



Kuali Research
Proposal Development
S2S Forms Guide

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I. SF 424 (R&R) V2-0, V3-0

The following section shows the field mappings between the printed SF 424 (R&R) V2-0, V3-0 and Kualu Research.

Mandatory field for validation on form, user action required in table

May be required – check your FOA/BAA

1. SF 424 (R&R) Form Sections 1-4

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		3. DATE RECEIVED BY STATE <input style="width: 100%;" type="text"/>	State Application Identifier <input style="width: 100%;" type="text"/>
1. TYPE OF SUBMISSION		4. a. Federal Identifier <input style="width: 100%;" type="text"/>	
Pre-application Application Changed/Corrected Application		b. Agency Routing Identifier <input style="width: 100%;" type="text"/>	
2. DATE SUBMITTED <input style="width: 100%;" type="text"/>	Applicant Identifier <input style="width: 100%;" type="text"/>	c. Previous Grants.gov Tracking ID <input style="width: 100%;" type="text"/>	

#	Field on Form	Kualu Research Screen	Kualu Research Field Name	Instructions/Notes
1.0	Type of Submission	Basics > S2S Opportunity Search > Opportunity >	Submission Type	List options are: Pre-application Application (Typically Default) Change/Corrected Application
2.0	Date Submitted	Basics > S2s Opportunity Search > Submission Detail >	Received Date	Date is entered by Kualu Research upon approval and submission to Grants.gov.
2.1	Applicant Identifier	Proposal Development	Proposal #	Applicant ID is the Kualu Research Proposal Development number.
3	Date Received by State	N/A	N/A	Not required.
3.1	State Application ID	N/A	N/A	Not required.
4.a	Federal Identifier	Basics > Sponsor & Program Information >	Sponsor Proposal ID	The Federal Identifier is used by NIH for a continuation, revision, resubmission, or renewal application where the assigned Federal Identifier number uses the assigned app/award number (e.g. GM123456) even when submitting a changed/corrected application. NOTE: Used by other agencies accordingly, see solicitation for guidance.
4.b	Agency Routing Identifier	Basics > Sponsor & Program Information >	Agency Routing Identifier	Enter the agency-assigned routing identifier per the agency-specific instructions. This is an optional field.
4.c	Previous Grants.gov Tracking ID	Basics > Sponsor & Program Information >	Prev Grants.gov Tracking ID	Submission Type of “Change/Corrected Application” requires you to place an entry here using the previous Grants.gov Tracking ID (e.g. GRANT12345678). This is used when the initial submission to Grants.gov had errors.

2. SF 424 (R&R) Form Section 5

5. APPLICANT INFORMATION		Organizational DUNS:	<input type="text"/>
Legal Name:	<input type="text"/>		
Department:	<input type="text"/>	Division:	<input type="text"/>
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	County / Parish:	<input type="text"/>
State:	<input type="text"/>	Province:	<input type="text"/>
Country:	<input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code:	<input type="text"/>
Person to be contacted on matters involving this application			
Prefix:	<input type="text"/>	First Name:	<input type="text"/>
		Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>		Suffix:
	<input type="text"/>		<input type="text"/>
Position/Title:	<input type="text"/>		
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	County / Parish:	<input type="text"/>
State:	<input type="text"/>	Province:	<input type="text"/>
Country:	<input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email:	<input type="text"/>		

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
5.1	Organizational DUNS	Basics > Organization & Location > Applicant Organization > Details >	DUNS Number	Organization data maintained by ORA. Users do not need to enter.
5.2	Legal Name	Basics > Organization & Location > Applicant Organization >	Organization Name	Organization data maintained by ORA. Users do not need to enter. The legal name is the name of the organization.
5.3	Department	Basics >	N/A	Institute hierarchy maintained by ORA. Users do not need to enter.
5.4	Division	Proposal Details >	Not required	
5.5 a-f	Applicant Address Info	Basics > Organization & Location > Applicant Organization > Details >	Address info	Organization Data maintained by ORA. Users do not need to enter. The address information comes from the Person table details of the organization contact person.
5.6 5.7 - 5.9	Person to be contacted on matters involving this application.	Key Personnel > Personnel > Unit Details > Unit Number > OSP_ADMINISTRATOR	Person Details	A CA is pre-assigned to each Lead Unit. The Unit Hierarchy is maintained by ORA. Users do not need to enter.

3. SF 424 (R&R) Form Sections 6-12

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text"/>	
7. TYPE OF APPLICANT: <input type="text" value="Please select one of the following"/> Other (Specify): <input type="text"/>	
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): <input type="text"/>
Is this application being submitted to other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No What other Agencies? <input type="text"/>	
9. NAME OF FEDERAL AGENCY: <input type="text"/>	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <input type="text"/>
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <input type="text"/>	
12. PROPOSED PROJECT: Start Date <input type="text"/> Ending Date <input type="text"/>	13. CONGRESSIONAL DISTRICT OF APPLICANT <input type="text"/>

#	Field on Form	Kuali Research Screen	Field Name	Instructions
6	Employer EIN or TIN	Basics > Organization and Location > Applicant Organization > Details >	Federal Employer ID	Organization data maintained by ORA. Users do not need to enter. NOTE: For NIH proposals, the NIH PHS account will be populated instead of the EIN/TIN.
7.0	Type of Applicant	Basics > Organization and Location > Applicant Organization > Details >	Organization Type	Organization data maintained by ORA. Users do not need to enter.
8.0	Type of Application	Basics > Proposal Details >	Proposal Type	See the drop-down list.
8.1	If Revision, mark appropriate boxes	Basics > Opportunity Search >	S2S Revision Type	May be required if the type of application is a revision.
8.2	Is the application being submitted to other agencies? What other agencies?	Questionnaire > Grants.gov S2S FAT & Flat Questionnaire >	Is this application being submitted to other agencies?	If yes, click the Yes button and then enter the name of the other agencies. The field for "What other Agencies?" will then be populated.
9	Name of Federal Agency	Basics > Proposal Details >	Sponsor	Type or search sponsor code for the sponsoring agency.
10	Catalog of Federal Domestic Assistance Number and Title	Basics > S2S Opportunity Search >	CFDA Number	This field will be populated based on Grants.gov selected opportunity or if the CFDA was manually inserted.
11	Descriptive Title of Applicant's Project:	Basics > Proposal Details >	Project Title	The title has a 200-character limit. The sponsor title length limit may be shorter.
12	Proposed Project: Start Date/Ending Date	Basics > Proposal Details >	Project Dates	Project Start and Dates.
13	Congressional District	Basics > Organization >	Congressional District	Congressional district maintained for the proposal organization, no user entry required.

4. SF 424 (R&R) Form Sections 14

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

#	Field on Form	Kuali Research Screen	Field Name	Instructions
14	Project Director/PI Contact Information	Key Personnel > Personnel > Principal Investigator >	PI Details	Address and contact info for the PI are populated from the proposal investigator details in the Person table and maintained unit hierarchy information. All Person table information is updated via a nightly HR feed. NOTE: You may add additional units under the Unit Details tab.

5. SF 424 (R&R) Form Sections 15-16

15. ESTIMATED PROJECT FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text"/>	a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/>
b. Total Non-Federal Funds	<input type="text"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. Total Federal & Non-Federal Funds	<input type="text"/>		
d. Estimated Program Income	<input type="text"/>		

#	Field on Form	Kuali Research Screen	Field Name	Instructions
15.a	Total Federal Funds Requested	Budget > Budgets > selected budget > Periods & Totals >	Total Sponsor Cost	Total costs of all budget periods will be inserted; Detailed budgets will use Summary data, Modular budgets will use Modular Budget Cumulative data. If there is no budget, this field will be set to zero. Indirect Cost + Direct Cost = Total Cost
15.b	Total Non-Federal Funds	Budget > Budgets > selected budget > Institutional Commitments > Cost Sharing >	Total Allocated	Sum of all cost share amounts.
15.c	Total Federal & Non-Federal Funds	Budget > Budgets > selected budget > Periods & Totals >	Total Cost & Cost Share	This is the sum of Total Cost and Cost Share for all budget periods.
15.d	Estimated Program Income	Budget > Budgets > selected budget > Project Income > View Summary >	Total	The total program income will be inserted. If there is no program income, this field will be set to zero.
16	Subject to Review by State Executive Order 12372:	Questionnaire > Grants.gov S2S FAT & Flat Questionnaire >	Is the proposal subject to review by state executive order 12372 process?	If Yes: Please provide the date the application was made available for review (submitted to the state). Enter in MM/DD/YYYY format. If No: Is the program not selected for review or not covered by E.O. 12372? Select a response of "Not Covered" or "Not Selected."

6. SF 424 (R&R) Form Sections 17-19

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

I agree

*The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

Signature of Authorized Representative **Date Signed**

#	Field on Form	Kuali Research Screen	Field Name	Instructions
17	Signature certification	Summary/Submit > View Route Log > Actions Taken >	In Action List Complete, Montgomery, Wendy	This field will be checked upon approval.
18	SFLLL or other Explanatory Documentation	Attachments > Proposal >	RRSF424_SFLLL_ OtherExplanatory	Upload the RRSF424_SFLLL or Other Explanatory Documentation forms as required by the FOA. NOTE: Module title and filename must NOT contain spaces or special characters.
19	Authorized Representative	Summary/Submit > View Route Log > Actions Taken >	In Action List Complete, Montgomery, Wendy	The fields will be populated with the information specific to the ORA approver and the timestamp of the approval.

7. SF 424 (R&R) Form Sections 20-21

20. Pre-application	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
21. Cover Letter Attachment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

#	Field on Form	Kuali Research Screen	Field Name	Instructions
20	Pre-application	Attachments > Proposal >	Attachment type: Pre-Application	May be required. Check to see if the solicitation requires a Pre-application attachment.
21	Cover Letter Attachment	Attachments > Proposal >	Attachment type: RRSF424_Cover_Letter	May be required. Check to see if the solicitation requires a Cover Letter Attachment.

II. SF 424 A (Budget Information - Non-Construction Projects) V1-1

The following section shows the field mappings between the printed SF 424 A (Budget Information - Non-Construction Projects) V1-1 and Quali Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. SF 424A Form Section A - Budget Summary

BUDGET INFORMATION - Non-Construction Programs							OMB Number: 4040-0006 Expiration Date: 02/28/2026
SECTION A - BUDGET SUMMARY							
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget			
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)	
1.		\$		\$		\$	
2.		\$		\$		\$	

Column	Name	Quali Research Screen	Field Name	Description
(a)	Grant Program Function or Activity	Basics > S2S Opportunity Search > Opportunity >	Opportunity Title)	Opportunity title from the Grants.gov opportunity. This field will populate based on Grants.gov selected opportunity.
(b)	Catalog of Federal Domestic Assistance (CFDA) number	Basics > S2S Opportunity Search > Opportunity >	CFDA Number	CFDA number. This field will populate based on Grants.gov selected opportunity.
(c) & (d)	Estimated Unobligated Funds	N/A	N/A	Not used. Intentionally not populated.
(e)	New or Revised Budget - Federal	Budget > Budgets > selected budget > Periods & Totals >	Total Sponsor Cost	Total costs of all budget periods will be inserted; Detailed budgets will use Summary data, Modular budgets will use Modular Budget Cumulative data. If there is no budget, this field will be set to zero. Indirect Cost + Direct Cost = Total Cost
(f)	New or Revised budget - Non-Federal	Budget > Budgets > selected budget > Institutional Commitments > Cost Sharing >	Total Allocated	Sum of all cost share amounts.
(g)	New or Revised budget - Total	Budget > Budgets > selected budget > Periods & Totals >	Total Cost & Cost Share	This is the sum of Total Cost and Cost Share for all budget periods.

2. SF 424A Form Section B - Budget Categories (6a - g)

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Row	Name	Kuali Research Screen	Field Name	Description
6a	Personnel	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Requested Salary	Total Costs for all Personnel salaries. Includes Cost Share salary.
6b	Fringe Benefits	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Calculated Fringe	All fringe benefits. Calculated from Personnel cost elements and is based upon a rate that varies upon appointment type. Includes Cost Share fringe.
6c	Travel	Budget > selected budget > Non-Personnel Costs > Travel section >	Total Base Cost	Sum all Travel Total Base Costs.
6d	Equipment	Budget > selected budget > Non-Personnel Costs > Equipment section >	Total Base Cost	Sum of all Equipment Total Base Costs.
6e	Supplies	Budget > selected budget > Non-Personnel Costs > Other Direct Section >	Total Base Cost	Sum of Postage and Materials Total Base Costs.
6f	Contractual	Budget > selected budget > Subawards > Details >	Total Cost	Sum of Total Costs for all subawards.
6g	Construction	Budget > selected budget > Non-Personnel Costs >	Total Base Cost	Sum of Total Base Costs for Alterations and Renovations.

		Other Direct Section >		
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3. SF 424A Form Section B - Budget Categories (6h-k,7)

h. Other					
i. Total Direct Charges (sum of 6a-6h)					\$
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

Row	Name	Kuali Research Screen	Field Name	Description
6h	Other	Budget > selected budget > Non-Personnel Costs > Other Direct Section >	Total Base Cost	Sum of Total Base Costs for all other items in Section F of Budget <ul style="list-style-type: none"> • Duplicating • Telephone, Fax • Equipment Rental • Service Agreement(s) • Communications/Marketing • Software • Computer Time • Meeting Costs • Other Operating Expenses • Trainee/Participant Costs - Other <ul style="list-style-type: none"> • Professional Services/Consultant • Trainee/Participant Costs - Travel • Trainee/Participant Costs - Stipends • Outpatient Costs • Trainee/Participant Costs - Tuition • Trainee/Participant Costs - Subsistence • Human Subjects • Vertebrate Animals • Publication Cost / Documentation / Dissemination • Inpatient Care Costs
6i	Total Direct Charges	Form Total of 6a to 6h	N/A	Total direct costs.
6j	Indirect Charges	Budget > selected budget > Periods & Totals >	F&A Cost Total	Total indirect cost - does not include Unrecovered F&A.
6k	Totals	Form Total of 6i to 6j	N/A	Total cost.
7	Program Income	Budget > selected budget >	Project Income	Sum of project income.

		Project Income >		
--	--	------------------	--	--

4. SF 424A Form Section C - Non-Federal Resources

SECTION C - NON-FEDERAL RESOURCES					
	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

Column	Name	Kuali Research Screen	Field Name	Description
8a-11a	Grant Program	Basics > S2S Opportunity Search >	Opportunity Title	This field will be populated based on Grants.gov selected opportunity.
8b-12b	Applicant	Budget > selected budget > Institutional Commitments > Cost Sharing >	Total Allocated	Sum of all cost share amounts.
8c-12c	State	N/A, Not Used	N/A, Not Used	N/A, Not Used
8d-12d	Other Sources	N/A, Not Used	N/A, Not Used	N/A, Not Used
8e-12e	Totals	See Total on Form	See Total on Form	Totals of columns b to d, which should be just cost sharing (b) applicant since c and d are not used.

5. SF 424A Form Section D - Forecasted Cash Needs

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Row	Name	Kuali Research Screen	Field Name	Description
13	Federal	Budget > Budgets > selected budget > Periods & Totals > First Year	Total Sponsor Cost	Total for 1st year is Total Sponsor cost for period 1. The quarter amounts are derived by dividing the Total Cost for year one by 4.
14	Non-Federal	Budget > Budgets > selected budget > Institutional Commitments > Cost Sharing >	Total Allocated	Total for 1st year is Total cost sharing for period 1. The quarter amounts are derived by dividing the Total Cost share for year one by 4.
15	Total	See Form - Sum of 13 and 14	See Form - Sum of 13 and 14	Totals of both Federal and Non-Federal forecasts.

6. SF 424A Form Section E - Budget Estimates of Federal Funds Needed for Balance of the Project and Section F - Other Budget Information

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Row	Name	Kuali Research Screen	Field Name	Description
16a-20a	Grant Program	Basics > S2S Opportunity Search >	Opportunity Title	This field will be populated based on Grants.gov selected opportunity.
16b,c,d,e – 20b,c,d,e	Future Funding Periods	Budget > Budgets > selected budget > Periods & Totals > Years after first year	Total Sponsor Cost	This section has the total federal (non-cost sharing) amounts for subsequent budget years/periods up to the 5 th year/period.

