COEUS
System to System (s2s) Forms
Crosswalk to COEUS

For use in COEUS Proposal Development
(Δ) indicates change to instructions or form.

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**Attachments**

The Grants.gov Research and Related (RR) form Attachments V1-1 has the capacity to transmit up to fifteen (15) individual files.

**COEUS Narrative Type:** Attachments (Proposal Narrative code table ID 61; allows multiples)

**Instructions:**
- Select and save a Grants.gov opportunity containing the Attachments V1-1 form in your federally-sponsored proposal.
- **Navigate to the COEUS Narrative Upload module**
- **Select the Narrative Type:** Attachments
- **Enter a Module Title/Description.** This is required for this Multiple-type narrative.
  - The entered title should be unique to this upload.
  - The text entered into the COEUS field should not contain ANY spaces or special characters, as other characters or symbols will cause errors in transmission.
  - Use only Numbers 0-9, Uppercase A-Z or lowercase a-z, Periods (.), dashes (-), and underscores (_)
- **Search and select to save your narrative document to this narrative type.**

**Save the narrative.**
- **Lite:** Click the Save button
- **Premium:** Change the status to Complete and then click OK to save and close the Edit Module window.

---

**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
2) Please attach Attachment 2
3) Please attach Attachment 3

---

Adobe PDF form

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**COEUS Premium Narrative uploads process**

---

**COEUS print/preview via Action> Grants.gov> Print (selected form)**
Upload Proposal Narrative file: Budget_Attachments (ID 57).
CD-511 (aka US Dept. of Commerce Certification Regarding Lobbying)

<table>
<thead>
<tr>
<th><strong>NAME OF APPLICANT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AWARD NUMBER</strong></td>
</tr>
<tr>
<td><strong>PROJECT NAME</strong></td>
</tr>
<tr>
<td>Prefix</td>
</tr>
<tr>
<td>* First Name:</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

**Name of Applicant:** This is the name of the Proposal Organization associated with the proposal. The data comes from Organization record.

**Award Number:** COEUS Award number

**Project Name:** Proposal Title

**Signatory:**
- Submitted proposals: the approver’s name and title (from the osp$person table) is populated.
- Routing/In-Progress proposals: the name and title of organizational contact person.
Abstract
The abstract narrative must not exceed one page and should use language that will be understood by a range of audiences. For all projects, include the project title (if applicable), goals, expected outcomes and contributions for research, policy, practice, etc. Include population to be served, as appropriate. For research applications, also include the following:

- Theoretical and conceptual background of the study (i.e., prior research that this investigation builds upon and that provides a compelling rationale for this study)
- Research issues, hypotheses and questions being addressed
- Study design including a brief description of the sample including sample size, methods, principals dependent, independent, and control variables, and the approach to data analysis.

[Note: For a non-electronic submission, include the name and address of your organization and the name, phone number and e-mail address of the contact person for this project]

You must attach one and only one file to this page.

* Attachment: [ ] Add Attachment [ ] Delete Attachment [ ] View Attachment

Upload Proposal Narrative: ED_Abstract_Attachment (ID52).
ED Certification Debarment Form (Dept. of Education)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

Instructions for Certification
1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled A Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions; and without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is

Certification

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

* NAME OF APPLICANT

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: 

* Last Name: * Title: 

Completed on submission to Grants.gov 

Completed on submission to Grants.gov

Submitted proposals: the approver’s name and title (from the osp$person table) is populated.
Routing/In-Progress proposals: the name and title of organizational contact person.

Optional - You may attach 1 file to this page.

Upload Proposal Narrative: ED_CertificationDebarment (ID58)
NOTICE TO ALL APPLICANTS

The purpose of this enclosure is to inform you about a new provision in the Department of Education’s General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is Section 427 of GEPA, enacted as part of the Improving America’s Schools Act of 1994 (Public Law (P.L.) 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new grant awards under this program. **ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION.**

A description of how you plan to address those barriers that are applicable to your circumstances. In addition, the information may be provided in a single narrative, or, if appropriate, may be discussed in connection with related topics in the application.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal complaint procedures for乱象 challenges.

Optional - You may attach 1 file to this page.

Upload Proposal Narrative: ED_GEPA427_Attachment [ID 51]
Please follow Proposal User Guide instructions for basic budgeting instructions. Cost Element mapping to Budget Categories in your local environment will impact where your expenses appear on these forms.

This form is designed to capture budget information for non-construction programs under the ED524 title. The form includes sections for personnel, fringe benefits, travel, equipment, supplies, contractual, construction, and other costs. It also includes sections for direct and indirect costs, with a section for training stipends.

The table below summarizes the budget information with columns for each year (Project Year 1 to Project Year 5) and grand totals. Each category is defined with the corresponding formula used to calculate the cost.

### U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

<table>
<thead>
<tr>
<th>Category</th>
<th>Source Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>os$p_budget_category_map.category_type = 'P'</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>sum of os$p_budget_personnel_cal_amts.calculated_cost</td>
</tr>
<tr>
<td></td>
<td>where (rate_class_type = 'E' and rate_type_code &lt;&gt; 3) OR (rate_class_type='V' and rate_type_code &lt;&gt;2)</td>
</tr>
<tr>
<td>Travel</td>
<td>73, 74</td>
</tr>
<tr>
<td>Equipment</td>
<td>42</td>
</tr>
<tr>
<td>Supplies</td>
<td>43</td>
</tr>
<tr>
<td>Contractual</td>
<td>04</td>
</tr>
<tr>
<td>Construction</td>
<td>N/A (we have no construction categories)</td>
</tr>
<tr>
<td>Other</td>
<td>sum of line item costs where category_type='O' and target_category_code is NOT in ('04','42','43','73','74','75') PLUS sum of calculated cost for these line items (where rate_class_type is not 'O') MINUS fringe</td>
</tr>
<tr>
<td>Total Direct Costs</td>
<td>os$p_budget_periods.total_direct_cost minus training costs</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>os$p_budget_periods.total_indirect_cost</td>
</tr>
<tr>
<td>Training Stipends</td>
<td>75</td>
</tr>
<tr>
<td>Total costs</td>
<td>os$p_budget_periods.Total_cost</td>
</tr>
</tbody>
</table>

**Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

1. Do you have an Indirect Cost Rate Agreement approved by the Federal government?  
   - Yes  
   - No

2. If yes, please provide the following information:
   - Period Covered by the Indirect Cost Rate Agreement: From: To: (mm/dd/yyyy)
   - Approving Federal agency: ED Other (please specify):

3. For Restricted Program (check one) - Are you using a restricted indirect cost rate that:
   - Is included in your approved Indirect Cost Rate Agreement?
   - Complies with 34 CFR 75.504(c)(2)?
Do you have an Indirect Cost Rate Agreement approved by the Federal government? (Y/N)

1. IDC Rate Agreement: Mapped from Proposal Organization record: Answer is ‘Yes’ if there is a date in osp$organization.indirect_cost_rate_agreement column.

2. Period covered by the IDC agreement

   From date: This is the date for the organization indirect cost rate agreement field. To Date: Intentionally not populated

   Approving Federal agency: The parameter ‘DHHS_AGREEMENT’ is checked to determine if the agreement is with DHHS or not. If it is, then the approving Fed agency is set to ‘Other’ and the agency is set to ‘DHHS’.

   If the ‘DHHS_AGREEMENT’ parameter is missing, assume agreement is not with DHHS.

   If the agreement is not with DHHS, the approving Fed agency is set to ‘Other’ and the agency comes from the organization of the rolodex entry for the cognizant auditor of the proposal’s organization.

   (If there is no cognizant auditor rolodex entry, the agency is set to ‘Unknown’.

   The approving Federal Agency is set to ‘ED’ only if the cognizant auditor’s agency is ‘ED’

3. Restricted Rate programs Intentionally not populated.

SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS

Budget Category amounts for each year are grouped by using the same grouping as Section A. The non-federal funds are the cost sharing amounts.

SECTION C - BUDGET NARRATIVE (see instructions)

Section C: Budget Narrative: There is no attachment for this form. Follow the opportunity instructions, as noted on the form.
FaithBased Survey on EEO (ensuring equal opportunity for applicants)

Survey on Ensuring Equal Opportunity For Applicants

**Purpose:**
The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey**
If you are applying using a hard copy application, please place the completed survey in an envelope labeled “Applicant Survey.” Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

### Applicant’s (Organization) Name:
This is the Proposal Organization.

### Applicant’s DUNS Name:
The DUNS ID of the Proposal Organization.

### Federal Program:
This is the “Program Title” from the development proposal’s Grants.gov Opportunity.

### CFDA Number:
This is the “CFDA No” in the development proposal

Questions 1-7 are not mandatory and the data is not maintained in COEUS.
1. Will NASA civil service personnel work on this project? This is hard coded to “N: No”.
1.a. Intentionally left blank.
2. Affect on historic sites is populated from the response to YNQ G6 if answer is “yes”, 2.a is populated from the Explanation.

3. International Participation is populated from YNQ H1
3.a: Check all investigators and key persons whose role is ‘Collaborator’. If the person is an employee (non rolodex), check the country_of_citizenship from person table. If this is null, default to USA.
   If person is non-employee (rolodex person), check organization from rolodex record to see if it is foreign (>10). If there is no sponsor in rolodex record, check person’s country from rolodex address for non USA (not USA, PR, or VIR).
   If after checking all people we have not found a foreign person, then check Facility.
3.b: Explanation is populated from Yes response Explanation of YNQ H1

4. Some NASA programs require that additional information be provided on a form template. Please go to https://naspire.nasa.gov/Grants.gov to look up this funding opportunity and download the program-specific form. Be sure to follow the instructions provided in the solicitation announcement.

<table>
<thead>
<tr>
<th>Program Specific Data:</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Appendices:</th>
<th>Add Attachments</th>
<th>Delete Attachments</th>
<th>View Attachments</th>
</tr>
</thead>
</table>

|--------------------------------------------------|-----------------|-------------------|------------------|

<table>
<thead>
<tr>
<th>7. IRB &amp; ACUC Letters:</th>
<th>Add Attachments</th>
<th>Delete Attachments</th>
<th>View Attachments</th>
</tr>
</thead>
</table>

4. **Program Specific data**: Upload Narrative Type **NASA_OPI_ProgramSpecificData** (ID 47). Only one of this type is allowed.

5. **Appendices**: Upload Narrative Type **NASA_OPI_Appendices** (ID 48). Multiple attachments of this narrative type are allowed.

6. **Non-U.S. Organization Letters of Endorsement**: Upload Narrative Type **NASA_OPI_Non-U.S.OrganizationLettersOfEndorsement** (code 49). Multiple attachments of this narrative type are allowed.

7. **IRB & ACUC Letters**: Upload Narrative Type **NASA_OPI_IRB_ACUC_Letters** (code 50). Multiple attachments of this narrative type are allowed.
Authorized Representative name
Submitted proposals: the approver’s title (from the osp$person table) is populated.
Routing/In-Progress proposals: the title of organizational contact person.

*NSPIRES* username of the AOR is populated from the custom element NSPIRES USER NAME located on the “Other” tab of the proposal.

**Principal Investigator Name:** PI from the proposal Investigator screen.

*Is this person (the PI) participating in this project as an employee of the U.S. Government?* Populated from YNQ 24.

If yes, select U.S. government agency. Populated from the explanation given for the question 24. The user must provide a three digit agency code in the explanation (codes listed in YNQ More info).

If Yes, enter total dollar amount requested: The total salary requested for the PI will publish from the Budget.

*Is this person participating in this project as an employee of a foreign organization?* Populated from YNQ 25.
This form provides information on persons that are NOT the Principal Investigator.

**Type of NASA Co-I**
- Co-I: Employee (non-rolodex) Co-Investigator
- Co-I/Science PI: not populated
- Co-I/Institutional PI: Non-employee (rolodex) Co-Investigator
- Co-I-Co-Pi (non-U.S. organization only): Foreign non-employee (Rolodex) Co-Investigator. Use the sponsor from the Rolodex record to determine if foreign. If no sponsor, check the person’s country field in the Rolodex address. Note: to determine if sponsor is foreign, use sponsor type. To determine if country is foreign, anything other than USA, PRI, VIR.
- Collaborator: Key Person whose role is ‘Collaborator’ (not case sensitive)

**Is this person participating in this project as an employee of the U.S. Government?**
- If yes, select U.S. government agency.
- **Is this person participating in this project as an employee of a foreign organization?**

**Proposal Investigator/Key Persons screen(s):**
Persons who will be listed are all Co-Investigators and Key Persons with the Proposal Role: Collaborator.

**Statement of Commitment**
Upload Proposal Personnel Narrative: **Statement of Commitment**. There can be only one attachment of this type per person.

**Budget Details**
Upload Proposal Personnel Narrative: **Budget Details** allows for multiple attachments. There can be only one attachment of this type per person.

The values of the government agencies are enumerated in the schema and are as follows.

- "101: Agency for International Development"
- "102: Air Force Research Laboratory"
- "103: Army Research Laboratory"
- "104: Center for Disease Control and Prevention"

---

**NASA Senior/Key Person Supplemental Data Sheet**
"105: Coast Guard"
"106: Customs Service"
"107: Defense Advanced Research Projects Agency"
"108: Department of Agriculture (USDA)"
"109: Department of Commerce (DOC)"
"110: Department of Defense (DOD)"
"111: Department of Education (ED)"
"112: Department of Energy (DOE)"
"113: Department of Health and Human Services (HHS)"
"114: Department of Homeland Security (DHS)"
"115: Department of Justice (DOJ)"
"116: Department of State (DOS)"
"117: Department of the Air Force"
"118: Department of the Army"
"119: Department of the Interior (DOI)"
"120: Department of the Navy"
"121: Department of Transportation (DOT)"
"122: Department of Veterans Affairs (VA)"
"123: Environmental Protection Agency (EPA)"
"124: Federal Aviation Administration (FAA)"
"125: Federal Emergency Management Agency (FEMA)"
"126: Federal Maritime Commission"
"127: Fish and Wildlife Service"
"128: Forest Service"
"129: NASA Ames Research Center"
"130: NASA Dryden Flight Research Center"
"131: NASA Glenn Research Center"
"132: NASA Goddard Space Flight Center"
"133: NASA Headquarters"
"134: NASA Johnson Space Center"
"135: NASA Kennedy Space Center"
"136: NASA Langley Research Center"
"137: NASA Marshall Space Flight Center"
"138: NASA Stennis Space Center"
"139: National Institute of Standards & Technology (NIST)"
"140: National Institutes of Health (NIH)"
"141: National Oceanic and Atmospheric Administration (NOAA)"
"142: National Park Service"
"143: National Science Foundation (NSF)"
"144: Naval Observatory"
"145: Naval Research Laboratory"
"146: Other"
"147: Smithsonian Institution"
"148: United States Geological Survey (USGS)"
"149: United States Marine Corps"
"150: Walter Reed Army Institute Research"
# Form Field/location COEUS Screen Field Name Instructions

<table>
<thead>
<tr>
<th>#</th>
<th>Form Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Opportunity Number</td>
<td>General Info</td>
<td>Funding Opportunity Number</td>
<td>*Funding Opportunity Number: [ ] Opportunity closing date: [ ] Manually entered to perform Grants.gov search OR automatically populated if search is performed by manual entry of CFDA number.</td>
</tr>
<tr>
<td>1-1</td>
<td>Opportunity Closing Date</td>
<td>Grants.gov</td>
<td>n/a</td>
<td>The closing date is obtained from the sponsor-provided information from the selected opportunity (schema).</td>
</tr>
<tr>
<td>2-1</td>
<td>NSF Division Code/Name</td>
<td>General Info</td>
<td>Agency Div Code</td>
<td>Refers to the COEUS User Guides if you need assistance.</td>
</tr>
<tr>
<td>2-2</td>
<td>NSF Program Code/Name</td>
<td>General Info</td>
<td>Agency Program Code</td>
<td>Refers to the COEUS User Guides if you need assistance.</td>
</tr>
</tbody>
</table>

**NSF Specific Information**

Enter the codes on the [Lite: General Info](#) or [Premium: Details](#) for the selected Funding Opportunity.

NSF Codes can be searched by opportunity number at the NSF site: https://www.fastlane.nsf.gov/pgmannounce.jsp

---

**3. Principal Investigator (PI) Information**

- Check here if you are currently serving (or have previously served) as a PI, co-PI or Program Director (PD) on any Federally funded project.

**4. Other Information**

Check appropriate box(es) if this proposal includes any of the items listed below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Disclosure of Lobbying Activities (GPG, Chapter II.C.1.e)</td>
</tr>
<tr>
<td>□</td>
<td>High Resolution Graphics or Other Graphics Where Exact Color Representation Is Required For Proper Interpretation (GPG, Chapter I.G.1)</td>
</tr>
</tbody>
</table>

**3-1 Have you ever served as a PI, Co-I, or PD on any Federally funded project?**

- Questionnaire
- Question # 52
- Click the Yes to answer if you are currently serving, or have previously served, as a PI, co-PI or Program Director (PD) on any Federally funded project. Otherwise, click No.

**4-1 Beginning Investigator**

- Questionnaire
- Question # 53
- Click the Yes to answer if you are an NSF Beginning Investigator. Otherwise, click No.

Note: Beginning Investigator designation has specific impact for submissions to the NSF Directorate for Biological Sciences.

**4-3 Disclosure of Lobbying Activities**

- Investigator/Key Person: Certify
- Certify questions P4 and H4
- Click the appropriate button(s) to respond to Disclosure of Lobbying Activities.

**NSF Specific Information**

(GPG Chapter II.C.1.e)

Click the YES to confirm this proposal includes a request for Rapid Response Grants? RAPID (GPG, Chapter II.D.1) Otherwise, click No.

Click the YES to confirm this proposal include a request for EARly-concept Grants for Exploratory Research. EAGER (GPG, Chapter II.D.2) Otherwise, click No.

Click Yes to confirm this proposal is an NSF Accomplishment Based renewal? (GPG, Chapter V.B.) Otherwise, click No.

Click the YES to confirm this proposal includes high-resolution graphics and then read the NSF specific instructions on how to supply NSF with paper copies of your proposal. Otherwise, click No.

Select Attachment type:
ID 13 -- Personal_Data(multiple files*)
ID 14 -- Proprietary_Information (one file)
ID 87--NSF_SingleCopyDocument (multiple files*)
Note: The form checkbox will be marked with a check if any of the above listed narratives are uploaded.

