the United States, either by the grantee or by a researcher employed by a foreign organization, whether or not grant funds were expended. The following grant-related activities are significant and must be reported:

- involvement of human subjects or research with live vertebrate animals;
- extensive foreign travel by grantee project staff to collect data, or conduct surveys or sampling activities; or
- any grantee activity that may have an impact on U.S. foreign policy.

Examples of other grant-related activities that *may* be significant are:

- collaborations with investigators at a foreign site anticipated to result in co-authorship;
- use of facilities or instrumentation at a foreign site; or
- receipt of financial support or resources from a foreign entity.

Foreign travel for consultation does not meet the definition of foreign component.

No foreign component

**or provide the organization name, country, and description of each foreign component**

Organization Name  Country

Description of Foreign Component (Limit is 700 characters or approximately 1/4 of a page.)

Total remaining allowed limit is 700 characters.

## G.10 Estimated Unobligated Balance

G.10.a Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25% of the current year's total approved budget?  Yes  No

[AHRQ Special Instructions](#)

The "total approved budget" equals the current fiscal year award authorization plus any approved carryover of funds from a prior year(s). The numerator equals the total amount available for carryover and the denominator equals the current year's total approved budget.

If yes, provide the estimated unobligated balance.

**G.10.b Provide an explanation for unobligated balance below** (Limit is 700 characters or approximately 1/4 of a page.)

Total remaining allowed limit is 700 characters.

# G10c-G12

G.10.c If authorized to carryover the balance, provide a general description of how it is anticipated that the funds will be spent. To determine carryover authorization, see the [Notice of Award](#) (Limit is 1300 characters or approximately 1/2 of a page.)

Total remaining allowed limit is 1300 characters.

## G.11 Program Income ?

Is program income anticipated during the next budget period?  Yes  No

If yes, use the format below to reflect the amount and source(s)

Anticipated Amount	Source(s)		
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input type="button" value="Add/New"/>	<input type="button" value="Clear"/>

## G.12 F&A Costs

Is there a change in performance sites that will affect F&A costs?  Yes  No

If yes, provide an explanation below (Limit is 1300 characters or approximately 1/2 of a page.)

Total remaining allowed limit is 1300 characters.

[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [D Participants](#) | [E Impact](#) | [F Changes](#) | G Special Reporting Req | [H Budget](#)



# Section H - Budget

## H. Budget

**Component ID: Project-7326**

---

**H1. Budget Form**

To complete the detailed budget for this Component, follow the instructions in the SF424 (R&R) Application Guide for NIH and Other PHS Agencies, Section I, 4.7 Budget Component, sections A-K. The budget justification should be uploaded as item K, and must include detailed justification for those line items and amounts that represent a significant change from previously recommended levels (e.g., total rebudgeting greater than 25 percent of the total award amount for this budget period).

Select a budget to add from the dropdown list:

PHS 398 Training Budget

Budget Type	Funds Requested	Action
PHS 398 Training Budget		<a href="#">Edit</a> <a href="#">Delete</a>

---

**H2. Subaward Budget Form**

For awards with subaward/consortium budgets, the grantee may select up to 30 subaward budgets. To complete a detailed budget for a subaward/consortium, follow the SF424 (R&R) Application Guide for NIH and Other PHS Agencies, Section I, 4.8 Special Instructions for Preparing Applications with a Subaward/Consortium.

Select a subaward budget to add from the dropdown list:

PHS 398 Training Subaward Budget


Budget Type	Subaward	Organization	Funds Requested	Action
PHS 398 Training Subaward Budget	1			<a href="#">Edit</a> <a href="#">Delete</a>



---

[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [D Participants](#) | [E Impact](#) | [F Changes](#) | [G Special Reporting Req](#) | H Budget

# Section I - Outcomes

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Grant List **Manage RPPR**  
A Cover Page B Accomplishments C Products E Impact G Special Reporting Req **I Outcomes**

## I. Outcomes ?

---

### I.1 What were the outcomes of the award?

This component is used to provide information regarding the cumulative outcomes or findings of the project. For the final RPPR for the project, provide a concise summary of the outcomes or findings of the award (no more than 8,000 characters) that:

- is written for the general public in clear, concise, and comprehensible language;
- is suitable for dissemination to the general public, as the information may be available electronically;
- does not include proprietary, confidential information or trade secrets; and includes up to six images (images are optional)


(NIH recommended length is up to 1 page. Limit is 8000 characters or approximately 3 pages.)


Total remaining allowed limit is 8000 characters.