Row	Name	Description
21	Direct Charges	N/A - Intentionally not populated
22	Indirect Charges	N/A - Intentionally not populated
23	Remarks	N/A - Intentionally not populated

III. SF 424 (not R&R) V2-0, V3-0

The following section shows the field mappings between the printed SF 424 (not R&R) V2-0, V3-0 and Kuali Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. SF 424 (not R&R) Form Sections 1-5

Application for Federal Assistance SF-424	
<p>* 1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application:</p> <p><input type="checkbox"/> New <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision <input style="width: 150px;" type="text"/></p> <p><small>* If Revision, select appropriate letter(s):</small></p> <p><small>* Other (Specify):</small></p> <p><input style="width: 150px;" type="text"/></p>
<p>* 3. Date Received:</p> <p><input style="width: 150px;" type="text"/></p>	<p>4. Applicant Identifier:</p> <p><input style="width: 250px;" type="text"/></p>
<p>5a. Federal Entity Identifier:</p> <p><input style="width: 250px;" type="text"/></p>	<p>5b. Federal Award Identifier:</p> <p><input style="width: 250px;" type="text"/></p>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
1	Type of Submission	Basics > S2S Opportunity Search > Opportunity >	Submission Type	List options are: Pre-application Application Change/Corrected Application
2.1	Type of Application	Basics > Proposal Details >	Proposal Type	See the drop-down list.
2.2	If Revision, mark appropriate boxes	Basics > Opportunity Search >	S2S Revision Type	May be required if the type of application is a revision.
3	Date Received	Basics > S2s Opportunity Search > Submission Detail >	Received Date	Date is entered by Kuali Research upon approval and submission to Grants.gov.
4	Applicant Identifier	Proposal Development	Proposal No.	Applicant ID is the Kuali Research Proposal Development number.
5a	Federal Entity Identifier	N/A	N/A	Not required. This number is assigned to an organization by a federal agency, if applicable.
5b	Federal Award Identifier	Basics > Sponsor & Program Information >	Sponsor Proposal ID	The Federal Identifier is used by NIH for a continuation, revision, resubmission, or renewal application where the assigned Federal Identifier number uses the assigned app/award number (e.g. GM123456) even when submitting a changed/corrected application. NOTE: Used by other agencies accordingly, see solicitation for guidance.

2. SF 424 (not R&R) Form Sections 6-8.d

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:	
* a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
d. Address:	
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	
County/Parish: <input type="text"/>	
* State: <input type="text"/>	
Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code: <input type="text"/>	

#	Field on Form	Kuali Research Screen	Field Name	Instructions
6	Date Received by State	N/A	N/A	Not required.
7	State Application ID	N/A	N/A	Not required.
8a	Legal Name	Basics > Organization & Location > Applicant Organization >	Organization Name	Organization data maintained by ORA. Users do not need to enter. The legal name is the name of the organization.
8b	Employer/Taxpayer Identification Number (EIN/TIN)	Basics > Organization and Location > Applicant Organization > Details >	Federal Employer ID	Organization data maintained by ORA. Users do not need to enter. NOTE: For NIH proposals, the NIH PHS account will be populated instead of the EIN/TIN.
8c	Organizational DUNS	Basics > Organization & Location > Applicant Organization > Details >	DUNS Number	Organization data maintained by ORA. Users do not need to enter.
8d	Address	Basics > Organization & Location > Applicant Organization > Details >	Address info	Organization Data maintained by ORA. Users do not need to enter. The address information comes from the Person table details of the organization contact person.

3. SF 424 (not R&R) Form Sections 8e-f

e. Organizational Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <input type="text"/>	* First Name: <input type="text"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	
Suffix: <input type="text"/>	
Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>
* Email: <input type="text"/>	

#	Field on Form	Kuali Research Screen	Field Name	Instructions
8e	Department, Division	Basics > Proposal Details >	N/A Not required	Institute hierarchy maintained by ORA. Users do not need to enter.
8f	Name and contact information of person to be contacted on matters involving this application	Key Personnel > Personnel > Principal Investigator>	Person Details	Contact info for the PI is populated from the proposal investigator details in the Person table and maintained unit hierarchy information. All Person table information is updated via a nightly HR feed.

4. SF 424 (not R&R) Form Sections 9-11

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

#	Field on Form	Kuali Research Screen	Field Name	Instructions
9	Type of Applicant	Basics > Organization and Location > Applicant Organization > Details >	Organization Type	Organization data maintained by ORA. Users do not need to enter.
10	Name of Federal Agency	Basics > Proposal Details >	Sponsor	Type or search sponsor code for the sponsoring agency.
11.1	Catalog of Federal Domestic Assistance Number	Basics > S2S Opportunity Search >	CFDA Number	This field will be populated based on Grants.gov selected opportunity or if the CFDA was manually inserted.
11.2	CFDA Title	Basics > S2S Opportunity Search >		This field will be populated based on Grants.gov selected opportunity or if the CFDA was manually inserted.
12.1	Funding Opportunity Number	Basics > S2S Opportunity Search > Opportunity >	Opportunity ID	Data populated from user entry.
12.2	Title	Basics > S2S Opportunity Search > Opportunity >	Opportunity Title	Opportunity title from the Grants.gov opportunity. This field will populate based on Grants.gov selected opportunity.

5. SF 424 (not R&R) Form Sections 13-15

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

#	Field on Form	Kuali Research Screen	Field Name	Instructions
13.1	Competition Identification Number	Basics > S2S Opportunity Search > Opportunity >	Opportunity ID	Same as opportunity ID.
13.2	Title	N/A	N/A	Not required.
14	Areas Affected by Project	Attachments > Proposal >	SF424V21_AREAS_AFFECTED	Upload SF424V21_AREAS_AFFECTED NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique. <i>Read your sponsor-specific selected opportunity for the required content of this upload.</i>
15	Descriptive Title of Applicant's Project	Basics > Proposal Details >	Project Title	The title has a 200-character limit. The sponsor title length limit may be shorter.
15a	Supporting Document Attachment	Attachments > Proposal >	SF424V21_ADDITIONAL_PROJ_TIT	Upload SF424V21_ADDITIONAL_PROJ_TIT NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique. <i>Read your sponsor-specific selected opportunity for the required content of this upload.</i>

6. SF 424 (not R&R) Form Sections 16-17

16. Congressional Districts Of:	
* a. Applicant <input type="text"/>	* b. Program/Project <input type="text"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text"/>	* b. End Date: <input type="text"/>

#	Field on Form	Kuali Research Screen	Field Name	Instructions
16.a, b	Congressional District	Basics > Organization >	Congressional District	Congressional district maintained for the proposal organization, no user entry required.
16.2	Attach Congressional Districts Document	Attachments > Proposal >	SF424V21_ADDITIONAL_CONG_DIST	Upload SF424V21_ADDITIONAL_CONG_DIST NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique. <i>Read your sponsor-specific selected opportunity for the required content of this upload.</i>
17.a 17.b	Proposed Project	Basics > Proposal Details >	Start Date End Date	Enter the project Start and End Dates.

7. SF 424 (not R&R) Form Sections 18-19

18. Estimated Funding (\$):	
* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	

#	Field on Form	Kuali Research Screen	Field Name	Instructions
18.a	Est. Funding (\$) Federal	Budget > Budgets > selected budget > Periods & Totals >	Total Sponsor Cost	Total costs of all budget periods will be inserted; Detailed budgets will use Summary data, Modular budgets will use Modular Budget Cumulative data. If there is no budget, this field will be set to zero. Indirect Cost + Direct Cost = Total Cost
18.b	Est. Funding (\$) Applicant	Budget > Budgets > selected budget > Institutional Commitments > Cost Sharing >	Total Allocated	Sum of all cost share amounts.
18c	Est. Funding (\$) - State	N/A, Not Used	N/A, Not Used	N/A, Not Used
18d	Est. Funding (\$) - Local	N/A, Not Used	N/A, Not Used	N/A, Not Used
18e	Est. Funding (\$) - Other	N/A, Not Used	N/A, Not Used	N/A, Not Used
18.f	Est. Funding (\$) Program Income	Budget > Budgets > selected budget > Project Income > View Summary >	Total	The total program income will be inserted. If there is no program income, this field will be set to zero.
18g	Est. Funding (\$) - Total	Total of 18a to 18g on form	Total of 18a to 18g on form	Totaled on form.
16	Subject to Review by State Executive Order 12372:	Questionnaire > Grants.gov S2S Questionnaire >	Is the proposal subject to review by state executive order 12372 process?	If Yes: Please provide the date the application was made available for review (submitted to the state). Enter in MM/DD/YYYY format. If No: Is the program not selected for review or not covered by E.O. 12372? Select a response of "Not Covered" or "Not Selected."

8. SF 424 (not R&R) Form Sections 20-21

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

#	Field on Form	Kuali Research Screen	Field Name	Instructions
20	Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide an explanation.)	N/A	N/A	Proposal organization data maintained by ORA.
21	I Agree	N/A	N/A	Hard-coded to be checked. Application cannot be submitted if this box remains unchecked. There is no option.
21	Authorized Representative (Contact Information)	Summary/Submit > View Route Log > Actions Taken >	In Action List Complete, Montgomery, Wendy	The fields will be populated with the information specific to the ORA approver and the timestamp of the approval.
21	Authorized Representative (Applicant Federal Debt Delinquency Explanation)	Attachments > Proposal >	SF424V21_DEBT_EXPLANATION	Upload SF424V21_DEBT_EXPLANATION NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique. <i>Read your sponsor-specific selected opportunity for the required content of this upload.</i>

IV. RR Key Person Expanded V1-2, 2-0, 3-0

The following section shows the field mappings between the printed RR Key Person Expanded (V1-2, 2-0) and Quali Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. RR Key Person Expanded - Profile Section - PI

PROFILE - Project Director/Principal Investigator	
Prefix: <input type="text"/>	* First Name: <input style="border: 2px solid red;" type="text"/> Middle Name: <input type="text"/>
* Last Name: <input style="border: 2px solid red;" type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/>	Division: <input type="text"/>
* Street1: <input style="border: 2px solid red;" type="text"/>	
Street2: <input type="text"/>	
* City: <input style="border: 2px solid red;" type="text"/>	County/ Parish: <input type="text"/>
* State: <input style="border: 2px solid red;" type="text"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input style="border: 2px solid red;" type="text"/>
* Phone Number: <input style="border: 2px solid red;" type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input style="border: 2px solid red;" type="text"/>	
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text" value="PD/PI"/>	Other Project Role Category: <input type="text"/>
Degree Type: <input type="text"/>	
Degree Year: <input type="text"/>	
*Attach Biographical Sketch <input style="border: 2px solid red;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Field Name	Instructions
1	Profile-Project Director / Principal Investigator - PI Info	Key Personnel > Personnel > Tabs under PI	various	Assigned PI personal details. Static person data is maintained by a feed from PHR. You can change data just for this proposal.
2	Credential, agency login	Key Personnel > Personnel > Details >	eRA Commons User Name	For NIH proposals, enter the PI's eRA Commons name.
3	Project Role	Key Personnel > Personnel >	PI role selected at time person is assigned	One Key Personnel must be selected as PI.
4	Degree Type, Degree Year	Key Personnel > Personnel > Degrees >	Degree Type, Graduation Year	
5	Attach Biographical Sketch	Attachments > Personnel >	Biosketch	Upload file.
6	Attach Current & Pending Support	Attachments > Personnel >	Currentpending	May be required. Refer to the agency/solicitation instructions to determine if required.

2. RR Key Person Expanded - Profile Section - Senior/Key Person 1....

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title: Department:

Organization Name: Division:

* Street1:

Street2:

* City: County/ Parish:

* State: Province:

* Country: * Zip / Postal Code:

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

* Project Role: Other Project Role Category:

Degree Type:

Degree Year:

Attach Biographical Sketch

Attach Current & Pending Support

#	Field on Form	Kuali Research Screen	Field Name	Instructions
1	Profile-Project Director / Principal Investigator - PI Info	Key Personnel > Personnel > Tabs under selected person	various	Assigned personal details. Static person data is maintained by a feed from PHR. You can change data just for this proposal.
2	Credential, agency login	Key Personnel > Personnel > Details >	eRA Commons User Name	For NIH proposals, enter the PI's eRA Commons name.
3	Project Role	Key Personnel > Personnel >	Role selected at time person is assigned	Select appropriate role.
4	Degree Type, Degree Year	Key Personnel > Personnel > Degrees >	Degree Type, Graduation Year	
5	Attach Biographical Sketch	Attachments > Personnel >	Biosketch	Upload file, assign to correct person.
6	Attach Current & Pending Support	Attachments > Personnel >	Currentpending	May be required. Refer to the agency/solicitation instructions to determine if required. Assign to correct person.

3. RR Key Person Expanded - Differences with Non-Expanded

The RR Key Person Non-Expanded version (v1-1, v2-0) has a summary of attachments following the Non-PI/Key Persons section.

<p>ADDITIONAL SENIOR/KEY PERSON PROFILE(S)</p> <p>Additional Biographical Sketch(es) (Senior/Key Person)</p> <p>Additional Current and Pending Support(s)</p>
--

The RR Key Person Expanded has an Additional Senior/Key Person Form Attachments section with instructions for adding persons in excess of 100 individuals and a summary of attachments with file names.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

Additional Senior/Key Person Form Attachments

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).

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:

- Select the "Select to Extract the R&R Additional Senior/Key Person Form" button, which appears below.
- 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 ".xld" (for example, "My_Senior_Key.xld"). If you do not name your file with the ".xld" extension you will be unable to open it later, using your PureEdge viewer software.
- Using the "Open Form" tool on your PureEdge viewer, open the new form that you have just saved.
- 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.
- When you have completed entering information in the supplemental form, save it and close it.
- Return to this "Additional Senior/Key Person Form Attachments" page.
- Attach the saved supplemental form, that you just filled in, to one of the blocks provided on this "attachments" form.

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.

1) Please attach Attachment 1

2) Please attach Attachment 2

3) Please attach Attachment 3

4) Please attach Attachment 4

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)	Filename
	MimeType
Additional Biographical Sketch(es) (Senior/Key Person)	Filename
	MimeType
Additional Current and Pending Support(s)	Filename
	ID-103692104_BN-2_CURRENTPENDING.pdf
	MimeType
	application/octet-stream

V. RR Other Project Information V1-3, 1-4

The following section shows the field mappings between the printed RR Other Project Information (V1-3, 1-4) and Kuali Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. RR Other Project Information V1-3, Section 1

RESEARCH & RELATED Other Project Information	
1. * Are Human Subjects Involved?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.a. If YES to Human Subjects	
Is the IRB review Pending?	<input type="radio"/> Yes <input checked="" type="radio"/> No
IRB Approval Date:	10-03-2012
Exemption Number:	— 1 — 2 — 3 — 4 — 5 — 6
Human Subject Assurance Number	05858

#	Field on Form	Kuali Research Screen	Field Name	Instructions
1	Are Human Subjects Involved?	Compliance > Add Compliance Entry >	Type	Human Subjects (24) - Hold (also answer yes on questionnaire).
1a	If YES to Human Subjects, is the IRB review Pending?	Compliance > Add Compliance Entry >	Approval Status	YES => Approval Status = Pending NO => all other statuses NOTE: <ul style="list-style-type: none"> If the status is Pending, then all required information has been entered. (No date required.) If the status is Submitted, enter the date of the Regulatory Review in the Application Date field. If the status is Approved, then a protocol number must be entered in the Protocol No. field and a date entered into the Approval Date field. If the status is Exempt, the exempt code must be entered in the Special Review Comments field. Valid exemption codes are: E1, E2, E3, E4, E5, and E6. If multiple exempt codes are required, entries should be separated by a comma only, not spaces (i.e. E1, E4).
1a	IRB Approval Date	Compliance > Add Compliance Entry >	Approval Date	Enter approval date.
1a	Exemption Number	Compliance > Add Compliance Entry >	Exemption #	If the status is Exempt, an exemption # must be selected from pull-down.
1a	Human Subject Assurance Number	Compliance > Add Compliance Entry >	Protocol Number	Enter protocol number.

2. RR Other Project Information V 1-4, Section 1

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6 7 8

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

#	Field on Form	Kuali Research Screen	Field Name	Instructions
1	Are Human Subjects Involved?	Compliance > Add Compliance Entry >	Type	Human Subjects (24) - Hold (also answer yes on questionnaire).
1a	If YES to Human Subjects, Is the Project Exempt from Federal Regulations	Compliance > Add Compliance Entry >	Approval Status	If Exempt, select Exempt.
1a	If yes, check appropriate exemption number.	Compliance > Add Compliance Entry >	Exemption #	If the status is Exempt, an exemption # must be selected from pull-down.
1a	If no, is the IRB review Pending?	Compliance > Add Compliance Entry >	Approval Status	YES => Approval Status = Pending NO => all other statuses NOTE: <ul style="list-style-type: none"> • If the status is Pending, then all required information has been entered. (No date required.) • If the status is Submitted, enter the date of the Regulatory Review in the Application Date field. • If the status is Approved, then a protocol number must be entered in the Protocol No. field and a date entered into the Approval Date field. If the status is Exempt, the exempt code must be entered in the Special Review Comments field. Valid exemption codes are: E1, E2, E3, E4, E5, and E6. If multiple exempt codes are required, entries should be separated by a comma only, not spaces (i.e. E1, E4).
1a	IRB Approval Date	Compliance > Add Compliance Entry >	Approval Date	Enter approval date.
1a	Human Subject Assurance Number	Compliance > Add Compliance Entry >	Protocol Number	Enter protocol number.