*Multiple narrative types require a Description/Title. Do NOT use special characters or spaces in name you type in COEUS. Only numbers, letters, hyphens, underscores, and periods should be used.


FORM END NOTES:
4.4.2 Cases included in this version:
COEUSQA-2439: Corrected Initial release which incorrectly mapped Question ID 54 response (RAPID) to Question ID 55 (EAGER), and vice versa.
COEUSQA-2438: Style sheet updates to form.
COEUSQA-2317: Maintained the Valid Narrative Forms Code table with missing ID87 narrative for the 1-3 form version.
Comment on Prior Form Versions (1-1, 1-2) removed from this guide. These forms were retired by the sponsor and are not active in Grants.gov. Previous version data map referenced YNQ questions, to be deprecated in the 4.5 release.
Form V 1-1 (the initial release) is the only available version of this form. Submission of this form is optional and only appropriate if the sponsor guidelines are met.

<table>
<thead>
<tr>
<th>Form Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviation Authorization</td>
<td>Deviation Authorization</td>
<td></td>
<td>Type or paste-in text to the Deviation Authorization Abstract screen. Formatting, such as carriage returns will not be translated to the form so keep the text entered as basic as possible.</td>
</tr>
</tbody>
</table>

**NSF Specific Instructions:**

NSF must provide advance authorization for any deviations from standard NSF proposal preparation instructions. Deviations may be authorized through specification of different requirements in an NSF solicitation (all applicants); or by the written approval of the cognizant NSF Assistant Director/Office Head or designee (individual requests).

See Chapter IV.B. of the GPG for additional information.

To identify a deviation in your COEUS application:

- Navigate to the Abstracts > Deviation Authorization screen and utilize one of the following entries, as appropriate:
  
  (a) Reference the solicitation number that authorized the deviation to this opportunity (all applicants); or 
  
  (b) Identify the name, date and title of the NSF official authorizing the deviation (individual deviation)

- Click the **Save** button.

Once an abstract is entered and saved, a checkmark appears beside the Abstract Type, and the User ID and timestamp for this entry is displayed at the bottom of the screen.
This form supports both Suggested Reviewers AND Reviewers NOT TO INCLUDE. Form 1-1_V1.1 (the initial release) is the only available version of this form. Submission of this form is optional and only appropriate if the sponsor guidelines are met.

<table>
<thead>
<tr>
<th>#</th>
<th>Form Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Text Block</td>
<td>Lite: Abstracts</td>
<td>Suggested Reviewers</td>
<td>Type or paste-in text to the Suggested Reviewers Abstract screen. Formatting, such as carriage returns will not be translated to the form so keep the text entered as basic as possible.</td>
</tr>
<tr>
<td>2</td>
<td>Text Block</td>
<td>Lite: Abstracts</td>
<td>Reviewers Not to Include</td>
<td>Type or paste-in text to the Reviewers Not to Include Abstracts screen. Formatting and carriage returns will not be translated.</td>
</tr>
</tbody>
</table>

**NSF Specific Instructions:**

**1. Suggested Reviewers**

Input the First, Middle, and Last Name in this panel to designate a list of suggested reviewers who you believe are especially qualified to review the application.

Click the **Save** icon.

Once an abstract is entered and saved, a checkmark appears beside the Abstract Type, and the User ID and timestamp for this entry is displayed at the bottom of the screen.

**2. Reviewers Not to Include**

Input the First, Middle, and Last Name in this panel to designate a list of reviewers who you prefer NOT to review the application. Be sure to indicate why the designated person(s) are listed. See Grant Proposal Guide Chapter II, Exhibit II-2, Potentially Disqualifying Conflicts of Interest, contains information on conflicts of interest that may be useful in preparation of this list.

Click the **Save** icon.

Once an abstract is entered and saved, a checkmark appears beside the Abstract Type, and the User ID and timestamp for this entry is displayed at the bottom of the screen.
The Grants.gov Research and Related (RR) form Other Attachments V1-0 and V1-1 has the capacity to transmit up to one-hundred (100) individual files.

COEUS Narrative Type: Other Attachments Form (Proposal Narrative code table ID 19; allows multiples)

**Instructions:** Select and save a Grants.gov opportunity containing the Other Attachments V1-0 or V1-1 form in your federally-sponsored proposal.

**Navigate to the COEUS Narrative Upload module**
- Select the Narrative Type: Other Attachments Form
- **Enter a Module Title/Description.** This is required for this Multiple-type narrative.
  - The entered title should be unique to this upload.
  - The text entered into the COEUS field should not contain ANY spaces or special characters, as other characters or symbols will cause errors in transmission.

**Save the narrative.**

| Use only Numbers 0-9 | Uppercase A-Z or lowercase a-z | Periods (.), dashes (-), and underscores (_) |

To add more “Other Attachment” attachments, please use the attachment buttons below.

| Add Optional Other Attachment | Delete Optional Other Attachment | View Optional Other Attachment |
# PHS Career Development Award Supplemental Form V 1-2

## Application Type
From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.

- New
- Resubmission
- Renewal
- Continuation
- Revision

## Career Development Award Attachments:
Please attach applicable sections, below.

1. **Introduction (if applicable)**
   - [Add Attachment] [Delete Attachment] [View Attachment]

### 1. Introduction to Application
(for RESUBMISSION applications only)

The type selected to populate the SF 424 (R&R) Cover Page is repeated. No additional user action is required.

## 2-1 Intro to Application (Resubmissions only)
Upload Attachments

Select Attachment type | Code ID 70
---|---
PHS_Career_IntroductionToApplication

Use only if you are submitting an R&R Resubmission. Please consult the instructions provided with this application package, regarding the content of the Introduction to Application section.

## 2-2 Candidates Background
Upload Attachments

Select Attachment type | Code ID 62
---|---
PHS_Career_Candidate_Background

Please consult the sponsor instructions for your specific opportunity regarding the content of the Candidate's Background section.

## 2-3 Career Goals and Objectives
Upload Attachments

Select Attachment type | Code ID 63
---|---
PHS_Career_Goals_Objectives

Please consult the sponsor instructions for your specific opportunity regarding the content of the Career Goals and Objectives.

## 2-4 Career Development/Training Activities During Award Period
Upload Attachments

Select Attachment type | Code ID 64
---|---
PHS_Career_Dev_Training

Please consult the sponsor instructions for your specific opportunity regarding the content of the Career Development/Training Activities During Award Period section.

---

PHS 398 Career Development Award Supplemental Form 1-2 (required by NIH for applications after 1/25/2011)
2-5 Training the Responsible Conduct of Research
Upload Attachments
Proposal Uploads: Select Attachment type Code ID 65
PHS_Career_Training RESP Conduct Research

Please consult the sponsor instructions for your specific opportunity regarding the content of the Training in the Responsible Conduct of Research section.

2-6 Mentoring Plan (if applicable) Upload Attachments Proposal Uploads: Select Attachment type Code ID 66
PHS_Career_Mentoring Plan

Please consult the sponsor instructions for your specific opportunity regarding the content of the Mentoring Plan section.

2-7 Statements by Mentor, Co-Mentors, Consultants, Contributors (as appropriate) Upload Attachments Proposal Uploads: Select Attachment type Code ID 67
PHS_Career_Mentor Statements Letters

Please consult the instructions provided with this application package, regarding the content of the Statements by Mentor, Co-Mentors, Consultants, Contributors section.

All statements/letters should be appended to each other and uploaded as a single PDF document.

2-8 Description of Institutional Environment Upload Attachments Proposal Uploads: Select Attachment type Code ID 68
PHS_Career Inst Environment

Please consult the instructions provided with this application package, regarding the content of the Description of Institutional Environment section.

2-9 Institutional Commitment to Candidates Research Career Development Upload Attachments Proposal Uploads: Select Attachment type Code ID 69
PHS_Career Inst Commitment

Please consult the sponsor instructions for your specific opportunity regarding the content of the Institutional Commitment to Candidate’s Research Career Development section.

PHS 398 Career Development Award Supplemental Form 1-2 (required by NIH for applications after 1/25/2011)
<table>
<thead>
<tr>
<th>DAT#</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-10</td>
<td>Specific Aims</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type  Code ID 71 PHS_Career_SpecificAims</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-11</td>
<td>Research Strategy</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type  Code ID 128 PHS_Career_ResearchStrategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-14</td>
<td>Inclusion Enrollment Report (for Renewals only)</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type:  Code ID 79 PHS_Career_InclusionEnrollmentReport</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-15</td>
<td>Progress Report Publication List (For Renewals only)</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type:  Code ID 80 PHS_Career_ProgressReportPubList</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-16</td>
<td>Protection of Human Subjects</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type:  Code ID 74 PHS_Career_ProtectionOfHumanSubjects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-17</td>
<td>Inclusion of Women and Minorities</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type:  Code ID 75 PHS_Career_InclusionOfWomenAndMinorities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-18</td>
<td>Targeted/Planned Enrollment</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type:  Code ID 76 PHS_Career_TargetedPlannedEnrollmentTable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-19</td>
<td>Inclusion of Children</td>
<td>Upload</td>
<td>Proposal Uploads</td>
<td>Select Attachment type:  Code ID 77 PHS_Career_InclusionOfChildren</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This section covers only the initial information regarding the Protection of Human Subjects. To determine if Protection of Human Subjects applies to this application, follow the instructions in the full NIH SF424 guide (http://grants1.nih.gov/grants/funding/424/index.htm); Part II, Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.

To determine if Inclusion of Women and Minorities applies to this application, follow the instructions in the full guide, Part II, Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.

If this application involves the Inclusion of Women and Minorities, complete the Targeted/Planned Enrollment Table.

To determine if Inclusion of Children applies to this application, follow the instructions in the full guide; Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.
<table>
<thead>
<tr>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Research Plan Sections</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Vertebrate Animals</td>
<td>Upload Attachments</td>
<td>Proposal Uploads</td>
<td>Select Attachment type: Code ID 78 PHS_Career_VertebrateAnimals</td>
</tr>
<tr>
<td>If you indicated that Vertebrate Animals are involved in this project, this narrative is required. Follow the NIH instructions for preparing the vertebrate animals section.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Select Agent Research</td>
<td>Upload Attachments</td>
<td>Proposal Uploads</td>
<td>Select Attachment type: Code ID 81 PHS_Career_SelectAgentResearch</td>
</tr>
<tr>
<td>If you are responding to a specific funding opportunity announcement, address any requirements specified by the solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide this narrative upload if applicable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Resource Sharing Plan(s)</td>
<td>Upload Attachments</td>
<td>Proposal Uploads</td>
<td>Select Attachment type: Code ID 84 PHS_Career_Resource_Sharing_Plan</td>
</tr>
<tr>
<td><strong>Appendix</strong></td>
<td>Upload Attachments</td>
<td>Proposal Uploads</td>
<td>Select Attachment type: Code ID 85 PHS_Career_Appendix</td>
</tr>
<tr>
<td>This narrative type requires a Description/Title. Do NOT use special characters or spaces in name you type in COEUS. Only numbers, letters, hyphens, underscores, and periods should be used. A maximum of 10 PDF attachments is allowed. Note this is the total number of allowable appendix attachments, not the total number of publications. If more than 10 appendix attachments are needed, combine them into attachment #10. A summary sheet listing all of the items included in the appendix is encouraged, but not required.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3. Citizenship:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U.S. Citizen or noncitizen national</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permanent Resident of U.S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(if a permanent resident of the U.S., a notarized statement must be provided by the time of award)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-U.S. Citizen with temporary U.S. visa</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One selection is required. Please select the most appropriate response from the options provided.

**Valid values are:**
- 'C' - for U.S. Citizen or noncitizen national;
- 'N' - for Permanent Resident of U.S.;
- 'P' - for Permanent Resident of the U.S. (P is an ADDED value to the 1-2 form version)
- 'A' - for Non-U.S. Citizen with temporary visa

**Information Required for Local Implementation:**
Installation scripts create a custom element for Citizenship information:
Version 4.3.3 added a new parameter 'PI_CITIZENSHIP_FROM_CUSTOM_DATA' to support this data element. Default value is 1. If the value is set to 1, institutions should have a custom element named CITIZENSHIP INFO.

---

**Form End Notes:**

**4.4.4-Forms:** COEUSQA-2847: PHS added the "P" for Permanent Resident of the U.S. PENDING to the citizenship options.

**Comment on Prior Form Versions:**

**V1-1 - 4.4.2:** COEUSQA-2379: This update adds the citizenship mapping functionality provided for the PHS Fellowship form to the PHS Career Development form. Citizenship info for the form can come from an external warehouse table or from the COEUS custom element (source determined by the parameter (PI_CITIZENSHIP_FROM_CUSTOM_DATA). Custom element provides a Visa type field of the proposal person. The 1-0 version (4.3.5 COEUSQA-2056) is no longer accepted by NIH with the added Research Strategy narrative requirement.
Other than YNQ responses, the majority of items on this form have been addressed for requirements to other forms. User entries are required to populate the forms as noted by yellow-highlighted, bold boxed cells in the tables.

There may be fields where the data requirement has been met due to actions required for other forms or general COEUS entries.

<table>
<thead>
<tr>
<th>#</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Application Type</td>
<td>General Info</td>
<td>Proposal Type</td>
<td>The type selected to populate the SF 424 (R&amp;R) Cover Page is repeated. No user action required</td>
</tr>
<tr>
<td></td>
<td>Federal Identifier</td>
<td>General Info</td>
<td>Sponsor Proposal number</td>
<td>The type selected to populate the SF 424 (R&amp;R) Cover Page is repeated. No user action required</td>
</tr>
</tbody>
</table>

2. Change of Investigator / Change of Institution Questions

- **Change of principal investigator / program director**
  - Prefix:
  - * First Name:
  - Middle Name:
  - * Last Name:
  - Suffix:

- **Change of Grantee Institution**
  - * Name of former institution:

3. Change of Investigator YNQ Q # 22: Is the principal investigator changing with this application? If YES, enter last and first names of previous investigator in Explanation. Please enter using format: LAST NAME, FIRST NAME.

Click on YNQ in the navigation bar. All questions need to be answered to complete the proposal.

4. Change of Institution YNQ Q# 23 Has the grantee institution changed with this application? If YES, enter name of previous institution in explanation field.

Click on YNQ in the navigation bar. All questions need to be answered to complete the proposal.
<table>
<thead>
<tr>
<th>#</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Inventions and Patents (reporting information required for Renewal applications)</td>
<td>YNQ</td>
<td>Q#16</td>
<td>For NEW submissions, select N/A. (N/A will check the NO Inventions and Patents box) For Renewals: To denote inventions and patents and confirm them as previously reported, check YES (Yes will check both items to Yes) To denote inventions and patents and note them as NOT previously reported, check NO. (No will check Yes to Inventions and Patents, and No to Previously Reported.)</td>
</tr>
</tbody>
</table>

Click on YNQ in the navigation bar. All questions need to be answered to complete the proposal.

4 | Program Income | Budget Project Income | Add Project Income | Enter Income and Description for each project period with income. If the application is funded, the Notice of Grant Award will provide specific instructions regarding the use of such income. |

Refer to a COEUS Guide for full instructions on entering Project Income. Note: this form supports 5 entries detailing Project Income by project period.

PHS 398 Checklist V 1-3 Released in 4.3.7/4.4.1
<table>
<thead>
<tr>
<th>#</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Disclosure Permission Statement</td>
<td>YNQ</td>
<td>Q #29</td>
<td>If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? Select &quot;yes&quot; or &quot;no&quot; to indicate whether disclosure permission is granted.</td>
</tr>
</tbody>
</table>

Click on YNQ in the navigation bar. All questions need to be answered to complete the proposal.

Form End Notes;
With the 1-3 form release, YNQ FG was changed from YNQ type Proposal (answered by PI in each record) to Organization (one-time maintenance, by Organization) when the question was deprecated by the sponsor. This question is mapped to prior NSF Application Checklist (versions 1-0, 1-1, and 1-2).

Removed from 1-3:
| 5 | Assurances/Certifications | YNQ | Q. FG now answered in each Organization entry. | Certification is authorized at the OSP level for the Institution. Only answer no if unable to certify compliance with the applicable policies, assurances, and certifications. If No: provide an explanation in a separate file. |

PHS 398 Checklist V 1-3 Released in 4.3.7/4.4.1
NIH encourages applicants to include a cover letter with the application. Check your announcement instructions for instances when this letter is a requirement. Standard content for this letter can be found in the NIH General Guide.

Form End Notes:
The only difference between form versions are minor updates to the OMB number and expiration date.
<table>
<thead>
<tr>
<th>#DAT</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-00</td>
<td>Project Director / Principal Investigator (PD/PI)</td>
<td>Proposal</td>
<td>Investigator/Key Persons</td>
<td>Person data (First name; Last name) of the selected Principal Investigator is published.</td>
</tr>
</tbody>
</table>

### 1. Project Director / Principal Investigator (PD/PI)

- Prefix: 
- Middle Name: 
- * Last Name: 
- Suffix: 

### 2. Human Subjects

- Clinical Trial? [ ] No [ ] Yes
- * Agency-Defined Phase III Clinical Trial? [ ] No [ ] Yes

#### 02-01 Clinical Trial

- YNQ
- Q# 28
- Check "yes" or "no" to indicate whether the project is a clinical trial.

#### 02-04 Agency-Defined Phase III Clinical Trial?

- YNQ
- Q# 17
- Check "yes" or "no" to indicate whether the project includes an agency-defined phase III clinical trial. See Application Guide for the specific definition.

### 3. Applicant Organization Contact

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

---

PHS 398 Cover Page Supplement 1-4; Initial Release 4.3.6 (COEUSDEV-333)
**# DAT Form Location COEUS Screen Field Instructions**

<table>
<thead>
<tr>
<th># DAT</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-00</td>
<td>Applicant Organization Contact</td>
<td>COEUS Data</td>
<td>PROPOSAL_CONTACT_TYPE</td>
<td>No end-user input required. This information is centrally maintained by the COEUS Administrator.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O (default) - OSP administrator for lead unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I- organization rolodex contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A - administrative officer from lead unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U - unit head of lead unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D - dean/VP of lead unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>H - other individual to notify for lead unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a number (unit administrator type) - from osp/unit_administrators - if there is more than one person, use the first</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C-FEL - fellowship coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the proposal is a Fellowship (activity code = 3 or 7), the person to be contacted will be the Fellowship coordinator (unit_administrator type = 3) for the top unit. To get the ‘top unit’, start at the lead unit for the proposal, and travel up the hierarchy to find the first unit with an organization. If there is no fellowship coordinator for the top unit, then person to be contacted defaults to the OSP coordinator for the lead unit.

