COEUS

System to System (s2s) Forms Crosswalk to COEUS

Drexel University -- Office of Research Compliance Administration
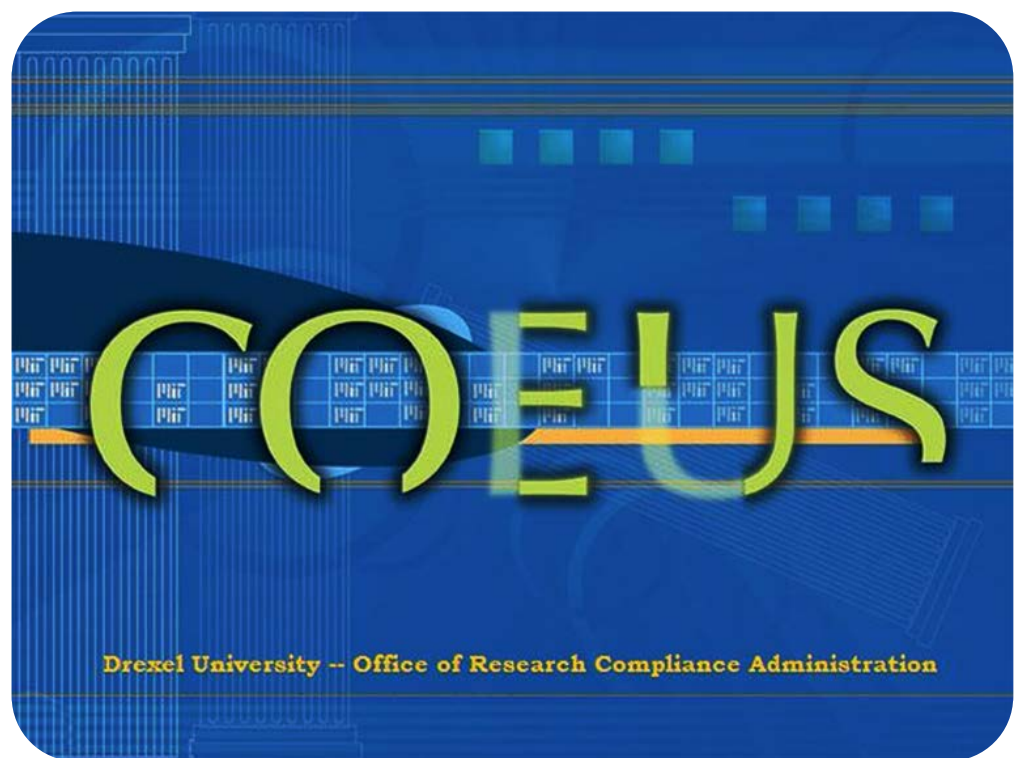
For use in COEUS Proposal Development

(Δ) indicates change to instructions or form.

Contents

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.

Adobe PDF form

COEUS Premium Narrative uploads process

COEUS print/preview via Action> Grants.gov> Print (selected form)

Budget V1-1 (Budget Attachments)

Budget Narrative File(s)

* Mandatory Budget Narrative Filename: [   ]

[Add Mandatory Budget Narrative] [Delete Mandatory Budget Narrative] [View Mandatory Budget Narrative]

To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative] [Delete Optional Budget Narrative] [View Optional Budget Narrative]

Upload Proposal Narrative file: Budget_Attachments (ID 57).

CD-511 (aka US Dept. of Commerce Certification Regarding Lobbying)

FORM CD-511 (REV 1-05)   CERTIFICATION REGARDING LOBBYING   U.S. DEPARTMENT OF COMMERCE

Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 15 CFR Part 28, 'New Restrictions on Lobbying.' The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Commerce determines to award the covered transaction, grant, or cooperative agreement.

LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 15 CFR Part 28, for persons entering into a grant, cooperative agreement or contract over $100,000 or a loan or loan guarantee over $150,000 as defined at 15 CFR Part 28, Sections 28.105 and 28.110, the applicant certifies that, to the best of his or her knowledge and belief, that:

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

In any funds have been paid or will be paid to any person for influencing

Print-preview the form in your opportunity for complete texts: omitted here to save trees...

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification.

* NAME OF APPLICANT

* AWARD NUMBER   *** PROJECT NAME**

Prefix: *** First Name:**   Middle Name:

* Last Name: Suffix:

* Title:

* SIGNATURE: *** DATE:**

Completed by Grants.gov upon submission.   Completed by Grants.gov upon submission.

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-Progess proposals: the name and title of organizational contact person.

ED Abstract Form (Dept. of Education)

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

Text portion cut to save space…Print/Preview the full text of this form from your selected Opportunity.

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:	Middle Name:
* Last Name:		Suffix:
* Title:		

SIGNATURE	Completed on submission to Grants.gov	DATE	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.

[Add Attachment] [Delete Attachment] [View Attachment]

Upload Proposal Narrative: ED_CertificationDebarment (ID58)

ED GEPA Form (Dept. of Education General Education Provisions Act Notice)

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

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

Text portion cut to save space…Print/Preview the full text of this form from your selected Opportunity.

Optional - You may attach 1 file to this page.

[ ]   [Add Attachment]   [Delete Attachment]   [View Attachment]

Upload Proposal Narrative: ED_GEPA427_Attachment (ID 51)

ED 524 Budget (Dept. of Education)

ED524 Budget (Dept. of Education Non-Construction Programs)

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

U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS	OMB Control Number: 1890-0004
	Expiration Date: 10/31/2007

* Name of Institution/Organization Massachusetts Institute of Technology	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please add all instructions before completing form.

SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs*						
11. Training Stipends						
12. Total Costs (lines 9-11)						

Section A category	Source
Personnel	osp$budget_category_map.category_type = 'P'
Fringe Benefits	sum of osp$budget_personnel_cal_amts.calculated_cost where (rate_class_type = 'E' and rate_type_code <> 3) OR (rate_class_type='V' and rate_type_code <>2
Travel	73, 74
Equipment	42
Supplies	43
Contractual	04
Construction	N/A (we have no construction categories)
Other	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
Total Direct Costs	osp$budget_periods. total_direct_cost minus training costs
Indirect Costs	osp$budget_periods.total_indirect_cost
Training Stipends	75
Total costs	osp$budget_periods. Total_cost

*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 Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

   ○ Is included in your approved Indirect Cost Rate Agreement? or, ○ Complies with 34 CFR 76.564(c)(2)?

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.

* Name of Institution/Organization Massachusetts Institute of Technology		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please add all instructions before completing form.				
SECTION B - BUDGET SUMMARY **NON-FEDERAL FUNDS**						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs						
11. Training Stipends						
12. Total Costs (lines 9-11)						

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

OMB No. 1890-0014   Exp. 2/28/2009

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:	
Applicant's DUNS Name:	
Federal Program:	AT07-GG-Forms-Testing
CFDA Number:	00.000

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. Has the applicant ever received a grant or contract from the Federal government?

   ☐ Yes   ☐ No

2. Is the applicant a faith-based organization?

   ☐ Yes   ☐ No

3. Is the applicant a secular organization?

   ☐ Yes   ☐ No

4. Does the applicant have 501(c)(3) status?

   ☐ Yes   ☐ No

5. Is the applicant a local affiliate of a national organization?

   ☐ Yes   ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

   ☐ 3 or Fewer   ☐ 15-50
   ☐ 4-5   ☐ 51-100
   ☐ 6-14   ☐ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

   ☐ Less Than $150,000
   ☐ $150,000 - $299,999
   ☐ $300,000 - $499,999
   ☐ $500,000 - $999,999
   ☐ $1,000,000 - $4,999,999
   ☐ $5,000,000 or more

NASA Other Project Information

NASA Other Project Information

NASA - Other Project Information

1. * Will NASA civil service personnel work on this project?

☐ Yes   ☐ No

1.a. If Yes, provide the total number of NASA FTEs by Government fiscal year:

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Fiscal Year 5	Fiscal Year 6
* Fiscal Year:						
* Number of FTE's:						

2. * Does this project have the potential to affect historic, archeological, or traditional cultural sites (such as Native American burial or ceremonial grounds) or historic objects (such as an historic aircraft or spacecraft)?

☐ Yes   ☐ No

2.a. * If Yes, please explain:

---

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.

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3. * Does this proposed project involve any international participation, either non-U.S. employees or non-U.S. organizations, providing support for facilities, equipment, etc. (see instructions for details):

☐ Yes   ☐ No

3.a. * If Yes, please mark all that apply: ☐ PI   ☐ Co-I   ☐ Collaborator   ☐ Equipment   ☐ Facility

3.b. * If Yes, please explain:

---

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://nspires.nasaprs.com/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.

Program Specific Data: [_____] [Add Attachment] [Delete Attachment] [View Attachment]

5. Appendices: [Add Attachments] [Delete Attachments] [View Attachments]

6. Non-U.S. Organization Letters of Endorsement: [Add Attachments] [Delete Attachments] [View Attachments]

7. IRB & ACUC Letters: [Add Attachments] [Delete Attachments] [View Attachments]

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.SOrganizationLettersOfEndorsement**" (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.

NASA PI and AOR Supplemental Data Sheet

NASA - Principal Investigator and Authorized Representative Supplemental Data Sheet

Authorized Representative Name

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

NSPIRES Username:

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

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Is this person participating in this project as an employee of the U.S. Government?

☐ Yes   ☐ No

* If yes, Select U.S. Government agency:

If yes, enter total dollar amount requested ($) :

* Is this person participating in this project as an employee of a foreign organization?

☐ Yes   ☐ No

Principal Investigator Name: PI from the proposal Investigator screen.

'Is this person (the PI) participating in this project as an employee of the US 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.

NASA Senior/Key Person Supplemental Data Sheet

This form provides information on persons that are NOT the Principal Investigator.

NASA - Senior/Key Person Supplemental Data Sheet

Senior/Key Person Name

Prefix: ▢

* First Name: ▭

Middle Name: ▭

* Last Name: ▭

Suffix: ▢

If this Senior/Key Person's role is Co-PI/PD, please choose the type of NASA Co-I: ▢

* Is this person participating in this project as an employee of the U.S. Government?   U.S. Government Yes ▢   U.S. Government No ▢

* If yes, select U.S. Government agency: ▭

If yes, enter total dollar amount requested ($) : ▭

* Is this person participating in this project as an employee of a foreign organization?   Foreign Organization Yes ▢   Foreign Organization No ▢

Statement of Commitment ▭ [Add Attachment] [Delete Attachment] [View Attachment]

Budget Details ▭ [Add Attachment] [Delete Attachment] [View Attachment]

Senior/Key Person name

Proposal: Investigator/Key Persons screen(s):

Persons who will be listed are all Co-Investigators and Key Persons with the Proposal Role: Collaborator.

Type of NASA Co-I	COEUS person
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 the person is from the rolodex, check the sponsor type of the rolodex sponsor. If it is federal (code 0) US Government YES is checked. Otherwise, No is checked.

*If yes, select U.S. government agency.

Answering this question requires a sponsor hierarchy named "Government Agency." If no sponsor hierarchy is found with this name, nothing will be populated in this field.

If Yes, enter total dollar amount requested: Not required; thus not populating.

Is this person participating in this project as an employee of a foreign organization? Use the sponsor code from the rolodex record to determine if foreign. If no sponsor, check the person's country field in the rolodex address.

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"

"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"

NSF Cover Page V 1-3

Questionnaire ID 2; Version 2 is required to support completion of this form.

#	Form Field/location	COEUS Screen	Field Name	Instructions

National Science Foundation
Grant Application Cover Page

OMB Number 3145-0058

Please complete the following NSF forms in conjunction with the relevant Research and Related forms. If you are an organization or individual and you are not registered with NSF FastLane, please complete the Organization and Individual Registration Form in this package.

1. Funding Opportunity Number

*Funding Opportunity Number: [   ]   Opportunity closing date: [   ]

2. NSF Unit Consideration

Go to **https://www.fastlane.nsf.gov/pgmannounce.jsp** and follow the instructions to find the Division and Program information for this funding opportunity.

*Division Code: [   ]   Division Name: [   ]

*Program Code: [   ]   Program Name: [   ]

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.

#	Form Field/location	COEUS Screen	Field Name	Instructions
1-0	Funding Opportunity Number	General Info	Funding Opportunity Number	Manually entered to perform Grants.gov search OR automatically populated if search is performed by manual entry of CFDA number
1-1	Opportunity Closing Date	Grants.gov	n/a	The closing date is obtained from the sponsor-provided information from the selected opportunity (schema).
2-1	NSF Division Code/Name	General Info	Agency Div Code	Refer to the COEUS User Guides if you need assistance.
2-2	NSF Program Code/Name	General Info	Agency Program Code	Refer to the COEUS User Guides if you need assistance.