3. RR Other Project Information V 1-3, 1-4, Sections 2-3

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

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

#	Field on Form	Kuali Research Screen	Field Name	Instructions
2	Are Vertebrate Animals Used?	Compliance > Add Compliance Entry >	Type	Animal Subject (25)) - Hold (also answer yes on questionnaire).
2a	If YES to Vertebrate Animals Is the IACUC Review Pending?	Compliance > Add Compliance Entry >	Approval Status	YES => Approval Status = Pending NO => all other statuses NOTE: The IACUC number will only be populated on the form when the status is pending. Leave the status as pending even if it has already been approved so that the number gets properly added.
2b	IACUC Approval Date	Compliance > Add Compliance Entry >	Approval Date	Enter approval date.
2c	Animal Welfare Assurance Number	Compliance > Add Compliance Entry >	Protocol Number	Enter protocol number.
3	Is proprietary/privileged information included in the application?	Questionnaire > Questions for Grants.gov S2S Forms >	Is proprietary/privileged information included in the application?	If Yes: The Yes radio button will be selected. If No: The No radio button will be selected.

4. RR Other Project Information V 1-3, 1-4, Sections 4-5

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? Yes No

4.b. If yes, please explain: _____

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

4.d. If yes, please explain: _____

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

5.a. If yes, please explain: _____

#	Field on Form	Kuali Research Screen	Field Name	Instructions
4a	Does this project have an actual or potential impact on the environment?	Questionnaire > Questions for Grants.gov S2S Forms >	Does this project have an actual or potential impact on the environment?	If Yes: The Yes radio button will be selected. If No: The No radio button will be selected.
4b	If yes, please explain:	Questionnaire > Questions for Grants.gov S2S Forms >	Please provide a brief explanation of the actual or potential impact on the environment. (form limit 55 characters)	If you answered YES to 4a, enter a brief explanation (up to 55 characters).
4c	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?	Questionnaire > Questions for Grants.gov S2S Forms >	If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental impact statement (EIS) been performed?	If Yes: The Yes checkbox will be selected. If No: The No checkbox will be selected.
4d	If yes, please explain:	Questionnaire > Questions for Grants.gov S2S Forms >	Please enter additional details about the EA or EIS. (form limit 55 characters)	If you answered YES to 4c, enter a brief explanation (up to 55 characters) in the Explanation field and enter the review date in the Review Date field.
5	Is the research performance site designated, or eligible to be designated, as a historic place?	Questionnaire > Questions for Grants.gov S2S Forms >	Is the research performance site designated, or eligible to be designated, as a historic place?	If Yes: The Yes radio button will be selected. If No: The No radio button will be selected.
5a	If yes, please explain:	Questionnaire > Questions for Grants.gov S2S Forms >	Provide a brief explanation for the research performance site designated or eligible to be designated as a historic place. (form limit 55 characters)	If you answered YES to 5, enter a brief explanation in this field. (form limit 55 characters).

5. RR Other Project Information V 1-3, 1-4, Section 6

6. Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries:

6.b. Optional Explanation:

#	Field on Form	Kuali Research Screen	Field Name	Instructions
6	Does this project involve activities outside of the United States or partnerships with international collaborators?	Questionnaire > Questions for Grants.gov S2S Forms >	Does this project involve activities outside of the United States or partnerships with international collaborators?	If Yes: The Yes checkbox will be selected. If No: The No checkbox will be selected.
6a	If yes, identify countries	Questionnaire > Questions for Grants.gov S2S Forms >	Identify the countries	If you answered YES to 6, enter the names of the countries in this field.
6b	Optional Explanation	Questionnaire > Questions for Grants.gov S2S Forms >	Provide a brief explanation for involvement with outside entities. (form limit 55 characters)	If you answered YES to a, enter a brief explanation for the involvement with outside entities. (form limit 55 characters) . If the sponsor permits, additional explanation may be provided via an attachment file type "Other."

6. RR Other Project Information V 1-3, 1-4, Sections 7-12

7. Project Summary/Abstract	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8. Project Narrative	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Bibliography & References Cited	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Facilities & Other Resources	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Equipment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12. Other Attachments	<input type="text"/>	Add Attachments	Delete Attachments	View Attachments <input type="checkbox"/>

#	Field on Form	Kuali Research Screen	Field Name	Instructions
7	Project Summary/Abstract	Attachments > Proposal >	Project_Summary	<p>Upload the Project Summary/Abstract. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique.</p> <p><i>Read your sponsor-specific selected opportunity for the required content of this upload.</i></p>
8	Project Narrative	Attachments > Proposal >	Narrative	<p>Upload the Narrative. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique.</p> <p><i>Read your sponsor-specific selected opportunity for the required content of this upload.</i></p>
9	Bibliography & References Cited	Attachments > Proposal >	Bibliography	<p>Upload the Bibliography. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique.</p> <p><i>Read your sponsor-specific selected opportunity for the required content of this upload.</i></p>
10	Facilities & Other Resources	Attachments > Proposal >	Facilities	<p>Upload the Facilities. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique.</p> <p><i>Read your sponsor-specific selected opportunity for the required content of this upload.</i></p>
11	Equipment	Attachments > Proposal >	Equipment	<p>Upload the Equipment. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique.</p> <p><i>Read your sponsor-specific selected opportunity for the required content of this upload.</i></p>
12	Other Attachments	Attachments > Proposal >	Other	<p>Upload the Other Attachment. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique.</p> <p><i>Read your sponsor-specific selected opportunity for the required content of this upload.</i></p>

12	Other Attachments	Attachments > Proposal >	Other	<p>If the project is for NIH and involves the use of Human Fetal Tissue, you must include two other PDF attachments with these exact file names AND descriptions below:</p> <ul style="list-style-type: none"> ● HFTSampleIRBConsentForm ● HFTComplianceAssurance <p>See also the R&R Budget for Required Budget Item for Human Fetal Tissue.</p>
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VI. RR Budget V3 (5 yr) and (10 yr)

The following section shows the field mappings between the printed RR Budget V3 and Kuali Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. RR Budget V3 - Budget Period X

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 11/30/2025

UEI: Enter name of Organization:

Budget Type: Project Subaward/Consortium Budget Period: 1 Start Date: End Date:

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
1	Organizational DUNS	Basics > Organization & Location > Applicant Organization > Details >	DUNS	Organization data maintained by ORA. Users do not need to enter.
2	Name of Organization	Basics > Organization & Location > Applicant Organization >	Organization Name	Organization data maintained by ORA. Users do not need to enter.
3	Budget Type	N/A	N/A	Kuali Research automatically defaults to Project.
4	Budget Period X Start and End Dates	Basics > Proposal Details >	Project Dates	Project Start and Dates for X period.

2. RR Budget V3 - Budget Period X, Section A

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Cal.	Acad.	Sum.	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
X											

Project Role:

Additional Senior Key Persons:

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

Total Senior/Key Person

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
A1	Senior Key Person Prefix First Name Middle Name Last Name	Key Personnel > Personnel > Principal Investigator > <u>Other Key Personnel</u> Key Personnel > Personnel >	PI Details	Address and contact info for the PI are populated from the proposal investigator details in the Person table and maintained unit hierarchy information. All Person table information is updated via a nightly HR feed. If person is non-UMD, information comes from the Address Book. Maximum of 100 Senior/Key Persons.
A2	Project Role	Key Personnel > Personnel >	Role	Role selected when key person is assigned to the proposal.
A3	Base Salary (\$)	Budget > selected budget > Personnel Costs > Project Personnel > Details > Salary by Period >	Salary	The salaries in the Salary by Period window are for display only and are not used in the actual salary calculations. The completion of these fields is generally not required unless explicitly stated in the funding opportunity instructions.
A4	Cal. Months, Acad. Months, Sum. Months	Budget > selected budget > Personnel Costs > Assign Personnel to Periods > Details >	See Period Type, Start Date, End Date, and % charged	The months are identified by the type and number of months between the start and end date of that person multiplied by the percent effort. (# of Months) * (% effort) = Cal. Months or Acad. Months or Sum. Months
A5	Req Salary (\$)	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Requested Salary	The Requested Salary is calculated by the % charged multiplied by the base salary.
A6	Fringe Benefits (\$)	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Calculated Fringe	Calculated Fringe is calculated by the Rate for Employee Benefits (Primary, Secondary, Tertiary, Summer; by Fiscal Year) multiplied by the Req Salary.
A7	Funds Requested (\$)			Sum of Requested Salary and Fringe Benefits.
A8	Total Senior/Key Person			Sum of Funds Requested.

3. RR Budget V3 - Budget Period X, Section B

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="button" value="Add Additional Other Personnel"/>							
<input type="text"/> Total Number Other Personnel							<input type="text"/> Total Other Personnel
Total Salary, Wages and Fringe Benefits (A+B)							<input type="text"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
B1	Number of Personnel	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Personnel	The number of personnel not listed as PI, Co-I or Key Person that apply to Period X. This includes named (shows up as Other) and TBD personnel.
B2	Project Role	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Person	Listed under Person, named becomes Other on budget.
B3	Cal. Months, Acad. Months, Sum. Months	Budget > selected budget > Personnel Costs > Assign Personnel to Periods > Details >	See Period Type, Start Date, End Date, and % charged	The months are identified by the type and number of months between the start and end date of that person multiplied by the percent effort. $(\# \text{ of Months}) * (\% \text{ effort}) = \text{Cal. Months or Acad. Months or Sum. Months}$
B4	Req Salary (\$)	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Requested Salary	The Requested Salary is calculated by the % charged multiplied by the base salary.
B5	Fringe Benefits (\$)	Budget > selected budget > Personnel Costs > Assign Personnel to Periods >	Calculated Fringe	Calculated Fringe is calculated by the Rate for Employee Benefits (Primary, Secondary, Tertiary, Summer; by Fiscal Year) multiplied by the Req Salary.
B6	Funds Requested (\$)			Sum of Requested Salary and Fringe Benefits.
B7	Total Number Other Personnel			Sum of personnel in Section B.
B8	Total Other Personnel			Total of all Funds Requested in Section B.
B9	Total Salary, Wages and Fringe Benefits (A+B)			Total of Total Senior Key Personnel and Total Other Personnel.

4. RR Budget V3 - Budget Period X, Sections C and D

C. Equipment Description	
List items and dollar amount for each item exceeding \$5,000	
Equipment item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Equipment"/>	
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Total funds requested for all equipment listed in the attached file	
Total Equipment	
<input type="text"/>	
<input type="text"/>	
D. Travel	
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2. Foreign Travel Costs	
Total Travel Cost	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
C1	Equipment Item	Budget > selected budget > Non-Personnel Costs > Equipment	Description	typed description
C2	Funds Requested (\$)	Budget > selected budget > Non-Personnel Costs > Equipment	Total Base Cost	Equipment cost for Line Items (first 100) with Category: Equipment.
C3	Additional Equipment		Additional Equipment	If more than 100 lines items are listed as Equipment in a period, Kuali Research will automatically create an attachment called Additional_Equipment listing the remaining Equipment line items and places it in the attachment.
C4	Total Funds Requested for All Equipment Listed in the Attached File		Additional_Equipment	Total cost of all equipment in the attached file.
C5	Total Equipment			Sum of Funds Requested for all Equipment.
D1	Domestic Travel Costs	Budget > selected budget > Non-Personnel Costs > Travel	Total Base Cost	Sum of In-State and Out-of-State Travel Costs.
D2	Foreign Travel Costs	Budget > selected budget > Non-Personnel Costs > Travel	Total Base Cost	Sum of Foreign Travel Costs.
D3	Total Travel Cost			Sum of Domestic and Foreign Travel Costs.

5. RR Budget V3 - Budget Period X, Section E

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"/>
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
E1	Tuition/Fees/Health Insurance	Budget > selected budget > Non-Personnel Costs > Participant Support > E Health Insurance - Trainee, F&A	Total Base Cost	Total Cost for Tuition/Fees/Health Insurance.
E2	Stipends	Budget > selected budget > Non-Personnel Costs > Participant Support > E Stipends - NSF Trainee, no F&A	Total Base Cost	Total for Stipends.
E3	Travel	Budget > selected budget > Non-Personnel Costs > Participant Support > E Travel - Trainee, F&A	Total Base Cost	Total for Travel.
E4	Subsistence	Budget > selected budget > Non-Personnel Costs > Participant Support > E Subsistence - Trainee, F&A	Total Base Cost	Total for Subsistence.
E5	Other	Budget > selected budget > Non-Personnel Costs > Participant Support > E Other - Trainee, F&A	Total Base Cost	Total for Other.
E6	Number of Participants/Trainees	Budget > selected budget > Non-Personnel Costs > Participant Support >	Participants	Number of Participants (look on the far right of this section).
E7	Total Participant/Trainee Costs	Sum of Total Base Cost for Participant Support	Total Base Cost	Sum of all categories above.

6. RR Budget V3 - Budget Period X, Section F (1-5)

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
F1	Materials and Supplies	Budget > selected budget > Non-Personnel Costs > Other Direct	Total Base Cost	Total for Materials and Supplies. Materials and Postage, Mail.
F2	Publication Costs	Budget > selected budget > Non-Personnel Costs > Other Direct	Total Base Cost	Total for Bookbinding & Publication Cost.
F3	Consultant Services	Budget > selected budget > Non-Personnel Costs > Other Direct	Total Base Cost	Total for Professional Services/ Consultant.
F4	ADP/Computer Services	Budget > selected budget > Non-Personnel Costs > Other Direct	Total Base Cost	Computer Time.
F5	Subawards/Consortium /Contractual Costs	Budget? selected budget > Subawards > Details >	Total Cost	Sum of Total Costs for all subawards.

7. RR Budget V3 - Budget Period X, Sections F (6-10) and G

6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8.	
9.	
10.	
	Total Other Direct Costs
G. Direct Costs	Funds Requested (\$)
	Total Direct Costs (A thru F)

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
F6	Equipment or Facility Rental/User Fees	Budget > selected budget > Non-Personnel Costs > Other Direct	Total Base Cost	Total for Equipment Rental.
F7	Alterations and Renovations	Budget > selected budget > Non-Personnel Costs > Other Direct	Total Base Cost	Additions & Major Renovation
F8	Other Direct Costs	Budget > selected budget > Non-Personnel Costs > Other Direct	Total Base Cost	Sum for all Other Direct Costs - not included above.
F9	Other Direct Costs	Budget > selected budget > Non-Personnel Costs > Other Direct > Human Fetal Tissue Cost> Human Fetal Tissue	Total Base Cost	If the project is for NIH and includes the use of Human Fetal Tissue, you must add this line item on the budget, even if the cost is \$0. See also R&R Other Project Info form for Required Attachments for Human Fetal Tissue .
F	Total Other Direct Costs	See Form. Sum of all Direct Costs F1 to F8.	See Form	Sum of all Other Direct (Total Base Cost).
G	Total Direct Costs (A thru F)	Budget > selected budget > Period & Totals > Direct Cost	Total	Sum of Direct Cost for all periods.

8. RR Budget V3 - Budget Period X, Sections H-I

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
X <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Indirect Cost"/>			
Total Indirect Costs			<input type="text"/>
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number) <input type="text"/>			
I. Total Direct and Indirect Costs			Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)			<input type="text"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
H1	Indirect Cost Type	Budget > selected budget > Periods & Totals > Budget Settings >	F&A Rate Type	Pulldown. Select type.
H2	Indirect Cost Rate (%)	Budget > selected budget > Rates >	Applicable Rate	Default rates are maintained by ORA but may be adjusted manually.
H3	Indirect Cost Base (\$)	Budget > selected budget > Periods & Totals > F&A Cost		This number is the total of all items that are NOT classified as excluded from F&A cost calculations. Add all of the line items such as salary, fringe, supplies, etc. that are not classified as excluded from the F&A costs calculation.
H4	Funds Requested	Budget > selected budget > Periods & Totals > F&A Cost	Total	Requested F&A costs for this period (will exclude cost sharing amount).
H5	Total Indirect Cost		Indirect Cost	Based on rates and indirect costs entered.
H6	Cognizant Federal Agency		Cognizant Auditor	Organization data maintained by ORA. Users do not need to enter.
I	Total Direct and Indirect Cost (G+H): Funds Requested	Budget > selected budget > Periods & Totals > Total Sponsor Cost	Total Sponsor Cost	Sum of Direct and F&A Cost for this period.

9. RR Budget V3 - Budget Period X, Sections J-L

J. Fee	Funds Requested (\$)
	<input style="width: 100%;" type="text"/>
K. Total Costs and Fee	Funds Requested (\$)
Total Costs and Fee (I + J)	<input style="width: 100%;" type="text"/>
L. Budget Justification	
(Only attach one file.) <input style="width: 200px; height: 20px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
J	Fee: Funds Requested	N/A	N/A	Field not mapped in Kuali Research.
K	Total Costs and Fee	N/A	N/A	Same as I above.
K	Budget Justification	Attachments > Proposal >	Budget Justification	Upload the Budget Justification. NOTE: The Budget_Justification_10YR should be used for the RR Budget 10 year. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique. <i>Read your sponsor-specific selected opportunity for the required content of this upload.</i>

VII. Attachments Form V1-2

The following section shows the field mappings between the printed Attachments Form V1-2 and Kuali Research.