---

**4. Human Embryonic Stem Cells**

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

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://grants.nih.gov/stem_cells/registry/current.htm](http://grants.nih.gov/stem_cells/registry/current.htm). 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:

Cell Line(s):

- 0004
- 0005

---

**Form End Notes**

4.4.2 Case: COEUSQA-2496 Updated URL for NIH Stem Cell Directory

**Prior Form Version Information**

- 1-3 Required YNQ 13: New Investigator: (NIH Beginning Investigator); removed on V 1-4.
- 1-0, 1-1 Published PI Degrees (3) on this form; degree data (1) is now required on RR Key Person (expanded) 1-2.

---

Refer to the NIH Registry website [http://grants.nih.gov/stem_cells/registry/current.htm](http://grants.nih.gov/stem_cells/registry/current.htm)
The maximum allowed length of each registration number is four digits (4). List no more than 20 registration numbers of the cell lines in the explanation for the question and separate each item by a comma. (ex. 0004,0005,0006)
PHS Fellowship Supplemental Form V 1-2

The V 1-2 is required by NIH for applications submitted after January 25 2011. COEUSQA-2846

About the PHS Fellowship Supplemental Form Maintenance requirements:

- **NEW Questionnaire**: ID #4, V1 supports PHS Fellowship Supplemental Form 1-2. A new argument value list is supplied: Graduate Level Degrees 1-2. The Field of Training enumeration list will be refreshed with this form patch. Q ID1 still supports version 1-0 and 1-1 and should remain active until PHS or Grants.gov officially deactivates those versions. *Versioning the Questions and Questionnaire is not recommended*. The only allowable versioning of the Questions would be to alter the question language or answer length; the Questionnaire would then need to be versioned locally to include the latest question versions. *Deleting or adding questions to this questionnaire will break the ability to support the s2s submission of this form.*

- **A Question Rule should be created and applied to this s2s form questionnaire to make it MANDATORY when this form is present in the S2S form package selected.** See Appendix section 3 for instructions.

- **Parameter maintenance:**
  - PI Citizenship: PI_CITIZENSHIP_FROM_CUSTOM_DATA: 1 = use custom element data for PI Citizenship; 0 = use alternate, locally programmed process
  - Define Budget Cost Elements mapped to this s2s form:
    - **TUITION COST ELEMENTS**
      - ('422311')
      - To maintain parameters: enter multiple cost elements in this format: ('XXXXXX', 'XXXXXY', 'XXXXXW') e.g. parenthetical statement, single quote at start end of each CE, comma separated.
    - **STIPEND_COST_ELEMENTS**
      - ('400315')
      - To maintain parameters: enter multiple cost elements in this format: ('XXXXXX', 'XXXXXY', 'XXXXXW') e.g. parenthetical statement, single quote at start end of each CE, comma separated.

**USER REQUIREMENTS** Users are required to answer this form-specific Questionnaire and input budget details to fulfill all the form requirements.

**Tuition**: If requested for any candidate, users must create a budget and enter tuition expense lines for appropriate budget periods. To support tuition budgeting for this form a parameter was created to identify existing or created tuition cost element. These budgeted tuition amounts are published to the form section E: tuition for the Fellow Applicant.

**Stipend**: If requested for Senior Fellows, the user must create a budget; maintain the budget person table with the applicant fellow’s base salary, and enter the stipend expense lines for appropriate budget periods. The Stipend_Cost_Elements parameter was created to identify the stipend cost element.

**Narrative Types**: the following narrative types are provided for use with this form version. **A new type is added for the 1-2**

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>PHS Fellow_RespectiveContributions</td>
</tr>
<tr>
<td>89</td>
<td>PHS Fellow_SelectionSponsorInstitution</td>
</tr>
<tr>
<td>90</td>
<td>PHS Fellow_ResponsibleConductResearch</td>
</tr>
<tr>
<td>91</td>
<td>PHS Fellow_ConcurrentSupport</td>
</tr>
<tr>
<td>92</td>
<td>PHS Fellow_Goals_FellowshipTrainingCareer</td>
</tr>
<tr>
<td>93</td>
<td>PHS Fellow_DocDissertationOtherExperience</td>
</tr>
<tr>
<td>94</td>
<td>PHS Fellow_ActivitiesPlanned</td>
</tr>
<tr>
<td>96</td>
<td>PHS Fellow_Appendix</td>
</tr>
<tr>
<td>97</td>
<td>PHS Fellow_IntroductionToApplication</td>
</tr>
<tr>
<td>98</td>
<td>PHS Fellow_SpecificAims</td>
</tr>
<tr>
<td>102</td>
<td>PHS Fellow_InclusionEnrollmentRpt</td>
</tr>
<tr>
<td>103</td>
<td>PHS Fellow_ProgressReport_Public</td>
</tr>
<tr>
<td>104</td>
<td>PHS Fellow_ProtectionOfHumanSubjects</td>
</tr>
<tr>
<td>105</td>
<td>PHS Fellow_InclusionOfWomenAndMinorities</td>
</tr>
<tr>
<td>106</td>
<td>PHS Fellow_TargetedPlannedEnrollment</td>
</tr>
<tr>
<td>107</td>
<td>PHS Fellow_InclusionOfChildren</td>
</tr>
<tr>
<td>108</td>
<td>PHS Fellow_VertebrateAnimals</td>
</tr>
<tr>
<td>109</td>
<td>PHS Fellow_SelectAgentResearch</td>
</tr>
<tr>
<td>110</td>
<td>PHS Fellow_ResourceSharingPlan</td>
</tr>
<tr>
<td>127</td>
<td>PHS Fellow_ResearchStrategy</td>
</tr>
<tr>
<td>134</td>
<td>PHS Fellow_Sponsor_CoSponsor_Info</td>
</tr>
</tbody>
</table>

PHS Fellowship Supplemental Form V 1-2

**USER REQUIREMENTS** Users are required to answer this form-specific Questionnaire and may need to input budget details to fulfill all the form requirements.


A. Application Type:
From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

![Radio buttons for Application Type: New, Resubmission, Renewal, Continuation, Revision]

B. Research training plan section

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-1</td>
<td>Intro to Application</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_IntroductionToApplication</td>
</tr>
<tr>
<td></td>
<td>(resubmissions only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-2</td>
<td>Specific Aims</td>
<td>Upload Narrative - Required</td>
<td>PHS_Fellow_SpecificAims</td>
</tr>
<tr>
<td>B-3</td>
<td>Research Strategy</td>
<td>Upload Narrative - Required</td>
<td>PHS_Fellow_ResearchStrategy</td>
</tr>
<tr>
<td>B-6</td>
<td>Inclusion Enrollment Report</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_InclusionEnrollmentRpt</td>
</tr>
<tr>
<td></td>
<td>(renewals only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-7</td>
<td>Progress Report Publication List</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_ProgressReport_PublicList</td>
</tr>
<tr>
<td></td>
<td>(renewals only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Field Name</td>
<td>Options/Answers</td>
<td>Upload Narratives or Data entry</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>B-8.2 – 8.5</td>
<td>Are Human Subjects Involved?</td>
<td>Special Reviews</td>
<td>If Human Subjects special review is added, the form will check the Yes box.</td>
</tr>
<tr>
<td>B-8.6 – 8.8</td>
<td>Human Subjects involvement indefinite?</td>
<td>Questionnaire Q ID 1</td>
<td>A Yes or No answer is required. See Explanation, below.</td>
</tr>
</tbody>
</table>

**Explanation:** If at the time of application, plans to involve human subjects are unknown, please check "Yes". In rare situations, applications are submitted with the knowledge that human subjects will be involved during the period of support, but plans are so indefinite that it is not possible to describe the involvement of human subjects in the application. The kinds of activities that lack definite plans are often institutional awards where the selection of specific projects is the institution’s responsibility, research training grants, and projects in which the involvement of human subjects depends upon completion of instruments, animal studies, or purification of compounds. The Protection of Human Subjects upload is still required.

**Policy:** NIH Office of Extramural Research Human Subjects Website. This site provides, in one place, DHHS and NIH requirements and resources for the extramural community involved in human subjects research [http://grants.nih.gov/grants/policy/hs/index.htm](http://grants.nih.gov/grants/policy/hs/index.htm)

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-9.1-9.3</td>
<td>Is the project a Clinical Trial?</td>
<td>Questionnaire Q ID 2</td>
<td>Check the “Yes” or “No” to indicate whether the project is a clinical trial. See Explanation, below.</td>
</tr>
</tbody>
</table>

**Explanation:** The NIH defines a clinical trial as a prospective biomedical or behavioral research study of human subjects that is designed to answer specific questions about biomedical or behavioral interventions (drugs, treatments, devices, or new ways of using known drugs, treatments, or devices). Clinical trials are used to determine whether new biomedical or behavioral interventions are safe, efficacious, and effective. Behavioral human subject research involving an intervention to modify behavior (diet, physical activity, cognitive therapy, etc.) fits this definition of a clinical trial. Human subject research to develop or evaluate clinical laboratory tests (e.g. imaging or molecular diagnostic tests) might be considered to be a clinical trial if the test will be used for medical decision making for the subject or the test itself imposes more than minimal risk for subjects.

**Policy:** Clinical Trials Registration in ClinicalTrials.gov (Public Law 110-85): Competing Applications and Non-Competing Progress Reports [NOTICE OD-08-023](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-023.html)

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-10.1-10.3</td>
<td>Is this an NIH-defined Phase III clinical trial?</td>
<td>Questionnaire Q ID 3</td>
<td>Check the “Yes” or “No” to indicate whether the project is an NIH-defined Phase III clinical trial. See Explanation, below.</td>
</tr>
</tbody>
</table>

**Explanation:** An NIH-defined Phase III clinical trial is a broadly based prospective Phase III clinical investigation, usually involving several hundred or more human subjects, for the purpose of evaluating an experimental intervention in comparison with a standard or controlled intervention or comparing two or more existing treatments. Often the aim of such investigation is to provide evidence leading to a scientific basis for consideration of a change in health policy or standard of care. The definition includes pharmacologic, non-pharmacologic, and
behavioral interventions given for disease prevention, prophylaxis, diagnosis, or therapy. Community trials and other population-based intervention trials are also included.

**Policy:** Clinical Trials Registration in ClinicalTrials.gov (Public Law 110-85): Competing Applications and Non-Competing Progress Reports. NOTICE OD-08-023 [http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-023.html](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-023.html)

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>b-11</td>
<td>Protection of Human Subjects</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_ProtectionOfHumanSubjects</td>
</tr>
<tr>
<td>b-12</td>
<td>Inclusion of Women and Minorities</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_InclusionOfWomenAndMinorities</td>
</tr>
<tr>
<td>b-13</td>
<td>Targeted/Planned Enrollment</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_TargetedPlannedEnrollment</td>
</tr>
<tr>
<td>B-14</td>
<td>Inclusion of Children</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_InclusionOfChildren</td>
</tr>
</tbody>
</table>

### Other Research Training Plan section

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-15.3-5</td>
<td>Are Vertebrate Animals Used?</td>
<td>Special Reviews</td>
<td>If an Animal Usage special review is added, the form will check the Yes box.</td>
</tr>
<tr>
<td>B-15.6-8</td>
<td>Will the inclusion of vertebrate animals use be indefinite?</td>
<td>Questionnaire Q ID 4</td>
<td>A Yes or No answer is required. See Explanation, below.</td>
</tr>
</tbody>
</table>

**Explanation:** If animal involvement is anticipated within the period of award but plans are indefinite and it is not possible to describe the use of animals, check “Yes” and in the Research Training Plan: Vertebrate Animals narrative, provide an explanation and indicate when it is anticipated that animals will be used.

**Policy:** Refer to [PHS Policy on Humane Care and Use of Laboratory Animals](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-023.html)

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-16</td>
<td>Vertebrate Animals</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_VertebrateAnimals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-17</td>
<td>Select Agent Research</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_SelectAgentResearch</td>
</tr>
<tr>
<td>B-18</td>
<td>Resource Sharing Plan</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_ResourceSharingPlan</td>
</tr>
</tbody>
</table>

**PHS Fellowship Supplemental Form 1-2 (COEUSQA-2846) required for NIH submissions after 1/25/2011.**
C. Additional Information

Human Embryonic Stem Cells

1. * 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), using the registry information provided within the agency instructions. 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):

[ ]

[ ]

[ ]

[ ]


C-1.6 Can a specific stem cell line be referenced at this time? [ ] Questionnaire Q ID 6

“N” answer affirms that an undefined registry cell line will be used. “Y” answer will require entering the cell IDs in the next question.


C-1.5 List the registration number of the specific cell line(s) from the stem cell registry. [ ] Questionnaire Q ID 7

List the registration numbers of the cell lines in the spaces provided. The maximum allowed length of each registration number is four (4).

Explanation: List the registration numbers of the cell lines in the spaces provided. The maximum allowed length of each registration number is four (4).

The form allows for up to four (4) current and prior support entries. The questionnaire asks the respondent if they had prior support; a “Yes” answer asks a series of questions to provide the form data. These series can repeat to supply the four detailed lines. A “No” response to current/prior support will present the next required question.

### Section C-6.1 - 3
**Current Or Prior Kirschstein-NRSA Support?**

- **Questionnaire**: Q ID 24
- **Options**/**Answers**: If yes, please identify current and prior Kirschstein-NRSA support in the following questions. Up to 4 awards can be identified.

### Section C-6.4
**Level**

- **Questionnaire**: Q ID 32
- **Options**/**Answers**: Select from List: Predoctoral or Postdoctoral

### Section C-6.5
**Type**

- **Questionnaire**: Q ID 33
- **Options**/**Answers**: Select from List: Individual or Institutional

### Section C-6.6
**Start Date**

- **Questionnaire**: Q ID 43
- **Options**/**Answers**: If known, enter the start date of this support in the format MM/DD/YYYY.

### Section C-6.7
**End Date**

- **Questionnaire**: Q ID 44
- **Options**/**Answers**: If known, enter the end date of this support in the format MM/DD/YYYY.

### Section C-6.8
**Grant Number**

- **Questionnaire**: Q ID 45
- **Options**/**Answers**: If known, enter the grant number for this support.

---

**Do you have another current or prior Kirschstein-NRSA support award to report?**

- **Questionnaire**: Q ID 31
- **Options**/**Answers**: Answer “Yes” to supply the required fields in the questions that follow. Answer “No” to proceed to the next required question.
**Section** | **Field Name** | **Options/Answers** | **Upload Narratives or Data entry**
--- | --- | --- | ---
C-7.1 | Applications for Concurrent Support? | | 
C-7.2 | C-7.1 Applications for Concurrent Support? | Defaults to No unless the defined narrative is uploaded. | Are there applications for other concurrent support for this candidate? If yes, upload the Concurrent Support narrative.

**Explanation:** If the candidate has applied or will be applying for other support that would run concurrently with the period covered by this application check “Yes” and include the type, dates, source(s) and amount. The candidate must promptly report to the NIH IC to which this application is assigned any support resulting from other such applications.

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-7.4</td>
<td>Concurrent Support</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_ConcurrentSupport</td>
</tr>
<tr>
<td>C-8</td>
<td>Goals for Fellowship Training and Career</td>
<td>Upload Narrative Attachment - <strong>Required</strong></td>
<td>PHS_Fellow_Goals_FellowshipTrainingCareer</td>
</tr>
<tr>
<td>C-9</td>
<td>Activities Planned Under This Award</td>
<td>Upload Narrative Attachment - <strong>Required</strong></td>
<td>PHS_Fellow_ActivitiesPlanned</td>
</tr>
<tr>
<td>C-10</td>
<td>Doctoral Dissertation and Other Research Experience</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow.DocDissertOtherResExperience</td>
</tr>
</tbody>
</table>

**Parameter** `PI_CITIZENSHIP_FROM_CUSTOM_DATA` supports this data element. Default value is 1. If the value is set to 1, uses distributed custom element: CITIZENSHIP_INFO.

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-11.1</td>
<td>Citizenship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-11.2</td>
<td>10. * Citizenship:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. U.S. Citizen or noncitizen national
2. Permanent Resident of U.S. (if a permanent resident of the U.S., a notarized statement must be provided by the time of award)
3. Non-U.S. Citizen with temporary U.S. visa
4. Permanent Resident of U.S. - PENDING

**C. Additional Information (continued)**

Institution

11. Change of Sponsoring Institution

Name of Former Institution:

---

**PHS Fellowship Supplemental Form 1-2 (COEUSQ A-2846) required for NIH submissions after 1/25/2011.**

### Section C-12.1 Change of Sponsoring Institution

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change of Sponsoring Institution</td>
<td>Questionnaire Q ID 28</td>
<td>Has this application been previously submitted by a different institution? Check YES, if this application reflects a change in grantee institution from that indicated on a previous application.</td>
</tr>
</tbody>
</table>

### Section C-12.2 Name of Former Institution

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Former Institution</td>
<td>Questionnaire Q ID 29</td>
<td>Enter the name of the former institution.</td>
</tr>
</tbody>
</table>

**Explanation:**
Per NIH, a former institution is not generally applicable to a "New" application. If you check YES, you will be prompted to provide the name in a follow-up question.

**NEW**
Additional Narrative type for this form version 1-2. (prior instructions uploaded this file to the Other Project Info form.)

### D. Sponsor(s) and Co-Sponsor(s)

* Sponsor(s) and Co-Sponsor(s) Information

Consult the instructions provided in the Application Guide regarding the content of the Sponsor(s) and Co-Sponsor(s) section.

### E. BUDGET E-1 section

If you are not requesting any tuition or fees, please select "None Requested". Otherwise select "Funds Requested" and enter the amounts for each applicable year of support, in the fields provided.

**Budget**
Example: 422311 Description: Tuition-Other-Not MTDC (CONSOA instance) Line item expense entered per budget period in the Cost Element defined for Tuition for this form.

To populate this form the tuition must be budgeted using the parameterized cost element/GL. If Tuition is not budgeted, the "None Requested" box will be checked.

