

Some guidelines on completing an NIH application form for electronic submissions



Includes active online links



Opportunity Title: U.S-South Africa Program for Collaborative Biomedical R
 Offering Agency: National Institutes of Health
 CFDA Number:
 CFDA Description:
 Opportunity Number: RFA-AI-14-010
 Competition ID: FORMS-C
 Opportunity Open Date: 03/22/2014
 Opportunity Close Date: 04/22/2014
 Agency Contact: eRA Commons Help Desk
 Monday to Friday 7 am to 8 pm ET
 E-mail: helpdesk@od.nih.gov
 Phone: 1-866-504-9552

Header information prefilled from announcement.

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:

This check is based on Grants.gov requirements and errors. eRA Commons system also checks after submission.

Add your own file name – for your own use.

Forms to Complete

Mandatory

Save

Save & Submit

Check Package for Errors

[SF424 \(R & R\)](#)

[PHS 398 Research Plan](#)

[PHS 398 Cover Page Supplement](#)

[Research and Related Senior/Key Person Profile \(Expanded\)](#)

[Research And Related Other Project Information](#)

[Project/Performance Site Location\(s\)](#)

Optional

Select when you have partner.

Mandatory for all applications.

[R & R Subaward Budget Attachment\(s\) Form 5 YR 30 ATT](#)

[Research & Related Budget](#)

[Planned Enrollment Report](#)

[PHS 398 Cumulative Inclusion Enrollment Report](#)

[PHS 398 Modular Budget](#)

Never select – only US applicants.

All applications, using existing datasets or specimens that meet the NIH definition for clinical research, should complete the Cumulative Inclusion Enrollment Report(s) rather than the Planned Enrollment Report, even if the entire sample is unknown/not reported.

These reports are applicable when conducting clinical research. Click here for more information.

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

Mandatory boxes are filled in yellow

View Burden Statement		OMB Number: 4040-0001 Expiration Date: 8/30/2016	
APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. a. Federal Identifier	
2. DATE SUBMITTED <input type="text"/>		b. Agency Routing Identifier	
Applicant Identifier <input type="text"/>		c. Previous Grants.gov Tracking ID	
5. APPLICANT INFORMATION		Organizational DUNS: <input type="text"/>	
Legal Name: <input type="text"/>			
Department: <input type="text"/>		Division: <input type="text"/>	
Street1: <input type="text"/>			
Street2: <input type="text"/>			
City: <input type="text"/>		County / Parish: <input type="text"/>	
State: <input type="text"/>		Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>		ZIP / Postal Code: <input type="text"/>	
Person to be contacted on matters involving this application			
Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>	
Last Name: <input type="text"/>		Suffix: <input type="text"/>	
Position/Title: <input type="text"/>			
Street1: <input type="text"/>			
Street2: <input type="text"/>			
City: <input type="text"/>		County / Parish: <input type="text"/>	
State: <input type="text"/>		Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>		ZIP / Postal Code: <input type="text"/>	
Phone Number: <input type="text"/>		Fax Number: <input type="text"/>	
Email: <input type="text"/>			
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text"/>			
7. TYPE OF APPLICANT: <input type="text" value="Please select one of the following"/>			
Other (Specify): <input type="text"/>			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): <input type="text"/>	
Is this application being submitted to other agencies?		What other Agencies?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>	
9. NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
<input type="text" value="National Institutes of Health"/>		<input type="text"/>	
		TITLE: <input type="text"/>	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
<input type="text"/>			
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICT OF APPLICANT	
Start Date	Ending Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	

View Burden Statement

OMB Number: 4040-0001
Expiration Date: 6/30/2016

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

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 Identifier
 c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED
 Applicant Identifier

5. APPLICANT INFORMATION
 Organizational DUNS: 568227214

Legal Name: University of Cape Town
 Department: _____ Division: _____
 Street1: Brenner Building
 Street2: Lovers' Walk
 City: Rondebosch County / Parish: _____
 State: _____ Province: _____
 Country: ZAF: SOUTH AFRICA ZIP / Postal Code: 7700

Person to be contacted on matters involving this application
 Prefix: Mr. First Name: Roger Middle Name: _____
 Last Name: Wallace Suffix: _____
 Position/Title: Research Contracts Manager
 Street1: Allan Cormack Building
 Street2: 2 Rhodes Avenue
 City: Mowbray County / Parish: _____
 State: _____ Province: _____
 Country: ZAF: SOUTH AFRICA ZIP / Postal Code: 7705
 Phone Number: +27 (0)21-650-4718 Fax Number: _____
 Email: roger.wallace@uct.ac.za

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 980599465

7. TYPE OF APPLICANT: W: Non-domestic (non-US) Entity
 Other (Specify): _____
 Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
 New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 Renewal Continuation Revision E. Other (specify): _____

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? _____

9. NAME OF FEDERAL AGENCY: National Institutes of Health
 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: _____
 TITLE: _____

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
 Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT
 00-000

If it is new application select "Application"

No information to be filled in here when a new application submitted for the first time.