Mandatory field for validation on form, user action required in table

May be required – check your FOA/BAA

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2) Please attach Attachment 2	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3) Please attach Attachment 3	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
N/A	Attachment	Attachments > Proposal >	Attachments	Upload a file with the "Attachments" attachment type. Additional optional project attachment files may be uploaded, but you must have at least one file uploaded if the form is required.

VIII. Project Abstract V1-2

The following section shows the field mappings between the printed Project Abstract V1-2 and Kuali Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

Project Abstract

The Project Abstract must not exceed one page and 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 technically literate lay reader. This Abstract must not include any proprietary/confidential information.

* Please click the add attachment button to complete this entry.

Add Attachment
Delete Attachment
View Attachment

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
N/A		Attachments > Proposal >	ProjectSummary	Upload a file with the "ProjectSummary" attachment type. Additional optional project summary files may be uploaded, but you must at least have one file uploaded if the form is required.

IX. Project/Performance Site Locations 4.0

The following section shows the field mappings between the printed Project/Performance Site Locations V4.0 and Kualii Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. Project/Performance Site Location(s) - Primary Location

View Burden Statement

OMB Number: 4040-0010
 Expiration Date: 11/30/2025

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

#	Field on Form	Kualii Research Screen	Kualii Research Field Name	Instructions/Notes
1	Check Box	N/A	N/A	UMD never submits as an individual so this box is never checked.
2	Organization Name	Basics > Organization & Location > Performing Organization >	Organization Name	Organization data maintained by ORA. Users do not need to enter. The legal name is the name of the organization.
3	DUNS Number	Basics > Organization & Location > Performing Organization > Details >	DUNS Number	Organization data maintained by ORA. Users do not need to enter.
4-10	Site Address	Basics > Organization & Location > Performing Organization >	Address info	Organization Data maintained by ORA. Users do not need to enter. The address information comes from the Organization's Address Book entry.
11	Congressional District	Basics > Organization & Location > Performing Organization >	Congressional District	Congressional district for the proposal organization. Users do not need to enter.

2. Project/Performance Site Location(s) - Location Site 1, 2 ... when it is a UMD Performance Site (Not a Subaward Site)

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
12	CheckBox	N/A	N/A	UMD never submits as an individual so this box is never checked.
13	Organization Name	Basics > Organization & Location > Performing Site Locations >	Organization Name	Information comes from the Performance Site entry in the Address Book and is entered by the user.
14	DUNS Number			N/A for other performance sites.
15-21	Site Address	Basics > Organization & Location > Performing Site Locations >	Address info	Information comes from the Performance Site entry in the Address Book and is entered by the user. Use Street Address 1 and 2 only - Street Address 3 is not allowed.
22	Congressional District	Basics > Organization & Location > Performing Site Locations >	Congressional District	Congressional district for the Performance Site. User is responsible for looking up the congressional district and entering it.
23	Additional Locations	Attachments > Proposal >	Performance_sites	If the number of Performance Sites and Subaward Organizations combined exceeds 300 then download the appropriate version of the "Project/Performance Site Location(s)" form located on Grants.gov under Forms to enter the additional sites.

3. Project/Performance Site Location(s) - Location Site 1, 2, ... when it is a Subaward (Other Organizations)

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
12	CheckBox	N/A	N/A	UMD never submits as an individual so this box is never checked.
13	Organization Name	Basics > Organization & Location > Other Organizations >	Organization Name	Subaward organization data is maintained by ORA. Users do not need to enter. The legal name is the name of the organization.
14	DUNS Number			Subaward organization DUNS is maintained by ORA. Users do not need to enter.
15-21	Site Address	Basics > Organization & Location > Other Organizations >	Address info	Subaward organization data is maintained by ORA. Users do not need to enter. The address information comes from the Organization's Address Book entry.
22	Congressional District	Basics > Organization & Location > Other Organizations >	Congressional District	Congressional district is maintained by ORA. Users do not need to enter.
23	Additional Locations	Attachments > Proposal >	Performance_sites	If the number of Performance Sites and Subaward Organizations combined exceeds 300 then download the appropriate version of the "Project/Performance Site Location(s)" form located on Grants.gov under Forms to enter the additional sites.

X. PHS 398 Career Development Award Supplemental Form V6-0

The following section shows the field mappings between the printed PHS 398 Career Development Award Supplemental V6-0 and Kuali Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. PHS 398 Career Development Award Supplemental Sections 1-6

Introduction			
1. Introduction to Application (for Resubmission and Revision applications)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Candidate Section			
2. Candidate Information and Goals for Career Development	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Research Plan Section			
3. Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. * Research Strategy	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
5. Progress Report Publication List (for Renewal applications)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Training in the Responsible Conduct of Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
1.0	Introduction to Application (RESUBMISSION)	Attachments > Proposal >	PHS_Career_IntroductionToApplication	
2.0	Candidate Information and Goals for Career Development	Attachments > Proposal >	PHSCareer_CandidateInformationAndGoals	
3.0	Specific Aims	Attachments > Proposal >	PHS_Career_Specific Aims	
4.0	Research Strategy	Attachments > Proposal >	PHS_Career_Res_Strategy	
5.0	Progress Report Publication List (for RENEWAL applications only)	Attachments > Proposal >	PHS_Career_ProgressReportPubList	
6.0	Training in the Responsible Conduct of Research	Attachments > Proposal >	PHS_Career_Training_Resp_Conduct_Research	

2. PHS 398 Career Development Award Supplemental Sections 7-12

Other Candidate Information Section			
7. Candidate's Plan to Provide Mentoring	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Mentor, Co-Mentor, Consultant, Collaborators Section			
8. Plans and Statements of Mentor and Co-Mentor(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
9. Letters of Support from Collaborators, Contributors, and Consultants	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Environment and Institutional Commitment to Candidate Section			
10. Description of Institutional Environment	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
11. Institutional Commitment to Candidate's Research Career Development	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
12. Description of Candidate's Contribution to Program Goals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
7.0	Candidate's Plan to Provide Mentoring	Attachments > Proposal >	PHS_Career_Mentoring_Plan	
8.0	Plans and Statements of Mentor and Co-Mentor(s)	Attachments > Proposal >	PHS_Career_Mentor_Statements_Letters	
9.0	Letters of Support from Collaborators, Contributors, and Consultants	Attachments > Proposal >	PHS_CAREER_SupportLtrs	
10.0	Description of Institutional Environment	Attachments > Proposal >	PHS_Career_Inst_Environment	
11.0	Institutional Commitment to Candidate's Research Career Development	Attachments > Proposal >	PHS_Career_Inst_Commitment	
12.0	Description of Candidate's Contribution to Program Goals	Attachments > Proposal >	PHS_Career_Candidate_Contribution	

3. PHS 398 Career Development Award Supplemental Sections 13-18

Other Research Plan Sections			
13. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
14. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
15. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
16. Resource Sharing	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Other Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
18. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
13.0	Vertebrate Animals	Attachments > Proposal >	PHS_Career_VertebrateAnimals	
14.0	Select Agent Research	Attachments > Proposal >	PHS_Career_SelectAgentResearch	
15.0	Consortium/Contractual Arrangements	Attachments > Proposal >	PHS_Career_Consortium_Contract	
16.0	Resource Sharing	Attachments > Proposal >	PHS_Career_Resource_Sharing_Plan	
17.0	Other Plan(s)	Attachment> Proposal>	PHS_Career_Resource_Other_Plans <i>(Per NIH, the NIH Data Management and Sharing Plan should be provided in this attachment field. Reference instructions accordingly.)</i>	
18.0	Authentication of Key Biological and/or Chemical Resources	Attachments > Proposal >	PHSCareer_KeyBioAndOrChemResources	

4. PHS 398 Career Development Award Supplemental Sections 19-20

Appendix

19. Appendix

*** Citizenship**

20. * U.S. Citizen or Non-Citizen National? Yes No

If no, select most appropriate Non-U.S. Citizen option

With a Permanent U.S. Resident Visa

With a Temporary U.S. Visa

Not Residing in the U.S.

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here:

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
19.0	Appendix	Attachments > Proposal >	PHS_Career_ Appendix	Multiples Allowed.
20.0	U.S. Citizen or Non-Citizen National?	Key Personnel > Person > Extended Details >	Citizenship Type	Select the appropriate value from the drop-down: Yes = C: U.S. Citizen or non-citizen national No = A: Non-U.S Citizen w. Temp Visa OR B: Not Residing in the U.S OR D:Temporary Visa also applied for permanent resident status OR N:Permanent Resident of U.S. OR P:Permanent Resident of U.S. Pending.
20.1	If no, select most appropriate Non-U.S. Citizen option	Key Personnel > Person > Extended Details >	Citizenship Type	CHECKED – With a Permanent U.S. Resident Visa = N:Permanent Resident of U.S. OR P: Permanent Resident of U.S. Pending CHECKED - With a Temporary U.S. Visa = A: Non-U.S Citizen with Temporary Visa OR D:Temporary Visa also applied for permanent resident status CHECKED - Not Residing in the U.S. = B: Not Residing in the U.S.
20.2	If with a temporary U.S. visa who has applied for permanent resident status	Key Personnel > Person > Extended Details >	Citizenship type	Select - Visa also applied for perm resident.

XI. PHS 398 Fellowship Supplemental Form V7-0

The following section shows the field mappings between the printed PHS 398 PHS Fellowship Supplemental Form 7-0 and Kual Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. PHS 398 PHS Fellowship Supplemental Form, Sections 1-2

Introduction		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
1. Introduction to Application (for Resubmission applications)	<input style="width: 100%;" type="text"/>	
Fellowship Applicant Section		<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
2. * Applicant's Background and Goals for Fellowship Training	<input style="width: 100%;" type="text"/>	

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
1.	Introduction	Attachments > Proposal >	PHS_Fellow_IntroductionToApplication	This attachment type MUST have a Description/Title. <i>*Required for Resubmission Applications.</i> Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
2.	Fellowship Applicant Section	Attachments > Proposal >	PHS_Fellow_BackgroundAndGoalsForTraining	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 6-page limit.

2. PHS 398 PHS Fellowship Supplemental Form, Sections 3-8

Research Training Plan Section			
3. * Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. * Research Strategy	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
5. * Respective Contributions	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. * Selection of Sponsor and Institution	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
7. Progress Report Publication List (for Renewal applications)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
8. * Training in the Responsible Conduct of Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
3.	Specific Aims	Attachments > Proposal >	PHS_Fellow_SpecificAims	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 1 page limit.
4.	Research Strategy	Attachments > Proposal >	PHS_Fellow_ResearchStrategy	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 6 page limit.
5.	Respective Contributions	Attachments > Proposal >	PHS_Fellow_RespectiveContributions	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 1 page limit.
6.	Selection of Sponsor and Institution	Attachments > Proposal >	PHS_Fellow_SelectionSponsorInstitution	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 1 page limit.
7.	Progress Report Publication List (renewals only)	Attachments > Proposal >	PHS_Fellow_ProgressReport_PubList	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
8.	Training in the Responsible Conduct of Research	Attachments > Proposal >	PHS_Fellow_ResponsibleConductResearch	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 1 page limit.

3. PHS 398 PHS Fellowship Supplemental Form, Sections 9-12

Sponsor(s), Collaborator(s), and Consultant(s) Section		
9. Sponsor and Co-Sponsor Statements	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
10. Letters of Support from Collaborators, Contributors, and Consultants	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Institutional Environment and Commitment to Training Section		
11. Description of Institutional Environment and Commitment to Training	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
12. Description of Candidate's Contribution to Program Goals	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
9.	Sponsor(s) and Co-Sponsor(s) Information	Attachments > Proposal >	PHS_Fellow_Sponsor_CoSponsor_Info	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 6 page limit.
10.	Letter of Support from Collaborators, Contributors, and Consultants	Attachments > Proposal >	PHS_Fellow_Letter_Collab-Contrib-Consult	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 6 page limit.
11.	Description of Institutional Environment and Commitment to Training	Attachments > Proposal >	PHS_Fellow_InstitutionEnviron-Commitment	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 2 page limit.
12	Description of Candidate's Contribution to Program Goals	Attachments > Proposal >	PHS_Fellow_InsitutionCandidateContribution	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. 2 page limit.

4. PHS 398 PHS Fellowship Supplemental Form, Sections 13-14

Other Research Training Plan Section

Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used? Yes No

13. Are vertebrate animals euthanized? Yes No

If "Yes" to euthanasia
Is method consistent with American Veterinary Medical Association (AVMA) guidelines? Yes No

If "No" to AVMA guidelines, describe method and provide scientific justification

14. Vertebrate Animals

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
Vertebrate Animals	Vertebrate Animals	Compliance >	Animal Subjects (25)-HOLD	If the Animal Subjects special review item is added, the Yes box will be checked.
13.	Are vertebrate animals euthanized?	Questionnaire > PHS Fellowship Supplemental >	Q-Are vertebrate animals euthanized?	The yes/no selection on the questionnaire will be reflected on the form.
	Is method consistent with American Veterinary Medical Association (AVMA) guidelines?	Questionnaire > PHS Fellowship Supplemental >	Q-Is method consistent with American Veterinary Medical Association (AVMA) guidelines?	If Yes to prior question, then answer this question with Yes or No. The yes/no selection on the questionnaire will be reflected on the form.
	If "No" to AVMA Guidelines, describe method and provide scientific justification	Questionnaire > PHS Fellowship Supplemental >	Q- If NO to AVMA Guidelines, describe method and provide scientific justification in 1000 characters or less.	If No to prior question, provide a text-only answer in 1000 characters or less.
14.	Vertebrate Animals	Attachments > Proposal >	PHS_Fellow_VertebrateAnimals	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.

5. PHS 398 PHS Fellowship Supplemental Form, Sections 15-18

Other Research Training Plan Information			
15. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
16. Resource Sharing Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Other Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
18. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
15.	Select Agent Research	Attachments > Proposal >	PHS_Fellow_SelectAgentResearch	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
16.	Resource Sharing Plan	Attachments > Proposal >	PHS_Fellow_ResourceSharingPlan	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
17.	Other Plan(s)	Attachments > Proposal >	PHS_Other_Plans <i>(Per NIH, the NIH Data Management and Sharing Plan should be provided in this attachment field. Reference instructions accordingly.)</i>	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
18.	Authentication of Key Biological and/or Chemical Resources	Attachments > Proposal >	PHS_Fellow_Auth_KeyBio-Chem_Resources	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.

6. PHS 398 PHS Fellowship Supplemental Form, Section 19

Additional Information Section

19. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells? Yes No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s):

X

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
19.	Does the proposed project involve human embryonic stem cells?	Questionnaire > PHS Fellowship Supplemental >	Does the proposed project involve human embryonic stem cells?	The yes/no selection on the questionnaire will be reflected on the form.
19.a	Specific stem cell line cannot be referenced at this time. One from the registry will be used.	Questionnaire > PHS Fellowship Supplemental >	Q- Can a specific stem cell line be referenced at this time? If stem cells will be used, but a specific line cannot be referenced at the time of application submission, include a statement that one from the registry will be used.	"No" affirms that the specific stem cell line cannot be referenced at this time. an undefined registry cell line will be used. "Yes" will require entering the cell IDs in the next question.
19.b	Cell Line(s)	Questionnaire > PHS Fellowship Supplemental >	Q- List the registration number of the specific cell line(s) from the stem cell registry found at: http://stemcells.nih.gov/registry/index.asp	List the registration numbers of the cell lines in the spaces provided. The form has a maximum of 200 inputs. Maximum length = 4.

7. PHS 398 PHS Fellowship Supplemental Form, Sections 20-22

20. Alternate Phone Number:

21. Degree Sought During Proposed Award:

Degree: If "other", indicate degree type: Expected Completion Date (MM/YYYY):

22. * Field of Training for Current Proposal:

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
20.	Candidates Alternate Phone Number	Key Personnel > Personnel > Person > Organization >	Mobile	Enter an alternate number (e.g., cell phone); field will be left blank if null.
21.	Degree Sought During Proposed Award:	Questionnaire > PHS Fellowship Supplemental >	Q- Are you seeking a degree during the proposed award?	"No" will proceed to Field of Training; "Yes" requires a degree date and type.
(If Yes to #21)	Expected Completion Date	Questionnaire > PHS Fellowship Supplemental >	Q- For the degree sought during the proposed award, what is the expected degree completion date? Format MM/DD/YYYY	Enter the date the degree was earned in MM/DD/YYYY format. The specific date of the month is not important.
(If Yes to #21)	Degree Sought	Questionnaire > PHS Fellowship Supplemental >	Q- Please select the type of degree sought during the proposed award, from the list of options provided. If the degree being sought does not appear on the list, please select the most appropriate "other" degree type from the list.	Select the type of degree sought during the proposed award, from the list of options provided. If the degree being sought does not appear on the list, please select the most appropriate "other" degree type from the list.
(If "Other" was selected as Degree Type)	Other Degree Type	Questionnaire > PHS Fellowship Supplemental >	Q- Please provide the specific Other (OTH) degree type here	Provide the specific degree type here.
22.	Field of Training for Current Proposal:	Questionnaire > PHS Fellowship Supplemental >	Q- Please select a Field of Training from the list provided that best applies to the current proposal. (ONLY items preceded by 3-digit codes are valid)	Select the subcategory field of training that best applies to the proposed award from the list; only select items with a 3-digit code.