Warning: If Tuition is incorrectly budgeted (wrong cost element for this form), None Requested box will be checked.

Parameter: Tuition_Cost_Elements
To maintain parameter, enter cost element in this method: ("XXXXXX") e.g. parenthetical statement, single quote at start end of CE, Example:

**Tuition_Cost_Elements** 422311

### Budget Other Direct Costs

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition - Other - Not MTDC</td>
<td></td>
<td>$16,000.00</td>
</tr>
</tbody>
</table>

---


<table>
<thead>
<tr>
<th>Line</th>
<th>CE</th>
<th>Cost Element Description</th>
<th>Description</th>
<th>Only</th>
<th>Cost</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4003220</td>
<td>Fellows - Non-Student - Not MTDC</td>
<td></td>
<td>1.00</td>
<td>$20,000.00</td>
<td>01-Sep-2011</td>
<td>31-Aug-2012</td>
</tr>
<tr>
<td>2</td>
<td>4023115</td>
<td>Tuition - Other - Not MTDC</td>
<td></td>
<td>0.00</td>
<td>$10,000.00</td>
<td>01-Sep-2011</td>
<td>31-Aug-2012</td>
</tr>
</tbody>
</table>
Senior Fellowship Applicant section

These questions will only appear upon “Yes” to the question “Is this a senior Fellowship Application.”

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Options/Answers</th>
<th>Upload Narratives or Data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Fellowship</td>
<td>Q ID 36 Is this a Senior Fellowship Application?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1-11 Present Institutional Base Salary Amount:</td>
<td>Questionnaire Q ID 47 Please enter the dollar amount of your present institutional base salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1-13 Academic Period</td>
<td>Questionnaire Q ID 48 Indicate the 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: 6-month, 9-month, 10-month, 12-month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1-14 Number of Months</td>
<td>Questionnaire Q ID 50 Please enter the number of months you will receive the salary. Fractions of months (using two decimal places) may be expressed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-2 Stipends/Salary During First Year of Proposed Fellowship</td>
<td>Budget Period 1 Example: Cost Element: 400315 Description: Fellows-Non-Student- Not MTDC (CONSQA instance) Parameter maintained: Stipend_Cost Elements To populate the Stipend Amount and Number of Months, this Fellow/PI Personnel expense must be in the Period 1 budget using the defined cost element. The amount and months are mapped from the Personnel Budget Details. If Stipend is not budgeted, the form fields will be zero. Warning: If Stipend is incorrectly budgeted (wrong cost element or no person details), the values will not publish. STIPEND_COST_ELEMENTS (&quot;400315&quot;)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Screen shots from Lite and Premium Personnel Budget Detail entries for Senior Fellow Stipend Amount and Months.

<table>
<thead>
<tr>
<th>E-2 a1</th>
<th>Supplemental Amount</th>
<th>Questionnaire Q ID 38</th>
<th>Are you receiving any supplementation from other sources? (Numeric value, no commas or non-numeric characters).</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-2 a2</td>
<td>Supplemental Number of Months</td>
<td>Questionnaire Q ID 39</td>
<td>Enter the number of months receiving the supplemental funds. (Numeric value, no commas or non-numeric characters).</td>
</tr>
<tr>
<td>E-2b-1</td>
<td>Supplemental Type</td>
<td>Questionnaire Q40</td>
<td>What is the type of the supplemental funding?</td>
</tr>
<tr>
<td>E-2b-2</td>
<td>Sources:</td>
<td>Questionnaire Q41</td>
<td>What is the source of the supplemental funding??</td>
</tr>
</tbody>
</table>

**F. Appendix**

Section | Field Name | Options/Answers | Upload Narratives or Data entry |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E-0</td>
<td>Appendix</td>
<td>Upload Narrative Attachment</td>
<td>PHS_Fellow_Appendix</td>
</tr>
</tbody>
</table>

This narrative type requires a Description/Title. Do NOT use special characters or spaces in name you type in COEUS. Only numbers, letters, hyphens, underscores, and periods should be used.

**Form End Notes:**

Form V 1-2
COEUSQA-2846:
New Questionnaire (ID 4) created to support the 1-2 form version; a new value list (Graduate Level Degree 1-2) is provided for the selection of Graduate Level Degree 1-2.

New narrative type added: PHS_Fellow_Sponsor_CoSponsor_Info
New Argument Value list for Graduate Level Degree
Updated the Senior Fellow Federal Stipend Number of Months mapping from Personnel Budget Details data.

Form V 1-1 –
4.4.3P case: COEUSQA-3039 updated the Senior Fellow Federal Stipend Number of Months mapping from Personnel Budget Details data
4.4.2 Cases:
COEUSQA-2467: Stored procedure altered to use the earliest effective date salary of the Fellow PI Person listed twice in budget persons (if different appointment types, job codes, or salary effective dates).
COEUSQA-2315: Some values in the argument value lookup table - type graduate level degree do not match the G.Gov enumerations for the fellowship form. The script included in this case will delete the incorrect values and reinsert the correct values.

V 1-0 (COEUS DEV-367; 4.3.6) is no longer accepted by NIH with the added Research Strategy narrative requirement.
Appendix:

1. Degrees: maintained in Value List. Graduate Level Degrees 1-2

Masters
MA: Master of Arts
MBA: Master of Business Administration
MLS: Master of Library Science
MPA: Master of Public Administration
MPH: Master of Public Health
MS: Master of Science
MSN: Master of Science In Nursing

Academic Doctorate
DC: Doctor of Chiropractic
DNSC: Doctor of Nursing Science
DPH: Doctor of Public Health
DRPH: Doctor of Public Health
DSC: Doctor of Science
EDD: Doctor of Education
EGND: Foreign Doctor Engineering
JD: Doctor of Juris Prudence
PHD: Doctor of Philosophy
SCD: Doctor of Science

Professional Doctorate
DDS: Doctor of Dental Surgery
DMD: Doctor of Medical Dentistry
DO: Doctor of Osteopathy
DPM: Doctor of Podiatric Medicine
DSW: Doctor of Social Work
DVM: Doctor of Veterinary Medicine
MB: Foreign - Bachelor of Medicine
MBBS: Foreign - Bachelor of Medicine and Surgery
MD: Doctor of Medicine
ND: Doctor of Naturopathy
OD: Doctor of Optometry
PHMD: Doctor of Pharmacy
PSYD: Doctor of Psychology
VMD: Doctor of Veterinary Medicine

Other Degree(s)
MOTH: Other Masters Degree
DOTH: Other Doctorate
DDOT: Other Doctor of Medical Dentistry
MDOT: Other Doctor of Medicine
VDOT: Other Doctor of Veterinary Medicine
OTH: Other
2. **Field of Training C-4. FOT Values: Excel table in DAT.**

**Predominantly Non-Clinical or Lab-Based Research Training**

- **1100 BIOCHEMISTRY**
  - 1110 Biological Chemistry
  - 1120 Bioenergetics
  - 1130 Enzymology
  - 1140 Metabolism

- **1200 BIOENGINEERING**
  - 1210 Bioelectric/Biomagnetic
  - 1220 Biomaterials
  - 1230 Biomechanical Engineering
  - 1240 Imaging
  - 1250 Instrumentation and Devices
  - 1260 Mathematical Modeling
  - 1270 Medical Implant Science
  - 1280 Nanotechnology
  - 1290 Rehabilitation Engineering
  - 1310 Tissue Engineering

- **1400 BIOPHYSICS**
  - 1410 Kinetics
  - 1420 Spectroscopy
  - 1430 Structural Biology
  - 1440 Theoretical Biophysics

- **1500 BIOTECHNOLOGY**
  - 1510 Applied Molecular Biology
  - 1520 Bioprocessing and Fermentation
  - 1530 Metabolic Engineering

- **1600 CELL AND DEVELOPMENTAL BIOLOGY**
  - 1610 Cell Biology
  - 1620 Developmental Biology

- **1700 CHEMISTRY**
  - 1710 Analytical Chemistry
  - 1720 Bioinorganic Chemistry
  - 1730 Bioorganic Chemistry
  - 1740 Biophysical Chemistry
  - 1750 Medicinal Chemistry
  - 1760 Physical Chemistry
  - 1770 Synthetic Chemistry

- **1900 ENVIRONMENTAL SCIENCES**

- **2000 GENETICS**
  - 2010 Behavioral Genetics
  - 2020 Developmental Genetics
  - 2030 Genetic Epidemiology
  - 2040 Genetics of Aging
  - 2050 Genomics
  - 2060 Human Genetics
  - 2070 Molecular Genetics
  - 2080 Population Genetics

- **2200 IMMUNOLOGY**
  - 2210 Asthma and Allergic Mechanisms
  - 2220 Autoimmunity
  - 2230 Immunodeficiency
  - 2240 Immunogenetics
  - 2250 Immunopathology
2260  Immunoregulation
2270  Inflammation
2280  Structural Immunology
2290  Transplantation Biology
2310  Vaccine Development

**2400  MICROBIOLOGY AND INFECTIOUS DISEASES**
2410  Bacteriology
2420  Etiology
2430  HIV/AIDS
2440  Mycology
2450  Parasitology
2460  Pathogenesis of Infectious Diseases
2470  Virology

**2600  MOLECULAR BIOLOGY**

**2800  NEUROSCIENCE**
2810  Behavioral Neuroscience
2820  Cellular neuroscience
2830  Cognitive neuroscience
2840  Communication Neuroscience
2850  Computational Neuroscience
2860  Developmental Neuroscience
2870  Molecular Neuroscience
2880  Neurochemistry
2890  Neurodegeneration
2910  Neuropharmacology
2920  Systems/Integrative Neuroscience

**3100  NUTRITIONAL SCIENCES**

**3200  PHARMACOLOGY**
3210  Molecular Pharmacology
3220  Pharmacodynamics
3230  Pharmacogenetics
3240  Toxicology

**3300  PHYSIOLOGY**
3310  Aging
3320  Anesthesiology (basic science)
3330  Endocrinology (basic science)
3340  Exercise Physiology (basic science)
3350  Integrative Biology
3360  Molecular Medicine
3370  Physiological Optics
3380  Reproductive Physiology

**3500  PLANT BIOLOGY**

**3600  PSYCHOLOGY, NON-CLINICAL**
3610  Behavioral Communication Sciences
3620  Behavioral Medicine (non-clinical)
3630  Cognitive Psychology
3640  Developmental and Child Psychology
3650  Experimental & General Psychology
3660  Mind-Body Studies
3680  Neuropsychology
3690  Personality and Emotion
3710  Physiological Psychology & Psychobiology
3720  Psychology of Aging
3730  Psychometrics
3740  Psychophysics

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6650 Endocrinology
6660 Immunology
6670 Gene Therapy (clinical)
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6690 Hematology
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6820 Infectious Diseases
6830 Liver Diseases
6840 Metabolic Diseases
6850 Nephrology
6860 Neurology
6870 Ophthalmology
6880 Nuclear Medicine
6890 OB-GYN
6910 Oncology
6920 Orthopedics
6930 Otorhinolaryngology
6940 Preventive Medicine
6950 Radiation, Interventional
6960 Pulmonary Diseases
6970 Radiology, Diagnostic
6980 Rehabilitation Medicine
6990 Psychiatry
7110 Surgery
7120 Trauma
7130 Urology
7300 PEDIATRIC DISCIPLINES
7310 Pediatric Endocrinology
7320 Pediatric Hematology
7330 Pediatric Oncology
7340 Pediatric, Prematurity & Newborn
7500 NURSING
7700 VETERINARY MEDICINE
8000 OTHER, Predominantly Clinical Research Training
3. APPLYING the Fellowship Questionnaire with a Question type Business Rule:
The following is the shortest and simplest rule you can build to invoke the Grants.gov form-supporting Questionnaires.

The following steps will build a Question Rule Condition test for the 1-2 PHS Fellowship Supplemental Form.

- Navigate to the Business Rules tab for the highest Proposal Routing Node in your unit Hierarchy (I maintain these system-wide rules at the 000001 node).
- Click Add to generate a Create Business rule window.
- Select rule type of Question, and Module: Proposal Development.
- Enter a description that will help you clearly identify this rule: suggested: “Invoke the 1-2 PHS Fellowship Grants.gov Form”
- Click Add to open the Condition Editor window;
- Enter a description (this will become a listed condition statement on the prior Rule window) suggested: “1-2 PHS398 Fellowship form”
- Note: the user message field on this window is not active.

1. In the lower Condition Editor panel, Add a condition line:
2. From the Function Tab, select “Specified Grants.gov Form” and drag it to the new Condition line. The Arguments window will appear.
3. Double-click the Argument Name field to display the look-up values; Select PHS Fellowship Supplemental V1-2, and then click OK.
4. Click OK to close the Arguments window.
5. Complete the Condition Test by selecting [Equal To] [True]

The completed Question-type Business Rule


This Question Rule will be available for selection in the Questionnaire “Used In (module)” section, Rule drop-down list. You can EDIT Questionnaire ID #1 to apply this rule (the rule condition will automatically update if you modified the existing selected question rule).

With ID#4 highlighted, click Edit – but click NO to the “create a new version” prompt!!

Select your Invoke the Fellowship Form rule from the available Question Rules, and please mark it as Mandatory = YES as the questionnaire data is required to fully populate this form. If you like, you can modify the Label in the Used In section – this is the questionnaire label that End Users see – I’ve kept this label neutral as to form version to avoid confusing users. If you have any suggestions for user-friendly form-supporting Questionnaire titles in future releases, please let me know.

With this Question Rule, the end user proposals will not invoke this Fellowship questionnaire until they have successfully applied a Grants.gov opportunity that has the V1-2 of the PHS Fellowship Supplemental Form.

4. Questionnaire ID 4 detail:
Please follow Proposal User Guide instructions for detailed budget instructions. Cost Element mapping to Budget Categories in your local environment will impact where your expenses appear on these forms. Modular Budget Expenses are mapped to the COEUS Modular Budget screen of the Budget Version marked as Final. Modular expenses can be manually entered, or synchronized from the detailed budget.

All budget periods will be populated based on the user maintained entries in the Modular Budget window, as follows:

**A. Direct Costs**
- **Direct Costs Less Consortium F&A**: the sync’d value from the Detailed budget is rounded up to the nearest $25,000.
- **Consortium F&A**: total of subcontract F&A expenses. This value does *not* get rounded to the nearest $25,000. (These expenses are really direct costs in the prime budget, but can be subtracted from the prime total when submitting Modular budget to NIH.)
  
  The cost elements for subcontract F&A are defined in the COEUS parameters 'SUBCONTRACTOR_F_AND_A_GT_25K' and 'SUBCONTRACTOR_F_AND_A_LT_25K'.
- **Total Direct Costs**: This is the sum of the **Direct Costs Less Consortium F and A** and **Consortium F and A**.

**B. Indirect Costs**

The indirect costs will be detailed by rate. If there are multiple applicable rates for the period, a detailed indirect cost line will be populated for each rate.

**Cognizant Federal Agency**: The information (agency name, POC name and phone number) is populated from the proposal’s Organization record, using the rolodex entry for the maintained cognizant auditor.

**Proposal Narratives:**

The following Narrative types are mapped for the PHS398 Modular Budget form for use in supplying budget justification information, as required by the sponsor:

- **PHS_ModBud_PersonJustif** (ID 35) for the personnel justification document
- **PHS_ModBud_Consort_Justif** (ID36) for the Consortium/Contractual budget justification
- **PHS_ModBud_NarrativeJustif** (ID37) for other budget information, as defined for use by NIH.
# DAT | Form Location | COEUS Screen | Field | Instructions |
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Use only if you are submitting an R&R Resubmission or Revision (Cover Page Item 8). Applicants must follow the page limits that are outlined in the specific announcement. Page limits for the Introduction vary for specialized mechanisms (e.g., R03 and R21 applications). |

| 2.03 Specific Aims | Upload Attachments | Proposal Uploads | Select Attachment type: PHS_ResearchPlan_SpecificAims |

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative. |

| 2.04 Research Strategy | Upload Attachments | Proposal Uploads | Select Attachment type: PHS_ResearchPlan_ResearchStrategy |

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative. |

| 2.05 Inclusion Enrollment Report (for Renewals) | Upload Attachments | Proposal Uploads | Select Attachment type: PHS_ResearchPlan_InclusionEnrollmentReport |

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative. |

| 2.06 Progress Report Publication List | Upload | Proposal Uploads | Select Attachment type: |
Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative.

### Human Subjects Sections

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<td>8. Targeted/Planned Enrollment Table</td>
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<td>9. Inclusion of Children</td>
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<td>View Attachment</td>
</tr>
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</table>

### Protection of Human Subjects (may be required)

Select Attachment type: PHS_ResearchPlan_ProtectionOfHumanSubjects

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative.

This section covers only the initial information regarding the Protection of Human Subjects. Follow the instructions in the full NIH SF424 guide ([http://grants1.nih.gov/grants/funding/424/index.htm](http://grants1.nih.gov/grants/funding/424/index.htm)): Part II, Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.

### Inclusion of Women and Minorities (may be required)

Select Attachment type: PHS_ResearchPlan_InclusionOfWomenAndMinorities

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative.

To determine if Inclusion of Women and Minorities applies to this application, follow the instructions in the full guide, Part II, Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.

### Targeted/Planned Enrollment Table (may be required)

Select Attachment type: PHS_ResearchPlan_TargetedPlannedEnrollmentTable

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative.

If this application involves the Inclusion of Women and Minorities, complete the Targeted/Planned Enrollment Table.

### Inclusion of Children (may be required)

Select Attachment type: PHS_ResearchPlan_InclusionOfChildren

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative.

To determine if Inclusion of Children applies to this application, follow the instructions in the full guide; Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.
#DAT Form Location COEUS Screen Field Instructions

Other Research Plan Sections

10. Vertebrate Animals
11. Select Agent Research
12. Multiple PD/PI Leadership Plan
13. Consortium/Contractual Arrangements
14. Letters of Support
15. Resource Sharing Plan(s)

### 2.15 Vertebrate Animals (may be required)
Upload Attachments Proposal Uploads

Select Attachment type: PHS_ResearchPlan_VertebrateAnimals

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative.

### 2.15 a Select Agent Research
Upload Attachments Proposal Uploads

Select Attachment type: PHS_ResearchPlan_SelectAgentResearch

If you are responding to a specific funding opportunity announcement (e.g., PA or RFA), address any requirements specified by the solicitation.