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 NSF site: https://www.fastlane.nsf.gov/pgmannounce.jsp

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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.

☐ Beginning Investigator (Grant Proposal Guide (GPG), Chapter I.G.2)
☐ RAPID (GPG, Chapter II.D.1)
☐ EAGER (GPG, Chapter II.D.2)
☐ Accomplishment-Based Renewal (GPG, Chapter V.B)

☐ Disclosure of Lobbying Activities (GPG, Chapter II.C.1.e)
☐ High Resolution Graphics/Other Graphics Where Exact Color Representation Is Required For Proper Interpretation (GPG, Chapter I.G.1)

#	Form Field/location	COEUS Screen	Field Name	Instructions
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 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)

For more information on Disclosure of Lobbying Activities, go to: http://www.nsf.gov/publications/pub_summ.jsp?ods_key=gpg.

#	Form Field/location	COEUS Screen	Field Name	Instructions
4-4	RAPID	Questionnaire	Question #54	Click the **YES** to confirm this proposal includes a request for Rapid Response Grants? RAPID (GPG, Chapter II.D.1) Otherwise, click **No**.
4-5	EAGER	Questionnaire	Question #55	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**.
4-6	Accomplishment-Based Renewal	Questionnaire	Question #56	Click **Yes** to confirm this proposal is an NSF Accomplishment Based renewal? (GPG, Chapter V.B.) Otherwise, click **No**.

NSF Specific Information (GPG Chapter V.B)

If an accomplishment-based-renewal is being submitted, applicants are reminded to enter the assigned award number of the previously funded application to publish the data to Field 4 on the SF 424 (R&R) Cover Sheet. The Proposal Type selected must be Renewal to allow maintaining the NSF award number in the Sponsor Proposal Number field.

#	Form Field/location	COEUS Screen	Field Name	Instructions
4-5	**High Resolution Graphics**	Questionnaire	Question #57	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**.

NSF Specific Information (GPG Chapter I.G.1)

Detailed instructions for submission of applications that contain high-resolution graphics or other graphics where exact color representations are required for proper interpretation by the reviewer are available on the FastLane Website at http://www.nsf.gov/publications/pub_summ.jsp?ods_key=gpg.

5. Additional Single-Copy Documents   Attach PDF Files

☐ Add Attachments   Delete Attachments   View Attachments

#	Form Field/location	COEUS Screen	Field Name	Instructions
5	**Additional Single-Copy Documents**	Upload Attachments	Proposal Uploads	Select Attachment type: ID 13 -- Personal_Data(multiple files*) ID 14 -- Propietary_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.

NSF Specific Information

For more information on Additional Single-Copy Documents, go to: http://www.nsf.gov/publications/pub_summ.jsp?ods_key=gpg

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.

NSF Deviation Authorization V 1-1

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.

#	Form Field/location	COEUS Screen	Field Name	Instructions

Deviation Authorization (If Applicable)

Enter text for the Deviation Authorization information in the box below (if applicable):

1	Text Block	Lite: Abstracts Premium: Details: Edit>Abstracts	Deviation Authorization	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.

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.

Proposal Abstracts

Proposal Number: 00005469

Sponsor: 000500 : NSF

Computer	Office	Other Facilities	Equipment	Other Resources	Suggested Review
Reviewers Not to Include		Deviation Authorization		Project Summary	Technical

Written approval of the cognizant NSF Assistant Director/Office Head or designee uploaded separately.
NSF opportunity number: 09_xxx.
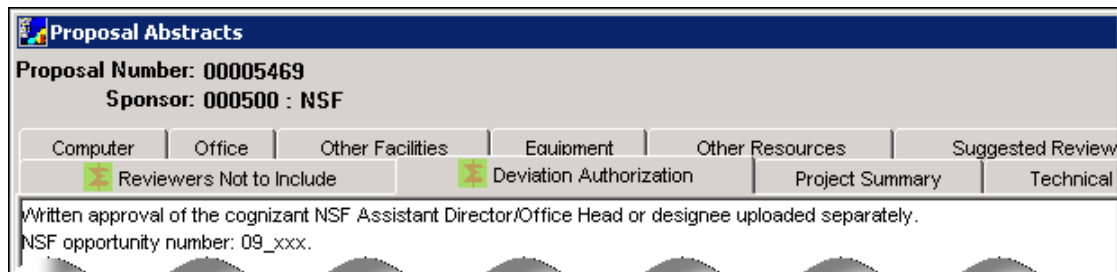
COEUS Premium: Edit>Abstracts entry

Deviation Authorization (If Applicable)

Enter text for the Deviation Authorization information in the box below (if applicable):
Written approval of the cognizant NSF Assistant Director/Office Head or designee uploaded separately. NSF opportunity number: 09_xxx.

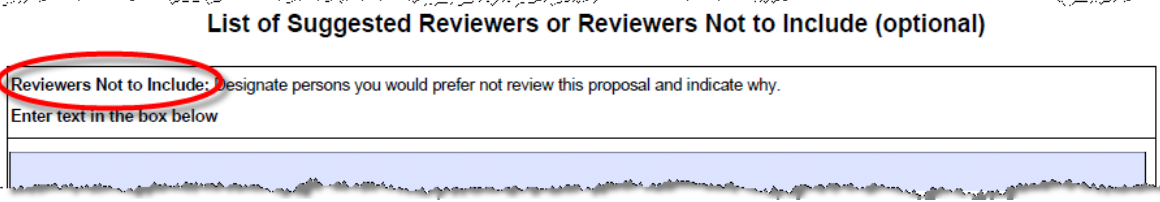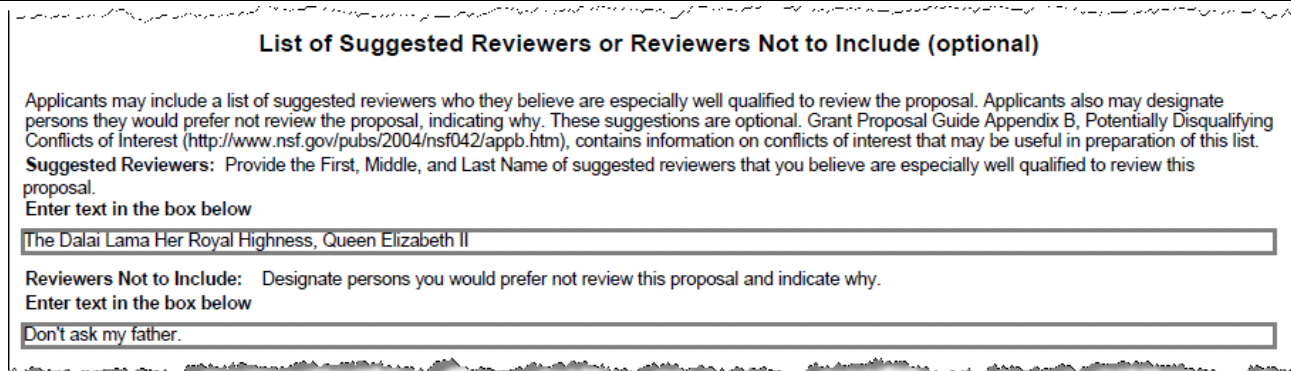COEUS print/preview via Action> Grants.gov> Print (selected form)

NSF Suggested Reviewers V1-1

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.

#	Form Field/location	COEUS Screen	Field Name	Instructions

#	Form Field/location	COEUS Screen	Field Name	Instructions
1	Text Block	Lite: Abstracts Premium: Details: Edit>Abstracts	Suggested Reviewers	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.

NSF Specific Instructions:

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.

#	Form Field/location	COEUS Screen	Field Name	Instructions
2	Text Block	Lite: Abstracts Premium: Details: Edit>Abstracts	Reviewers Not to Include	Type or paste-in text to the Reviewers Not to Include; Abstracts screen. Formatting and carriage returns will not be translated.

NSF Specific Instructions:

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.

COEUS print/preview via Action> Grants.gov> Print (selected form)

Other Attachments V 1-0, V 1-1

The Grants.gov Research and Related (RR) form Other Attachments V1-0, and 1-1 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 1-1 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.

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.

Other Attachment File(s)

* Mandatory Other Attachment Filename: [   ]

[Add Mandatory Other Attachment] [Delete Mandatory Other Attachment] [View Mandatory Other Attachment]

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

[Add Optional Other Attachment] [Delete Optional Other Attachment] [View Optional Other Attachment]

Edit Module

Proposal No.: 00005642	Sequence No.: 2	**OK**	
Module No.: 2	Status: Complete	**Cancel**	

Narrative Type: Other_Attachments_Form
Module Title: other-attachments-narrative

File Name: G.gov_OtherAttachmentsV-1_FormGuide.docx   **Upload**

View

Other Attached Files

FileName	MimeType
other-attachments-narrative.pdf	application/octet-stream

△PHS Career Development Award Supplement form V 1-2

DAT#	Form Location	COEUS Screen	Field	Instructions

1	Application Type	General Info	Proposal Type	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	Proposal Uploads	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	Proposal Uploads:	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	Proposal Uploads:	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	Proposal Uploads:	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)

DAT#	Form Location	COEUS Screen	Field	Instructions
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.

DAT#	Form Location	COEUS Screen	Field	Instructions
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.

DAT#	Form Location	COEUS Screen	Field	Instructions
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.

DAT#	Form Location	COEUS Screen	Field	Instructions
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.

DAT#	Form Location	COEUS Screen	Field	Instructions
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)

DAT#	Form Location	COEUS Screen	Field	Instructions
2-10	Specific Aims	Upload Attachments	Proposal Uploads	Select Attachment type Code ID 71 **PHS_Career_SpecificAims**

Please consult the sponsor instructions for your specific opportunity regarding the content of the Specific Aims section.

DAT#	Form Location	COEUS Screen	Field	Instructions
2-11	Research Strategy	Upload Attachments	Proposal Uploads	Select Attachment type: Code ID 128 **PHS_Career_Res_Strategy**

Please consult the sponsor instructions for your specific opportunity regarding the content of the Research Strategy section.

DAT#	Form Location	COEUS Screen	Field	Instructions
2-14	Inclusion Enrollment Report (for Renewals only)	Upload Attachments	Proposal Uploads	Select Attachment type: Code ID 79 **PHS_Career_InclusionEnrollmentReport**

Use only if you are submitting an R&R Renewal. Please consult the instructions provided with this application package, regarding the content of the Inclusion Enrollment Report section.

DAT#	Form Location	COEUS Screen	Field	Instructions
2-15	Progress Report Publication List (For Renewals only)	Upload Attachments	Proposal Uploads	Select Attachment type: Code ID 80 **PHS_Career_ProgressReportPubList**

Please consult the sponsor instructions for your specific opportunity for the content of the Progress Report Publication List section.

DAT#	Form Location	COEUS Screen	Field	Instructions
2-16	Protection of Human Subjects	Upload Attachments	Proposal Uploads	Select Attachment type: Code ID 74 **PHS_Career_ProtectionOfHumanSubjects**

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.

DAT#	Form Location	COEUS Screen	Field	Instructions
2-17	Inclusion of Women and Minorities	Upload Attachments	Proposal Uploads	Select Attachment type: Code ID 75 **PHS_Career_InclusionOfWomenAndMinorities**

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.

DAT#	Form Location	COEUS Screen	Field	Instructions
2-18	Targeted/Planned Enrollment	Upload Attachments	Proposal Uploads	Select Attachment type: Code ID 76 **PHS_Career_TargetedPlannedEnrollmentTable**

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

DAT#	Form Location	COEUS Screen	Field	Instructions
2-19	Inclusion of Children	Upload Attachments	Proposal Uploads	Select Attachment type: Code ID 77 **PHS_Career_InclusionOfChildren**

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

| 2-20 | **Vertebrate Animals** | **Upload Attachments** | Proposal Uploads | Select Attachment type: Code ID 78
PHS_Career_VertebrateAnimals |

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.

| 2-21 | **Select Agent Research** | **Upload Attachments** | Proposal Uploads | Select Attachment type: Code ID 81
PHS_Career_SelectAgentResearch |

If you are responding to a specific funding opportunity announcement, address any requirements specified by the solicitation.

| 2-22 | **Consortium/Contractual Arrangements** | **Upload Attachments** | Proposal Uploads | Select Attachment type: Code ID 83
PHS_Career_Consortium_Contract |

Provide this narrative upload if applicable.

| 2-23 | **Resource Sharing Plan(s)** | **Upload Attachments** | Proposal Uploads | Select Attachment type: Code ID 84
PHS_Career_Resource_Sharing_Plan |

For additional information:
See Data-Sharing Policy or http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html
See NIH Policy on Sharing of Model Organisms, http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-042.html.

| 2-24 | **Appendix** | Upload Attachments | Proposal Uploads | Select Attachment type: Code ID 85
PHS_Career_Appendix
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.