8. PHS 398 PHS Fellowship Supplemental Form, Section 23

23. * Current or Prior Kirschstein-NRSA Support? Yes No

If yes, identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)
X				

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
23.	Current Or Prior Kirschstein-NRSA Support?	Questionnaire > PHS Fellowship Supplemental >	If you have current or previous Kirschstein-NRSA support, check "yes" and provide details on the support in the following question.	Select "yes" or "no" If yes, please identify current and prior Kirschstein-NRSA support in the following questions. Up to 4 awards can be identified.
If yes to #23	Level	Questionnaire > PHS Fellowship Supplemental >	Was the Kirschstein NRSA support level for Predoctoral or Postdoctoral training?	Select from list: Predoctoral or Postdoctoral.
If yes to #23	Type	Questionnaire > PHS Fellowship Supplemental >	Was the prior Kirschstein NRSA support for an Individual or an Institution?	Select from List: Individual or Institutional
If yes to #23	Start Date	Questionnaire > PHS Fellowship Supplemental >	What was the start date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calendar tool.	If known, enter the start date of this support in the format MM/DD/YYYY.
If yes to #23	End Date	Questionnaire > PHS Fellowship Supplemental >	What was the end date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calendar tool.	If known, enter the end date of this support in the format MM/DD/YYYY.
If yes to #23	Grant Number	Questionnaire > PHS Fellowship Supplemental >	What was the grant number for this support? Enter the grant number, otherwise, enter UNKNOWN.	Enter the grant number for this support.

9. PHS 398 PHS Fellowship Supplemental Form, Section 24

24. * Applications for Concurrent Support Yes No

If yes, describe in an attached file:

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
24.	Applications for Concurrent Support			Defaults to No unless the defined attachment is uploaded.
(If there is concurrent support)	Concurrent Support	Attachments > Proposal >	PHS_Fellow_ConcurrentSupport	If applications for concurrent support exist, upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.

10. PHS 398 PHS Fellowship Supplemental Form, Section 25-26

25. * Citizenship:
 U.S.Citizen U.S. Citizen or Non-Citizen National? Yes No
 Non-U.S.Citizen With a Permanent U.S. Resident Visa
 With a Temporary U.S. Visa

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here:

26. Change of Sponsoring Institution Name of Former Institution:

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
25.	Citizenship	Key Personnel > Personnel > Person > Extended Details >	Citizenship Type	Select from a look-up table, value provided: A: Non-U.S Citizen with Temporary Visa C: U.S. Citizen or non-citizen national N: Permanent Resident of the U.S. D: Temporary Visa also applied for Permanent Resident status (The secondary checkbox will also be checked (expect to hold a permanent visa by the earliest possible start date of the award). ONLY A, C, N, or D are valid answers.
26.	Change of Sponsoring Institution	Questionnaire > PHS Fellowship Supplemental >	Has this application been previously submitted by a different institution?	Select 'Yes' if this application reflects a change in grantee institution from that indicated on a previous application.
If yes to 26.	Name of Former Institution	Questionnaire > PHS Fellowship Supplemental >	If this application reflects a change in grantee institution, enter the name of the former institution here.	Enter the name of the former institution.

11. PHS 398 PHS Fellowship Supplemental Form, Section 27

Budget Section

All Fellowship Applicants:

27. * Tuition and Fees: None Requested Funds Requested:

Year 1		<input style="width: 95%;" type="text"/>
Year 2		<input style="width: 95%;" type="text"/>
Year 3		<input style="width: 95%;" type="text"/>
Year 4		<input style="width: 95%;" type="text"/>
Year 5		<input style="width: 95%;" type="text"/>
Year 6 (when applicable)		<input style="width: 95%;" type="text"/>
Total Funds Requested:		<input style="width: 95%;" type="text"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
27.	Budget Section	Budget > selected budget > Non-Personnel Costs >	Cost element codes: F46102 – Tuition Scholarship/Fellowship	<p>To populate these fields, you must create a detailed budget.</p> <p>If you do not include this cost element code on your detailed budget the “None Requested” box will be checked.</p> <p>If the budget is longer than 6 years, the “Total Funds Requested” field will reflect the entire budget even though the form is limited to 6 years.</p>

12. PHS 398 PHS Fellowship Supplemental Form, Section 28

28. * Childcare Costs:	<input checked="" type="checkbox"/> None Requested	<input type="checkbox"/> Funds Requested:
	Year 1	<input type="text"/>
	Year 2	<input type="text"/>
	Year 3	<input type="text"/>
	Year 4	<input type="text"/>
	Year 5	<input type="text"/>
	Year 6 (when applicable)	<input type="text"/>
	Total Funds Requested:	<input type="text"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
28.	Budget Section	Budget > selected budget > Non-Personnel Costs >	Cost element codes: F49992 – Other	To populate these fields, you must create a detailed budget. If you do not include this cost element code on your detailed budget the “None Requested” box will be checked. If the budget is longer than 6 years, the “Total Funds Requested” field will reflect the entire budget even though the form is limited to 6 years.

13. PHS 398 PHS Fellowship Supplemental Form, Section 29

Senior Fellowship Applicants Only:

29. Present Institutional Base Salary: Amount Academic Period Number of Months

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
	Is this a Senior Fellowship Application?	Senior Fellowship Applicants Only: Questionnaire > PHS Fellowship Supplemental >	Is this a Senior Fellowship Application?	Select "Yes" or "No". If "yes," proceed to additional questions.
29.1	Present Institutional Base Salary Amount:	Questionnaire > PHS Fellowship Supplemental >	Please enter the dollar amount of your present institutional base salary.	Enter the numeric dollar value only. Do not enter commas or decimal points.
29.2	Academic Period	Questionnaire > PHS Fellowship Supplemental >	Please select the academic period of time on which the salary is determined (e.g., academic year of 9 months, full-time 12 months, etc. Select a value from the list presented:	Select an option from the list. 10-month 12-month 6-month 9-month
29.3	Number of Months	Questionnaire > PHS Fellowship Supplemental >	Please enter the number of months you will receive the salary in the first year of the proposed fellowship.	Enter the number of months you will receive the salary. Fractions of months (using two decimal places) may be used.

14. PHS 398 PHS Fellowship Supplemental Form, Section 30

30. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:

Amount Number of Months

b. Supplementation from Other Sources:

Amount Number of Months

Type (e.g., sabbatical leave, salary)

Source

30.1	Stipends/Salary During First Year of Proposed Fellowship:	Budget > selected budget > Non-personnel >	Cost Element Code: F46002 – Student Aid/Stipend	To populate these fields, you must create a detailed budget. This section of the form will not be completed unless cost element code F46002 is used on budget period 1. Months and Amounts come from budget proposal person.
30.2	Supplementation from other sources: Amount	Questionnaire > PHS Fellowship Supplemental >	Are you receiving any supplementation from other sources? (sabbatical leave, salary, etc?)	Enter a numeric value in this field. No commas or non-numeric characters.
30.3	Supplementation from other sources: Number of Months	Questionnaire > PHS Fellowship Supplemental >	Enter the number of months receiving the supplemental funds in the first year of the proposed fellowship. The number may not be more than 12 but may include a decimal indicating partial months (e.g. 9.5). Fractions of months (using two decimal places) may be entered.	Enter the number of months receiving the supplemental funds.
30.4	Supplementation from other sources: Type	Questionnaire > PHS Fellowship Supplemental >	Enter the type of supplemental funding (sabbatical leave, salary, etc.)	Enter the type of supplemental funding in this field.
30.5	Supplementation from other sources: Source	Questionnaire > PHS Fellowship Supplemental >	What is the source of the supplemental funding?	Enter the source of supplemental funding in this field.

15. PHS 398 PHS Fellowship Supplemental Form, Section 31

<p>Appendix</p> <p>31. Appendix</p> <div style="text-align: right; margin-top: 10px;"> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </div>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
31.	Appendix	Attachments > Proposal >	PHS_Fellow_Appendix	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed. Up to 10 documents are allowed

XII. PHS 398 Research Plan V5-0

The following section shows the field mappings between the printed PHS 398 PHS Research Plan V5-0 and Kualu Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. PHS 398 PHS Research Plan, Section 1-4

Introduction			
1. Introduction to Application (for Resubmission and Revision applications)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Research Plan Section			
2. Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. Progress Report Publication List	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
1.0	Introduction to Application	Attachments > Proposal >	PHS_ResearchPlan_IntroductionToApplication	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
2.0	Specific Aims	Attachments > Proposal >	PHS_ResearchPlan_SpecificAims	See above.
3.0	Research Strategy	Attachments > Proposal >	PHS_ResearchPlan_ResearchStrategy	See above.
4.0	Progress Report Publication List	Attachments > Proposal >	PHS_ResearchPlan_ProgressReportPublicationList	See above.

2. PHS 398 PHS Research Plan, Section 5-12

Other Research Plan Section			
5. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
7. Multiple PD/PI Leadership Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
8. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
9. Letters of Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
10. Resource Sharing Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
11. Other Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
12. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Appendix			
13. Appendix	<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instruction s/Notes
5.0	Vertebrate Animals	Attachments > Proposal >	PHS_ResearchPlan_VertebrateAnimals	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
6.0	Select Agent Research	Attachments > Proposal >	PHS_ResearchPlan_SelectAgentResearch	See above.
7.0	Multiple PD/PI Leadership Plan	Attachments > Proposal >	PHS_ResearchPlan_MultiPILeadershipPlan	See above.
8.0	Consortium/Contractual Arrangements	Attachments > Proposal >	PHS_ResearchPlan_ConsortiumContractual Arrangements	See above.
9.0	Letters of Support	Attachments > Proposal >	PHS_ResearchPlan_LettersOfSupport	See above.
10.0	Resource Sharing Plans	Attachments > Proposal >	PHS_ResearchPlan_ResourceSharingPlans	See above.
11.0	Other Plan(s)	Attachments > Proposal >	PHS_ResearchPlan_Other_Plans (Per NIH, the NIH Data Management and Sharing Plan should be provided in this attachment field. Reference instructions accordingly.)	See above.
12.0	Authentication of Key Biological and/or Chemical Resources	Attachments > Proposal >	PHS_ResPlan_Auth_Key-Bio-Chem-Resources	See above.
13.0	Appendix	Attachments > Proposal >	PHS_ResearchPlan_Appendix	See above.

XIII. PHS Human Subjects And Clinical Trials Information V1-0

The following section shows the field mappings between the printed PHS Human Subjects and Clinical Trials Information V1-0 and Kualu Research. (Note: if you print this form as PDF, you may see some blank pages.)

Mandatory field for validation on form, user action required in table

May be required – check your FOA/BAA

1. PHS Human Subjects and Clinical Trials Information (1-3)

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved? Yes No

Is the Project Exempt from Federal regulations? Yes No

Exemption number: 1 2 3 4 5 6 7 8

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
1	Are Human Subjects Involved?	Compliance >	Human Subjects	Yes - Add Compliance item with type of Human Subjects No - Do Not Add Compliance item with type of Human Subjects.
2	Is the Project Exempt from Federal regulations	Compliance >	Approval Status	Yes - On Compliance item Human Subjects, choose Approval Status of Exempt No - On Compliance item Human Subjects, choose an Approval Status that's not Exempt.
3	Exemption number	Compliance >	Exemption #	Click on each appropriate Exemption Number(s). To unselect an Exemption Number click on that number again. Checkmark on the right will go away. NOTE: You must have an Approval Status of Exempt selected for these exemption numbers to display.

PHS Human Subjects and Clinical Trials Information (4-6)

If No to Human Subjects

Does the proposed research involve human specimens and/or data? Yes No

If Yes, provide an explanation of why the application does not involve human subjects research.

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study' or 'Add New Delayed Onset Study' as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

Other Requested Information

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
4	Does the proposed research involve human specimens and/or data?	Questionnaire > Grants.gov S2S FAT & Flat Questionnaire >	Does the proposed research involve human specimens and/or data?	Yes/No
5	If Yes, provide an explanation of why the application does not involve human subjects research.	Attachments > Proposal >	PHS-HumanSubjectsAndCT_InvolveHumanSpecimensExp	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
6	Other Requested Information	Attachments > Proposal >	PHS_HumanSubjectsAndCT_OtherRequestedInfo	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.

PHS Human Subjects and Clinical Trials Information (7-10)

Study Record(s)

Attach human subject study records using unique filenames.

x	1) Please attach Human Subject Study 1		Add Attachment	Delete Attachment	View Attachment
<input type="button" value="Add New Study"/>					

Preview in KR

Human Subject Studies

Study#	Study Title	Clinical Trial?
1	TEST STUDY TITLE FOR HUMAN SUBJECTS STUDIES	No

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
7	Study Record(s)	Compliance > Humans Subjects >	Human Study Attachment (Delayed Onset should not be checked if Human Subject Study.)	<p>Download the “PHS Human Subjects and Clinical Trials Information” from Grants.gov under Forms > R&R Family Forms.</p> <p>Open the form and click on the button “Click here to extract the Human Subject Study Record Attachment”. NOTE: You must answer yes to the first question on the form to activate the button. Once extracted, enter data on the form.</p> <p>If you have multiple forms that represent additional Human Studies, you must have multiple Human Subjects entries in the Compliance section.</p> <p>The title and filename should not contain spaces or special characters. Underscores are allowed. Attachments need to have unique names.</p>
8	Study# (Preview in KR)	N/A	N/A	Automatically added for each Human Subjects Compliance entry that has Human Subject Studies.
9	Study Title (Preview in KR)	Compliance > Humans Subjects > Human Study Attachment	1.1 Study Title on Form	Automatically extracted from Human Study Attachment form displayed in #1.1 Study Title.
10	Clinical Trial? (Preview in KR)	Compliance > Humans Subjects >	Clinical Trial	Check the checkbox to indicate a Clinical Trial. If there is not a Clinical Trial leave unchecked.

PHS Human Subjects and Clinical Trials Information (11-13)

Delayed Onset Study(ies)			
	Study Title	Anticipated Clinical Trial?	Justification
X		<input type="checkbox"/>	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
11	Study Title	Compliance > Humans Subjects >	Study Title (Delayed Onset must be checked to see this field)	Enter the title of the Delayed Onset Study
12	Anticipated Clinical Trial?	Compliance > Humans Subjects >	Clinical Trial	Check the checkbox to indicate a Clinical Trial. If there is not a Clinical Trial leave unchecked.
13	Justification	Compliance > Humans Subjects >	Human Study Attachment.	<p>Upload the appropriate document.</p> <p>If you have multiple forms that represent additional Delayed Onset Studies , you must have multiple Human Subjects entries in the Compliance section.</p> <p>The title and filename should not contain spaces or special characters. Underscores are allowed. Attachments need to have unique names.</p>

To see more information on [Delayed Onset Study\(ies\)](#)

XIV. PHS Human Subjects And Clinical Trials Information V1-0 - Study Record

The Study Record form is extracted from the “PHS Human Subjects and Clinical Trials Information” form. This form does NOT generate from Quali Research data and must be **filled out manually**.

Note: The “Check for Error” button on the top of this form will not check for all NIH Validations so if filled out incorrectly you could see errors in eRA Commons after submission. To avoid these errors please make sure to follow the instruction below:

1. Download the “PHS Human Subjects and Clinical Trials Information.” from [Grants.gov](https://www.grants.gov) under Forms > R&R Family Forms.
2. Open the form and click on the button “Click here to extract the Human Subject Study Record Attachment.” NOTE: You must answer yes to the “Are Human Subjects Involved?” to activate the button.
3. If you have multiple forms that represent additional Human Studies , you must have multiple Human Subjects entries in the Compliance section.

Mandatory field for validation on form, user action required in table

May be required – check your FOA/BAA

Section 1 Basic Information

Section 1 - Basic Information	
1.1. * Study Title (each study title must be unique)	
<input type="text"/>	
1.2. * Is this Study Exempt from Federal Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3. Exemption Number	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
1.4. * Clinical Trial Questionnaire	
If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.	
1.4.a. Does the study involve human participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4.b. Are the participants prospectively assigned to an intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4.c. Is the study designed to evaluate the effect of the intervention on the participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable	<input type="text"/>

1.0 Filename

The filename must not contain spaces or special characters but underscores are allowed. All attachments need to have unique names.

1.1 Study Title

The title must be unique and is limited to 600 characters.

1.2 Is this Study Exempt from Federal Regulation?

More information on exemptions may be found from NIH here: [G.500 - PHS Human Subjects and Clinical Trials Information](https://www.fda.gov/oc/ohrt/g-500-phs-human-subjects-and-clinical-trials-information).