### 2.15 b Multiple PD/PI Leadership Plan
Upload Attachments Proposal Uploads

Select Attachment type: PHS_ResearchPlan_MultiplePILeadershipPlan

For applications designating multiple PDs/PIs, a leadership plan must be included.

### 2.16 Consortium/Contractual Arrangements
Upload Attachments Proposal Uploads

Select Attachment type: PHS_ResearchPlan_Consortium_Contract

Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.

### 2.17 Letters of Support
Upload Attachments Proposal Uploads

Select Attachment type: PHS_ResearchPlan_LettersOfSupport

Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative. Attach appropriate letters here, as a single PDF file, from all individuals confirming their roles in the project and rate/charge for consulting services.

### 2.18 Resource Sharing Plan(s)
Upload Attachments Proposal Uploads

Select Attachment type: PHS_ResearchPlan_ResourceSharingPlan

NIH considers the sharing of unique research resources developed through NIH-sponsored research an important means to enhance the value and further the advancement of the research. See Data-Sharing Policy or http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html

### 2.19 Appendix
Upload Attachments Proposal Uploads

Select Attachment type: PHS_ResearchPlan_Appendix

This narrative type requires a Description/Title. Do NOT use
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Please consult the sponsor instructions for your specific opportunity regarding the content requirements for this narrative.

A maximum of 10 PDF attachments is allowed. Note this is the total number of allowable appendix attachments, not the total number of publications. If more than 10 appendix attachments are needed, combine the remaining information into attachment #10. A summary sheet listing all of the items included in the appendix is encouraged, but not required. When including a summary sheet, it should be included in the first appendix attachment.

**Form End Notes:**

This V 1-3 uses fewer narrative uploads, introduced Research Strategy for required use by NIH in late 2009. COEUSQA-2022.

**Prior form Versions utilized:**

Versions 1-0, 1-1, and 1-2 required the narrative upload types Background and Significance, Preliminary Studies/Progress Report, and Research Design and Methods; replaced by one upload; Research Strategy.
PHS398 Research Training Program Plan V 1-0

About the PHS398 Research Training Plan 1-0

In order to validate Training Program opportunities, Citizenship information must be provided for all Investigators. This solution used for these submissions is similar to what was provided for the PHS Career Development and PHS Fellowship forms. If your organization is using a custom (external) data solution, the parameter `PI_CITIZENSHIP_FROM_CUSTOM_DATA` should be maintained to 0; alternatively, set this parameter to 1 to utilize the consortium distributed Custom Element and supporting Argument Values that populate the Person/Proposal Person Other tab.

Parameters for Training forms:

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Parameters for Training forms:

- `PI_CITIZENSHIP_FROM_CUSTOM_DATA` should be maintained to 0; alternatively, set this parameter to 1 to utilize the consortium distributed Custom Element and supporting Argument Values that populate the Person/Proposal Person Other tab.

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<td>Non-U.S. Citizen with temporary Visa</td>
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1. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the appropriate sections of the research training program plan.

2. Research Training Program Plan Attachments:

Please attach applicable sections of the research training program plan, below.

1. Introduction to Application

(for REVISION or RESUBMISSION applications only)

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PHS-ResTrainingPlan_Introduction

Narrative code # 112:

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</tr>
</thead>
</table>
| 2. Background      | Upload Narratives | Proposal Narratives | **PHS-ResTrainingPlan_Background**  
Narrative code # 113 |
Narrative code # 114 |
Narrative code # 115: |
Narrative code # 116 |
Narrative code # 117  
Use only if you are submitting an R&R Renewal. |
Narrative code # 118  
Upload only required if Special Review for Human Subjects will be utilized, and the Special Review is maintained. |
Narrative code # 119  
Upload only required if Special Review for Vertebrate Animals will be utilized, and the Special Review is maintained. |
<table>
<thead>
<tr>
<th>#</th>
<th>Form Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Select Agent Research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Multiple PD/PI Leadership Plan (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Consortium/Contractual Arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-9</td>
<td>Select Agent Research</td>
<td>Upload Narratives</td>
<td>Proposal Narratives</td>
<td>PHS-ResTrainingPlan_SelectAgentResearch Narrative code # 120</td>
</tr>
<tr>
<td>2-10</td>
<td>Multiple PD/PI Leadership Plan (if applicable)</td>
<td>Upload Narratives</td>
<td>Proposal Narratives</td>
<td>PHS-ResTrainingPlan_PILeadershipPlan Narrative code # 121</td>
</tr>
<tr>
<td>12</td>
<td>Participating Faculty Biosketches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Data Tables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Letters of Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Appendix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-12</td>
<td>Participating Faculty Biosketches</td>
<td>Upload Narratives</td>
<td>Proposal Narratives</td>
<td>PHS-ResTrainingPlan_FacBiosketches Narrative code # 123</td>
</tr>
<tr>
<td>2-13</td>
<td>Data Tables</td>
<td>Upload Narratives</td>
<td>Proposal Narratives</td>
<td>PHS-ResTrainingPlan_DataTables Narrative code # 124</td>
</tr>
<tr>
<td></td>
<td>Appendix</td>
<td>Upload Narratives</td>
<td>Proposal Narratives</td>
<td>PHS-ResTrainingPlan_Appendix Narrative code # 126</td>
</tr>
</tbody>
</table>

A maximum of 10 attachments allowed. If more than 10 are needed, combine them into attachment #10. This narrative type requires a Description/Title. Do NOT use special characters or spaces in name you type in COEUS. Only numbers, letters, hyphens, underscores, and periods should be used.
**PHS398 Research Training Budget V1-0**

**COEUSQA-2089 About The PHS 398 Training Budget V1-0 form's data requirements:**

Users are required to answer this form-specific Questionnaire and input budget details to fulfill all the form requirements.

**Questionnaire: Questionnaire ID #3, version 1** supports this new NIH Training Budget form. (Question ID’s 66 through 98) Versioning the Questions and Questionnaire is not recommended. The only allowable versioning of the Questions would be to alter the question language or answer length; the Questionnaire would then need to be versioned locally to include the latest question versions. Deleting or adding questions to this questionnaire will break the ability to support the s2s submission of this form.

**Trainees:** The number of Trainees in the this form's categories (Undergraduate, Predoctoral, Postdoctoral, short term, full term, single degree, dual degree, non-degree seeking, degree seeking) required utilizing the Questionnaire for the data to populate PHS 398 Training Budget form, as this information could not be easily captured from the COEUS Budget.

**Stipends:** Because the stipend rates are regulated by NIH, a data table has been created using the current 2009 NIH rates (NOT-OD-09-075) to calculate and populate this form based on the entries in the Questionnaire. The exception is for ‘Other’ trainees, in which case the stipends and tuition are taken from the questionnaire; user should still input these expenses in their detail budget for internal records. The number of trainees for all remaining trainee categories must be input in the questionnaire; the stipend expense will be calculated and published to the form from stipend rate tables. User should also enter the stipend expense in their COEUS line item budget for internal record.

**New COEUS Table & Columns added to support Stipend calculation from questionnaire entries:**

- **Table name:** osp$training_stipend_rates
- **Columns:** career_level, experience_level, stipend_rate, effective_date

**TABLE MAINTENANCE:** Code Tables for Application Administrator maintenance provided COEUSQA-2296:

- Code Tables>Proposal Development>Training Stipend Rates. Supports Questionnaire calculation reference and s2s form validations (PHS389 Training Budget 1-0).
- Add a new row for each of the 11 Stipend Rates with its Effective Date according to the NIH annually published rates.

**Tuition:** Users must enter tuition expense lines for each trainee category. To support tuition budgeting for this form six (6) parameters have been created to identify existing or created tuition cost elements. These budgeted tuition amounts for the Trainee categories for this form are published to the Trainee budget form.

**New Parameters maintained to specify Trainee Tuition detail:**

- TUITION_OTHER_COST_ELEMENTS
- TUITION_POSTDOC_DEG_COST_ELEMENTS
- TUITION_POSTDOC_NONDEG_COST_ELEMENTS
- TUITION_PREDOC_DUAL_DEG_COST_ELEMENTS
- TUITION_PREDOC_SINGLE_DEG_COST_ELEMENTS
- TUITION_UNDERGRAD_COST_ELEMENTS

To maintain parameters: enter multiple cost elements in this format: ("XXXXXX", "XXXXXY", "XXXXXW") e.g. parenthetical statement, single quote at start end of each CE, comma separated.

**Other budgeted expenses:** Users must enter budget line item costs for Training Related Expenses (TRE) cost and Trainee Travel cost elements are parameterized. The consortium expenditures (subcontract) cost elements utilize the existing parameter.

- TRAINEE_TRAVEL_COST_ELEMENTS
- TRAINING_REL_COST_ELEMENTS
- SUBCONTRACT_COST_ELEMENTS

To maintain parameters: enter multiple cost elements in this format: ("XXXXXX", "XXXXXY", "XXXXXW") e.g. parenthetical statement, single quote at start end of each CE, comma separated.

NIH has certain funding opportunities that will utilize this Training Budget form and the RR Budget form. There is a field in the Training Budget form that supports populating additional expenses. The value published excludes the cost elements identified for this form to avoid duplication of expenses.

**Budget Justification:** A new narrative type has been provided for this budget justification. Narrative type: PHS_Train_Budg_Just, ID number 130.

**Questionnaire required to complete the form: ID #3: PHS 398 Training Budget Form version 1-0**

**Supporting Questions:** ID numbers 66 through 98 in Question Group: Grants.gov PHS Training

The Question Rule can be limited to just the Specified Grants.gov Form (PHS 398 Training Budget V1-0), or can add references Sponsor, Sponsor Group, and Grants.gov Submission.

When the Rule is applied to the Questionnaire ID #3: Module Development Proposal, select the Mandatory flag of YES to make answering this Questionnaire a proposal validation required prior to submitting for approval routing.
The Questionnaire contains a repeat of the questions to support the form capability of up to a five (5) period budget. If the selected opportunity only allows a three (3) years of support, when presented with the question “Are you requesting funds for Budget Period 4?” and “Are you requesting funds for Budget Period 5?”, answer ‘No’ to these questions to leave those budgets blank. See additional budget creation tips after the Questionnaire instructions.

<table>
<thead>
<tr>
<th>Form Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMB Number: 0925-0001</td>
<td>PHS 398 TRAINING BUDGET, Period 1</td>
<td>Organizational DUNS:</td>
<td>The DUNS is centrally maintained in the Organization table record for this entity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Start Date:</td>
<td>The start date of the proposal is used for this field.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>End Date:</td>
<td>The end date of the proposal is used for this field.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Budget Type</td>
<td>This form will always be selected as PROJECT; required for the prime organization’s budget submission.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Undergraduate Stipends requested</td>
<td>The number of full time and short term trainees at each level is taken from the questionnaire.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Undergraduate Tuition/Fees requested</td>
<td>Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries TUTION_UNDERGR_COST_ELEMENTS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Predoctoral Stipends requested</td>
<td>The number of full time Single Degree and Dual Degree, and the number of short term Single Degree and Dual Degree trainees at is taken from the questionnaire.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Predoctoral Tuition/Fees requested</td>
<td>Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries.</td>
</tr>
</tbody>
</table>

*Calculation of stipends:
The table has columns career_level, experience_level, stipend_rate, and effective_date. 4.3.7 Release uses Stipend Rates and Effective Date published in NIH Notice NOT-09-075( http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-075.html). When getting the rate for the given career level and experience level, check the effective date of the rate. Use the rate for the latest effective date where the effective date is earlier than the start date of the proposal.
### Form Field/location | COEUS Screen | Field Name | Instructions
--- | --- | --- | ---

<table>
<thead>
<tr>
<th>Postdoctoral</th>
<th>Number Per Stipend Level</th>
<th>TUTION_PREDOC_DUAL_DEG_COST_ELEMENTS</th>
<th>TUTION_PREDOC_SINGLE_DEG_COST_ELEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-degree Seeking</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Degree Seeking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Postdoctoral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Stipends + Tuition/Fees Requested**

<table>
<thead>
<tr>
<th>Number of Postdoctoral trainees - Non-degree and Degree seeking</th>
<th>Questionnaire</th>
<th>Answer for each requested budget year</th>
<th>The number of full time Non-degree and Degree seeking and the number of short term Non-degree and Degree seeking trainees at is taken from the questionnaire. Enter the number at each of the levels, 0-7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postdoctoral Stipends requested</td>
<td>Questionnaire</td>
<td>Calculated</td>
<td>This field is calculated*. The published number is the product of the number of trainees multiplied by the correct rate stored in the OSP$TRAINING_STIPEND_RATES table.</td>
</tr>
<tr>
<td>Postdoctoral Tuition/Fees requested</td>
<td>Budget</td>
<td>Budget Period Line Item detail</td>
<td>Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries TUTION_POSTDOC_DEG_COST_ELEMENTS TUTION_POSTDOC_NONDEG_COST_ELEMENTS</td>
</tr>
<tr>
<td>Number of Other Trainees</td>
<td>Questionnaire</td>
<td>Enter the number for Full Time and Short Term</td>
<td>The number of full time and the number of short term trainees at is taken from the questionnaire.</td>
</tr>
<tr>
<td>Other Stipends requested</td>
<td>Questionnaire</td>
<td>Enter the requested Amount</td>
<td>For ‘Other’ trainees, the stipends amount entered in the Questionnaire is published to the form. Enter the amount of funding requested for each budget year.</td>
</tr>
<tr>
<td>Postdoctoral Tuition/Fees requested</td>
<td>Budget</td>
<td>Budget Period Line Item detail</td>
<td>Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries TUTION_OTHER_COST_ELEMENTS</td>
</tr>
</tbody>
</table>
## Section B: Other Direct Costs

### B. Other Direct Costs
- **Trainee Travel**
- **Training Related Expenses**
- **Total Direct Costs from R&R Budget Form (if applicable)**
- **Consortium Training Costs (if applicable)**

**Total Other Direct Costs Requested**

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

<table>
<thead>
<tr>
<th>Trainee Travel</th>
<th>Budget</th>
<th>Budget Period Line item detail</th>
<th>Trainee Travel expenses are populated from the detail budget entries using the cost element defined in the parameter table. TRAINING_TRAVEL_COST_ELEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Related Expenses</td>
<td>Budget</td>
<td>Budget Period Line item detail</td>
<td>Trainee Related Expenses are populated from the detail budget entries using the cost element defined in the parameter table. TRAINING_REL_COST_ELEMENTS</td>
</tr>
<tr>
<td>Total Direct Costs from R&amp;R Budget Form (if applicable)</td>
<td>Budget</td>
<td>Budget Period Line item detail</td>
<td>Any other expenses budgeted that are not the prescribed form expenses will publish to this field. Some NIH Training Opportunities require the RR Budget in addition to the Training Budget. Reference your specific funding opportunity for instructions and requirements. This will publish the Total Direct Cost from the budget minus the TRE, Travel, and Consortium Costs, as well as the total stipends and tuition from Section A</td>
</tr>
<tr>
<td>Consortium Training Costs (if applicable)</td>
<td>Budget</td>
<td>Budget Period Line item detail</td>
<td>The Subcontract line item cost elements as defined in the parameter table will publish to the appropriate budget year. SUBCONTRACT_COST_ELEMENTS</td>
</tr>
</tbody>
</table>

### Section D & E Indirect Costs and Total Direct and Indirect Costs

#### D. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Indirect Costs Requested**

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

Indirect cost and Total details for this form come from the detailed budget entry

#### F. Budget Justification

Select narrative type (130) : PHS_Train_Budg_Just. Upload the PDF file with the sponsor-directed information provided.
### PHS 398 TRAINING BUDGET, Cumulative Budget

#### A. Stipends, Tuition/Fees

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate:</td>
<td></td>
</tr>
<tr>
<td>Predoctoral:</td>
<td>Single Degree, Dual Degree, Total Predoctoral</td>
</tr>
<tr>
<td>Postdoctoral:</td>
<td>Non-Degree Seeking, Degree Seeking, Total Postdoctoral</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
</tr>
<tr>
<td>Total Stipends + Tuition/Fees Requested</td>
<td></td>
</tr>
</tbody>
</table>

#### B. Other Direct Costs

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Travel</td>
<td></td>
</tr>
<tr>
<td>Training Related Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Direct Costs from R&amp;R Budget Form (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Consortium Training Costs (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Total Other Direct Costs Requested</td>
<td></td>
</tr>
</tbody>
</table>

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

#### D. Total Indirect Costs Requested |

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

The Cumulative Budget page will be populated from the Questionnaire and Budget Detail entries.

---

**Form End Notes:**

4.4.2 Cases

COEUSQA-2330: Corrections to budget expense mapping to PHS398 Training Budget 1-0

COEUSQA-2296: Code Tables>Proposal Development>Training Stipend Rates. Supports Questionnaire calculation reference and s2s form validations (PHS389 Training Budget 1-0). Stipend Rate and Effective Date columns should be maintained with the most relevant NIH published rates.

**PHS Training Budget Creation Tips:**

- The Training Budget form cannot be print/previewed until stipend expense line items are entered in the COEUS budget to match the trainee numbers and stipend levels answered in the Questionnaire.

---

PHS398 Research Training Budget Initial Release 4.3.7/4.4.1 (COEUSQA-2089)
• At print/preview, a COEUS validation error will alert the user of the budget deficit for the annual and cumulative requirements. The user only needs to enter the annual funds requested. How detailed the stipends are entered in the budget depends on your local campus practices.
  o A SINGLE line item for stipend expense in each budget period is sufficient to support the form.
  o Multiple appearances of the same cost element (one for each trainee type and stipend rate) will aggregate to validate the form. The detailed entry in the budget may prove to be easier to review and revise the number of trainees in each category.

• CAUTION: Stipend funds in your COEUS budget in EXCESS of the Questionnaire calculated amounts will NOT cause an error and WILL appear in PHS398 Training Budget: Section B: Other Direct Costs, in the line "Total Direct Costs from the R&R Budget Form (if applicable)", and will be included in the total costs on both the Training Budget form AND the SF 424 (R&R) form.

Example Validation Error for Questionnaire answered with 1 of each Trainee in all categories (except “other”) for Year 1; Years 2 & 3 each request 8 Postdoctoral trainees: all Full-Time, Degree-Seeking, 1 at each experience level.