DAT#	Form Location	COEUS Screen	Field	Instructions

3. * Citizenship:

☐ U.S. Citizen or noncitizen national   ☐ Permanent Resident of U.S. Pending

☐ Permanent Resident of U.S.
(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)   ☐ Non-U.S. Citizen with temporary U.S. visa

3.	Citizenship	Premium only: Proposal Personnel > Person Details > Other tab	Citizenship Field with Lookup Value list selection. (COEUS-distributed Custom Element)	VALID Selection Options: • C. U.S. Citizen or noncitizen national • A. Non-US Citizen with temporary U.S. visa • N. Permanent Resident of U.S. • P. Permanent Resident of the U.S. Pending

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 *Pending – 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.

PHS 398 Checklist V 1-3

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.

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

#	Form Location	COEUS Screen	Field	Instructions

PHS 398 Checklist

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Federal Identifier: _____

#	Form Location	COEUS Screen	Field	Instructions
1	Application Type	General Info	Proposal Type	The type selected to populate the SF 424 (R&R) Cover Page is repeated. No user action required
	Federal Identifier	General Info	Sponsor Proposal number	The type selected to populate the SF 424 (R&R) Cover Page is repeated. No user action required

2. Change of Investigator / Change of Institution Questions

☐ Change of principal investigator / program director

Name of former principal investigator / program director:

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

☐ Change of Grantee Institution

* Name of former institution:

#	Form Location	COEUS Screen	Field	Instructions
2	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.			
	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.			

#	Form Location	COEUS Screen	Field	Instructions
	3. Inventions and Patents (For renewal applications only) * Inventions and Patents: Yes ☐ No ☐ If the answer is "Yes" then please answer the following: * Previously Reported: Yes ☐ No ☐			
3	Inventions and Patents (reporting information required for Renewal applications)	YNQ	Q# 16	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.)
	Click on **YNQ** in the navigation bar. All questions need to be answered to complete the proposal.			
	4. * Program Income Is program income anticipated during the periods for which the grant support is requested? ☐ Yes ☐ No If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank. *Budget Period *Anticipated Amount ($) *Source(s)			
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.			

#	Form Location	COEUS Screen	Field	Instructions

5. * Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

☐ Yes   ☐ No

#	Form Location	COEUS Screen	Field	Instructions
5	Disclosure Permission Statement	YNQ	Q #29	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 "yes" or "no" to indicate whether disclosure permission is granted.

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:

#	Form Location	COEUS Screen	Field	Instructions
5	Assurances/Certifications **REMOVED by sponsor in V1-3.**	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 Cover Letter V1-2

# DAT	Form Location	COEUS Screen	Field	Instructions

PHS Cover Letter

OMB Numbers: 0925-0001
0925-0002

*Mandatory Cover Letter Filename:

1-01	Mandatory Cover Letter Filename	Upload Narrative Attachments	Proposal Uploads	Select Attachment type Narrative Code: 39 PHS_Cover_Letter

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.

PHS 398 Cover Page Supplement V 1-4

# DAT	Form Location	COEUS Screen	Field	Instructions

PHS 398 Cover Page Supplement OMB Number: 0925-0001

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

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

1-00	Project Director / Principal Investigator (PD/PI)	Proposal	Investigator/Key Persons	Person data (First name; Last name) of the selected Principal Investigator is published.

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: ___ * First Name: ___
Middle Name: ___
* Last Name: ___
Suffix: ___

* Phone Number: ___ Fax Number: ___
Email: ___

# DAT	Form Location	COEUS Screen	Field	Instructions

* Title:
* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country: USA: UNITED STATES   * Zip / Postal Code:

# DAT	Form Location	COEUS Screen	Field	Instructions
03-00 – 03-19	Applicant Organization Contact	COEUS Data	Parameter PROPOSAL_CONTACT_ TYPE	No end-user input required. This information is centrally maintained by the COEUS Administrator.

O (default) - OSP administrator for lead unit
I - organization rolodex contact
A - administrative officer from lead unit
U - unit head of lead unit
D - dean/VP of lead unit
H - other individual to notify for lead unit
a number (unit administrator type) - from osp$unit_administrators - if there is more than one person, use the first
C-FEL - fellowship coordinator   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. 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:

Cell Line(s):   Specific stem cell line cannot be referenced at this time. One from the registry will be used.

0004
0005

# DAT	Form Location	COEUS Screen	Field	Instructions
04-00-04-06	Human Embryonic Stem Cells	YNQ	Q# 18	Are human embryonic stem cells used? Can they be identified? If Yes: Enter the 4-digit codes, separated by commas, in the Explanation box.

Refer to the NIH Registry website 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)

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.

△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**.

	Code	Name
	88	PHS_Fellow_RespectiveContributions
	89	PHS_Fellow_SelectionSponsorInstitution
	90	PHS_Fellow_ResponsibleConductResearch
	91	PHS_Fellow_ConcurrentSupport
	92	PHS_Fellow_Goals_FellowshipTrainingCareer
	93	PHS_Fellow_DocDissertOtherResExperience
	94	PHS_Fellow_ActivitiesPlanned
	96	PHS_Fellow_Appendix
	97	PHS_Fellow_IntroductionToApplication
	98	PHS_Fellow_SpecificAims
	102	PHS_Fellow_InclusionEnrollmentRpt
	103	PHS_Fellow_ProgressReport_PubList
	104	PHS_Fellow_ProtectionOfHumanSubjects
	105	PHS_Fellow_InclusionOfWomenAndMinorities
	106	PHS_Fellow_TargetedPlannedEnrollment
	107	PHS_Fellow_InclusionOfChildren
	108	PHS_Fellow_VertebrateAnimals
	109	PHS_Fellow_SelectAgentResearch
	110	PHS_Fellow_ResourceSharingPlan
	127	PHS_Fellow_ResearchStrategy
NEW	134	PHS_Fellow_Sponsor_CoSponsor_Info

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.

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

PHS Fellowship Supplemental Form

OMB Number: 0925-0002

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.

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Section	Field Name	Options/Answers	Upload Narratives or Data entry
A-0	**Application Type**	New, Resubmission, Renewal, Continuation, Revision	Maintain on the Lite General Info or Premium Proposal Details screen.

B. Research training plan section

B. Research Training Plan

1. Introduction to Application
   (for RESUBMISSION applications only)   [ ]   Add Attachment | Delete Attachment | View Attachment

2. * Specific Aims   [ ]   Add Attachment | Delete Attachment | View Attachment

3. * Research Strategy   [ ]   Add Attachment | Delete Attachment | View Attachment

4. Inclusion Enrollment Report
   (for RENEWAL applications only)   [ ]   Add Attachment | Delete Attachment | View Attachment

5. Progress Report Publication List
   (for RENEWAL applications only)   [ ]   Add Attachment | Delete Attachment | View Attachment

Section	Field Name	Options/Answers	Upload Narratives or Data entry
B-1	Intro to Application- *(resubmissions only)*	Upload Narrative Attachment	**PHS_Fellow_IntroductionToApplication**
B-2	Specific Aims	Upload Narrative - **Required**	**PHS_Fellow_SpecificAims**
B-3	Research Strategy	Upload Narrative – **Required**	**PHS_Fellow_ResearchStrategy**
B-6	Inclusion Enrollment Report *(renewals only)*	Upload Narrative Attachment	**PHS_Fellow_InclusionEnrollmentRpt**
B7	Progress Report Publication List *(renewals only)*	Upload Narrative Attachment	**PHS_Fellow_ProgressReport_PubList**

B-8-1 Human Subjects Section

Human Subjects

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Human Subjects Involved? ☐ Yes ☐ No

6. * Human Subjects Involvement Indefinite? ☐ Yes ☐ No

7. Clinical Trial? ☐ Yes ☐ No

8. Agency-Defined Phase III Clinical Trial? ☐ Yes ☐ No

9. Protection of Human Subjects [ ] Add Attachment | Delete Attachment | View Attachment

10. Inclusion of Women and Minorities [ ] Add Attachment | Delete Attachment | View Attachment

11. Targeted/Planned Enrollment [ ] Add Attachment | Delete Attachment | View Attachment

12. Inclusion of Children [ ] Add Attachment | Delete Attachment | View Attachment

Section	Field Name	Options/Answers	Upload Narratives or Data entry
B-8.2 – 8.5	Are Human Subjects Involved?	**Special Reviews**	If Human Subjects special review is added, the form will check the Yes box.
B-8.6 – 8.8	Human Subjects involvement indefinite?	**Questionnaire** Q ID 1	A Yes or No answer is required. See Explanation, below.

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**

Section	Field Name	Options/Answers	Upload Narratives or Data entry
B-9.1-9.3	Is the project a Clinical Trial?	**Questionnaire** Q ID 2	Check the "Yes" or "No" to indicate whether the project is a clinical trial. See Explanation, below.

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 ClincialTrials.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

Section	Field Name	Options/Answers	Upload Narratives or Data entry
B-10.1-10.3	Is this an NIH-defined Phase III clinical trial?	**Questionnaire** Q ID 3	Check the "Yes" or "No" to indicate whether the project is an NIH-defined Phase III clinical trial. See Explanation, below.

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 ClincialTrials.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

b-11	Protection of Human Subjects	Upload Narrative Attachment	PHS_Fellow_ProtectionOfHumanSubjects
b-12	Inclusion of Women and Minorities	Upload Narrative Attachment	PHS_Fellow_InclusionOfWomenAndMinorities
b-13	Targeted/Planned Enrollment	Upload Narrative Attachment	PHS_Fellow_TargetedPlannedEnrollment
B-14	Inclusion of Children	Upload Narrative Attachment	PHS_Fellow_InclusionOfChildren

Other Research Training Plan section

Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form.   The response provided on that page, regarding the use of vertebrate animals, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Vertebrate Animals Used?   ☐ Yes   ☐ No

13. Vertebrate Animals Use Indefinite?   ☐ Yes   ☐ No

14. Vertebrate Animals   [_____]   Add Attachment Delete Attachment View Attachment

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

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

| B-16 | | Vertebrate Animals | Upload Narrative Attachment | PHS_Fellow_VertebrateAnimals |

15. Select Agent Research   [_____]   Add Attachment Delete Attachment View Attachment
16. Resource Sharing Plan   [_____]   Add Attachment Delete Attachment View Attachment
17. * Respective Contributions   [_____]   Add Attachment Delete Attachment View Attachment
18. * Selection of Sponsor and Institution   [_____]   Add Attachment Delete Attachment View Attachment
19. * Responsible Conduct of Research   [_____]   Add Attachment Delete Attachment View Attachment

Q	Section	Field Name	Options/Answers	Upload Narratives or Data entry
B-17		Select Agent Research	Upload Narrative Attachment	PHS_Fellow_SelectAgentResearch
B-18		Resource Sharing Plan	Upload Narrative Attachment	PHS_Fellow_ResourceSharingPlan

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

B-19	Respective Contributions	Upload Narrative Attachment - **Required**	**PHS_Fellow_RespectiveContributions**
B-20	Selection of Sponsor and Institution	Upload Narrative Attachment - **Required**	**PHS_Fellow_SelectionSponsorInstitution**
B-21	Responsible Conduct of Research	Upload Narrative Attachment - **Required**	**PHS_Fellow_ResponsibleConductResearch**

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):

Section	Field Name	Options/Answers	Upload Narratives or Data entry
C-1.2-4	Does the proposed project involve human embryonic stem cells?	**Questionnaire** Q ID 5	Indicate "Yes" if the proposed research involves human embryonic stem cells.
Explanation: See http://stemcells.nih.gov/index.asp for a definition of human embryonic stem cells. **Policy:** See http://stemcells.nih.gov/policy/guidelines.asp for Federal policy on federally funded stem cell research.			
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.
Explanation: See http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp for additional information on stem cells. **Policy:** See http://stemcells.nih.gov/policy/guidelines.asp for Federal policy on federally funded stem cell research.			
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). **Policy:** See the stem cell registry found at: http://stemcells.nih.gov/registry/index.asp			

Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

Degree: If "other", please indicate degree type: Expected Completion Date (month/year):   [Reset Entry]