1.3 Exemption Number

Answer only if you answered YES to the 1.2. Adding multiple exemption numbers is permitted if applicable.

Form Section on Study Record Form	If you answered "Yes" to <u>ALL</u> the questions in the Clinical Trial Questionnaire	If you answered "No" to <u>ANY</u> of the questions in the Clinical Trial Questionnaire
Section 2 - Study Population Characteristics	Required	Required
Inclusion Enrollment Report	Required	Required
Section 3 - Protection and Monitoring Plans	Required	Required
Section 4 - Protocol Synopsis	Required	Do not complete
Section 5 - Other Clinical Trial-related Attachments	Required if specified in the FOA	Do not complete

1.4 Clinical Trial Questionnaire

If you have answered "Yes" to all the questions here, this study meets the definition of a clinical trial.

IMPORTANT: Refer to this table to identify what sections of the form are required. Requirements are based on how you answered questions in 1.4 "Clinical Trial Questionnaire." The "Check for Errors" button at the top of the form does NOT check for these requirements. If rules are not followed you will receive errors in eRA Commons after submission.

Form Section on Study Record Form	If you answered "Yes" to <u>ALL</u> the questions in the Clinical Trial Questionnaire	If you answered "No" to <u>ANY</u> of the questions in the Clinical Trial Questionnaire
Section 2 - Study Population Characteristics	Required	Required
Section 3 - Protection and Monitoring Plans	Required	Required
Section 4 - Protocol Synopsis	Required	Do not complete
Section 5 - Other Clinical Trial-related Attachments	Required if specified in the FOA	Do not complete

Section 2 Study Population Characteristics

Section 2 - Study Population Characteristics

2.1. Conditions or Focus of Study

x

Add New Condition

2.2. Eligibility Criteria

2.3. Age Limits **Minimum Age** **Maximum Age**

2.4. Inclusion of Women, Minorities, and Children

2.5. Recruitment and Retention Plan

2.6. Recruitment Status

2.7. Study Timeline

2.8. Enrollment of First Subject

Inclusion Enrollment Report(s)

Add Inclusion Enrollment Report

2.1 Conditions or Focus of Study

At least 1 entry required (but no more than 20). There is a 255 character limit.

2.2 Eligibility Criteria

List the study's inclusion and exclusion criteria.

If further explanation is needed it should be included in the Recruitment and Retention plan.

2.3 Age Limits

Enter numerical value with relevant units of time.

2.4 Inclusion of Women, Minorities and Children

Attachment must be a PDF.

2.5 Recruitment and Retention Plan

Attachment must be a PDF. Required unless Exemption 4 was selected in 1.3 OR No was selected for 1.4a.

2.6 Recruitment Status

Required unless Exemption 4 was selected in 1.3 OR No was selected for 1.4a.

2.7 Study Timeline

Attachment must be a PDF. Required unless Exemption 4 was selected in 1.3 OR No was selected for 1.4a.

2.8 Inclusion Enrollment Reports

Required unless Exemption 4 was selected and NO OTHER exemptions. At least one IER is required, multiple IERs per Study Record are allowed if applicable.

Section 3 Protection and Monitoring Plans

Section 3 - Protection and Monitoring Plans			
3.1. Protection of Human Subjects	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If yes, describe the single IRB plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3.3. Data and Safety Monitoring Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3.4. Will a Data and Safety Monitoring Board be appointed for this study?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.5. Overall Structure of the Study Team	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

3.1 Protection of Human Subject

Attachment must be a PDF.

3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?

If you answered "Yes", you must attach the documentation.

Select N/A only if any of the following apply, do not select N/A if none apply.

- You answered "Yes" to "Question 1.2 Is this Study Exempt from Federal Regulations? (Yes/No)"
- You are a career development applicant
- You are a training applicant
- You are a fellowship applicant

3.3 Data and Safety Monitoring Plan

Attachment must be a PDF. Required if you answered "Yes" to all questions in 1.4.

3.4 Will a Data and Safety Monitoring Board be appointed for this study?

Attachment must be a PDF. Required if you answered "Yes" to all questions in 1.4.

3.5 Overall Structure of the Study Team

Attachment must be a PDF. Required if you answered "Yes" to all questions in 1.4.

Section 4 Protocol Synopsis (for Clinical Trial ONLY)

Do NOT provide this section, if you are:

- R25 applicants who are proposing to provide clinical trial research experience for their participants
- R36 applicants who are proposing to gain clinical trial research experience under a mentor's supervision.
- CDA applicants who are proposing to gain clinical trial research experience under a mentor's supervision.
- K12 and D43 applicants who are proposing to provide clinical trial research experience for their Scholars/Trainees.
- Fellowship applicants proposing to gain clinical trial research experience under a sponsor's supervision.

Section 4 - Protocol Synopsis

4.1. Brief Summary

4.2. Study Design

4.2.a. Narrative Study Description

4.2.b. Primary Purpose

4.2.c. Interventions

Intervention Type	
Name	
Description	

4.2.d. Study Phase

Is this an NIH-defined Phase III clinical trial? Yes No

4.2.e. Intervention Model

4.1 Brief Summary

Enter a brief description of objectives of the protocol, including the primary and secondary endpoints. The Brief Summary is limited to 5,000 characters.

4.2 Study Design

4.2a Narrative Study Description

Enter a narrative description of the protocol. The narrative description is limited to 32,000 characters.

4.2b Primary Purpose

Enter or select from the dropdown menu a single "Primary Purpose" that best describes the clinical trial.

4.2.c. Interventions

Complete the "Interventions" fields for each intervention to be used in your proposed protocol. You can add up to 20 interventions.

Intervention Type: Enter or select from the dropdown menu the intervention type the clinical trial will administer during the proposed award.

Name: Enter the name of the intervention. The name is limited to 200 characters.

Description: Enter a description of the intervention. The description is limited to 1,000 characters.

4.2.d. Study Phase

Enter or select from the dropdown menu a "[Study Phase](#)" that best describes the clinical trial. If your study involves a device, choose "Other."

Is this an NIH-defined Phase III clinical trial?

Yes/No Select "Yes" or "No" to indicate whether the study includes an [NIH-defined Phase III clinical trial](#). Device and behavioral intervention studies may select "Yes" here even if the answer above is "Other".

4.2.e. Intervention Model

Enter or select from the dropdown menu a single "Intervention Model" that best describes the clinical trial.

4.2.f. Masking Yes No
 Participant Care Provider Investigator Outcomes Assessor

4.2.g. Allocation

4.3. Outcome Measures

Name	Type	Time Frame	Brief Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.4. Statistical Design and Power

4.5. Subject Participation Duration

4.2.f. Masking

Select "Yes" or "No" to indicate whether the protocol uses masking. Note that masking is also referred to as "blinding." If you answered "Yes" to the "Masking" question, select one or more types of masking that best describes the protocol.

Choose from the following options:

- Participant
- Care Provider
- Investigator
- Outcomes Assessor

4.2.g. Allocation

Enter or select from the dropdown menu a single "Allocation" that best describes how subjects will be assigned in your protocol. If allocation is not applicable to your clinical trial, select "N/A" (e.g., for a single-arm trial). Choose from the following options:

- N/A
- Randomized
- Non-randomized

4.3 Outcome Measure

Complete the "Outcome Measures" fields for each primary, secondary, and other important measures to be collected during your proposed clinical trial.

Name: Enter the name of the individual outcome measure. The outcome measure must be unique within each Study Record.

Type: Enter or select from the dropdown menu the type of the outcome measure. Choose from the following options:

- Primary - select this option for the outcome measures specified in your protocol that are of greatest importance to your study
- Secondary - select this option for outcome measures specified in your protocol that are of lesser importance to your study than your primary outcomes
- Other - select this option for additional key outcome measures used to evaluate the intervention.

Time Frame: Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment).

Brief Description: Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Your description is limited to 999 characters.

4.4 Statistical Design and Power

Attachment must be a PDF.

4.5 Subject Participation Duration

Enter the time (e.g., in months) it will take for each individual participant to complete all study visits. The subject participation duration is limited to 255 characters.

4.6. Will the study use an FDA-regulated intervention? Yes No

4.6.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status

4.7. Dissemination Plan

4.6 Will the study use an FDA-regulated intervention?

Select "Yes" or "No" to indicate whether the study will use an FDA-regulated intervention (see the definition of "FDA Regulated Intervention" under the [Oversight](#) section of the [ClinicalTrials.gov Protocol Registration Data Element Definitions for Interventional and Observational Studies](#) page).

4.6a If Yes to above question:

Attachment must be a PDF.

4.7 Dissemination Plan

Attachment must be a PDF.

Section 5 Other Clinical Trial Related Attachments (if applicable)

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments

More information on the Human Subject and the Clinical Trials can be found on [here](#).

XIII. PHS Human Subjects And Clinical Trials Information V2-0, V3-0

The following section shows the field mappings between the printed PHS Human Subjects and Clinical Trials Information V2-0, V3-0 and Kual Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. PHS Human Subjects and Clinical Trials Information (1-2)

Use of Human Specimens and/or Data

* Does any of the proposed research in the application involve human specimens and/or data? Yes No

Provide an explanation for any use of human specimens and/or data not considered to be human subjects research.

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
1	Does any of the proposed research in the application involve human specimens and/or data?	Questionnaire > Grants.gov S2S FAT & Flat Questionnaire >	Does any of the proposed research in the application involve human specimens and/or data?	Select "Yes" or "No". If "yes," proceed to additional questions.
2	Provide an explanation for any use of human specimens and/or data not considered to be human subject research.	Attachments > Proposal >	PHS_HumanSubjectsAndCT_InvolveHumanSpecExp	If you answered YES to 1, upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.

2. PHS Human Subjects and Clinical Trials Information (3-5)

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved?

Yes No

Is the Project Exempt from Federal regulations?

Yes No

Exemption number:

1 2 3 4 5 6 7 8

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
3	Are Human Subjects Involved?	Compliance >	Human Subjects	Yes - Add Compliance item with type of Human Subjects No - Do Not Add Compliance item with type of Human Subjects.
4	Is the Project Exempt from Federal regulations	Compliance >	Approval Status	Yes - On Compliance item Human Subjects, choose Approval Status of Exempt No - On Compliance item Human Subjects, choose an Approval Status that's not Exempt.
5	Exemption number	Compliance >	Exemption #	Click on each appropriate Exemption Number(s). To unselect an Exemption Number click on that number again. Checkmark on the right will go away. NOTE: You must have an Approval Status of Exempt selected for these exemption numbers to display.

3. PHS Human Subjects and Clinical Trials Information (6-7)

If No to Human Subjects

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study' or 'Add New Delayed Onset Study' as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

Other Requested Information

Study Record(s)

Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
6	Other Requested Information	Attachments > Proposal >	PHS_HumanSubjectsAndCT_Other RequestedInfo	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
7	Attach Human Subject Study	N/A	N/A	<p>Download the "PHS Human Subjects and Clinical Trials Information" from Grants.gov under Forms > R&R Family Forms.</p> <p>Open the form and click on the button "Click here to extract the Human Subject Study Record Attachment". NOTE: You must answer yes to the first question on the form to activate the button. Once extracted, enter data on the form.</p> <p>If you have multiple forms that represent additional Human Studies, you must have multiple Human Subjects entries in the Compliance section.</p> <p>The title and filename should not contain spaces or special characters. Underscores are allowed. Attachments need to have unique names.</p>

4. PHS Human Subjects and Clinical Trials Information (8-10)

Delayed Onset Study(ies)

	Study Title	Anticipated Clinical Trial?	Justification
<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/Notes
8	Study Title	Compliance > Humans Subjects >	Study Title (Delayed Onset must be checked to see this field)	Enter title of the Delayed Onset Study
9	Anticipated Clinical Trial?	Compliance > Humans Subjects >	Clinical Trial	Check the checkbox to indicate a Clinical Trial. If there is not a Clinical Trial, leave unchecked.
10	Justification	Compliance > Humans Subjects >	Human Subjects Justification	<p>Upload the appropriate document.</p> <p>If you have multiple forms that represent additional Delayed Onset Studies , you must have multiple Human Subjects entries in the Compliance section.</p> <p>The title and filename should not contain spaces or special characters. Underscores are allowed. Attachments need to have unique names.</p> <p>.</p>

XIV. PHS Human Subjects And Clinical Trials Information V2-0, V3-0 - Study Record

The Study Record form is extracted from the “PHS Human Subjects and Clinical Trials Information” form. This form does NOT generate from Quali Research data and must be **filled out manually**.

Note: The “Check for Error” button on the top of this form will not check for all NIH Validations so if filled out incorrectly you could see errors in eRA Commons after submission. To avoid these errors please make sure to follow the instruction below:

4. Download the “PHS Human Subjects and Clinical Trials Information.” from Grants.gov under Forms > R&R Family Forms.
5. Open the form and click on the button “Click here to extract the Human Subject Study Record Attachment.” NOTE: You must answer yes to the “Are Human Subjects Involved?” to activate the button.
6. If you have multiple forms that represent additional Human Studies , you must have multiple Human Subjects entries in the Compliance section.

Mandatory field for validation on form, user action required in table

May be required – check your FOA/BAA

Section 1 Basic Information

Section 1 - Basic Information

1.1. * Study Title (each study title must be unique)

1.2. * Is this Study Exempt from Federal Regulations? Yes No

1.3. Exemption Number 1 2 3 4 5 6 7 8

1.4. * Clinical Trial Questionnaire

If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.

1.4.a. Does the study involve human participants? Yes No

1.4.b. Are the participants prospectively assigned to an intervention? Yes No

1.4.c. Is the study designed to evaluate the effect of the intervention on the participants? Yes No

1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome? Yes No

1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable

1.1 Study Title

The title must be unique and is limited to 600 characters.

1.2 Is this Study Exempt from Federal Regulation?

More information on exemptions may be found from NIH here: G.500 - PHS Human Subjects and Clinical Trials Information.

1.3 Exemption Number

Answer only if you answered YES to the 1.2. Adding multiple exemption numbers is permitted if applicable.

Form Section on Study Record Form	If Exemption 4 Chosen	If Other Exemptions Chosen (Besides 4)
Section 2 - Study Population Characteristics	Not required	Required
Inclusion Enrollment Report	Not required	Required
Section 3 - Protection and Monitoring Plans	3.1 & 3.2 are required	Required
Section 4 - Protocol Synopsis	Do not complete	Do not complete
Section 5 - Other Clinical Trial-related Attachments	Do not complete	Do not complete

1.4 Clinical Trial Questionnaire

1.4.a defaults to Yes and is not editable.

If you have answered “Yes” to all the questions here, this study meets the definition of a clinical trial.

IMPORTANT: Refer to this table to identify what sections of the form are required. Requirements are based on how you answered questions in 1.4 "Clinical Trial Questionnaire." The “Check for Errors” button at the top of the form does NOT check for these requirements. If rules are not followed you will receive errors in eRA Commons after submission.

Form Section on Study Record Form	If you answered "Yes" to ALL the questions in the Clinical Trial Questionnaire	If you answered "No" to ANY of the questions in the Clinical Trial Questionnaire
Section 2 - Study Population Characteristics	Required	Required
Inclusion Enrollment Report	Required	Required
Section 3 - Protection and Monitoring Plans	Required	Required
Section 4 - Protocol Synopsis	Required	Do not complete
Section 5 - Other Clinical Trial-related Attachments	Required if specified in the FOA	Do not complete

1.5 Provide the ClinicalTrials.gov identifier for this trial, if applicable:

Optional. Provide NCT# for this study, if available. Newly proposed studies do not need to be entered in ClinicalTrials.gov at time of application. If building on an existing study, enter NCT# for ancillary study (if available), not the parent study.

Section 2 Study Population Characteristics

Section 2 - Study Population Characteristics

2.1. Conditions or Focus of Study

x
Add New Condition

2.2. Eligibility Criteria

2.3. Age Limits Minimum Age Maximum Age

2.3.a. Inclusion of Individuals Across the Lifespan Add Attachment Delete Attachment View Attachment

2.4. Inclusion of Women and Minorities Add Attachment Delete Attachment View Attachment

2.5. Recruitment and Retention Plan Add Attachment Delete Attachment View Attachment

2.6. Recruitment Status

2.7. Study Timeline Add Attachment Delete Attachment View Attachment

2.8. Enrollment of First Participant

2.9. Inclusion Enrollment Report(s)

Add Inclusion Enrollment Report

2.1 Conditions or Focus of Study

At least 1 entry required (but no more than 20). There is a 255 character limit.

2.2 Eligibility Criteria

List the study's inclusion and exclusion criteria.

If further explanation is needed it should be included in the Recruitment and Retention plan.

2.3 Age Limits

Enter numerical value with relevant units of time.

2.3a inclusion of Individuals Across the Lifespan

Attachment must be a PDF.

2.4 Inclusion of Women, Minorities and Children

Attachment must be a PDF.

2.5 Recruitment and Retention Plan

Attachment must be a PDF. Required unless Exemption 4 was selected in 1.3 OR No was selected for 1.4a.