Example Validation Error

• Once the minimum stipend expense for each budget year has been entered in the COEUS Budget, the form can be previewed. Notice that the Tuition fields have no funds entered; Tuition expense MUST be entered in the budget using the Cost Elements defined in the COEUS Parameters that support this form.

Example of Stipend in the COEUS budget that exceeds the calculated amount based on the answered Questionnaire. The excess amount appears in the Total Direct Costs from the R&R Budget Form line – the value $8,588. These funds will also publish on the SF 424 R&R form. Users should be careful to use the authorized NIH Stipend Rate for each category to coordinate with the Questionnaire calculated amounts. An Excel workbook is available from the Consortium to aid in coordinating the entries.
Always verify your COEUS tables have the correct values to support the valid PHS398 Training Budget stipend rates.


### Undergraduates in the MARC and COR Programs

<table>
<thead>
<tr>
<th>Career Level</th>
<th>Stipend for FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshmen/Sophomores</td>
<td>$8,130</td>
</tr>
<tr>
<td>Juniors/Seniors</td>
<td>$11,400</td>
</tr>
</tbody>
</table>

### Predoctoral and Postdoctoral

<table>
<thead>
<tr>
<th>Career Level</th>
<th>Years of Experience</th>
<th>Stipend for FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predoctoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postdoctoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>$38,496</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>$40,548</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>$43,476</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>$45,192</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>$48,884</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>$50,900</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>$50,900</td>
</tr>
<tr>
<td></td>
<td>7 or More</td>
<td>$53,112</td>
</tr>
</tbody>
</table>
A completed PDF extracted budget form must be uploaded to the COEUS Premium budget. Locate and download an NIH training grant opportunity from the Grants.gov website. Open the Adobe opportunity form set, select the Subaward form and “Move” it to the “for Submission” box to open the form. Follow the extract instructions provided on the form. Complete the required budget entries – subaward budget requirements are identical to those of the proposal lead budget. Upload the completed Adobe form to your Premium Proposal Development budget (see the Premium user guide).
Performance Site V 1-4

This form populates up to twenty-nine (29) additional sites. Details on the Additional Sites beyond the 29 on this form should be provided as a user created narrative uploaded to the proposal as narrative type: Performance_sites.

Maintain Zip+4 in your Rolodex addresses.

If the zip code submitted is only 5 digits, not zip + 4, you may notice a red box highlighting these entries when the application is processed at NIH eCommons. This does not fail validation at either Grants.gov or eCommons at this time.

<table>
<thead>
<tr>
<th>#DAT</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-0</td>
<td>Primary Location:</td>
<td>Organization Name</td>
<td>Q# 30</td>
<td>No additional user action required to complete this form field.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-1</td>
<td>Primary Location:</td>
<td>Proposal: Organization</td>
<td>Institutional COEUS Data: Organization Org ID 000001</td>
<td>No additional user action required to complete this form field.</td>
</tr>
<tr>
<td></td>
<td>Organization Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>Duns Number</td>
<td>Institutional COEUS Data: Organization Duns number maintained in Org ID 000001</td>
<td></td>
<td>No additional user action required to complete this form field.</td>
</tr>
<tr>
<td>1-3-11</td>
<td>Street, City, State, Zip Code, Congressional District</td>
<td>Organization Contact person</td>
<td>Contact address maintained in ID 000001</td>
<td>No additional user action required to complete this form field.</td>
</tr>
</tbody>
</table>
### Performance Sites V 1-4 Initial Release 4.3.7/4.4.1 (COEUSQA-2083)

**Form Location**

<table>
<thead>
<tr>
<th>#</th>
<th>DAT</th>
<th>Project/Performance Site Location 1</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1</td>
<td></td>
<td></td>
<td>Default is unchecked, this field is not required for other sites. If Performance ORGANIZATION selected &amp; Organization record has Q30 answered to Yes, the checkbox will be checked.</td>
</tr>
</tbody>
</table>

**COEUS Screen**

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name:</td>
<td></td>
</tr>
<tr>
<td>DUNS Number:</td>
<td></td>
</tr>
<tr>
<td>* Street1:</td>
<td></td>
</tr>
<tr>
<td>Street2:</td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>County:</td>
</tr>
<tr>
<td>* State:</td>
<td></td>
</tr>
<tr>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>* Country: USA: UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>* ZIP / Postal Code:</td>
<td></td>
</tr>
</tbody>
</table>

**Field**

<table>
<thead>
<tr>
<th>Instructions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q# 30</td>
<td>Default is unchecked, this field is not required for other sites. If Performance ORGANIZATION selected &amp; Organization record has Q30 answered to Yes, the checkbox will be checked.</td>
</tr>
</tbody>
</table>

**Organization & Address Details**

<table>
<thead>
<tr>
<th>Proposal Details: Organization</th>
<th>Additional Performing Organization or Performance Site</th>
</tr>
</thead>
</table>
| Select Type: Other Organization or Performance Site | Use Add Organizations/Locations to populate the required information. Select either Other Organization or Performance Site, as appropriate. 

**Proposal Details:**

- **Organization vs. Site:**
  - For **Organization**: the COEUS Organization Table will be searched and the returned result will include:
    - the Location, 
    - Address, 
    - DUNS number and 
    - Congressional District. Modify the district by deleting returned result and adding a new congressional district field.
  - For **Performance Site**: 
    - the **Location** field must be manually typed in & is used as Name on the form. 
    - the Rolodex is searched to provide the Address 
    - the Congressional District field must be added and typed in. Use **Add Cong District** to supply additional districts. 

**Save** any entries or updates to the Organization screen

* **DUNS number cannot be added for Performance SITE entries**
* see the information on Organization vs. Site below.

**Maximum listed = 29**

<table>
<thead>
<tr>
<th>Proposal Details: Organization</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29 distinct locations can be maintained on this form.</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Location(s) | Add Attachment | Delete Attachment | View Attachment**

**Greater than 29 sites:**

**Upload Narrative Attachments | Proposal Uploads**

**Users must prepare the document containing address details for the sites not able to be detailed on the form. Do NOT maintain the additional sites in the COEUS Proposal. Select Narrative Attachment Type:**
Other Organization vs. Performance Site:

DUNS numbers are not populated on this form for Performance Sites. Performance site details are populated from Rolodex entries which do not contain DUNS number. Other Organizations are populated from the Organization table, which does maintain the DUNS number.

Form End Notes:

V 1.4 reverts the DUNS number entry requirement for performance sites to OPTIONAL. The DUNS Number field is an optional data field at all times. This is the only change between version 1.3 and 1.4. You may notice a yellow highlight on the empty DUNS number field when the application is processed at NIH eCommons for Performance Sites. The lack of DUNS number data does not fail validation at either Grants.gov or eCommons at this time.

Prior Form Versions use these instructions for either the 1-1 or the 1-2 form versions. The only difference between the versions is how additional performance sites are supplied to the sponsor. The 1.1 version required an uploaded attachment, where 1.2 generates Site fields, as needed.
The 1-2 version added fields for Degree Type and Degree Year and expanded Project Role options.

User entries are required to populate the forms as noted by yellow-highlighted, bold boxed cells in the tables.

**Maintenance issue:** Zip+4 in your Person Table addresses

If the zip code submitted is only 5 digits, not zip + 4, you may notice a red box highlighting these entries when the application is processed at NIH eCommons. This does not fail validation at either Grants.gov or eCommons at this time.

**Mandatory form field for validating the form for submission**

There may be fields where the data requirement has been met due to actions required for other forms or general COEUS entries.

<table>
<thead>
<tr>
<th>Field/loaction</th>
<th>Screen-location</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
<td></td>
<td>* First Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td></td>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Organization Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td></td>
<td>County/Parish:</td>
<td></td>
</tr>
<tr>
<td>* State:</td>
<td></td>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>* Country:</td>
<td></td>
<td>* Zip/Postal Code:</td>
<td></td>
</tr>
<tr>
<td>* Phone Number:</td>
<td></td>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>* E-Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Project Role:</td>
<td></td>
<td>Other Project Role Category:</td>
<td></td>
</tr>
<tr>
<td>Degree Type:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Year:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Attach Biographical Sketch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach Current &amp; Pending Support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Profile - Project Director/Principal Investigator**

Use the **Lite: Employee Search** or **Premium: Find Person** functions to locate the Institute PI in the COEUS Person Data table.

Use the **Lite: Non-Employee** or **Premium: Find Rolodex** Search to locate individuals in the COEUS Rolodex.

Enter the estimated total project effort in the appropriate % effort fields and Multi PI checkbox (if appropriate) prior to saving.

Other field data returned from the search can be modified on the **Lite: Details** screen or **Premium: Proposal Person Detail > Edit > Person Detail**. (e.g., phone, fax, commons user name, unit, as well as other specific contact data.)

Specific contact and degree details may be edited for this submission by selecting the **Details** function for the person.

Fields with white backgrounds are editable. Users can enter data in empty fields, or change existing data. Changes will only be made to this proposal, and any copies of this proposal. To revert to the maintained COEUS-Institute data, delete the investigator and then search and save the investigator again.

**Form specific fields:** COEUS data for the PI will automatically populate forms unless modified in the Details screen.
<table>
<thead>
<tr>
<th>Field/location</th>
<th>Screen-location</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix</td>
<td>Investigator/Key Person</td>
<td>N/A</td>
<td>Not a required field – not mapped for COEUS.</td>
</tr>
<tr>
<td>First Name</td>
<td>Editable in Premium only</td>
<td>COEUS Person Table data will print to forms.</td>
<td>First name of the individual responsible for the overall scientific and technical direction of the project.</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Editable in Premium only</td>
<td>Does not publish.</td>
<td>Middle name of the individual responsible for the overall scientific and technical direction of the project.</td>
</tr>
<tr>
<td>Last Name</td>
<td>Editable in Premium only</td>
<td>COEUS Person Table data will print to forms.</td>
<td>Last name of the individual responsible for the overall scientific and technical direction of the project.</td>
</tr>
<tr>
<td>Suffix</td>
<td>N/A</td>
<td>N/A</td>
<td>Not a required field – not mapped for COEUS.</td>
</tr>
<tr>
<td>Position/Title</td>
<td>Person Details</td>
<td>Primary Title</td>
<td>Position/title of the individual responsible for the overall scientific and technical direction of the project.</td>
</tr>
<tr>
<td>Organization Name</td>
<td>COEUS Hierarchy</td>
<td>Not editable - from unit hierarchy</td>
<td>Organization name of the individual responsible for the overall scientific and technical direction of the project.</td>
</tr>
<tr>
<td>Department</td>
<td>COEUS Hierarchy</td>
<td>Not editable - from unit hierarchy</td>
<td>Department of the individual responsible for the overall scientific and technical direction of the project.</td>
</tr>
<tr>
<td>Division</td>
<td>COEUS Hierarchy</td>
<td>Not editable - from unit hierarchy</td>
<td>Division of the individual responsible for the overall scientific and technical direction of the project.</td>
</tr>
<tr>
<td>Street1</td>
<td>Person Details</td>
<td>Address1</td>
<td>First line of the street address for the PD/PI in the “Street1” field.</td>
</tr>
<tr>
<td>Street2</td>
<td>Person Details</td>
<td>Address2</td>
<td>Second line of the street address for the PD/PI in “Street2” field.</td>
</tr>
<tr>
<td>City</td>
<td>Person Details</td>
<td>City</td>
<td>City for address of the PD/PI.</td>
</tr>
<tr>
<td>County</td>
<td>Person Details</td>
<td>County</td>
<td>County/parish for address of the PD/PI.</td>
</tr>
<tr>
<td>State</td>
<td>Person Details</td>
<td>State</td>
<td>State where the PD/PI is located. This field is required if the PD/PI is located in the United States.</td>
</tr>
<tr>
<td>Province</td>
<td>N/A</td>
<td>N/A</td>
<td>Not a required field – not mapped for COEUS.</td>
</tr>
<tr>
<td>Country</td>
<td>Person Details</td>
<td>Country</td>
<td>Country for the PD/PI address.</td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td>Person Details</td>
<td>Postal Code</td>
<td>Postal Code (e.g., ZIP code) of the PD/PI.</td>
</tr>
<tr>
<td>Phone</td>
<td>Person Details</td>
<td>Office Phone</td>
<td>Daytime phone number for the PD/PI.</td>
</tr>
<tr>
<td>Fax</td>
<td>Person Details</td>
<td>Fax</td>
<td>Fax number for the PD/PI.</td>
</tr>
<tr>
<td>Email</td>
<td>Person Details</td>
<td>Email</td>
<td>E-mail address for the PD/PI.</td>
</tr>
<tr>
<td>Credential/Agency login</td>
<td>Person Details</td>
<td>ERA Commons User Name</td>
<td>If you are submitting to an agency (e.g., NIH) where you have an established personal profile, enter the agency ID. If not, leave blank.</td>
</tr>
<tr>
<td>Project Role</td>
<td>Investigator/Key Persons screen</td>
<td>Select from list prior to saving</td>
<td>Select Principal Investigator from the list. (PD/PI is the default for first person added to a proposal)</td>
</tr>
<tr>
<td>Other Project Role Category</td>
<td>Investigator/Key Persons screen</td>
<td>Not applicable for PI</td>
<td>Only required if Project Role selection is &quot;Other Professional&quot; or &quot;Other&quot;.</td>
</tr>
<tr>
<td>Degree Type</td>
<td>Person Details</td>
<td>HR Data feed or Person Table maintained</td>
<td>Highest academic or professional degree or credentials.</td>
</tr>
<tr>
<td>Degree Year</td>
<td>Person Details</td>
<td>HR Data feed or Person Table maintained</td>
<td>Year the highest degree or other credential was obtained.</td>
</tr>
</tbody>
</table>

**To Maintain Degree Details:** Remove any incorrect or incomplete entries from the COEUS person table data. Enter the most significant degree first: the Key Person form only publishes one (1) degree detail; the 1st degree listed is used.

**Tip:** Only three (3) degrees should be maintained in COEUS Proposals records to avoid validation errors due to limitations on other Grants.gov forms. Edit proposal persons degree lists to display only the most recent and/or significant degrees.

**COEUS Lite:**
- On the Details screen, select Add Degree; Select a Degree Type from the drop-down list; Enter the Degree, Graduation Year, and School in the fields provided. Repeat Add if more than one degree is needed. Save.

**COEUS Premium:**
- Select Edit > Proposal Personnel; Select the person requiring revisions or entries. Select Edit > Degree Info.
- Click Add to enter a new Degree; complete the entries and then click OK to save, or repeat Add if more than one degree is needed.

**Biographical Sketch**
- Upload Attachments: Personnel Attachments: Select Attachment type: Biosketch
**Sponsor Specific Instructions:**
Review your sponsor-specific proposal submission publication to conform to the required content and page restrictions.

**Current & Pending Support**

<table>
<thead>
<tr>
<th>Field/location</th>
<th>Screen-location</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Profile</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sponsor Specific Instructions:**
Review your sponsor-specific proposal submission publication to determine if a Current & Pending list is required and, if so, what it should contain.

```markdown
# 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:** USA, UNITED STATES
- **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**
  - **Add Attachment**
  - **Delete Attachment**
  - **View Attachment**

* **Attach Current & Pending Support**
  - **Add Attachment**
  - **Delete Attachment**
  - **View Attachment**
```
Additional Senior and Key Persons

The entries for all the Investigators and Key Persons are similar to the Principal Investigator requirements. Follow the instructions for maintaining the PI (above) and refer to the instructions in your select funding opportunity and/or sponsor submission guidelines for specific requirements.

### Project Role

<table>
<thead>
<tr>
<th>Role/Project Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator/Key Persons screen</td>
</tr>
</tbody>
</table>

See COEUDQA-2528 below for NIH sponsor code maintenance. For NIH, Proposal persons maintained on the Premium Investigator tab will default to the role “Co-Investigator” (unless Multi PI box is selected, then use PI). Lite: select Co-Investigator or Key Person. If Key Study Person selected, Key Person Role field appears.

### Other Project Role Category

<table>
<thead>
<tr>
<th>Role/Project Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator/Key Persons screen</td>
</tr>
</tbody>
</table>

Enter the proposal role for the Key Person.

### Degree Type

<table>
<thead>
<tr>
<th>Role/Project Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Details</td>
</tr>
</tbody>
</table>

Highest academic or professional degree or credentials.

### Degree Year

<table>
<thead>
<tr>
<th>Role/Project Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Details</td>
</tr>
</tbody>
</table>

Year the highest degree or other credential was obtained.

To Maintain Degree Details: Remove any incorrect or incomplete entries from the COEUS person table data. Enter the most significant degree first: the Key Person form only publishes one (1) degree detail; the 1st degree listed is used. TIP: Only three (3) degrees should be maintained in COEUS Proposals records to avoid validation errors due to limitations on other Grants.gov forms. Edit proposal persons degree lists to display only the most recent and/or significant degrees.

#### COEUSLite:

- On the Details screen, select Add Degree; Select a Degree Type from the drop-down list; Enter the Degree, Graduation Year, and School in the fields provided. Repeat Add if more than one degree is needed. Save.

#### COEUS Premium:

- Select Edit > Proposal Personnel; Select the person requiring revisions or entries. Select Edit > Degree Info.
- Click Add to enter a new Degree; complete the entries and then click OK to save, or repeat Add if more than one degree is needed.

**Form End Notes:**

4.4.2 Cases:

- COEUSQA-2528 Updated form 1-2 to For NIH Sponsor Codes: map all Non-PI Investigators as Co-Investigator, map Multi-PI investigators as PI, not Co PD/PI which NIH does not recognize as a valid role. Takes advantage of the enhanced Proposal Role selection available in 1-2 form version schema. To utilize the Co-Investigator default role, NIH sponsor codes must be maintained in the Sponsor Groups’ (upper, lower or mixed case) Sponsor Hierarchy under a node called “NIH”.

- COEUSQA-2363: Remapped Investigator/Key Person Degree Details for RR Key Person Expanded 1-2 forms to better support Lite. Degree Data now mapped from the Proposal Person> Degree Details screens

**Prior Form Versions:**

Expanded: The only addition to the recent 1-2 version are the fields for Degree Type and Degree Year. The degree data is required for other forms, so this should not be impactful to the COEUS user.

Original Key Person was limited to the number of persons populated.
### Are Human Subjects Involved?