[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [E Impact](#) | [G Special Reporting Req](#) | **I Outcomes**


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 Department of Health and Human Services

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# SF424 Budget

SF424 Research & Related Budget

Component ID: Project-7326

Save Cancel
OMB Number: 5025-0001  
\* Required field(s)

\* Organizational DNS:  \* Start Date:   
 \* Organization Name:  \* End Date:   
 \* Budget Type:  Project  Subaward/Consortium

**A. Senior/Key Person**

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

Base Salary:  Cat.:  Months Acad.:  Sum.:  \* Requested Salary (\$):  \* Fringe Benefits (\$):

\* Project Role:  Project Lead:

Person Name	Project Role	Base Salary (\$)	Cat.	Months Acad.	Sum.	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)	Action
Nothing found to display.									

Additional Senior/Key Persons:

Total Funds requested for all Senior/Key Persons in the attached file: \$

Total Funds requested for all Senior/Key Persons: \$

**B. Other Personnel**

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

**C. Equipment Description**

\* Equipment Item:   
 \* Funds Requested: \$

Equipment Item	Funds Requested (\$)	Action
Nothing found to display.		

Additional Equipment:

Total Funds requested for all equipment listed in the attached file: \$

Total Equipment: \$

**D. Travel**

	Funds Requested (\$)
1. Domestic Travel Costs (Dom. Canada, Mexico, and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Costs	<input type="text"/>

**E. Participant/Trainee Support Costs**

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
Number of Participants/Trainees: <input type="text"/>	
Total Participant/Trainee Support Costs	<input type="text"/>

**F. Other Direct Costs**

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

**G. Direct Costs**

Total Direct Costs (A thru F): \$

**H. Indirect Costs**

\* Indirect Cost Type:   
 Indirect Cost Rate:  %  
 Indirect Cost Base: \$   
 \* Funds Requested: \$

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)	Action
Nothing found to display.				

Total Indirect Costs: \$

Compliant Federal Agency (Agency Name, POC Name and POC Phone Number):

**I. Total Direct and Indirect Costs**

Total Direct and Indirect Institutional Costs (G + H): \$

**J. Fee**

Funds Requested: \$

**K. Budget Justification**

(Only attach one file)

Save Cancel

[A. Cover Page](#) | 
 [B. Accounts/Items](#) | 
 [C. Budgets](#) | 
 [D. Participants](#) | 
 [E. Impact](#) | 
 [F. Classes](#) | 
 [G. Special Reporting](#) | 
 [H. Budget](#)

# SF242 - A

## SF424 Research & Related Budget ?

**Component ID: Project-7326**

OMB Number: 0925-0001  
\* Required field(s)

\* Organizational DUNS  ?

\* Organization Name  ?

\* Budget Type  Project  Subaward/Consortium

Budget Period: 1  
\* Start Date   
\* End Date

### A. Senior/Key Person

Prefix  \* First Name  Middle Name  \* Last Name  Suffix

Base Salary  Cal.  Months Acad.  Sum.  \* Requested Salary (\$)  \* Fringe Benefits (\$)

\* Project Role

Person Name	Project Role	Base Salary (\$)	Cal.	Months Acad.	Sum.	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)	Action
Nothing found to display.									

Additional Senior/Key Persons

Total Funds requested for all Senior/Key Persons in the attached file \$

Total Funds requested for all Senior/Key Persons \$

# SF242 B-D

## B. Other Personnel

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

## C. Equipment Description

\* Equipment Item

\* Funds Requested \$

Equipment Item	Funds Requested (\$)	Action
----------------	----------------------	--------

Nothing found to display.

Additional Equipment

Total funds requested for all equipment listed in the attached file \$

Total Equipment \$

## D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	\$ <input type="text"/>
2. Foreign Travel Costs	\$ <input type="text"/>
<b>Total Travel Costs</b>	\$ <input type="text"/>

# SF424 E-F

## E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	\$ <input type="text"/>
2. Stipends	\$ <input type="text"/>
3. Travel	\$ <input type="text"/>
4. Subsistence	\$ <input type="text"/>
5. Other <input type="text"/>	\$ <input type="text"/>
Number of Participants/Trainees	<input type="text"/>
<b>Total Participant/Trainee Support Costs</b>	\$ <input type="text"/>

## F. Other Direct Costs

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

# SF242 G-K

## User Interface

### G. Direct Costs

Total Direct Costs (A thru F) \$

### H. Indirect Costs

\* Indirect Cost Type

Indirect Cost Rate  %

Indirect Cost Base \$

\* Funds Requested \$

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)	Action
--------------------	------------------------	-------------------------	----------------------	--------

Nothing found to display.