2.6 Recruitment Status

Required unless Exemption 4 was selected in 1.3 OR No was selected for 1.4a.

2.7 Study Timeline

Attachment must be a PDF. Required unless Exemption 4 was selected in 1.3 OR No was selected for 1.4a.

2.8 Enrollment of first Participant

Date and Anticipated/Actual

2.9 Inclusion Enrollment Reports

Required unless Exemption 4 was selected and NO OTHER exemptions. At least one IER is required, multiple IERs per Study Record are allowed if applicable.

Section 3 Protection and Monitoring Plans

Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects Add Attachment Delete Attachment View Attachment

3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?
 Yes No N/A

If yes, describe the single IRB plan Add Attachment Delete Attachment View Attachment

3.3. Data and Safety Monitoring Plan Add Attachment Delete Attachment View Attachment

3.4. Will a Data and Safety Monitoring Board be appointed for this study?
 Yes No

3.5. Overall Structure of the Study Team Add Attachment Delete Attachment View Attachment

3.1 Protection of Human Subject

Attachment must be a PDF.

3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?

Select N/A only if any of the following apply, do not select N/A if none apply.

- You answered "Yes" to "Question 1.2 Is this Study Exempt from Federal Regulations? (Yes/No)
- You are a career development applicant
- You are a training applicant
- You are a fellowship applicant

If yes, describe the single IRB Plan

Attachment must be a PDF.

3.3 Data and Safety Monitoring Plan

Attachment must be a PDF.

3.4 Will a Data and Safety Monitoring Board be appointed for this study?

Attachment must be a PDF.

3.5 Overall Structure of the Study Team

Attachment must be a PDF.

Section 4 Protocol Synopsis (for Clinical Trial ONLY)

Do NOT provide this section, if you are:

- R25 applicants who are proposing to provide clinical trial research experience for their participants
- R36 applicants who are proposing to gain clinical trial research experience under a mentor's supervision.
- CDA applicants who are proposing to gain clinical trial research experience under a mentor's supervision.
- K12 and D43 applicants who are proposing to provide clinical trial research experience for their Scholars/Trainees.
- Fellowship applicants proposing to gain clinical trial research experience under a sponsor's supervision.

Section 4 - Protocol Synopsis

4.1. Study Design

4.1.a. Detailed Description

4.1.b. Primary Purpose

▼

4.1.c. Interventions

X	Intervention Type	
	Name	
	Description	

Add New Intervention

4.1.d. Study Phase

▼

Is this an NIH-defined Phase III clinical trial? Yes No

4.1.e. Intervention Model

▼

4.1.f. Masking

Yes No

Participant Care Provider Investigator Outcomes Assessor

4.1.g. Allocation

▼

4.1 Study Design

4.1.a. Brief Summary

Enter a brief description of objectives of the protocol, including the primary and secondary endpoints. The Brief Summary is limited to 5,000 characters.

4.1.b. Primary Purpose

Enter or select from the dropdown menu a single "Primary Purpose" that best describes the clinical trial.

4.1.c. Interventions

Complete the "Interventions" fields for each intervention to be used in your proposed protocol. You can add up to 20 interventions.

Intervention Type: Enter or select from the dropdown menu the intervention type the clinical trial will administer during the proposed award.

Name: Enter the name of the intervention. The name is limited to 200 characters.

Description: Enter a description of the intervention. The description is limited to 1,000 characters.

4.1.d. Study Phase

Enter or select from the dropdown menu a "[Study Phase](#)" that best describes the clinical trial. If your study involves a device, choose "Other."

Is this an NIH-defined Phase III clinical trial?

Yes/No Select "Yes" or "No" to indicate whether the study includes an [NIH-defined Phase III clinical trial](#). Device and behavioral intervention studies may select "Yes" here even if the answer above is "Other".

4.1.e. Intervention Model

Enter or select from the dropdown menu a single "Intervention Model" that best describes the clinical trial.

4.1.f. Masking

Select "Yes" or "No" to indicate whether the protocol uses masking. Note that masking is also referred to as "blinding." If you answered "Yes" to the "Masking" question, select one or more types of masking that best describes the protocol.

Choose from the following options:

- Participant
- Care Provider
- Investigator
- Outcomes Assessor

4.1.g. Allocation

Enter or select from the dropdown menu a single "Allocation" that best describes how subjects will be assigned in your protocol. If allocation is not applicable to your clinical trial, select "N/A" (e.g., for a single-arm trial). Choose from the following options:

- N/A
- Randomized
- Non-randomized

4.2. Outcome Measures

Name	Type

Add New Outcome

4.3. Statistical Design and Power

Add Attachment Delete Attachment View Attachment

4.4. Subject Participation Duration

4.5. Will the study use an FDA-regulated intervention?

Yes No

4.5.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status

Add Attachment Delete Attachment View Attachment

4.6. Is this an applicable clinical trial under FDAAA?

Yes No

4.7. Dissemination Plan

Add Attachment Delete Attachment View Attachment

4.2 Outcome Measure

Complete the "Outcome Measures" fields for each primary, secondary, and other important measures to be collected during your proposed clinical trial.

Name: Enter the name of the individual outcome measure. The outcome measure must be unique within each Study Record.

Type: Enter or select from the dropdown menu the type of the outcome measure. Choose from the following options:

- Primary - select this option for the outcome measures specified in your protocol that are of greatest importance to your study
- Secondary - select this option for outcome measures specified in your protocol that are of lesser importance to your study than your primary outcomes

- Other - select this option for additional key outcome measures used to evaluate the intervention.

Time Frame: Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment).

Brief Description: Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Your description is limited to 999 characters.

4.3 Statistical Design and Power

Attachment must be a PDF.

4.4 Subject Participation Duration

Enter the time (e.g., in months) it will take for each individual participant to complete all study visits. The subject participation duration is limited to 255 characters.

4.5 Will the study use an FDA-regulated intervention?

Select "Yes" or "No" to indicate whether the study will use an FDA-regulated intervention (see the definition of "FDA Regulated Intervention" under the [Oversight](#) section of the [ClinicalTrials.gov Protocol Registration Data Element Definitions for Interventional and Observational Studies](#) page).

4.5.a. If Yes to above question:

Attachment must be a PDF.

4.6 Is this an applicable clinical trial under FDAAA?

Select "Yes" or "No" to indicate whether the study will be subjected to FDAAA (see the definition on the [ClinicalTrials.gov FDAAA 801 and the Final Rule](#) page).

4.7 Dissemination Plan

Attachment must be a PDF.

Section 5 Other Clinical Trial Related Attachments (if applicable)

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments

More information on the Human Subject and the Clinical Trials can be found on [here](#).

XV. PHS 398 Training Budget V2-0

The following section shows the field mappings between the printed PHS 398 Training Budget V2-0 and Kual Research.

NOTE: This form relies on both the Proposal Development Budget and the PHS398 Training Budget Questionnaire. After completing the questionnaire, please review to see if any additional questions have been displayed. More specifically, when selecting “Yes” for the given category of trainee, after you save the questionnaire, there will be quantity-specific questions that will show up and must be answered. All quantity fields cannot be blank, they must contain a 0 (zero) or greater number. You will know the questionnaire has been completely filled out when you see a green checkmark on the questionnaire’s name tab.

Your total stipend amount must be less than or equal to the sum of your budget line items (exclusive of other line items on this form such as Trainee Travel/Tuition/Fees, etc. and subaward costs). If your total stipend amount is greater than the sum of these items, you will receive an error message.

Mandatory field for validation on form, user action required in table

May be required – check your FOA/BAA

1. PHS 398 PHS Training Budget

Organizational DUNS:	<input type="text"/>	Budget Type:	<input checked="" type="radio"/> Project	<input type="radio"/> Subaward/Consortium	<input type="button" value="See Cumulative"/>
Organization Name:	<input type="text"/>				
Start Date:	<input type="text"/>	End Date:	<input type="text"/>		

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
1	Organizational DUNS	Basics > Organization & Location > Applicant Organization > Details >	DUNS	Organization data maintained by ORA. Users do not need to enter.
2	Budget Type	N/A	N/A	Kuali Research defaults to “Project”..
3	Organization Name	Basics > Organization & Location > Applicant Organization >	Organization Name	Organization data maintained by ORA. Users do not need to enter.
4	Start Date/End Date	Basics> Proposal Details>	Project Dates	Project Start and End Dates for Period X.

2. A. Stipend, Tuition/Fees (A.1-A.6)

A. Stipends, Tuition/Fees			
Number of Trainees		Stipends Requested (\$)	Tuition/Fees Requested (\$)
Full Time	Short Term		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergraduate:			
Number Per Stipend Level:			
First-Year/Soph.	<input type="text"/>	Junior/Senior	<input type="text"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
A.1	Number of Trainees Full Time Undergraduate	Questionnaire> PHS398 Training Budget V1.0>	How many are FULL TERM Undergraduate Trainees? Enter 0 (zero) if none.	Enter number of FULL TIME Undergraduate Trainees. Cannot be blank.
A.2	Number of Trainees Short Term Undergraduate	Questionnaire> PHS398 Training Budget V1.0>	How many are SHORT TERM Undergraduate Trainees? Enter 0 (zero) if none	Enter number of SHORT TERM Undergraduate Trainees. Cannot be blank.
A.3	Undergraduate - Stipends Requested (\$)	System Admin Portal > Maintenance > Training Stipend Rate	See Latest Undergraduates Rates.	Number of Undergraduate Trainees multiplied by Stipend Rate. NOTE: These stipend rates are updated periodically based on published NIH stipends.
A.4	Undergraduate - Tuition/Fees Requested (\$)	Budget> selected budget> Non-Personnel Costs>	T46102UC - T PHS Tuition Undergraduate Cost Element	Enter in amount for total request in Total Base Cost.
A.5	Number Per Stipend Level First-Year/Soph.	Questionnaire> PHS398 Training Budget V1.0>	Sum of How many undergraduate stipends being requested at the first-year/sophomore level? Under FULL TERM and How many undergraduate stipends being requested at the first-year/sophomore level? Under SHORT TERM	Enter number of FULL TIME first-year/sophomore stipends. Cannot be blank. AND Enter number of Short TERM first-year/sophomore stipends. Cannot be blank.
A.6	Number Per Stipend Level Junior/Senior	Questionnaire> PHS398 Training Budget V1.0>	Sum of How many undergraduate stipends are being requested at the junior/senior level? Under FULL TERM and How many undergraduate stipends are being requested at the junior/senior level? Under SHORT TERM	Enter number of FULL TIME junior/senior stipends. Cannot be blank. AND Enter number of Short TERM junior/senior . Cannot be blank.

3. A. Stipend, Tuition/Fees (A.7-A.18)

Number of Trainees			Stipends Requested (\$)	Tuition/Fees Requested (\$)
Full Time	Short Term			
<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"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
A.7	Number of Trainees Full Time Predoctoral: Single Degree	Questionnaire> PHS398 Training Budget V1.0>	Enter the number of FULL TERM SINGLE DEGREE trainees, enter 0 if none.	Enter the number of FULL TERM SINGLE DEGREE trainees, enter 0 if none. Cannot be blank.
A.8	Number of Trainees Short Term Predoctoral: Single Degree	Questionnaire> PHS398 Training Budget V1.0>	Enter the number of SHORT TERM SINGLE DEGREE trainees, enter 0 if none.	Enter the number of SHORT TERM SINGLE DEGREE trainees, enter 0 if none. Cannot be blank.
A.9	Predoctoral: Single Degree - Stipends Requested (\$)	System Admin Portal > Maintenance > Training Stipend Rate	See Latest Predoctoral Rate(s).	Number of Predoctoral Single Degree Trainees multiplied by Stipend Rate. NOTE: These stipend rates are updated periodically based on published NIH stipends.
A.10	Predoctoral: Single Degree - Tuition/Fees Requested (\$)	Budget> selected budget> Non-Personnel Costs>	T46102RS - T PHS Tuition PreDoc Single Degree Seeking Cost Element	Enter the amount for total request in Total Base Cost.
A.11	Number of Trainees Full Time Predoctoral: Dual Degree	Questionnaire> PHS398 Training Budget V1.0>	Enter the number of FULL TERM DUAL DEGREE trainees, enter 0 if none.	Enter the number of FULL TERM DUAL DEGREE trainees, enter 0 if none. Cannot be blank.
A.12	Number of Trainees Short Term Predoctoral: Dual Degree	Questionnaire> PHS398 Training Budget V1.0>	Enter the number of SHORT TERM DUAL DEGREE trainees, enter 0 if none.	Enter the number of SHORT TERM DUAL DEGREE trainees, enter 0 if none. Cannot be blank.
A.13	Predoctoral: Dual Degree - Stipends Requested (\$)	System Admin Portal > Maintenance > Training Stipend Rate	See Latest Predoctoral Rate(s).	Number of Predoctoral Dual Degree Trainees multiplied by Stipend Rate. NOTE: These stipend rates are published by NIH.
A.14	Predoctoral: Dual Degree - Tuition/Fees Requested (\$)	Budget> selected budget> Non-Personnel Costs>	T46102RD - T PHS Tuition PreDoc Dual Degree Seeking Cost Element	Enter the amount for total request in Total Base Cost.
A.15	Total Predoctoral - Full Time	N/A	N/A	Sum of Number of Full Time Trainees for A.7 Full Time Predoctoral: Single Degree A.11 Full Time Predoctoral: Dual Degree
A.16	Total Predoctoral -Short Term	N/A	N/A	Sum of Number of Short Term Trainees for A.8 Short Term Predoctoral: Single Degree A.12 Short Term Predoctoral: Dual Degree

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
A.17	Total Predoctoral - Stipends Request (\$)	N/A	N/A	Sum of A.9 Predoctoral: Single Degree - Stipends Requested (\$) A.13 Predoctoral: Dual Degree - Stipends Requested (\$)
A.18	Total Predoctoral - Tuition/Fees Request (\$)	N/A	N/A	Sum of A.10 Predoctoral: Single Degree - Tuition/Fees Requested (\$) A.14 Predoctoral: Dual Degree - Tuition/Fees Requested (\$)

4. A. Stipend, Tuition/Fees (A.19-A.37)

Number of Trainees										Stipends Requested (\$)	Tuition/Fees Requested (\$)
Full Time	Short Term										
Postdoctoral:		<i>Number Per Stipend Level:</i>									
		0	1	2	3	4	5	6	7		
<input type="checkbox"/>	<input type="checkbox"/>	Non-degree Seeking	<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="checkbox"/>	<input type="checkbox"/>	Degree Seeking	<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"/>	Total Postdoctoral	<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="checkbox"/>	<input type="checkbox"/>	Other:								<input type="text"/>	<input type="text"/>
Totals:										<input type="text"/>	<input type="text"/>
Total Stipends + Tuition/Fees Requested										<input type="text"/>	<input type="text"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
A.19	Number of Trainees Full Time Postdoctoral Non-degree Seeking	N/A	N/A	Sum of count in items A.21 below. Number of FULL TERM Non-Degree Seeking Postdocs for each stipend level
A.20	Number of Trainees Short Term Postdoctoral Non-degree Seeking	N/A	N/A	Sum of count in items A.22 below. Number of SHORT TERM Non-Degree Seeking Postdocs for each stipend level.
A.21	See A.23	Questionnaire> PHS398 Training Budget V1.0>	How many trainees are at stipend level (0-7)?	Enter the number of FULL TERM Non-Degree Seeking Postdocs for each stipend level. Cannot be blank.
A.22	See A.23	Questionnaire> PHS398 Training Budget V1.0>	How many trainees are at stipend level (0-7)?	Enter the number of SHORT TERM Non-Degree Seeking Postdocs for each stipend level. Cannot be blank.
A.23	Postdoctoral: Non-degree Seeking - Number Per Stipend Level	N/A	N/A	Sum of count for A.21 Number of FULL TERM Non-Degree Seeking Postdocs for each stipend level A.22 Number of SHORT TERM Non-Degree Seeking Postdocs for each stipend level
A.24	Postdoctoral - Non-degree Seeking - Stipends Requested (\$)	System Admin Portal > Maintenance > Training Stipend Rate	See Latest Postdoctoral Rate(s).	Number of Postdoctoral Non-Degree Seeking Trainees multiplied by Stipend Rate
A.25	Postdoctoral - Non-degree Seeking- Tuition/Fees Requested (\$)	Budget> selected budget> Non-Personnel Costs>	T46102PN - T PHS Tuition POSTDOC NON-DEGREE SEEKING Cost Element	Enter amount for total request in Total Base Cost.