**1. Are Human Subjects Involved?**

<table>
<thead>
<tr>
<th>Field/Location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td></td>
<td></td>
<td>The YES box must be checked if activities involving human subjects are planned at any time during the proposed project at any performance site, even if the proposed project is exempt from Regulations for the Protection of Human Subjects.</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**To answer YES to Human Subject Involvement:**

Navigate to the **Special Review** screen and follow the instructions below to enter your special review details.

COEUS will check the appropriate boxes in items 1 and 1a, and input the FWA code.

**To answer NO:** If there are no Human Subject Special Reviews entered in your proposal, the question will be answered with a checkmark in the “no” box.

**Click** the drop-down box in the field labeled **Special Review**

**Select** the Review Type **Human Subjects**

**Click** the drop-down box in the field labeled **Approval** and **Select a status** appropriate to the review. If:

- The status is **Pending**, then all required information has been entered. (No date required.)
- The status is **Submitted**, enter the date of the Regulatory Review in the Application Date field.
- 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.
- The status is **Exempt**, the exempt code must be entered in the 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).

**Exemption Number** – If the IRB review confirms that the human subject activities are exempt from Federal regulations, provide the exemption numbers corresponding to one or more of the exemption categories. The six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects. These regulations can be found at: http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm

**Save the entry.**
<table>
<thead>
<tr>
<th>Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Are Vertebrate Animals Used?</td>
<td>Special Review</td>
<td>Review Type: Vertebrate Animals</td>
<td>The YES box must be checked if activities involving vertebrate animals are planned at any time during the proposed project at any performance site. If no, skip the remaining questions about Vertebrate Subjects.</td>
</tr>
</tbody>
</table>

To answer YES to Vertebrate Animals use:

Navigate to the **Special Review** screen and follow the instructions below to enter your special review details.

Once input, COEUS will check the appropriate boxes in items 2 and 2a, and input the Institutional IACUC approval date.

**To answer NO:** If there is no animal use special review entered in your proposal, the question will be answered with a checkmark in the “no” box.

**Click** the drop-down box in the field labeled **Special Review**

**Select** the Review Type **Animal Usage**

**Click** the drop-down box in the field labeled **Approval** and **Select a status** appropriate to the review. If:

- The status is **Pending**, then all required information has been entered. (No date required.)
- The status is **Submitted**, enter the date of the Regulatory Review in the **Application Date** field.
- 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.

Consistent with the requirements of the Animal Welfare Act [7 U.S.C. 2131 et seq.] and the regulations promulgated by the Secretary of Agriculture [9 CFR, 1.1-4.11], NSF requires that proposed projects involving use of any vertebrate animal for research or education be approved by the submitting organization's Institutional Animal Care and Use Committee (IACUC) before an award can be made. IACUC approval must be received prior to an award. Questions regarding this requirement should be directed to the cognizant NSF Program Officer.

For applications involving the use of vertebrate animals, sufficient information must be provided within the 15-page project description to enable reviewers to evaluate the choice of species, number of animals to be used, and any necessary exposure of animals to discomfort, pain, or injury.

**Save the entry.**
<table>
<thead>
<tr>
<th>Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Included in the Application?</td>
<td></td>
<td></td>
<td>No box.</td>
</tr>
</tbody>
</table>

**Sponsor Specific Instructions:**

Review your sponsor-specific proposal submission publication to conform to their required markings.

**Question 27**

4.a: To respond to the question check yes, no, or not applicable.

4.b: If you answered yes to 4a, enter a brief explanation (up to 55 characters) for the actual or potential impact on the environment in the Comment box. Enter the review date in the Review Date field.

**Question G9**

4.c: Check yes or no to indicate an if exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed.

4.d: If you answered yes to 4c, please explain – Provide a brief (up to 55 characters) explanation in the Comment box or upload narrative type "Other" to generate the Other Attachments field on this form.

**Question G6**

5.a: To respond to the question check yes or no.

5.b: If yes; Provide an explanation in the Comment box. Enter a Review date.

This Historical Sites question is required this form. All YNQ questions must be answered for every proposal as they support multiple forms or institutional data requirements.

**Question H1**

6.a: To respond to the question check yes or no.

6.b: If yes, enter the names of the countries with which international cooperative activities are involved, & enter a Review date.

6.c: Optional Explanation. Enter brief text in the Explanation box to provide any supplemental explanation for involvement with outside entities or upload a narrative file "Other".

**Project Summary/Abstract**

Upload Narratives  Proposal Uploads  Select Attachment type: ProjectSummary

**Sponsor Specific Instructions:**

Read your sponsor-specific selected opportunity for the required content of this upload.

**Project Narrative**

Upload Narratives  Proposal Uploads  Select Attachment type: Narrative

**Sponsor Specific Instructions:**

Read your sponsor-specific selected opportunity for the required content of this upload.

**Bibliography & References Cited**

Upload Narratives  Proposal Uploads  Select Attachment type: Bibliography

**Sponsor Specific Instructions:**

Read your sponsor-specific selected opportunity for the required content of this upload.
<table>
<thead>
<tr>
<th>Field/location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read your sponsor-specific selected opportunity for the required content of this upload.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1 0</strong> Facilities &amp; Other Resources</td>
<td>Upload Narratives</td>
<td>Proposal Uploads</td>
<td>Select Attachment type: Facilities</td>
</tr>
<tr>
<td>Sponsor Specific Instructions: Read your sponsor-specific selected opportunity for the required content of this upload.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1 1</strong> Equipment</td>
<td>Upload Narratives</td>
<td>Proposal Uploads</td>
<td>Select Attachment type: Equipment</td>
</tr>
<tr>
<td>Sponsor Specific Instructions: Read your sponsor-specific selected opportunity for the required content of this upload.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1 2</strong> Field 12: Other Attachments</td>
<td>Upload Narratives</td>
<td>Proposal Uploads Other</td>
<td>To upload a narrative file to field 12 narrative: Other. This narrative type requires a Description/Title. Do NOT use special characters or spaces in name you type in COEUS. Only numbers, letters, hyphens, underscores, and periods should be used.</td>
</tr>
<tr>
<td>Sponsor Specific Instructions: Read your sponsor-specific selected opportunity for the required content of this upload.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Form End Notes:**

**4.4.2 Cases:**

COEUSQA-2451: 1-3 Issued: Updates do not involve schema changes. Grants.gov corrections required fields mapping. Changes: When field 4.a is selected field 4b becomes mandatory. When field 4.c "Yes" is selected, field 4.d is mandatory.

COEUSQA-2282: 4.4.2 download scripts updated to include form supporting Narrative Facilities restored as a narrative type option (missing from 4.4.1 script).

**Prior Form Versions:**

Use these instructions for either the 1-1 or the 1-2 form versions. Minor differences between the 1-1, V1.1 and 1-2, V1-2 of this form is the addition of YNQ Question G6 on historic places designation in Field 5 (relocated from the NSF Cover Page V1-1), which changes the field numbering for the remainder of the form. Otherwise, the change in field numbering is the only noticeable change. The supporting narrative upload types are unchanged – just the field numbers where they appear on the printed form. The form logic change in V1-3 is not apparent to the end user.
NEW IN 4.4.2: There are two (2) levels of control related to cost share commitment.

User entries are required to populate the forms as noted by yellow-highlighted, bold boxed cells in the tables.

<table>
<thead>
<tr>
<th>#</th>
<th>Field Location</th>
<th>COEUS Screen</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type of Submission</td>
<td>Grants.gov</td>
<td>Opportunity: Submission Type</td>
<td>List options are: Pre-application, Application, Change/Corrected Application</td>
</tr>
<tr>
<td>2.0</td>
<td>Date Submitted</td>
<td>Grants.gov</td>
<td>Submission Details section</td>
<td>Date is inserted by COEUS upon OSP approval and submission to Grants.gov.</td>
</tr>
<tr>
<td>2.1</td>
<td>Applicant Identifier</td>
<td></td>
<td></td>
<td>Applicant ID is the COEUS Development Proposal number.</td>
</tr>
<tr>
<td>3</td>
<td>Date Received by State</td>
<td>N/A</td>
<td>N/A</td>
<td>Not required</td>
</tr>
<tr>
<td>3.1</td>
<td>State Application ID</td>
<td>N/A</td>
<td>N/A</td>
<td>Not required</td>
</tr>
<tr>
<td>4 a</td>
<td>Federal Identifier</td>
<td>General Info</td>
<td>Sponsor Proposal No.</td>
<td>Required if the Proposal Type is Renewal, Resubmission, Continuation, or Revision. Required if the Grants.gov Submission type is Changed/Corrected Application. See Notes for additional instructions.</td>
</tr>
<tr>
<td>4 b</td>
<td>Agency Routing Number</td>
<td>General Info</td>
<td>Agency Program Code</td>
<td>Enter the agency-assigned routing identifier per the agency-specific instructions. This is an optional field.</td>
</tr>
<tr>
<td>5.1</td>
<td>Organizational DUNS</td>
<td>Organization</td>
<td>Proposal Organization</td>
<td>Institute Organization Data maintained centrally for the Institute. Users do not need to enter.</td>
</tr>
<tr>
<td>5.2</td>
<td>Legal Name</td>
<td>Organization</td>
<td>Proposal Organization</td>
<td>Institute Organization Data maintained centrally for the Institute. Users do not need to enter.</td>
</tr>
<tr>
<td>5.3</td>
<td>Department</td>
<td>N/A</td>
<td>N/A</td>
<td>Not required</td>
</tr>
<tr>
<td>5.4</td>
<td>Division</td>
<td>Not required</td>
<td>Not required</td>
<td>Institute hierarchy data maintained centrally for the Institute. Users do not enter.</td>
</tr>
<tr>
<td>5.5 a-f</td>
<td>Specific address info</td>
<td>Organization</td>
<td>Proposal Organization</td>
<td>Users do not need to enter. This is the organizational data for the proposal organization. The legal name is the name of the organization. The address information comes from the rolodex details of the organization contact person.</td>
</tr>
</tbody>
</table>
5.6 Person to be contacted on matters involving this application.

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

7. **TYPE OF APPLICANT:**

   - Other (Specify):
   - Small Business Organization Type
   - Women Owned
   - Socially and Economically Disadvantaged

8. **TYPE OF APPLICATION:**

   - New
   - Resubmission
   - Renewal
   - Continuation
   - Revision

9. **NAME OF FEDERAL AGENCY:**

10. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

11. **DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:**

12. **PROPOSED PROJECT:**

   - Start Date
   - Ending Date

13. **CONGRESSIONAL DISTRICT OF APPLICANT:**

---

**SF 424 RR V 1-2**
### Congressional District of Applicant

Congressional district maintained for the proposal organization - no user entry required.

### Project Director/Principal Investigator Contact Information

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>* Last Name</th>
<th>Position/Title</th>
<th>* Organization Name</th>
<th>Department</th>
<th>Division</th>
<th>* Street1</th>
<th>Street2</th>
<th>* City</th>
<th>County/Parish</th>
<th>State</th>
<th>* Country</th>
<th>USA: UNITED STATES</th>
<th>* ZIP/Postal Code</th>
<th>* Phone Number</th>
<th>Fax Number</th>
<th>* Email</th>
</tr>
</thead>
</table>

Address and contact data for the PI come from the proposal investigator details and maintained unit hierarchy information.

### Estimated Project Funding

|---------------------------------|----------------|------------|----------------------------|------------|-------------------------------------|------------------------|----------------|----------------|

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.

NEW IN 4.4.2: There are two (2) levels of control with Submit Cost Share: Summary Panel and Line Item Detail. 1) Deselect on the Summary panel to submit NONE (default is checked to submit); or 2) Deselect at the budget line item level to submit/not submit selected cost share commitment.

Impacts 15 b and c.

### Is the application subject to review by state under Executive Order 12372 Process?

- **YES**: This pre-application/application was made available to the state for review on: [DATE]
- **NO**: Program has not been selected by state for review.

NEW IN 4.4.2: There are two (2) levels of control with Submit Cost Share: Summary Panel and Line Item Detail. 1) Deselect on the Summary panel to submit NONE (default is checked to submit); or 2) Deselect at the budget line item level to submit/not submit selected cost share commitment.

Impacts 15 b and c.

If the YNQ question's status is inactive, this field is set to ‘Not Covered’ (No;a).

If the YNQ is active, a Yes answer will require entering a review date.

(Yes) - This pre-application/application was made available to the
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 on an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL or Other Explanatory Documentation

This field will be checked upon approval.

19. Authorized Representative

The fields will be populated with the information specific to the OSP approver and the timestamp of the approval. While in progress or during routing for approval, this field displays the Organization’s Contact Rolodex information.

20. Pre-application

Upload a pdf file to this type, if appropriate

Form End Notes:

4.4.2 Case: COEUSQA-2351 Restored missing item in the SF424 v.1.2 (box 8a - “Is the application being submitted to other agencies? What other agencies?”) Data was transmitted to G.gov, but did not appear on the COEUS-generated printout.

4.4.2 Case: COEUSQA-1693 Infrastructure funded. Modification to Cost Sharing Submission to Grants.gov and Printing of Grants.gov forms. Control submission of cost sharing expense committed on the S2S forms ONLY.

There are two (2) levels of control with Submit Cost Share: Summary Panel and Line Item Detail. 1) Deselect on the Summary panel to submit NONE (default is checked to submit); or 2) Deselect at the budget line item level to submit/not submit selected cost share commitment. SF424 (R&R) impact is in section ‘15, field B (Total Non-Federal Funds) and field C (total Federal and Non-Federal Funds). For the RR Federal/Non-Federal budget forms, this functionality impacts printing values in the Non-Federal ($) columns.
Prior Form Version info:

Versions 1-0 and 1-1 utilize narrative type: “Additional Congressional Districts.” Congressional district information data was relocated from the SF-424 at version 1-2 and is now supplied on the Performance Sites form.

Special notes on Federal Identifier; Field 4a:

There are several methods to populate the Federal Identifier field to meet the varied sponsor requirements for this data. Please read your specific opportunity instructions and sponsor application preparation guides to understand what data and format should be provided for your application. **END USER maintenance of the Sponsor Proposal No. field will trump any linked/system-filled method described later in this section as sponsor instructions and formatting vary so wildly.**

Examples of some known usage of “federal identifiers” for s2s submissions:

**NIH:**

For a **“New”** Type of Application, leave the Sponsor Proposal No. field **blank.**

For a **“New”** Type Changed/Corrected Application, enter the **Grants.gov Tracking Number of the previous application that you are correcting** in the Sponsor Proposal No. field to fill the Federal Identifier field (Item 4) field. If you are unable to recall the Grants.gov tracking number, you can enter “N/A.”

For a **“Resubmission”, “Renewal”, or “Revision”** Type of Application, enter the **NIH IC and serial number of the previously assigned application/award number (e.g., CA987654) in the Sponsor Proposal No. field to fill the Federal Identifier field (Item 4)**.

- Resubmissions: the IC/Serial number is in the prior COEUS Proposal record, in the Grants.gov panel, Submission Details tab, Agency Tracking ID field.
- Renewals and Revisions: the IC/Serial number is part of the Sponsor Award Number and should be located in the COEUS Award. Otherwise, confirm this number at NIH eCommons.

For a **“Resubmission”, “Renewal”, or “Revision” Changed/Corrected Application**, enter (or retain the number from the previous submission attempt if it was correct) the IC and serial number of the previously assigned application/award number (e.g., CA987654) in the Sponsor Proposal No. field to fill the Federal Identifier field (Item 4)

**DOE:**

For a **Renewals or Revisions** to the Department of Energy, a **DOE Project Identifier** is often required. Follow the opportunity instructions for the data to insert in the Sponsor Proposal No. field in COEUS Proposals.

**NOTES on Automatic Population of Federal ID will occur under the following conditions:**

a. IF Federal Identifier is required

   THEN

b. IF the Proposal Type = Renewal, Continuation or Revision,

   AND the Sponsor Proposal No field is null,

   AND the parameter: FEDERAL_ID_COMES_FROM_CURRENT_AWARD parameter is set to 1

   THEN, the system looks for a value in the Award No. field (from that Award record) to populate the Federal ID.

   1. Renewals, Revisions, and Continuations require the sponsor’s prior award number in the “sponsor proposal number.” For NIH, this is the 2-letter, 6-digit IC and serial number assigned during the prior review.

   Important: the

c. IF the proposal type = New,

   AND the Submission type = Change/Corrected,

   AND the Sponsor Proposal No. is null,

   OR proposal type = Resubmission

   AND the Sponsor Proposal No. is null,

   THEN the system looks for Original Proposal field (from that Institute Proposal record) to populate the Federal ID.

   2. If the system finds that both Sponsor Proposal No. and Original Proposal No. fields are null, then the following hard error occurs [Upon validation]:

   - Renewals, Revisions, and Continuations require the sponsor’s prior award number in the “sponsor proposal number.” For NIH, this is the 2-letter, 6-digit IC and serial number assigned during the prior review.

   - OR: Resubmissions require the sponsor’s prior award number in the “Sponsor Proposal Number.” For NIH, this is the 2-letter, 6-digit IC and serial number assigned during the prior review.
Please follow Proposal User Guide instructions for basic budgeting instructions. Cost Element mapping to Budget Categories in your local environment will impact where your expenses appear on these forms. This guide sheet will provide some tips to understand where expenses appear and how to reassign Budget categories at the proposal level to meet sponsor budget requirements. See the Premium Proposal User Guide for detailed budget category instructions.

Tips for Senior/Key Persons:
A maximum of eight (8) Senior/Key persons can appear in full detail in Section A. The PI is always listed in the first line. If your budget has more than 8 senior persons and an Addition Senior Key Persons attachment will be automatically generated and submitted with this form.

- Persons maintained as the Investigator, Multi-PI, or Co-Investigator will always map to Key Person section, if applied to the budget (trumps budget category)
- If your personnel cost element is NOT mapped to Senior Personnel but should be for a particular submission, change the Budget Category for this line item before you add the budget person detail.
  - Premium: double-click the line item or use menu path Items > Edit Details to open the Budget Line Item Detail window.
  - Select Senior Personnel from the Category list, and then click OK to save and close the window.
  - Proceed with adding the budget person details.