4. * Field of Training for Current Proposal:

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

Section	Field Name	Options/Answers	Upload Narratives or Data entry
C-2.1	Candidates Alternate Phone Number	**Proposal Personnel > Person Details >**	**Secondary Office Phone** Enter an alternate phone number (e.g., cell phone)
C-4.0	Degree Sought During Proposed Award:	**Questionnaire** Q ID 42	Are you seeking a degree during the proposed award? "N" will proceed to Field of Training; "Y" requires degree date and type.
C-4.3	Expected Completion Date	**Questionnaire** Q ID 35	Enter the date the degree was earned in month/day/year format (MM/DD/YYYY). The specific date of the month is not important. The Month and Year data will be formatted to meet NIH requirements
C-4.0	Degree Sought	**Questionnaire** Q ID 99	If Yes, select the type of degree sought during the proposed award, from the list of options provided. If the degree being sought does not appear on the list, please select the most appropriate "other" degree type from the list. (List detailed in Appendix.)
C-4.2	Other Degree Type	**Questionnaire** Q ID's 16, 17, 18, 19, 100, 21	If you have selected an "other" type as your degree sought, please provide the specific degree type here.
C-5	Field of Training for Current Proposal:	**Questionnaire** Q ID 22	Select the subcategory field of training that best applies to the proposed award from the list; otherwise select "Subcategory Not Found".
	Field of Training (broad)	**Questionnaire** Q ID 23.	The sponsor discourages the use of the broader category descriptions, unless it is truly the best fit; i.e., a suitable subcategory cannot be found on the list

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	Field Name	Options/Answers	Upload Narratives or Data entry
C-6.1 – 3	Current Or Prior Kirschstein-NRSA Support?	**Questionnaire** Q ID 24	If yes, please identify current and prior Kirschstein-NRSA support in the following questions. Up to 4 awards can be identified.
C-6.4	Level	**Questionnaire** Q ID 32	Select from list: Predoctoral or Postdoctoral
C-6.5	Type	**Questionnaire** Q ID 33	Select from List: Individual or Institutional
C-6.6	Start Date	**Questionnaire** Q ID 43 Q ID 44	If known, enter the start date of this support in the format MM/DD/YYYY.
C-6.7	End Date	**Questionnaire** Q ID 49 Q ID 45	If known, enter the end date of this support in the format MM/DD/YYYY.
C-6.8	Grant Number	**Questionnaire** Q ID 46 Q ID 27	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**	Answer "Yes" to supply the required fields in the questions that follow. Answer "No" to proceed to the next required question.

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

Section	Field Name	Options/Answers	Upload Narratives or Data entry
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.

Section	Field Name	Options/Answers	Upload Narratives or Data entry
C-7.4	Concurrent Support	Upload Narrative Attachment	**PHS_Fellow_ConcurrentSupport**
C-8	Goals for Fellowship Training and Career	Upload Narrative Attachment - **Required**	**PHS_Fellow_Goals_FellowshipTrainingCareer**
C-9	Activities Planned Under This Award	Upload Narrative Attachment - **Required**	**PHS_Fellow_ActivitiesPlanned**
C-10	Doctoral Dissertation and Other Research Experience	Upload Narrative Attachment	**PHS_Fellow_DocDissertOtherResExperience**

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.

Section	Field Name	Options/Answers	Upload Narratives or Data entry
C-11.1	Citizenship:	**Premium only:** **Proposal Personnel > Person Details >** **Other tab**	Select from a look-up value provided: **A**: Non-U.S Citizen with Temporary Visa **C**: U.S. Citizen or noncitizen national **N**: Permanent Resident of the U.S. **P**: Permanent Resident of the U.S. - **PENDING**

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

Section	Field Name	Options/Answers	Upload Narratives or Data entry
C-12.1	Change of Sponsoring Institution	**Questionnaire** Q ID 28	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.
C-12.2	Name of Former Institution	**Questionnaire** Q ID 29	Enter the name of the former institution.

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   [Add Attachment] [Delete Attachment] [View Attachment]

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

D-1	Sponsor(s) and Co-Sponsor(s) Information	Upload Narrative Attachment - **Required**	**PHS_Fellow_Sponsor_**CoSponsor**_Info**

E. BUDGET

All Fellowship Applicants:

1. * Tuition and Fees:

☐ None Requested   ☐ Funds Requested:

Year 1   [ ]
Year 2   [ ]
Year 3   [ ]
Year 4   [ ]
Year 5   [ ]
Year 6 *(when applicable)*   [ ]

Total Funds Requested: [ ]

| 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** (CONSQA 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

Type	Description	Funds Requested ($)
Tuition - Other - Not MTDC ▼	[ ]	$16,000.00

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

Modify Budget for Proposal 00001405, Version 1

Summary | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Total |

Start Date: 01-Sep-2011		**End Date:** 31-Aug-2012		**Cost Limit:** $.00	**No. of Months:** 12.0	
Total Cost: $49,000.00		**Direct Cost:** $49,000.00		**Indirect Cost:** $.00		
Underrecovery: $.00		**Cost Sharing:** $.00		**Direct Cost Limit:** $.00		

Line	CE	Cost Element Description	Description	Qnty	Cost	Start Date	End Date
1	400315	Fellows - Non-Student- Not MTDC		1.00	$33,000.00	01-Sep-2011	31-Aug-2012
2	422311	Tuition - Other - Not MTDC		0.00	$16,000.00	01-Sep-2011	31-Aug-2012

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

Senior Fellowship Applicant section

Senior Fellowship Applicants Only:

	Amount	Academic Period	Number of Months	
2. Present Institutional Base Salary:				Reset Entry

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

	Amount	Number of Months
a. Federal Stipend Requested:		

	Amount	Number of Months
b. Supplementation from other sources:		

Type (sabbatical leave, salary, etc.)

Source

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

Section	Field Name	Options/Answers	Upload Narratives or Data entry
Senior Fellowship		**Questionnaire** Q ID 36	Is this a Senior Fellowship Application?
E-1-11	Present Institutional Base Salary Amount:	**Questionnaire** Q ID 47	Please enter the dollar amount of your present institutional base salary
E-1-13	Academic Period	**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
E-1-14	Number of Months	**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.
E-2	Stipends/Salary During First Year of Proposed Fellowship	**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.

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

Personnel Budget

Name	Shavell, Eleanor	Salary Type	Fellows - Non-Student- Not MTDC		Edit | Remove
Period	Academic	%Charged	100.00	%Effort	100.00
Start Date:	09/01/2011	End Date:	12/31/2011	Months	4.0
Requested Salary($)	$12,000.00	Fringe Benefit($)	$0.00	Funds Requested($)	$12,000.00

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

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

Section	Field Name	Options/Answers	Upload Narratives or Data entry
E-0	Appendix	Upload Narrative Attachment	**PHS_Fellow_Appendix** 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.

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

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

3750 Social Psychology

3900 PUBLIC HEALTH

3910 Disease Prevention and Control

3920 Epidemiology

3930 Health Economics

3940 Health Education

3950 Health Policy Research

3960 Health Services Research

3970 Occupational and Environmental Health

4100 RADIATION, NON-CLINICAL

4110 Nuclear Chemistry

4120 Radiation Physics

4130 Radiobiology

4200 SOCIAL SCIENCES

4210 Anthropology

4220 Bioethics

4230 Demography & Population Studies

4240 Economics

4250 Education

4260 Language and Linguistics

4270 Sociology

4400 STATISTICS AND/OR RESEARCH METHODS AND/OR INFORMATICS

4410 Biostatistics and/or Biometry

4420 Bioinformatics

4430 Computational Science

4440 Information Science

4450 Clinical Trials Methodology

4600 TRAUMA, NON CLINICAL

5000 OTHER, Predominantly Non-Clinical or Lab-Based Research Training

   Predominantly Clinical Research Training (can include any degree)

6100 ALLIED HEALTH

6110 Audiology

6120 Community Psychology

6130 Exercise Physiology (clinical)

6140 Medical Genetics

6150 Occupational Health

6160 Palliative Care

6170 Physical Therapy

6180 Pharmacy

6190 Social Work

6210 Speech-language Pathology

6211 Rehabilitation

6400 DENTISTRY

6500 CLINICAL DISCIPLINES

6510 Allergy

6520 Anesthesiology

6530 Behavioral Medicine (clinical)

6540 Cardiovascular Diseases

6550 Clinical Laboratory Medicine

6560 Clinical Nutrition

6570 Clinical Pharmacology

6580 Complementary and Alternative Medicine

6590 Clinical Psychology

6610 Connective Tissue Diseases

6620 Dermatology

6630   Diabetes

6640   Gastroenterology

6650   Endocrinology

6660   Immunology

6670   Gene Therapy (clinical)

6680   Geriatrics

6690   Hematology

6710   HIV/AIDS

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   Otorhinolarynology

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

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

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:

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

- **Questions**
  - 1 : Is Human Subjects involvement in this project indefinite?
  - 2 : Is this project a Clinical Trial?
    - 3 : Is this an NIH-defined Phase III clinical trial?
  - 4 : Is the inclusion of vertebrate animals use in this project indefinite?
  - 5 : Does the proposed project involve human embryonic stem cells?
    - 6 : Can a specific stem cell line be referenced at this time? A "N" answer affirms that an undefined registry cell line will be used. A "Y" answer requires enter
      - 7 : List the registration number of the specific cell line(s) from the stem cell registry found at: http://stemcells.nih.gov/registry/
  - 22 : Select the field of training that best applies to the proposed award from the sub category list. A list of broad categories is available if there is no suitable s
    - 23 : Please only use one of these broader category descriptions of field of training if it is truly the best fit.
  - 42 : Are you seeking a degree during the proposed Award
    - 35 : For the degree sought during the proposed award, what is the expected degree completion date? Type in format MM/DD/YYYY or use the calendar too
    - 99 : Please select the type of degree sought during the proposed award, from the list of options provided. If the degree being sought does not appear on
      - 16 : Please provide the specific Other Masters (MOTH) degree type here.
      - 17 : Please provide the specific Other Doctorate (DOTH) degree type here.
      - 18 : Please provide the specific Other Doctor Of Med Dentistry (DDOT) degree type here.
      - 19 : Please provide the specific Other Doctor of Vet Med (VDOT) degree type here.
      - 100 : Please provide the specific Other (OTH) degree type here
      - 21 : Please provide the specific Other Doctor of Med (MDOT) degree type here.
  - 24 : If you have current or previous Kirschstein-NRSA support, check "yes" and provide details on the support in the following question.
    - 32 : Was the Kirschstein NRSA support level for Predoctoral or Postdoctoral training?
      - 33 : Was the prior Kirschstein NRSA support for an Individual or an Institution?
        - 43 : Do you know the START date of this current or prior support?
          - 44 : What was the start date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calendar tool.
          - 49 : Do you know the END date of this current or prior support?
            - 45 : What was the end date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calendar tool.
            - 46 : Do you know the NIH grant number for this prior support?
              - 27 : Please enter the NIH grant number for this prior support, or return to the previous question and change your answer to No.
              - 31 : Do you have another current or prior Kirschstein-NRSA support award to report? Answer yes to record another award; maximum c
                - 33 : Was the prior Kirschstein NRSA support for an Individual or an Institution?
                  - 43 : Do you know the START date of this current or prior support?
                    - 44 : What was the start date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calendar t
                    - 49 : Do you know the END date of this current or prior support?
                      - 45 : What was the end date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calenda
                      - 46 : Do you know the NIH grant number for this prior support?
                        - 27 : Please enter the NIH grant number for this prior support, or return to the previous question and change yo
                        - 31 : Do you have another current or prior Kirschstein-NRSA support award to report? Answer yes to record and
                          - 32 : Was the Kirschstein NRSA support level for Predoctoral or Postdoctoral training?
                            - 33 : Was the prior Kirschstein NRSA support for an Individual or an Institution?
                              - 43 : Do you know the START date of this current or prior support?
                                - 44 : What was the start date of this support? Enter the date in 10 character format MM/DD/YY'
                                - 49 : Do you know the END date of this current or prior support?
                                  - 45 : What was the end date of this support? Enter the date in 10 character format MM/DD/
                                  - 46 : Do you know the NIH grant number for this prior support?
                                    - 27 : Please enter the NIH grant number for this prior support, or return to the previous
                                    - 31 : Do you have another current or prior Kirschstein-NRSA support award to report? A
                                      - 32 : Was the Kirschstein NRSA support level for Predoctoral or Postdoctoral training
                                        - 33 : Was the prior Kirschstein NRSA support for an Individual or an Institution?
                                          - 43 : Do you know the START date of this current or prior support?
                                            - 44 : What was the start date of this support? Enter the date in 10 chara
                                            - 49 : Do you know the END date of this current or prior support?
                                              - 45 : What was the end date of this support? Enter the date in 10 ch
                                              - 46 : Do you know the NIH grant number for this prior support?
                                                - 27 : Please enter the NIH grant number for this prior support, or
  - 28 : Has this application been previously submitted by a different institution?
    - 29 : If this application reflects a change in grantee institution, enter the name of the former institution here.
  - 36 : Is this a Senior Fellowship Application?
    - 47 : Please enter the dollar amount of your present institutional base salary. Do not use commas or decimal points
      - 48 : Please select the academic period of time on which the salary is determined (e.g., academic year of 9 months, full-time 12 months, etc. Select a va
        - 50 : Please enter the number of months you will receive the salary in the first year of the proposed fellowship. Fractions of months (using two deci
  - 37 : Are you receiving any supplementation funds from other sources? (sabbatical leave, salary, etc?)
    - 38 : What is the supplemental funding amount anticipated for the first year of the proposed fellowship? (Enter a numeric value only, no commas or nor
      - 51 : Enter the number of months receiving the supplemental funds in the first year of the proposed fellowship. The number may not be more than 1
        - 40 : Enter the type of supplemental funding (sabbatical leave, salary, etc.)
          - 41 : What is the source of the supplemental funding?