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
A.26	Number of Trainees Full Time Postdoctoral Degree Seeking	Questionnaire> PHS398 Training Budget V1.0>	Enter the number of FULL TERM Postdoctoral Degree Seeking, enter 0 if none.	Sum of count in items A.28 below. Number of FULL TERM Degree Seeking Postdoc for each stipend level
A.27	Number of Trainees Short Term Postdoctoral Degree Seeking	Questionnaire> PHS398 Training Budget V1.0>	Enter the number of SHORT TERM Postdoctoral Degree Seeking, enter 0 if none.	Sum of count in items A.29 below. Number of SHORT TERM Degree Seeking Postdoc for each stipend level.
A.28	See A.30	Questionnaire> PHS398 Training Budget V1.0>	How many trainees are at stipend level (0-7)?	Enter the number of FULL TERM Degree Seeking Postdoc for each stipend level. Cannot be blank.
A.29	See A.30	Questionnaire> PHS398 Training Budget V1.0>	How many trainees are at stipend level (0-7)?	Enter the number of SHORT TERM Degree Seeking Postdoc for each stipend level. Cannot be blank.
A.30	Postdoctoral: Degree Seeking - Number Per Stipend Level	N/A	N/A	Sum of count in items A.28 Number of FULL TERM Degree Seeking Postdoc for each stipend level A.29 Number of SHORT TERM Degree Seeking Postdoc for each stipend level.
A.31	Postdoctoral - Degree Seeking - Stipends Requested (\$)	System Admin Portal > Maintenance > Training Stipend Rate	See Latest Predoctoral Rate(s).	Number of Postdoctoral Degree Seeking Trainees multiplied by Stipend Rate
A.32	Postdoctoral - Non-degree Seeking- Tuition/Fees Requested (\$)	Budget> selected budget> Non-Personnel Costs>	T46102PD - T PHS Tuition POSTDOC DEGREE SEEKING Cost Element	Type in amount for total request in Total Base Cost.
A.33	Postdoctoral Total - Full Time	N/A	N/A	Sum of A.19 Number of FULL TERM Non-Degree Seeking Postdocs for each stipend level A.26 Number of FULL TERM Degree Seeking Postdoc for each stipend level
A.34	Postdoctoral Total - Short Term	N/A	N/A	Sum of A.20 Number of SHORT TERM Non-Degree Seeking Postdocs for each stipend level. A.27 Number of SHORT TERM Degree Seeking Postdoc for each stipend level
A.35	Postdoctoral Total - Number Per Stipend Level	N/A	N/A	Sum of A.23 Postdoctoral: Non-degree Seeking - Number Per Stipend Level A.30 Postdoctoral: Degree Seeking - Number Per Stipend Level

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
A.36	Postdoctoral Total - Stipend Requested Amount	N/A	N/A	Sum of A.24 Postdoctoral - Non-degree Seeking - Stipends Requested (\$) A.31 Postdoctoral - Degree Seeking - Stipends Requested (\$)
A.37	Postdoctoral Total - Tuition/Fees Requested Amount	N/A	N/A	Sum of A.25 Postdoctoral - Non-degree Seeking- Tuition/Fees Requested (\$) A.35 Postdoctoral - Non-degree Seeking- Tuition/Fees Requested (\$)

5. A. Stipend, Tuition/Fees (A.38-A.44)

A. Stipends, Tuition/Fees

Number of Trainees

Full Time	Short Term	Other:	Stipends Requested (\$)	Tuition/Fees Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals:			<input type="text"/>	<input type="text"/>
Total Stipends + Tuition/Fees Requested			<input type="text"/>	

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
A.38	Number of Trainees Full Time Other	Questionnaire> PHS398 Training Budget V1.0>	How many are FULL TERM Others? Enter 0 (zero) if none.	Enter number of FULL TIME Other Trainees. Cannot be blank.
A.39	Number of Trainees Short Term Other	Questionnaire> PHS398 Training Budget V1.0>	How many are SHORT TERM Others? Enter 0 (zero) if none	Enter number of SHORT TERM Other Trainees. Cannot be blank.
A.40	Other - Stipends Requested (\$)	Questionnaire> PHS398 Training Budget V1.0>	What is the total stipend funding required for the FULL/SHORT Term Other trainees?	Sum of amounts entered in response to these questions.
A.41	Other - Tuition/Fees Requested (\$)	Budget> selected budget> Non-Personnel Costs>	T461020C - T PHS Tuition Other Cost Element	Enter in amount for total request in Total Base Cost.
A.42	Totals: Stipends Requested (\$)	N/A	N/A	Sum of All Stipends Requested (\$) above.
A.43	Totals: Tuition/Fees Requested (\$)	N/A	N/A	Sum of All Tuition/Fees Requested (\$) above.
A.44	Total Stipends + Tuition/Fees Requested	N/A	N/A	Sum of A.42 Totals: Stipends Requested (\$) A.43 Totals: Tuition/Fees Requested (\$)

6. B. Other Direct Costs and C. Total Directs Costs Requested (A+ B)

B. Other Direct Costs	Funds Requested (\$)
Trainee Travel	<input style="width: 100%;" type="text"/>
Training Related Expenses	<input style="width: 100%;" type="text"/>
Total Direct Costs from R&R Budget Form (if applicable)	<input style="width: 100%;" type="text"/>
Consortium Training Costs (if applicable)	<input style="width: 100%;" type="text"/>
Total Other Direct Costs Requested	<input style="width: 100%;" type="text"/>
C. Total Direct Costs Requested (A + B)	
<input style="width: 100%;" type="text"/>	

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
B.1	Trainee Travel	Budget> selected budget> Non-Personnel Costs>	T33114TS - T PHS Training Travel in State T33114TO - T PHS Training Travel Out of State T33114TF - T PHS Training Travel Foreign	Sum of Total Base Costs for each item.
B.2	Training Related Expenses	Budget> selected budget> Non-Personnel Costs>	T49992RE - T PHS Training Related Expenses	Enter in amount for total request in Total Base Cost.
B.3	Total Direct Costs from R&R Budget Form (if applicable)	N/A	N/A	Any other expenses budgeted that are not listed on this form. Some NIH Training Opportunities require the RR Budget in addition to the Training Budget. Refer to your specific funding opportunity for instructions/requirements.
B.4	Consortium Training Costs (if applicable)	Budget> selected budget> Subaward	FX7012 - F Subcontract (no F&A), FX7022 - F Subcontract (F&A first \$25,000) FX7032 - F Subcontract - indirect costs do not apply F&A, NIH or 424R&R sub FX7042 - F Subcontract - indirect costs APPLY F&A, NIH or 424R&R sub Others: F37322 - F Subcontract LESS THAN \$25,000 F37342 - F Subcontract GREATER THAN \$25,000 F37522 - F Other Contractual Services	Add Subaward Budget form from Opportunity. Period dates must match periods within budget. Non-Personnel Cost line items will be added. This is the total of all subawards requests for the given period.
B.5	Total Other Direct Costs Requested	N/A	N/A	Sum of B.1 Trainee Travel B.2 Training Related Expenses B.3 Total Direct Costs from R&R B.4 Consortium Training Costs
C.1	Total Direct Costs Requested (A+ B)	N/A	N/A	Sum of A.44 Total Stipends + Tuition/Fees Requested B.5 Total Other Direct Costs Requested

7. D. Indirect (F&A) Costs

D. Indirect (F&A) Costs			
Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) 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 (F&A) Costs Requested			<input type="text"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
D.1	Indirect (F&A) Type	Budget > selected budget > Periods & Totals > Budget Settings >	F&A Rate Type	Pulldown. Select type.
D.2	Indirect (F&A) Rate (%)	Budget > selected budget > Rates >	Applicable Rate	Default rates are maintained by ORA but may be adjusted manually.
D.3	Indirect (F&A) Base	Budget > selected budget > Periods & Totals > F&A Cost	N/A	This number is the total of all items that are NOT classified as excluded from F&A cost calculations. Add all of the line items such as salary, fringe, supplies, etc. that are not classified as excluded from the F&A costs calculation.
D.4	Funds Requested (\$)	Budget > selected budget > Periods & Totals > F&A Cost	Total	Requested F&A costs for this period (will exclude cost sharing amount).
D.5	Indirect (F&A) Type (if more than one)	Budget > selected budget > Periods & Totals > Budget Settings >	F&A Rate Type	Pulldown. Select type.
D.6	Indirect (F&A) Rate (%) (if more than one)	Budget > selected budget > Rates >	Applicable Rate	Default rates are maintained by ORA but may be adjusted manually.
D.7	Indirect (F&A) Base (if more than one)	Budget > selected budget > Periods & Totals > F&A Cost	N/A	This number is the total of all items that are NOT classified as excluded from F&A cost calculations. Add all of the line items such as salary, fringe, supplies, etc. that are not classified as excluded from the F&A costs calculation.
D.8	Funds Requested (\$) (if more than one)	Budget > selected budget > Periods & Totals > F&A Cost	Total	Requested F&A costs for this period (will exclude cost sharing amount).
D.9	Total Indirect (F&A) Costs Requested	N/A	N/A	Total of Funds Requested in Section D

8. E. Total Direct and Indirect (F&A) Costs Requested (C + D), and F. Budget Justification

E. Total Direct and Indirect (F&A) Costs Requested (C + D)		<input type="text"/>
F. Budget Justification	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
E.1	Total Direct and Indirect (F&A) Costs Requested (C&D)	N/A	N/A	Sum of C.1 Total Direct Costs Requested (A+ B) D.9 Total Indirect (F&A) Costs Requested
F.1	Budget Justification	Attachments > Proposal >	PHS_Train_Budg_just	Upload the Training Budget Justification. NOTE: Module title and filename must NOT contain spaces or special characters. Underscores are OK. Titles and filenames must be unique. <i>Read your sponsor-specific selected opportunity for the required content of this upload.</i>

NOTE: Error Regarding Budget in Deficit

This page has 3 errors

- A stipend budget line item is required equal to or greater than the trainee numbers and associated stipend levels indicated in the questionnaire. Currently the stipend value in the budget is in deficit by (-13200.0) for Year 1 of the budget.
- Direct costs invalid, a stipend budget line item is required equal to or greater than the trainee numbers and associated stipend levels indicated in the questionnaire.
- Validation errors exist. Please correct these errors prior to submitting to Grants.gov.

If you see a validation error when attempting to preview the Training Budget form or when submitting for approval regarding the stipend value in the budget being in deficit as shown in the above example, you have likely not compensated for the total stipends in your detailed budget through direct costs. This may be done in a couple of ways - either via adding Personnel costs or using the Cost Element F46002 - F Student Aid/Stipend. Which one you choose will be dependent on your Funding Opportunity Announcement. Some NIH Training opportunities may require both an R&R Budget and Training budget so it is important that you reference the funding opportunity Instructions for requirements.

XVI. PHS 398 Cover Page Supplement V5-0

The following section shows the field mappings between the printed PHS 398 Cover Page Supplement V5-0 and Kualu Research.

- Mandatory field for validation on form, user action required in table
- May be required – check your FOA/BAA

1. PHS 398 Cover Page Supplement 5-0, Section 1

PHS 398 Cover Page Supplement	
View Burden Statement	OMB Number: 0825-0001 Expiration Date: 09/30/2024
1. Vertebrate Animals Section	
Are vertebrate animals euthanized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to euthanasia	
Is method consistent with American Veterinary Medical Association (AVMA) guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" to AVMA guidelines, describe method and provide scientific justification	

#	Field on Form	Kualu Research Screen	Kualu Research Field Name	Instructions/ Notes
1.a	Are vertebrate animals euthanized?	Questionnaire> PHS398 Cover Page Supplement 5-0>	Are vertebrate animals euthanized?	Check Yes if vertebrate animals will be euthanized. Check No if vertebrate animals will not be euthanized.
1.b	If "Yes" to euthanasia, Is method consistent with American Veterinary Medical Association (AVMA) guidelines?	Questionnaire> PHS398 Cover Page Supplement 5-0>	Is method consistent with American Veterinary Medical Association (AVMA) guidelines?	Check Yes if consistent with AVMA guidelines. Check No if not consistent with AVMA guidelines.
1.c	If "No" to AVMA guidelines, describe method and provide scientific justification.	Questionnaire> PHS398 Cover Page Supplement 5-0>	If NO to AVMA Guidelines, describe method and provide scientific justification (in 1000 characters or less).	Type text of method and justification.

2. PHS 398 Cover Page Supplement 5-0, Section 2

2. *Program Income Section

*Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period *Anticipated Amount (\$) *Source(s)

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
2.a	Is program income anticipated during the periods for which the grant support is requested	Budget> selected budget> Project Income> Add Income>		If an entry is made in Project Income, the system will check the Yes box. If there is no entry in Project Income, the system will check the No box.
2.b	*Budget Period	Budget> selected budget> Project Income> Add Income>	Budget Period	Select Budget Period from dropdown.
2.c	*Anticipated Amount (\$)	Budget> selected budget> Project Income> Add Income>	Project Income	Type in dollar amount of anticipated income.
2.d	*Source(s)	Budget> selected budget> Project Income> Add Income>	Description	Type in source(s) of anticipated income.

3. PHS 398 Cover Page Supplement 5-0, Section 3

3. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells? Yes No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used:

Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 0004):

X

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
3.a	*Does the proposed project involve human embryonic stem cells?	Questionnaire> PHS398 Cover Page Supplement 5-0>	Does the proposed project involve human embryonic stem cells?	Check Yes box if human embryonic stem cells are involved. Check No box if human embryonic stem cells are not involved.
3.b	If a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used.	Questionnaire> PHS398 Cover Page Supplement 5-0>	Can a specific stem cell line be referenced at this time? If stem cells will be used, but a specific line cannot be referenced at the time of application submission, include a statement that one from the registry will be used.	Check box as appropriate.
3.c	Cell Line(s) (Example: 0004)	Questionnaire> PHS398 Cover Page Supplement 5-0>	List the registration number of the specific cell line(s) from the stem cell registry found at: http://stemcells.nih.gov/registry/index.asp	Type in 4 digit registration numbers. Multiples allowed.

4. PHS 398 Cover Page Supplement 5-0, Section 4

4. Human Fetal Tissue Section

*Does the proposed project involve human fetal tissue obtained from elective abortions? **Yes** **No**

If "yes" then provide the HFT Compliance Assurance

If "yes" then provide the HFT Sample IRB Consent Form

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
4.a	*Does the proposed project involve human fetal tissue obtained from elective abortions?	Questionnaire> PHS398 Cover Page Supplement 5-0>	Does the proposed project involve human fetal tissue obtained from elective abortions?	Check Yes box if human fetal tissue obtained from elective abortions are involved. Check No box if human fetal tissue obtained from elective abortions are not involved.
4.b	If "yes" then provide the HFT Compliance Assurance	Attachments > Proposal >	HFT_ComplianceAssurance	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.
4.c	If "yes" then provide the HFT Sample IRB Consent Form	Attachments > Proposal >	HFT_SampleIRB_ConsentForm	Upload the appropriate document. The title and filename should not contain spaces or special characters. Underscores are allowed.

5. PHS 398 Cover Page Supplement 5-0, Section 5

5. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents: Yes No

If "Yes" then answer the following:

*Previously Reported: Yes No

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
5.a	Inventions and Patents Section (for Renewal Applications)	Questionnaire> PHS398 Cover Page Supplement 5-0>	Is this a Renewal Application?	Check Yes radio button if it is a renewal. Check No radio button if it is not a renewal.
5.b	*Inventions and Patents	Questionnaire> PHS398 Cover Page Supplement 5-0	Check "No" if no inventions were conceived or reduced to practice during the course of work under this project. Check "Yes" if any inventions were conceived or reduced to practice during the previous period of support.	Follow guidance on Questionnaire to answer yes or no.
5.c	*Previously Reported	Questionnaire> PHS398 Cover Page Supplement 5-0	If "Yes" (inventions were conceived or reduced to practice) indicate Yes or No as to whether this information has been reported previously to the PHS or to the applicant organization official responsible for patent matters.	Follow guidance on Questionnaire to answer yes or no.

6. PHS 398 Cover Page Supplement 5-0, Section 6

6. Change of Investigator/Change of Institution Section

Change of Project Director/Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Change of Grantee Institution

*Name of former institution:

#	Field on Form	Kuali Research Screen	Kuali Research Field Name	Instructions/ Notes
6.a	Change of Project Director/Principal Investigator	Questionnaire> PHS398 Cover Page Supplement 5-0>	Does this application reflect a change in principal investigator/program director from that indicated on a previous application?	Check Yes radio button if it is a change. Check No radio button if it is not a change.
	Name of former Project Director/Principal Investigator	Questionnaire> PHS398 Cover Page Supplement 5-0	Search and Select the former PD/PI	Searches Address Book. If not found, go to Address Book and add the PD/PI
6.b	Prefix	Address Book	Prefix	
6.c	*First Name	Address Book	First Name	.
6.d	Middle Name	Address Book	Middle Name	.
6.e	*Last Name	Address Book	Last Name	.
6.f	Suffix	Address Book	Suffix	.
6.g	Change of Grantee Institution	Questionnaire> PHS398 Cover Page Supplement 5-0>	Does this application reflect a change in grantee institution from that indicated on a previous application?	Check Yes radio button if it is a change. Check No radio button if it is not a change.
6.h	*Name of former institution	Questionnaire> PHS398 Cover Page Supplement 5-0	Search and select the former Institution from the Organization records	Search Organizations. If not found, send a request to kr-help to have the institution added.