To preview what budget categories your cost elements are currently mapped, use the Premium feature located under menu item: View > Customize. Click the “Grouped By Category” option to view this budget period in the Category view, or check the Category box in Show Columns, then click Apply. You will likely need to resize the columns displayed in your window to see the Category column.
### Grouped By Category view:

<table>
<thead>
<tr>
<th>Category</th>
<th>CE</th>
<th>Cost Element Description</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cost</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Students</td>
<td>400770</td>
<td>Undergrad SSW UROP - On</td>
<td>Nonresearch</td>
<td>01-Sep-2010</td>
<td>31-Aug-2011</td>
<td>$2,518.75</td>
<td>1.0</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>400700</td>
<td>Graduate Student Staff - On</td>
<td>Is</td>
<td>01-Sep-2010</td>
<td>31-May-2011</td>
<td>$9,375.00</td>
<td>1.0</td>
</tr>
<tr>
<td>Other Professionals</td>
<td>400550</td>
<td>Research Staff - On</td>
<td>Honors</td>
<td>01-Sep-2010</td>
<td>31-Aug-2011</td>
<td>$6,129.23</td>
<td>1.0</td>
</tr>
<tr>
<td>Postdoctoral</td>
<td>600900</td>
<td>Post-Doctoral Staff - On</td>
<td>Letter</td>
<td>01-Sep-2010</td>
<td>31-Aug-2011</td>
<td>$1,021.37</td>
<td>1.0</td>
</tr>
<tr>
<td>Travel - Foreign</td>
<td>11420144</td>
<td>Training Related Expense T...</td>
<td>Training</td>
<td>01-Sep-2010</td>
<td>31-Aug-2011</td>
<td>$11,000.00</td>
<td>1.0</td>
</tr>
</tbody>
</table>

### Show Column: Category view:

- Faculty Salaries Tenured - On
- Other Academic Staff - On
- Research Staff - On
- Post-Doctoral Staff
- Project Support Staff - On
- Travel Expenses
- Travel - Foreign Expenses
- Training Related Expense T...
- Materials and Services

### Additional Details:

- **Underrecovery**: $0.00
- **Cost Sharing**: $149,944.28
- **Direct Cost Limit**: $0.00
### C. Equipment Description

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

<table>
<thead>
<tr>
<th>Equipment item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

Additional Equipment:  

<table>
<thead>
<tr>
<th>Total funds requested for all equipment listed in the attached file</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------</td>
</tr>
</tbody>
</table>

### D. Travel

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)  
2. Foreign Travel Costs

<table>
<thead>
<tr>
<th>Total Travel Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance  
2. Stipends  
3. Travel  
4. Subsistence  
5. Other

<table>
<thead>
<tr>
<th>Number of Participants/Trainees</th>
<th>Total Participant/Trainee Support Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### F. Other Direct Costs

1. Materials and Supplies  
2. Publication Costs  
3. Consultant Services  
4. ADP/Computer Services  
5. Subawards/Consortium/Contractual Costs  
6. Equipment or Facility Rental/User Fees  
7. Alterations and Renovations  
8.  
9.  
10.  

<table>
<thead>
<tr>
<th>Total Other Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### G. Direct Costs

<table>
<thead>
<tr>
<th>Total Direct Costs (A thru F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

*Tuition* is considered an “Other Direct Cost” by definition on this Budget form, and is grouped with other similar expenses in line 8.
H. Indirect Costs:
The indirect costs will be detailed by rate. If there are multiple applicable rates for the period, an indirect cost line will be populated for each rate.

Cognizant Federal Agency
The information (agency name, POC name and phone number) is populated from the proposal's Organization record, using the rolodex entry for the maintained cognizant auditor.

J. Fee: Generally, a fee is not allowed on a grant or cooperative agreement; we do support this field.

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

Budget justification narrative file should be uploaded as a PDF file with the other proposal narratives. Select the correct narrative type for your budget form.

RR Budget (all versions) use: Budget Justification (narrative ID 7)
RR Budget10 use: Budget Justification_10YR (narrative ID 132)
RR FedNonFed Budget (5 yr) & (10 yr)  (Non-Fed aka Cost Share)

Please follow Proposal User Guide instructions for basic budgeting and cost share generation instructions. Cost Element mapping to Budget Categories in your local environment will impact where your expenses appear on these forms. See the RR Budget instructions or the Premium Proposal User Guide for detailed instructions to reassign Budget categories at the proposal level to meet sponsor budget requirements.

**NEW IN 4.4.2:** There are two (2) levels of control with Submit Cost Share: Summary Panel and Line Item Detail. 1) Deselect on the Summary panel to submit NONE (default is checked to submit); or 2) Deselect at the budget line item level to submit/not submit selected cost share commitment. See the Proposal Development User Guide (Lite or Premium) for complete instructions regarding the submit Cost Share feature.

**4.4.2 Case : COEUSQA-1693** Infrastructure funded. Modification to Cost Sharing Submission to Grants.gov and Printing of Grants.gov forms. Control submission of cost sharing expense committed on the S2S forms ONLY.

There are two (2) levels of control with Submit Cost Share: Summary Panel and Line Item Detail. 1) Deselect on the Summary panel to submit NONE (default is checked to submit); or 2) Deselect at the budget line item level to submit/not submit selected cost share commitment. For the RR Federal/Non-Federal budget forms, this functionality impacts printing values in the Non-Federal ($) columns. The SF 424 R&R is also impacted when this feature is in use.

**Definitions:**
- **Federal** equals the portion of expenses proposed to the sponsor.
- **Non-Federal** equals the cost share expenses.

**For all Personnel expenses (Section A and B):**
- **Req Salary ($)** is the amount of salary requested for this budget person. This value includes both Federal & Non-Federal dollars.
- **Fringe Ben ($)** are the applicable fringe benefits, if any, for the person. This value includes both Federal & Non-Federal dollars.
- **Total (Sal & FB) Fed + Non-Fed ($)** is sum of requested salary and fringe benefits, Federal and Non-Federal, for each person.
- **Federal ($)** is the total Federal (sponsor) funds proposed for salary & fringe benefits for each person.
- **Non-Federal ($)** is the total Non-Federal funds (proposed cost share) for salary & fringe benefits for each person.
Tuition is considered an “Other Direct Cost” by definition on this Budget form, and is grouped with other similar expenses in line 8.

H. Indirect Costs:
The indirect costs will be detailed by rate. If there are multiple applicable rates for the period, an indirect cost line will be populated for each rate.

Cognizant Federal Agency
The information (agency name, POC name and phone number) is populated from the proposal's Organization record, using the rolodex entry for the maintained cognizant auditor.

J. Fee: Generally, a fee is not allowed on a grant or cooperative agreement; we do support this field.
Budget Justification narrative file should be uploaded as a PDF file with the other proposal narratives. Select the correct narrative type for your budget form.

RR FedNonFed 10 (10yr) use **Budget Justification 10YR Fed NonFed** (Narrative ID 133)

**Form End Notes:**

4.4.2 Case: COEUSQA-1693 Infrastructure funded. Modification to Cost Sharing Submission to Grants.gov and Printing of Grants.gov forms. Control submission of cost sharing expense committed on the S2S forms ONLY.

There are two (2) levels of control with Submit Cost Share: Summary Panel and Line Item Detail. 1) Deselect on the Summary panel to submit NONE (default is checked to submit); or 2) Deselect at the budget line item level to submit/not submit selected cost share commitment. For the RR Federal/Non-Federal budget forms, this functionality impacts printing values in the Non-Federal ($) columns. Also affected is the SF 424 R&R.
RR Subaward Budget Attachment(s) Forms – Detailed & Federal/Non-Federal

Completed PDF subaward budget extraction(s) must be uploaded to the COEUS Premium budget to populate these S2S forms. The original (5 budget period) subaward attachment forms allowed a maximum of 10 uploaded subawards. New versions now support up to 30 uploaded subaward forms. Users should be mindful of the budget format required for their application and use the appropriate subaward budget form.

Available subaward attachment forms consist of:
- five (5) or ten (10) budget periods;
- up to ten (10) or thirty (30) uploaded subaward budget files
- RR Detailed Budget
- RR Federal/Non-Federal (cost share) Budget

<table>
<thead>
<tr>
<th>Form Name</th>
<th>4.4.3 Jira Case</th>
<th>Form Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR Subaward Budget Attachment(s) Form (5YR 10 Attach)</td>
<td>COEUSQA-2615</td>
<td>1.1/1-2</td>
</tr>
<tr>
<td>RR Subaward Budget Attachment(s) Form 5-30 (5YR 30 Attach)</td>
<td>COEUSQA-2413</td>
<td>1.1/1-2</td>
</tr>
<tr>
<td>RR Subaward Budget Attachment(s) Form 10-10 (10 YR 10 Attach)</td>
<td>COEUSQA-2560</td>
<td>1.1/1-2</td>
</tr>
<tr>
<td>RR Subaward Budget (Fed/Non-Fed) Form (5 YR-10 Attach)</td>
<td>COEUSQA-2562</td>
<td>1.1/1-2</td>
</tr>
<tr>
<td>RR Subaward Budget (Fed/Non-Fed) Form 5-30 (5 YR-30 Attach)</td>
<td>COEUSQA-2414</td>
<td>1.1/1-2</td>
</tr>
<tr>
<td>RR Subaward Budget (Fed/Non-Fed) Form 10-10 (10 YR-10 Attach)</td>
<td>COEUSQA-2561</td>
<td>1.1/1-2</td>
</tr>
<tr>
<td>RR Subaward Budget (Fed/Non-Fed) Form 10-30 (10 YR-30 Attach)</td>
<td>COEUSQA-2561</td>
<td>1.1/1-2</td>
</tr>
</tbody>
</table>

Prepare your Subaward Upload file BEFORE uploading to COEUS:
- Locate and download an appropriate opportunity from the Grants.gov website – be especially mindful to your opportunity instructions and requirements because there are now a variety of subaward attachment forms available for sponsor posted opportunities.

First, select the form from "Optional Documents" and then click the -> to move it to "for submission" (already 'moved' in this figure)

Open the Adobe opportunity form set, select the Subaward form and “Move” it to the "for Submission" box to open the form.

Extract the subaward budget attachment—automatically the File Name field is prepared with the name like “RR_Budget_A-V.1.pdf” – you can alter this name prior to saving (just don’t delete the “.pdf” file extension).
The extracted budget file for Subawards must be checked as “Subaward/Consortium.” Subaward budgets must conform to the same sponsor rules and requirements as the primary applicant budget. Please reference your sponsor’s submission guidelines for specific details. Once the form is completed, the file can be uploaded in the COEUS Premium Budget.

Refer to the Premium Proposal Development User Guide for detailed instructions on uploading these PDF files to the Subaward Budget window.

### DAT Form Location COEUS Screen Field Instructions

<table>
<thead>
<tr>
<th>#</th>
<th>Form Location</th>
<th>COEUS Screen</th>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
</table>

This should be checked as Subaward/Consortium. Your COEUS budget form is the Project (Primary Applicant).
### R&R Subaward Budget Attachment(s) Form

#### Instructions:
On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a PDF document.

#### Important:
Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Please attach Attachment 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Please attach Attachment 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Please attach Attachment 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See the COEUS Premium Proposal Development User Guide for instructions.
SF 424 A (Budget Information – Non-Construction Projects)

Please follow Proposal User Guide instructions for basic budgeting instructions. Cost Element mapping to Budget Categories in your local environment will impact where your expenses appear on these forms.

| Box (a) | Grant Program Function: Opportunity title from the Grants.gov Opportunity selected. |
| Box (b) | Catalog of Federal Domestic Assistance number: CFDA number entered by user or populated by Opportunity. |
| Box (c) and (d): Estimated Unobligated Funds: intentionally not populated |
| Box (e) | New or Revised Budget – Federal: total federal (sponsor) cost of the project. |
| Box (f) | New or Revised budget - Non-Federal: cost sharing amount for the project |
| Box (g) | New or Revised budget –Total: total cost of the project. |

Section B: Budget Categories

- a. Personnel
- b. Fringe Benefits
- c. Travel
- d. Equipment
- e. Supplies
- f. Contractual
- g. Construction
- h. Other
- i. Total Direct Charges (sum of 6a-6h)
- j. Indirect Charges
- k. TOTALS (sum of 6i and 6j)
- l. Program Income
Section B: Budget Categories: contains budget amounts broken out by budget category. Correct amounts are dependent on the mapping in osp$budget_category_mapping and osp$budget_category_maps.

6. Object Class Categories
   a. Personnel: costs for all personnel
   b. Fringe Benefits: all fringe benefits
   c. Travel: travel costs (osp$budget_category_maps codes 73 and 74)
   d. Equipment: equipment costs (osp$budget_category_maps code 42)
   e. Supplies: supplies costs (osp$budget_category_maps code 43)
   f. Contractual: subcontracts (osp$budget_category_maps codes 04)
   g. Construction: construction ((osp$budget_category_maps codes 40)
   h. Other: all other costs
   i. Total Direct Charges: total direct cost
   j. Indirect Charges: total indirect cost
   k. Totals: total cost

7. Program Income: This is total project income entered by user.

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Section C: Non-Federal Resources: cost sharing is published to the Applicant column. We do not populate State or Other Sources columns

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Section D: Forecasted Cash Needs:
13. Federal: Total for 1st year is Total Federal Cost for period 1. The quarter amounts are derived by dividing the Total Fed cost for year one by 4.
14. Non-Federal: 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.

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Section E: Budget Estimates of Federal Funds Needed for the Balance of the Project: This section has the total federal (non cost sharing) amounts for budget years two through five.

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Section F: Other Budget Information: intentionally not populated.
SF 424 B V 1-0 & V 1-1 (aka Assurances – Non-Construction Programs)

There are only 2 form fields mapped to this Grants.gov form, from the Proposal’s Organization record.

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

OMB Approval No. 4040-000
Expiration Date 07/30/201*

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

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

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award, and will establish a

**4.4.2 Cases:**

COEUSQA-2618: updated the form expiration date.

**Prior Versions:**
The only change between versions is the OMB expiration date.

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**Title:**
Submitted proposals: the approver’s title (from the osp$person table) is populated.
Routing/In-Progress proposals: the title of organizational contact person.

**Applicant Organization:** The name of the organization for this proposal.

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**Date Submitted:**
Completed on submission to Grants.gov

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**Signature of Authorized Certifying Official:**
Completed on submission to Grants.gov

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**Title:**
Completed on submission to Grants.gov

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**Date Submitted:**
Completed on submission to Grants.gov

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* SF 424 B V 1-0 & V 1-1 (aka Assurances – Non-Construction Programs)
**SF 424 (not R&R)**

Majority of fields are populated based on centrally maintained Organization Data, and standard proposal data entry detailed in the more frequently used R&R form version. Only the unique field maintenance required for this form will be detailed.

### Application for Federal Assistance SF-424

**1. Type of Submission:**
- [ ] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

**2. Type of Application:**
- [ ] New
- [ ] Continuation
- [ ] Revision

**3. Date Received:**
Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

### 2. Type Of Application = Revision, the revision type (Increase Award, Decrease Award, etc) is taken from the Grants.gov screen: Opportunity panel.

**If Revision** the appropriate letter(s) allowed are:
- **B:** Decrease Award
- **C:** Increase Duration
- **D:** Decrease Duration
- **E:** Other (specify)
  - AC: Increase Award, Increase Duration
  - AD: Increase Award, Decrease Duration
  - BC: Decrease Award, Increase Duration
  - BD: Decrease Award, Decrease Duration

### 8. APPLICANT INFORMATION:

**a. Legal Name:**

**b. Employer/Taxpayer Identification Number (EIN/TIN):**

**c. Organizational DUNS:**

**d. Address:**

- **Street1:**
- **Street2:**
- **City:**
- **County:**
- **State:**
- **Province:**
- **Country:**
- **Zip / Postal Code:**

SF 424 (not the Research & Related)
10. **Name of Federal Agency:** data populated from selected Grants.gov Opportunity.

11. **CFDA Title:** data populated from either user entry or the selected Grants.gov Opportunity.

12. **Funding Opportunity Number:** data populated from either the user entry, or the selected Grants.gov Opportunity.

13. **Competition Identification Number:** data populated from either the user entry, or the selected Grants.gov Opportunity.
14. Areas Affected By Project (Cities, Counties, States, etc.): User entered data in Proposal Details ABSTRACTS.

Lite: Click Abstracts navigation button, select Areas Affected tab. (Plain ascii text; no formatting supported).

Premium: Edit>Abstracts>Areas Affected tab: (Plain ascii text; no formatting supported).

15. Descriptive Title of Applicant’s Project: Proposal Details: Title.

Attach Supporting Documents: Upload Proposal Narrative Type: SF424V2_AdditionalProjectTitle (ID 41), multiples allowed.

16. Congressional Districts Of:

  * a. Applicant
  * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.
Box 21: Hard-coded to be checked. Application cannot be submitted if this box remains unchecked. There is no option.

Applicant Federal Debt Delinquency Explanation: Proposal Organization answer to YNQ question id “I7”. A Yes answer supports text entered in the explanation field to populate in the form text field.
1 - **Type of Federal Action** is hard coded to “Grant”. It is in a stored procedure (s2sSFLLLPkg.get_types()).

2 - **Status of Federal Action** is hard coded to “BidOffer.” It is in a stored procedure (s2sSFLLLPkg.get_types()).

3 - **Report Type** is hard coded to “InitialFiling”. It is in a stored procedure (s2sSFLLLPkg.get_types()).

4 - **Name and Address of Reporting Entity**
   - The Reporting Entity type is hard coded to “Prime”. It is in a stored procedure (s2sSFLLLPkg.get_eps_infos()).
     - **Name**: This is the Proposal’s organization name.
     - **Address**: This is the Proposal’s organization Contact person’s address from osp$rolodex table
     - **Congressional District**: The Proposal’s Organization congressional district.

6 - **Federal Department/Agency** Proposal Details: Sponsor (if not maintained, uses Prime Sponsor)

7 - **Federal Program Name/Description**: Proposal Details: Program Title provided from Grants.gov Opportunity liked to the proposal. **CFDA Number** Proposal Details: CFDA No.

8 - **Federal Action Number**: Not required; thus not populated

9 - **Award Amount**: Not required; thus not populated
10 - a. **Name and Address of Lobbying Registrant**: data not currently maintained in COEUS: hard-coded to “N/A”.

10 - b. **Individual Performing Services**: data not currently maintained in COEUS: hard-coded to “N/A”.

11 - **Signature**

Submitted proposals: the approver’s name (from the osp$person table) is populated.

Routing/In-Progress proposals: the name of organizational contact person.