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

PHS 398 Modular Budget

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.

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Budget Period: 1

Reset Entries   Start Date: _____   End Date: _____

A. Direct Costs

	* Funds Requested ($)
* Direct Cost less Consortium F&A	
Consortium F&A	
* Total Direct Costs	

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.				
2.				
3.				
4.				

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

Indirect Cost Rate Agreement Date _____   Total Indirect Costs _____

C. Total Direct and Indirect Costs (A + B)   Funds Requested ($) _____

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

Box 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.

2. Budget Justifications

Personnel Justification	_____	Add Attachment	Delete Attachment	View Attachment
Consortium Justification	_____	Add Attachment	Delete Attachment	View Attachment
Additional Narrative Justification	_____	Add Attachment	Delete Attachment	View Attachment

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.

PHS 398 Research Plan V 1-3

#DAT	Form Location	COEUS Screen	Field	Instructions

OMB Number: 0925-0001

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

*Type of Application:

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application (for RESUBMISSION or REVISION only)	[ ]	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	[ ]	Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy	[ ]	Add Attachment	Delete Attachment	View Attachment
4. Inclusion Enrollment Report	[ ]	Add Attachment	Delete Attachment	View Attachment
5. Progress Report Publication List	[ ]	Add Attachment	Delete Attachment	View Attachment

#DAT	Form Location	COEUS Screen	Field	Instructions
1	Application Type	General Info	Proposal Type	The type selected to populate the SF 424 (R&R) Cover Page is repeated. No additional user action required to complete this form field.
2.02	Introduction to Application (Resubmissions & Revisions only)	Upload Attachments	Proposal Uploads	Select Attachment type PHS_ResPlan_IntroductionToApplication
	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:

#DAT	Form Location	COEUS Screen	Field	Instructions
	(For Renewals only)	Attachments		PHS_ResearchPlan_ProgressReportPubList

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

#DAT	Form Location	COEUS Screen	Field	Instructions
2.09	Protection of Human Subjects (may be required)	Upload Attachments	Proposal Uploads	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): Part II, Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.

| 2.10 | Inclusion of Women and Minorities (may be required) | Upload Attachments | Proposal Uploads | 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.

| 2.11 | Targeted/Planned Enrollment Table (may be required) | Upload Attachments | Proposal Uploads | 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

| 2.12 | Inclusion of Children (may be required) | Upload Attachments | Proposal Uploads | 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

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_LettersOfSuport

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

#DAT	Form Location	COEUS Screen	Field	Instructions
				special characters or spaces in name you type in COEUS. Only numbers, letters, hyphens, underscores, and periods should be used.

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 PHS 398Research 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:

PI_CITIZENSHIP_FROM_CUSTOM_DATA	1

Related code table:

Others
- Argument Values
- Coeus Module Names
- Country
- EDI Enabled Sponsors
- Investigators Credit Type

citizenship_type	C	U.S. Citizen or noncitizen national
citizenship_type	P	Permanent Resident of U.S. Pending
citizenship_type	N	Permanent Resident of U.S.
citizenship_type	A	Non-U.S. Citizen with temporary visa

#	Form Field/location	COEUS Screen	Field Name	Instructions

PHS 398 Research Training Program Plan

OMB Number: 0925-0001

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.

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

#	Form Field/location	COEUS Screen	Field Name	Instructions
1-0 – 1-3	**Application Type**	Proposal Details	Application Type	From proposal data: comes from the COEUS proposal type code

2. Research Training Program Plan Attachments:
Please attach applicable sections of the research training program plan, below.

1. Introduction to Application   [Add Attachment] [Delete Attachment] [View Attachment]
   (for REVISION or RESUBMISSION applications only)

#	Form Field/location	COEUS Screen	Field Name	Instructions
2-1	**Introduction to Application** (for REVISION or RESUBMISSION applications only)	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_Introduction** Narrative code # 112: Use only when submitting an R&R Resubmission or Revision.

#	Form Field/location	COEUS Screen	Field Name	Instructions
2-2	**Background**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_Background** Narrative code # 113
2-3	**Program Plan**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_ProgramPlan** Narrative code # 114
2-4	**Recruitment and Retention Plan to Enhance Diversity**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_RecruitmentPlan** Narrative code # 115:
2-5	**Plan for Instruction in the Responsible Conduct of Research**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_RespConductResearch** Narrative code # 116

#	Form Field/location	COEUS Screen	Field Name	Instructions
2-6	**Progress Report** (for RENEWAL applications only)	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_ProgressReport** Narrative code # 117 Use only if you are submitting an R&R Renewal.

#	Form Field/location	COEUS Screen	Field Name	Instructions
2-7	**Human Subjects**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_HumanSubjects** Narrative code # 118
	Upload only required if Special Review for Human Subjects will be utilized, and the Special Review is maintained.			
2-8	**Vertebrate Animals**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_VertAnimals** Narrative code # 119
	Upload only required if Special Review for Vertebrate Animals will be utilized, and the Special Review is maintained.			

#	Form Field/location	COEUS Screen	Field Name	Instructions

#	Form Field/location	COEUS Screen	Field Name	Instructions
2-9	**Select Agent Research**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_SelectAgentResearch** Narrative code # 120
2-1-0	**Multiple PD/PI Leadership Plan** (if applicable)	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_PILeadershipPlan** Narrative code # 121
2-1-1	**Consortium/Contractual Arrangements**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_ConsContractual** Narrative code # 122

#	Form Field/location	COEUS Screen	Field Name	Instructions
2-1-2	**Participating Faculty Biosketches**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_FacBiosketches** Narrative code # 123
2-1-3	**Data Tables**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_DataTables** Narrative code # 124
2-1-4	**Letters of Support**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_SupportLetters** Narrative code # 125

#	Form Field/location	COEUS Screen	Field Name	Instructions
2-1-5	**Appendix**	Upload Narratives	Proposal Narratives	**PHS-ResTrainingPlan_Appendix** Narrative code # 126 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 V 1-0

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: <mark>Code Tables for Application Administrator maintenance provided COEUSQA-2296</mark>:

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
     TUTION_POSTDOC_NONDEG_COST_ELEMENTS
     TUTION_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

Question Rule suggested to invoke this form-required Questionnaire:

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.

Form Field/location	COEUS Screen	Field Name	Instructions

OMB Number: 0925-0001

PHS 398 TRAINING BUDGET, Period 1

Organizational DUNS: [   ]   Budget Type: ☐ Project ☐ Subaward/Consortium

Organization Name: [   ]

Start Date: [   ]   End Date: [   ]

Organizational DUNS	Organization	Proposal Organization	The DUNS is centrally maintained in the Organization table record for this entity.
Organization Name	Organization	Proposal Organization	The proposal organization is maintained centrally for your COEUS Instance – in the Parameter DEFAULT_ORGANIZATION_ID. The details of this record are also centrally maintained in the Organization table record for this entity.
Start Date	Proposal Details	Start Date	The start date of the proposal is used for this field
End Date	Proposal Details	End Date	The end date of the proposal is used for this field
Budget Type	n/a	n/a	This form will always be selected as PROJECT; required for the prime organization' s budget submission.

A. Stipends, Tuition/Fees

Number of Trainees

Full Time   Short Term

[ ] [ ] Undergraduate: Stipends Requested ($) [   ]   Tuition/Fees Requested ($) [   ]

Number Per Stipend Level:

First-Year/Soph. [ ]   Junior/Senior [ ]

Section A. Stipends, Tuition/Fees

Number of Undergraduate Trainees	Questionnaire	Answer for each requested budget year	The **number of full time and short term** trainees at each level is taken from the questionnaire.
Undergraduate Stipends requested	Questionnaire	Calculated	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.
Undergraduate Tuition/Fees requested	Budget	Budget Period Line item detail	Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries TUITION_UNDERGRAD_COST_ELEMENTS

***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.

[ ] [ ] Predoctoral: Single Degree   [   ] [   ]

[ ] [ ]   Dual Degree   [   ] [   ]

[ ] [ ]   **Total Predoctoral** [   ] [   ]

Number of Predoctoral Trainees – Single Degree and Dual Degree	Questionnaire	Answer for each requested budget year	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.
Predoctoral Stipends requested	Questionnaire	Calculated	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.
Predoctoral Tuition/Fees requested	Budget	Budget Period Line item detail	Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries

Form Field/location	COEUS Screen	Field Name	Instructions
			TUITION_PREDOC_DUAL_DEG_COST_ELEMENTS TUITION_PREDOC_SINGLE_DEG_COST_ELEMENTS

Form Field/location	COEUS Screen	Field Name	Instructions
Number of Postdoctoral trainees – Non- degree and Degree seeking	Questionnaire	Answer for each requested budget year	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.
Postdoctoral Stipends requested	Questionnaire	Calculated	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.
Postdoctoral Tuition/Fees requested	Budget	Budget Period Line item detail	Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries TUITION_POSTDOC_DEG_COST_ELEMENTS TUITION_POSTDOC_NONDEG_COST_ELEMENTS
Number of Other Trainees	Questionnaire	Enter the number for Full Time and Short Term	The **number of full time and the number of short term** trainees at is taken from the questionnaire
Other Stipends requested	Questionnaire	Enter the requested Amount	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.
Postdoctoral Tuition/Fees requested	Budget	Budget Period Line item detail	Data taken from the proposal budget, and is based on cost elements identified in the parameterized entries TUITION_OTHER_COST_ELEMENTS

Section B: Other Direct Costs

B. Other Direct Costs

	Funds Requested ($)
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) | |

Trainee Travel	Budget	Budget Period Line item detail	Trainee Travel expenses are populated from the detail budget entries using the cost element defined in the parameter table. TRAINING_TRAVEL_COST_ELEMENTS
Training Related Expenses	Budget	Budget Period Line item detail	Trainee Related Expenses are populated from the detail budget entries using the cost element defined in the parameter table. TRAINING_REL_COST_ELEMENTS
Total Direct Costs from R&R Budget Form (if applicable)	Budget	Budget Period Line item detail	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
Consortium Training Costs (if applicable)	Budget	Budget Period Line item detail	The Subcontract line item cost elements as defined in the parameter table will publish to the appropriate budget year. SUBCONTRACT_COST_ELEMENTS

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

D. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1.			
2.			
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 [ ] Add Attachment Delete Attachment View Attachment

Budget Justification	Upload Narratives	Proposal Uploads	Select narrative type (130) : **PHS_Train_Budg_Just**. Upload the PDF file with the sponsor-directed information provided.

Cumulative Budget:

Form Field/location	COEUS Screen	Field Name	Instructions

PHS 398 TRAINING BUDGET, Cumulative Budget

A. Stipends, Tuition/Fees

		Stipends Requested ($)	Tuition/Fees Requested ($)
Undergraduate:			
Predoctoral:	Single Degree		
	Dual Degree		
	Total Predoctoral		
Postdoctoral:	Non-Degree Seeking		
	Degree Seeking		
	Total Postdoctoral		
Other:			
	Totals:		
	Total Stipends + Tuition/Fees Requested		

B. Other Direct Costs — Funds Requested ($)

- 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)

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.

- 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.