Total Indirect Costs \$

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

### I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H) \$

### J. Fee

Funds Requested \$

### K. Budget Justification

(Only attach one file)

# PHS398 Budget

## PHS 398 TRAINING BUDGET ?

**Component ID: Project-7326**

OMB Number: 0925-0001  
\* Required field(s)

\* Organizational DUNS  ?  
\* Organization Name  ?  
\* Budget Type  Project  Subaward/Consortium

Budget Period: 1  
\* Start Date   
\* End Date

### A. Stipends Tuition/Fees

Number of Trainees				Stipends Requested (\$)	Tuition/Fees Requested (\$)								
Full Time	Short Term												
Undergraduate:		Number per Stipend Level:											
<input type="text"/>	<input type="text"/>	First-Year/Soph.	Junior/Senior	<input type="text"/>	<input type="text"/>								
Predoctoral:		Single Degree		<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>	Dual Degree		<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>	Total Predoctoral		<input type="text"/>	<input type="text"/>								
Postdoctoral:		Number Per Stipend Level											
<input type="text"/>	<input type="text"/>	0	1	2	3	4	5	6	7	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Non-degree Seeking										<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Degree Seeking										<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Total Postdoctoral										<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Other										<input type="text"/>	<input type="text"/>
											Totals \$	<input type="text"/>	
											Total Stipends + Tuition/Fees Requested \$	<input type="text"/>	

### B. Other Direct Costs

	Funds Requested (\$)
Trainee Travel	\$ <input type="text"/>
Training Related Expenses	\$ <input type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)	\$ <input type="text"/>
Consortium Training Costs (if applicable)	\$ <input type="text"/>
Total Other Direct Costs Requested	\$ <input type="text"/>

### C. Total Direct Costs Requested (A + B)

\$

### D. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total Indirect Costs Requested \$ <input type="text"/>

### E. Total Direct and Indirect Costs Requested (C + D)

\$

### F. Budget Justification

(Only attach one file)

[A Cover Page](#) | [B Accomplishments](#) | [C Products](#) | [D Participants](#) | [E Impact](#) | [F Changes](#) | [G Special Reporting Req](#) | [H Budget](#)



# PHS398 - A

## PHS 398 TRAINING BUDGET ?

**Component ID: Project-7326**

OMB Number: 0925-0001  
\* Required field(s)

\* Organizational DUNS  ?

\* Organization Name  ?

\* Budget Type  Project  Subaward/Consortium

Budget Period: 1

\* Start Date

\* End Date

### A. Stipends Tuition/Fees

#### Number of Trainees

Full Time Short Term

		Number Per Stipend Level								Stipends Requested (\$)	Tuition/Fees Requested (\$)
<input type="text"/>	<input type="text"/>	Undergraduate:								<input type="text"/>	<input type="text"/>
		Number per Stipend Level:									
<input type="text"/>	<input type="text"/>	First-Year/Soph.				Junior/Senior				<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Predoctoral:								<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Single Degree								<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Dual Degree								<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Total Predoctoral								<input type="text"/>	<input type="text"/>
		Postdoctoral:									
<input type="text"/>	<input type="text"/>	0	1	2	3	4	5	6	7	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Non-degree Seeking								<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Degree Seeking								<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Total Postdoctoral								<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Other								<input type="text"/>	<input type="text"/>
									Totals \$	<input type="text"/>	
									Total Stipends + Tuition/Fees Requested \$	<input type="text"/>	

# PHS398 - B

## B. Other Direct Costs

	Funds Requested (\$)
Trainee Travel	\$ <input type="text"/>
Training Related Expenses	\$ <input type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)	\$ <input type="text"/>
Consortium Training Costs (if applicable)	\$ <input type="text"/>
Total Other Direct Costs Requested	\$ <input type="text"/>

C. Total Direct Costs Requested (A + B) \$

## D. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs Requested \$				<input type="text"/>

E. Total Direct and Indirect Costs Requested (C + D) \$

## F. Budget Justification

(Only attach one file)

# PHS398 Overall Budget

## PHS 398 Additional Indirect Cost Budget ?

**Overall**

OMB Number: 0925-0001  
\* Required field(s)

\* Organizational DUNS  ?  
\* Organization Name  ?  
\* Budget Type  Project  Subaward/Consortium

Budget Period: 1  
\* Start Date   
\* End Date

### A. Indirect Costs

\* Indirect Cost Type   
Indirect Cost Rate  %  
Indirect Cost Base \$   
\* Funds Requested \$

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)	Action
--------------------	------------------------	-------------------------	----------------------	--------

Nothing found to display.

Total Indirect Costs Requested \$

### B. Budget Justification

(Only attach one file)

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