B. Other Direct Costs			Funds Requested ($)
Trainee Travel			3,000.00
Training Related Expenses			30,000.00
Total Direct Costs from R&R Budget Form (if applicable)			8,588.00
Consortium Training Costs (if applicable)			178,408.00
Total Other Direct Costs Requested			219,996.00

Always verify your COEUS tables have the correct values to support the valid PHS398 Training Budget stipend rates

Code Table Maintenance

Code Tables
- Awards
- Proposals
- Proposal Development
  - Abstract Type
  - Budget Category
  - Degree Type
  - Location Type
  - Narrative Types
  - Valid Narrative Types
  - Person Table Editable Columns
  - Person Document Type
  - Proposal Dev Editable Columns
  - Proposal Hierarchy Child Type
  - Training Stipend Rates
  - Proposal Status
  - TBA

Career Level	Experience Level	Stipend Rate	Effective Date
Postdoctoral	0	38496	10/01/2010
Postdoctoral	1	40548	10/01/2010
Postdoctoral	2	43476	10/01/2010
Postdoctoral	3	45192	10/01/2010
Postdoctoral	4	46884	10/01/2010
Postdoctoral	5	48900	10/01/2010
Postdoctoral	6	50832	10/01/2010
Postdoctoral	7	53112	10/01/2010
Predoctoral	0	21600	10/01/2010
Undergraduates	0	8136	10/01/2010
Undergraduates	1	11400	10/01/2010

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-11-067.html

Undergraduates in the MARC and COR Programs:

Career Level	Stipend for FY 2011
Freshmen/Sophomores	$8,136
Juniors/Seniors	$11,400

Predoctoral and Postdoctoral:

Career Level	Years of Experience	Stipend for FY 2011
Predoctoral	All	$21,600
Postdoctoral	0	$38,496
	1	$40,548
	2	$43,476
	3	$45,192
	4	$46,884
	5	$48,900
	6	$50,832
	7 or More	$53,112

PHS398 Research Training Subaward Budget Attachment Form V 1-0

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).

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents
SF424 (R & R)

Move Form to Complete
=>

Mandatory Documents for Submission

> Select the form from the list of optional documents, and then click the Move Form to Submission list. This will allow you to scroll down to the "open" form.

Optional Documents
Project/Performance Site Location(s)
Research And Related Other Project Information
Research And Related Senior/Key Person Profile
Research And Related Budget
R and R Subaward Budget Attachment(s) Form
PHS Cover Letter
PHS 398 Cover Page Supplement
PHS 398 Modular Budget

Move Form to Submission List
=>

Move Form Delete
<=

Optional Documents for Submission
PHS 398 Training Subaward Budget Attachment(s)

Optional To Complete Button: Move Form to Submission List

OMB Number: 0925-0001

TRAINING SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions:

On this form, you will attach the PHS 398 Training Budget forms for all subawards in your grant application.

The means to obtain a training subaward budget attachment is provided here on this form, using the button below. In order to extract, fill, and attach each additional training subaward budget form, simply follow these steps:

- Select the button labeled "Select to Extract a Training Subaward Budget Attachment", which appears below.

- Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Training_Subaward_Budget_MyOrganization.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using your Adobe Acrobat Reader software.

- Using the Open icon in Adobe Acrobat Reader, open the new form that you have just saved.

- Enter the subawardee's training budget information, in this supplemental form. It is essentially the same as the PHS 398 Training Budget form that you see in the main body of your application.

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

- Return to this "PHS 398 Training Subaward Budget Attachment(s)" form.

- Attach the saved supplemental form, that you just filled in, to one of the "Attach Training Subaward" blocks provided below.

[Select to Extract a Training Subaward Budget Attachment]

Important: Please attach Training Subaward Budget forms, using the blocks below. Please remember that the files you attach must be PHS 398 Training Budget PDF forms, which were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

Attach Training Subaward Budget 1   [Add Attachment] [Delete Attachment] [View Attachment]

Attach Training Subaward Budget 2   [Add Attachment] [Delete Attachment] [View Attachment]

PHS 398 Research Training Subaward Budget Attachment Form Initial Release 4.3.7/4.4.1 (COEUSQA-2247)

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

> * Country: USA: UNITED STATES
>
> * ZIP / Postal Code: 02139   * Project/ Performance Site Congressional District: MA-008

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.

#DAT	Form Location	COEUS Screen	Field	Instructions
				OMB Number: 4040-0010
				Expiration Date: 08/31/2011

Project/Performance Site Location(s)

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Primary Location:

#DAT	Form Location	COEUS Screen	Field	Instructions
1--0	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.	Organization Question	Q# 30	No additional user action required to complete this form field.
1-1	Primary Location: Organization Name	Proposal: Organization	Institutional COEUS Data: Organization Org ID 000001	No additional user action required to complete this form field.
1-2	Duns Number	Institutional COEUS Data: Organization	Duns number maintained in Org ID 000001	No additional user action required to complete this form field.
1-3 – 1-11	Street 1, City, State, Zip Code, Congressional District	Organization Contact person	Contact address maintained in ID 000001	No additional user action required to complete this form field.

Performance Sites V 1-4 Initial Release 4.3.7/4.4.1 (COEUSQA-2083)

#DAT	Form Location	COEUS Screen	Field	Instructions

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: _____

DUNS Number: _____

* Street1: _____

Street2: _____

* City: _____   County: _____

* State: _____

Province: _____

* Country: USA: UNITED STATES

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

Project/Performance Site Location (#) (Additional Sites)				
2-1	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.	Organization Question	Q# 30	Default is unchecked, this field is not required for other sites. If Performance ORGANIZATION selected & Organization record has Q30 answered to Yes, the checkbox will be checked.
2-2 – 2-11	Organization & Address Details	Proposal Details: Organization	Additional Performing Organization or Performance Site	The user selected Organization or Rolodex ID details populate the fields. NOTE: Rolodex selections must have complete address details for this form to validate.
	Field requirements for added sites are identical to Primary Organization	Organization	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

For **Other Organizations**, 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	Proposal Details: Organization		29 distinct locations can be maintained on this form.

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:

Performance Sites V 1-4 Initial Release 4.3.7/4.4.1 (COEUSQA-2083)

#DAT	Form Location	COEUS Screen	Field	Instructions
				Performance_sites Code ID: 40

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.

RR Key Person Expanded V 1-2

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

Street:				
* City:	Cambridge	County/ Parish:	Middlesex	
* State:	MA: Massachusetts		Province:	
* Country:	USA: UNITED STATES		* Zip / Postal Code:	02139

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.

Field/location	Screen-location	Field Name	Instructions

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title: Department:

Organization Name: Division:

* Street1:

Street2:

* City: County/ Parish:

* State: Province:

* Country: * Zip / Postal Code:

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

* Project Role: PD/PI   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]

Profile- Project Director/ Principal Investigator:	Investigators/Key Persons screen	Project Role: Principal Investigator	Select Proposal Role: **Principal Investigator** prior to saving the retrieved selection. This PI contact data will also populate the SF424 (R&R).

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.** (ex. 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**

RR Senior/Key Person Expanded V 1-2

Field/location	Screen-location	Field Name	Instructions
Prefix	Investigator/Key Person:	N/A	Not a required field – not mapped for COEUS.
First Name	Editable in Premium only	COEUS Person Table data will print to forms.	First name of the individual responsible for the overall scientific and technical direction of the project.
Middle Name	Editable in Premium only	Does not publish.	Middle name of the individual responsible for the overall scientific and technical direction of the project.
Last Name	Editable in Premium only	COEUS Person Table data will print to forms.	Last name of the individual responsible for the overall scientific and technical direction of the project.
Suffix	N/A	N/A	Not a required field – not mapped for COEUS.
Position/Title	Person Details	Primary Title	Position/title of the individual responsible for the overall scientific and technical direction of the project.
Organization Name	COEUS Hierarchy	Not editable – from unit hierarchy	Organization name of the individual responsible for the overall scientific and technical direction of the project.
Department	COEUS Hierarchy	Not editable - from unit hierarchy	Department of the individual responsible for the overall scientific and technical direction of the project.
Division	COEUS Hierarchy	Not editable - from unit hierarchy	Division of the individual responsible for the overall scientific and technical direction of the project.
Street1	Person Details	Address1	First line of the street address for the PD/PI in the "Street1" field.
Street2	Person Details	Address2	Second line of the street address for the PD/PI in "Street2" field.
City	Person Details	City	City for address of the PD/PI.
County	Person Details	County	County/parish for address of the PD/PI.
State	Person Details	State	State where the PD/PI is located. This field is required if the PD/PI is located in the United States.
Province	N/A	N/A	Not a required field – not mapped for COEUS.
Country	Person Details	Country	Country for the PD/PI address.
Zip/Postal Code	Person Details	Postal Code	Postal Code (e.g., ZIP code) of the PD/PI.
Phone	Person Details	Office Phone	Daytime phone number for the PD/PI.
Fax	Person Details	Fax	Fax number for the PD/PI.
Email	Person Details	Email	E-mail address for the PD/PI.
Credential/Agency login	Person Details	ERA Commons User Name	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.
Project Role	Investigator/Key Persons screen	Select from list prior to saving	Select Principal Investigator from the list. (PD/PI is the default for first person added to a proposal)
Other Project Role Category	Investigator/Key Persons screen	Not applicable for PI	Only required if Project Role selection is "Other Professional" or "Other".
Degree Type	Person Details	HR Data feed or Person Table maintained	Highest academic or professional degree or credentials.
Degree Year	Person Details	HR Data feed or Person Table maintained	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.

| Biographical Sketch | Upload Attachments | Personnel Attachments: | Select Attachment type: Biosketch |

Field/location	Screen-location	Field Name	Instructions

Field/location	Screen-location	Field Name	Instructions
Current & Pending Support	Upload Attachments	Personnel Attachments:	Select Attachment type: CurrentPending

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	Investigator/Key Persons screen	Role/Project Role	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	Investigator/Key Persons screen	Premium: Role Lite: Key Person Role	Enter the proposal role for the Key Person.
Degree Type	Person Details	HR Data feed, Person Table, or manually entered in proposal.	Highest academic or professional degree or credentials.
Degree Year	Person Details	HR Data feed, Person Table, or manually entered in proposal	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.

RR Other Project Information V 1-3

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

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.

Field/location	COEUS Screen	Field Name	Instructions

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? ☐ Yes ☐ No

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? ☐ Yes ☐ No

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

If no, is the IRB review Pending? ☐ Yes ☐ No

IRB Approval Date: _____

Human Subject Assurance Number: _____

1	Are Human Subjects Involved?	Special Review	Review Type: Human Subjects	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.

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.

Field/location	COEUS Screen	Field Name	Instructions

2. * Are Vertebrate Animals Used? [ ] Yes [ ] No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? [ ] Yes [ ] No

IACUC Approval Date: [_____]

Animal Welfare Assurance Number [_____]

2 & 2 a	Are Vertebrate Animals Used?	Special Review	Review Type: Vertebrate Animals	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.

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.

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

4.a. * Does this project have an actual or potential impact on the environment? [ ] Yes [ ] No

4.b. If yes, please explain: [_____]

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

4.d. If yes, please explain: [_____]

3	Is Proprietary/ Privileged	YNQ	Question G8	If the application includes such information, check the "Yes", otherwise, check the

Field/location	COEUS Screen	Field Name	Instructions
Information Included in the Application?			No box.

4 a + b	**Does this Project Have an Actual or Potential Impact on the Environment?**	**YNQ**	**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.
4 c + d	**If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?**	**YNQ**	**Question G9 Is This Project is in Violation of an Environmental Compliance Regulation?**	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.

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

5.a. If yes, please explain: _____

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

6.a. If yes, identify countries: _____

6.b. Optional Explanation: _____

5	**Is the research performance site designated, or eligible to be designated, as a historic place?**	**YNQ screen**	**Question G6 Historical Sites are Affected.**	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.

6 a b & c	**Does this Project Involve Activities Outside the U.S. or Partnership with International Collaborators?**	**YNQ**	**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".

7. * Project Summary/Abstract   [Add Attachment] [Delete Attachment] [View Attachment]

8. * Project Narrative   [Add Attachment] [Delete Attachment] [View Attachment]

9. Bibliography & References Cited   [Add Attachment] [Delete Attachment] [View Attachment]

10. Facilities & Other Resources   [Add Attachment] [Delete Attachment] [View Attachment]

11. Equipment   [Add Attachment] [Delete Attachment] [View Attachment]

12. Other Attachments   [Add Attachments] [Delete Attachments] [View Attachments] ☐

7	**Project Summary/Abstract**	Upload Narratives	Proposal Uploads	Select Attachment type: **ProjectSummary**

8	**Project Narrative**	Upload Narratives	Proposal Uploads	Select Attachment type: **Narrative**

9	**Bibliography & References Cited**	Upload Narratives	Proposal Uploads	Select Attachment type: **Bibliography**

	Field/location	COEUS Screen	Field Name	Instructions
	Read your sponsor-specific selected opportunity for the required content of this upload.			
1 0	**Facilities & Other Resources**	Upload Narratives	Proposal Uploads	Select Attachment type: **Facilities**
	Sponsor Specific Instructions: Read your sponsor-specific selected opportunity for the required content of this upload.			
1 1	**Equipment**	Upload Narratives	Proposal Uploads	Select Attachment type: **Equipment**
	Sponsor Specific Instructions: Read your sponsor-specific selected opportunity for the required content of this upload.			
1 2	**Field 12: Other Attachments**	Upload Narratives	Proposal Uploads Other	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.
	Sponsor Specific Instructions: Read your sponsor-specific selected opportunity for the required content of this upload. COEUS will generate and display Field 12 (11 on the 1-1 version) **only when the narrative type "Other" is uploaded** in the proposal, otherwise this field description will not appear on the COEUS generated form. Multiple lines will be generated, as required, for each upload. Questions in fields 4 and 5 of this form allow for optional uploads to this location.			

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.

RR SF 424 V 1-2

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.

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.

#	Field Location	COEUS Screen	Field Name	Instructions

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

Expiration Date: 06/30/2011

3. DATE RECEIVED BY STATE State Application Identifier

1. * TYPE OF SUBMISSION
☐ Pre-application ☐ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED Applicant Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:**

* Legal Name:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: USA: UNITED STATES * ZIP / Postal Code:

#	Field Location	COEUS Screen	Field Name	Instructions
1	Type of Submission	Grants.gov	Opportunity: Submission Type	List options are: **Pre-application, Application, Change/Corrected Application**
2.0	Date Submitted	Grants.gov	Submission Details section	Date is inserted by COEUS upon OSP approval and submission to Grants.gov.
2.1	Applicant Identifier			Applicant ID is the COEUS Development Proposal number.
3	Date Received by State	N/A	N/A	Not required
3.1	State Application ID	N/A	N/A	Not required
4 a	Federal Identifier	General Info	Sponsor Proposal No.	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.
4 b	Agency Routing Number	General Info	Agency Program Code	Enter the agency-assigned routing identifier per the agency-specific instructions. This is an optional field.
5.1	Organizational DUNS	Organization	Proposal Organization	Institute Organization Data maintained centrally for the Institute. Users do not need to enter.
5.2	Legal Name	Organization	Proposal Organization	Institute Organization Data maintained centrally for the Institute. Users do not need to enter.
5.3 – 5.4	Department Division	N/A Not required	N/A Not required	Institute hierarchy data maintained centrally for the Institute. Users do not enter.
5.5 a-f	Specific address info	Organization	Proposal Organization	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.

Person to be contacted on matters involving this application

Prefix:	* First Name: [highlighted]	Middle Name:

* Last Name: [highlighted]	Suffix:

* Phone Number: [highlighted]	Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): [highlighted]

7. * TYPE OF APPLICANT: [highlighted] *Please select one of the following*

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☐ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☐ What other Agencies?

5.6 5.7 - 5.9	**Person to be contacted on matters involving this application.**	N/A	N/A	Users do not need to enter. OSP Administrator assigned to Proposal Lead Unit in Institute Unit Hierarchy: maintained centrally for the Institute.
6	**Employer EIN or TIN**	Organization	Proposal Organization	Users do not need to enter. Institute Organization Data maintained centrally for the Institute.
7.0 - 7.3	**Type of Applicant**	Organization	Proposal Organization	Users do not need to enter. Institute Organization Data maintained centrally for the Institute.
8.0	**Type of Application**	General Info	Proposal Type	Select from the drop-down list.
8.1	If Revision, mark appropriate boxes	Grants.gov	Revision section	Select (click radial buttons) as appropriate
8.2	**Is the application being submitted to other agencies? What other agencies**	YNQ	Question 15 reply and Explanation	If yes, click the Yes button and then enter the name of the other agency in the Explanation field. Otherwise, select No.

9. * NAME OF FEDERAL AGENCY: [highlighted]

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: [highlighted]

12. PROPOSED PROJECT: * Start Date * Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT:

9.0	**Name of Federal Agency**	General Info/ Grants.gov	Agency/Sponsor & Grants.gov schema for selected opportunity	This field will populate based on Grants.gov selected opportunity.
10.1	CFDA	General Info/ Grants.gov	CFDA entered or Grants.gov schema	This field will populate based on Grants.gov selected opportunity or if the CFDA was manually inserted to perform the search.
10.2	Title	General Info/ Grants.gov	Program Title from Grants.gov schema	This field will populate based on Grants.gov selected opportunity
11	**Descriptive title of applicant's project**	General Info	Title	200 character limit –Sponsor title length limit may be shorter.
12	**Proposed project Start & Ending dates**	General Info	Start Date End Date	Enter the project Start and End dates.

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13	**Congressional District of Applicant**	Organization	Proposal Organization	Congressional district maintained for the proposal organization – no user entry required..

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [ ]   * First Name: [ ]   Middle Name: [ ]

* Last Name: [ ]   Suffix: [ ]

Position/Title: [ ]

* Organization Name: [ ]

Department: [ ]   Division: [ ]

* Street1: [ ]

Street2: [ ]

* City: [ ]   County / Parish: [ ]

* State: [ ]   Province: [ ]

* Country: USA: UNITED STATES   * ZIP / Postal Code: [ ]

* Phone Number: [ ]   Fax Number: [ ]

* Email: [ ]

14	**Project Director/PI Contact Information**	Investigators/Key Persons	Principal Investigator: Details	Address and contact data for the PI come from the proposal investigator Details and maintained unit hierarchy information.

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested [ ]

b. Total Non-Federal Funds [ ]

c. Total Federal & Non-Federal Funds [ ]

d. Estimated Program Income [ ]

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES [ ] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: [ ]

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.

15 a	**Total Federal Funds Requested**	Budget Summary	Total Cost	Total costs of all budget periods will be inserted; Detailed budgets will use Summary data, Modular budgets will Modular Budget Cumulative data. If there is no budget, this field will be set to zero.
15. b	**Total Non-Federal funds**	Budget Summary	Cost Share	The sum of total cost share committed will be inserted. If there is no cost share, 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.**
15. c	**Total Federal & Non-Federal Funds**	Budget Summary	Total Cost & Cost Share	The sum of Total Costs and Cost Share of all budget periods will be inserted. Detailed budgets will use Summary data, Modular budgets will 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.**
15. c	**Estimated Program Income**	Program Income	Total Program Income	The total program income will be inserted. If there is not program income, this field will be set to zero.
16	**Is the application subject to review by state under Executive Order 12372 Process?**	YNQ	Q ID "EO".	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 penalities. (U.S. Code, Title 18, Section 1001)

[ ] *** I agree**

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

18. SFLLL or other Explanatory Documentation

[   ] [Add Attachment] [Delete Attachment] [View Attachment]

17	Signature certification	OSP Approval	Final OSP Approver/submitter	This field will be checked upon approval.
18	SFLLL or Other Explanatory Documents	Upload Attachments	Narrative type: RRSF424_SFLLL_OtherExplanatory	If applicable, attach the SFLLL or other explanatory documentation per agency instructions.

19. Authorized Representative

Prefix: [   ]   * First Name: [   ]   Middle Name: [   ]

* Last Name: [   ]   Suffix: [   ]

* Position/Title: [   ]

* Organization: [   ]

Department: [   ]   Division: [   ]

* Street1: [   ]

Street2: [   ]

* City: [   ]   County / Parish: [   ]

* State: [   ]   Province: [   ]

* Country: [USA: UNITED STATES]   * ZIP / Postal Code: [   ]

* Phone Number: [   ]   Fax Number: [   ]

* Email: [   ]

* Signature of Authorized Representative   * Date Signed

Completed on submission to Grants.gov   Completed on submission to Grants.gov

20. Pre-application [   ] [Add Attachment] [Delete Attachment] [View Attachment]

19	Authorized Representative	OSP Approval Map	Final OSP Approval/submitter	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 Attachments	Narrative type: 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. If both Sponsor Proposal No. and Award 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.
      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.*

RR Budget V1-1 (5 yr) & (10 yr)

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.

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 06/30/2011

* ORGANIZATIONAL DUNS: [   ]   Enter name of Organization: [   ]

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

A. Senior/Key Person

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

* Project Role: [   ]

Additional Senior Key Persons: [   ]   [Add Attachment] [Delete Attachment] [View Attachment]   Total Funds requested for all Senior Key Persons in the attached file [   ]

Total Senior/Key Person [   ]

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 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.
  - o Premium: double-click the line item or use menu path Items > Edit Details to open the Budget- Line Item Detail window.
  - o Select Senior Personnel from the Category list, and then click OK to save and close the window.
  - o Proceed with adding the budget person details.

Budget - Line Item Detail

Category: Other Professionals

Other Professionals
Outpatient costs
Postage
Postdoctoral
Professional Services/Consultant
Project Support Staff
Publication Costs/Documentation/Dissemenation
Senior Personnel
Service Agreement(s)
Software
Subcontracts
Telephone, Fax
Trainee/Participant Costs - Other
Trainee/Participant Costs - Stipends

[ ] On Campus   [ ] Off Campus

[OK] [Cancel] [Justify]

Cost Elm:
Start Date: End Date: 31-Aug-2011
Description:

Cost: Quantity: [.00]   Apply Inflation: [✓]
Cost Sharing: [✓] Underrecovery: [$.00]

Rate C...		Cost	Cost Sharing
MTDC		$.00	$.00
Employee Benef...		$.00	$.00
Vacation	Vacation [✓]	$.00	$.00

B. Other Personnel

* Number of Personnel	* Project Role	Cal.	Acad.	Sum.	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
[ ]	Post Doctoral Associates	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	Graduate Students	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	Undergraduate Students	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	Secretarial/Clerical	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

[   ] Total Number Other Personnel   Total Other Personnel [   ]

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

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.

| Underrecovery: | $.00 | Cost Sharing: | $149,944.28 | Direct Cost Limit: | $.00 |

Line	CE	Cost Element Description	Description	Qnty	Cost	Start Da'
1	400025	Faculty Salaries Tenured - On				
2	400140	Other Academic Staff - On				
3	400350	Research Staff - On				
4	400350	Research Staff - On				
5	400390	Post-Doctoral Staff				
6	400600	Project Support Staff - On				
7	400700	Graduate Student Staff - On				
8	400770	Undergrad S&W UROP - On				
9	420050	Travel Expenses				
10	420070	Travel - Foreign Expenses				
11	420144	Training Related Expense TRE Costs- Not N				
12	420226	Materials and Services				
13	420320	Renovations				
14	420620	Subcontracts (Contracts) - Not MTDC		0.00	$10,000.00	01-Sep-2010
15	420710	Consultants		0.00	$15,000.00	01-Sep-2010
16	420840	Printing		0.00	$250.00	01-Sep-2010

Customize View

Views
- ⦿ Default
- ○ Grouped By Category

Show Columns
- ☑ Cost Element
- ☑ Cost Element Description
- ☑ Line Item Description
- ☑ Start Date
- ☑ End Date
- ☑ Cost
- ☑ Quantity
- ☐ Category
- ☐ Underrecovery
- ☐ Cost Share
- ☐ Campus Flag

☐ Show Calculated Amounts

[OK] [Cancel] [Apply]

Grouped By Category view:

CE	Cost Element Description	Description	Start Date	End Date	Cost	Qnty
Category:	**Undergraduate Students**					
400770	Undergrad S&W UROP - On	tbaresearch	01-Sep-2010	31-Aug-2011	$2,518.75	1.0
Category:	**Graduate Students**					
400700	Graduate Student Staff - On	tba	01-Sep-2010	31-May-2011	$9,375.00	1.0
Category:	**Other Professionals**					
400350	Research Staff - On	dowdy	01-Sep-2010	31-Aug-2011	$6,128.23	1.0
Category:	**Postdoctoral**					
400390	Post-Doctoral Staff	yetter	01-Sep-2010	31-Aug-2011	$1,021.37	1.0
Category:	**Travel - Foreign**					

Show Column: Category view:

Line	CE	Cost Element Descripti...	Descrip...	Qnty	Cost	Start Date	End Date	Category
1	400025	Faculty Salaries Tenured - On	hanlon	1.00	$9,000.00	01-Sep-2010	31-Aug-2011	Senior Personnel
2	400140	Other Academic Staff - On	nair -othe...	1.00	$3,819.35	01-Sep-2010	31-Aug-2011	Other Personnel
3	400350	Research Staff - On	mulitple to...	4.00	$20,400.00	01-Sep-2010	31-Aug-2011	Senior Personnel
4	400350	Research Staff - On	dowdy	1.00	$6,128.23	01-Sep-2010	31-Aug-2011	Other Professionals
5	400390	Post-Doctoral Staff	yetter	1.00	$1,021.37	01-Sep-2010	31-Aug-2011	Postdoctoral
6	400600	Project Support Staff - On	shavell	1.00	$7,087.50	01-Sep-2010	31-Aug-2011	Project Support Staff
7	400700	Graduate Student Staff - On	tba	1.00	$9,375.00	01-Sep-2010	31-May-2011	Graduate Students
8	400770	Undergrad S&W UROP - On	tbaresearch	1.00	$2,518.75	01-Sep-2010	31-Aug-2011	Undergraduate Students
9	420050	Travel Expenses		0.00	$500.00	01-Sep-2010	31-Aug-2011	Travel - Domestic
10	420070	Travel - Foreign Expenses		0.00	$1,000.00	01-Sep-2010	31-Aug-2011	Travel - Foreign
11	420144	Training Related Expense T...		0.00	$500.00	01-Sep-2010	31-Aug-2011	Trainee/Participant Costs - Other
12	420226	Materials and Services		0.00	$1,500.00	01-Sep-2010	31-Aug-2011	Materials

C. Equipment Description

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

Equipment item	* Funds Requested ($)

Additional Equipment: [ ] [Add Attachment] [Delete Attachment] [View Attachment]

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

D. Travel

	Funds Requested ($)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	
2. Foreign Travel Costs	
Total Travel Cost	

E. Participant/Trainee Support Costs

	Funds Requested ($)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	

Number of Participants/Trainees	Total Participant/Trainee Support Costs

F. Other Direct Costs

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

G. Direct Costs

	Funds Requested ($)
Total Direct Costs (A thru F)	

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

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)

Total Indirect Costs [ ]

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

I. Total Direct and Indirect Costs

Funds Requested ($)

Total Direct and Indirect Institutional Costs (G + H) [ ]

J. Fee

Funds Requested ($)

[ ]

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.) [ ]   Add Attachment   Delete Attachment   View Attachment

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: **BudgetJustification** (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.

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - BUDGET PERIOD 1

OMB Number: 4040-0001
Expiration Date: 06/30/2011

* ORGANIZATIONAL DUNS: [   ]   Enter name of Organization: [   ]

* Budget Type: ☐ Project ☐ Subaward/Consortium   Budget Period: 1   * Start Date: [   ]   * End Date: [   ]

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix
[ ]	[ ]	[ ]	[ ]	[ ]

* Project Role
[   ]

Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed)($)	* Federal ($)	* Non-Federal ($)
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Additional Senior Key Persons: [   ]   [Add Attachment] [Delete Attachment] [View Attachment]

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

Total Senior/Key Person   [   ] [   ] [   ]

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed) ($)	* Federal ($)	* Non- Federal ($)
[ ]	Post Doctoral Associates	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	Graduate Students	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	Undergraduate Students	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	Secretarial/Clerical	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

[ ] Total Number Other Personnel   Total Other Personnel   [   ] [   ] [   ]

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

C. Equipment Description

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

* Equipment item	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)

Additional Equipment: [ ]   [Add Attachment]   [Delete Attachment]   [View Attachment]

	Federal ($)	Non-Federal ($)	Total (Fed + Non-Fed) ($)
Total funds requested for all equipment listed in the attached file			
Total Equipment			

D. Travel

	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)			
2. Foreign Travel Costs			
Total Travel Costs			

E. Participant/Trainee Support Costs

	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1. Tuition/Fees/Health Insurance			
2. Stipends			
3. Travel			
4. Subsistence			
5. Other			

[ ] Number of Participants/Trainees   Total Participant/Trainee Support Costs [ ] [ ] [ ]

F. Other Direct Costs

	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
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.			
Total Other Direct Costs			

Tuition is considered an "Other Direct Cost" by definition on this Budget form, and is grouped with other similar expenses in line 8.

G. Direct Costs

	Federal ($)	Non-Federal ($)	Total (Fed + Non-Fed) ($)
Total Direct Costs (A thru F)			

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
Total Indirect Costs					

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

I. Total Direct and Indirect Costs

	Federal ($)	Non-Federal ($)	Total (Fed + Non-Fed) ($)
Total Direct and Indirect Institutional Costs (G + H)			

J. Fee

Federal ($)

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.) | [yellow input field] | Add Attachment | Delete Attachment | View Attachment |

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 (5yr) use: **Budget_Justification_Fed_NonFed** (Narrative ID 131)

RR FedNonFed10 (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.**

(Δ) 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

Form Name	4.4.3 Jira Case	Form Version
RR Subaward Budget Attachment(s) Form (5YR 10 Attach)		1.1/1-2
RR Subaward Budget Attachment(s) Form 5-30 (5YR 30 Attach)	COEUSQA-2615	1.1/1-2
RR Subaward Budget Attachment(s) Form 10-10 (10 YR 10 Attach)	COEUSQA-2413	1.1/1-2
RR Subaward Budget Attachment(s) Form10-30 (10 YR 30 Attach)	COEUSQA-2560	1.1/1-2
RR Subaward Budget (Fed/Non-Fed)Form (5 YR-10 Attach)		1.1/1-2
RR Subaward Budget (Fed/Non-Fed)Form 5-30 (5 YR-30 Attach)	COEUSQA-2562	1.1/1-2
RR Subaward Budget (Fed/Non-Fed) Form 10-10 (10 YR-10 Attach)	COEUSQA-2414	1.1/1-2
RR Subaward Budget (Fed/Non-Fed) Form 10-30 (10 YR-30 Attach)	COEUSQA-2561	1.1/1-2

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.

- 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).

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 subaward in accordance with the R&R budget instructions. Please remember that any files you attach must be a PDF document.

Click here to extract the R&R Subaward Budget Attachment

My Network Places

File name: RR_Budget_A-V1.1.pdf

Save as type: All Files (*.*)

Save

Cancel

- The extracted budget file for Subawards must be checked as "Subaward/Consortium"

Check Form for Errors   Save

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET P!

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project   ☐ Subaward/Consortium

Enter name of Organization:

Delete Entry   * Start Date:

This should be checked s Subaward/Consortium. Your Coeus budget form is the Project (Primary Applicant).

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months !
1. ☐				☐	PD/PI		

- 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

RR Subaward Budget Attachment(s) Form – New 10 year/period, 5 & 10 period, 30 Attachments

# DAT	Form Location	COEUS Screen	Field	Instructions

Close Form   Print Page   About

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.

Click here to extract the R&R Subaward Budget Attachment

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

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment

	Form Location	COEUS Screen	Field	Instructions
	Extract PDF file from a Grants.gov Opportunity	**Premium Budget**	**Edit > Subaward**	Multiple steps required. See full guide.

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.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds Federal (c)	Estimated Unobligated Funds Non-Federal (d)	New or Revised Budget Federal (e)	New or Revised Budget Non-Federal (f)	Total (g)
1.		$	$	$	$	$
2.						

Section A: Budget Summary

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

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
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)	$	$	$	$	$
7. Program Income	$	$	$	$	$

SF 424 A (aka Budget Details – Non-Construction Programs)

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.

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	$	$	$	$
9.	$	$	$	$

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

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

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.

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

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.

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

Section F: Other Budget Information: intentionally not populated.

SF 424 A (aka Budget Details – Non-Construction Programs)

SF 424 B V 1-0 &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

Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health

Print-preview the form in your opportunity for complete texts: omitted here to save trees...

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Completed on submission to Grants.gov	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
	Completed on submission to Grants.gov

Standard Form 424B (Rev. 7-97) Back

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.

4.4.2 Cases:
COEUSQA-2618: updated the form expiration date.
Prior Versions:
The only change between versions is the OMB expiration date.

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   Version 02

* 1. Type of Submission: *** 2. Type of Application:**   * If Revision, select appropriate letter(s):

☐ Preapplication   ☐ New

☐ Application   ☐ Continuation   * Other (Specify)

☐ Changed/Corrected Application   ☐ Revision

* 3. Date Received: **4. Applicant Identifier:**

Completed by Grants.gov upon submission.

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: USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: [ ]   * First Name: [ ]

Middle Name: [ ]

* Last Name: [ ]

Suffix: [ ]

Title: [ ]

Organizational Affiliation: [ ]

* Telephone Number: [ ]   Fax Number: [ ]

* Email: [ ]

9. Type of Applicant 1: Select Applicant Type:

[ ]

Type of Applicant 2: Select Applicant Type:

[ ]

Type of Applicant 3: Select Applicant Type:

[ ]

* Other (specify):

[ ]

* 10. Name of Federal Agency:

Eric's Amazing and Wonderful Test Agency

11. Catalog of Federal Domestic Assistance Number:

00.000

CFDA Title:

Grants.gov Applicant S2S Testing

---

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.

* 12. Funding Opportunity Number:

SF424-FORMFAMILY-006

* Title:

AT07-GG-Forms-Testing

13. Competition Identification Number:

SF424-FORMFAMILY-006

Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

[Add Attachments] [Delete Attachments] [View Attachments]

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 Applicants 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.

[Add Attachment] [Delete Attachment] [View Attachment]

16. Attach Supporting Documents: Upload Proposal Narrative Type: **SF424V2_ AdditionalCongressionalDistricts** (ID 42)

SF 424 (not the Research & Related)

17. Proposed Project:

* a. Start Date: [____]   * b. End Date: [____]

18. Estimated Funding ($):

* a. Federal [____]

* b. Applicant [____]

* c. State [____]

* d. Local [____]

* e. Other [____]

* f. Program Income [____]

* g. TOTAL [____]

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on [____].

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

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

☐ Yes   ☐ No   [Explanation]

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

☐ ** I AGREE

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

Box 21: Hard-coded to be checked. Application cannot be submitted if this box remains unchecked. There is no option.

Authorized Representative:

Prefix: [____]   * First Name: [____]

Middle Name: [____]

* Last Name: [____]

Suffix: [____]

* Title: [____]

* Telephone Number: [____]   Fax Number: [____]

* Email: [____]

* Signature of Authorized Representative: [Completed by Grants.gov upon submission.]   * Date Signed: [Completed by Grants.gov upon submission.]

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[____]

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.

SF 424 (not the Research & Related)

SFLLL V1-1 (aka Disclosure of Lobbying Activities)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

Review Public Burden Disclosure Statement

1. * Type of Federal Action:	2. * Status of Federal Action:	3. * Report Type:
☐ a. contract	☐ a. bid/offer/application	☒ a. initial filing
☒ b. grant	☒ b. initial award	☐ b. material change
☐ c. cooperative agreement	☐ c. post-award	
☐ d. loan		
☐ e. loan guarantee		
☐ f. loan insurance		

4. Name and Address of Reporting Entity:

☒ Prime   ☐ SubAwardee

* Name _____

* Street 1 _____   Street 2 _____

* City _____   State _____   Zip _____

Congressional District, if known: _____

5. If Reporting Entity In No.4 Is Subawardee, Enter Name and Address of Prime:

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:	7. * Federal Program Name/Description:
_____	Grants.gov Applicant S2S Testing
	CFDA Number, if applicable: 00.000
8. Federal Action Number, if known:	**9. Award Amount, if known:**
_____	$ _____

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:

| Prefix | [▼] | * First Name | [ ] | Middle Name | [ ] |

| * Last Name | [ ] | Suffix | [▼] |

| * Street 1 | [ ] | Street 2 | [ ] |

| * City | [ ] | State | [▼] | Zip | [ ] |

b. Individual Performing Services (including address if different from No. 10a)

| Prefix | [▼] | * First Name | [ ] | Middle Name | [ ] |

| * Last Name | [ ] | Suffix | [▼] |

| * Street 1 | [ ] | Street 2 | [ ] |

| * City | [ ] | State | [▼] | Zip | [ ] |

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. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

* Signature: Completed on submission to Grants.gov

*Name: Prefix [▼]   * First Name [ ]   Middle Name [ ]

* Last Name [ ]   Suffix [▼]

Title: [ ]   **Telephone No.:** [ ]   **Date:** Completed on submission to Grants.gov

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Standard Form - LLL (Rev. 7-97)

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.