Fill in official address for UCT as the University is the applicant – not the PI.

Always leave the "Province" block empty.

Details of the University's Administrative or Business Official are required – not the PI's.

Don't add any spaces. Could also use 44444444.

In descriptive title use only the following characters: a-z, A-Z, 0-9, space, hyphen, period and underscore.

Ensure that the dates you enter here correlate with dates in your budget form.

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [] First Name: [] Middle Name: []
 Last Name: [] Suffix: []
 Position/Title: []
 Organization Name: University of Cape Town
 Department: [] Division: []
 Street1: []
 Street2: []
 City: [] County / Parish: []
 State: [] Province: []
 Country: ZAF: SOUTH AFRICA ZIP / Postal Code: []
 Phone Number: [] Fax Number: []
 Email: []

In case of Multiple PD/Pis, enter details of contact PI. S/he should be based at applicant organisation.

Enter amount only when additional funding from source other than non-US government . Otherwise, enter 0 (zero).

Enter amount only when project is expected to generate funding. Otherwise, enter 0 (zero).

Optional:
To request specific study section; assignment to specific IC; list of individuals who should not review the application and why.

- Compulsory:
1. Submitting unsolicited application in excess of \$500K – received approval to do so
 2. Corrections after the deadline – explaining reason for correction
 3. Submitting late for natural disaster – specific information about timing and cause of delay

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 APPL 12372 PRO

a. YES
 b. NO

Enter combined direct and indirect cost only after budget is finalised.

If zero under (b) then repeat amount entered under (a).

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

I agree

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

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

[]

19. Authorized Representative

Prefix: Mr. First Name: Piet Middle Name: []
 Last Name: Barnard Suffix: []
 Position/Title: Director
 Organization: University of Cape Town
 Department: Research & Innovation Division: RCIPS
 Street1: Allan Cormack Building
 Street2: 2 Rhodes Avenue
 City: Mowbray County / Parish: []
 State: [] Province: []
 Country: ZAF: SOUTH AFRICA ZIP / Postal Code: 7705
 Phone Number: +27-21-650-3865 Fax Number: []
 Email: piet.barnard@uct.ac.za

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

Completed on submission to Grants.gov

20. Pre-application

[]

21. Cover Letter Attachment

[]

When application is late, then mandatory. Otherwise not required unless specified. See p 55 of Guide.



PHS 398 Research Plan

Information requested on this form is discussed on p. 109-120

OMB Number: 0925-0001

Please attach applicable sections of the research plan, below.

1. Introduction to Application <small>(for RESUBMISSION or REVISION only)</small>	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
→ 2. Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4. Progress Report Publication List	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Human Subjects Sections				
5. Protection of Human Subjects	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6. Inclusion of Women and Minorities	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7. Inclusion of Children	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Other Research Plan Sections				
→ 8. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10. Multiple PD/PI Leadership Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
→ 12. Letters of Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13. Resource Sharing Plan(s)	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Appendix (if applicable)				
→ 14. Appendix	<input type="text"/>	<input type="button" value="Add Attachments"/>	<input type="button" value="Remove Attachments"/>	<input type="button" value="View Attachments"/>

One-page required unless specified otherwise in FOA.

Complete 5-7 if you have answered "yes" to the question "are human subjects involved?". If you answered "no", but will use human subjects, then justify why they are excluded. No page limit.

Complete if you answered "yes" to question "are Vertebrate Animals Used". No page limit.

Letters demonstrating institutional commitment; access to core facilities and resources; from all collaborators spelling out their roles and commitment to the work; consultants need to stipulate their fee.

The Appendix may not be used to circumvent the page limitations of the Research Plan. Essential information should be included within the body of the grant application.

For R01, limit is 12 pp; for R21 & R03, limit is 6 pp; or follow FOA instructions.

Discuss plans for the inclusion (or exclusion) of individuals on the basis of sex/gender, race, and ethnicity, as well as the inclusion (or exclusion) of children and justify in terms of the scientific goals and research strategy proposed. No page limit.

Refers to hazardous biological agents and toxins that have been identified as posing a potentially severe threat. See www.selectagents.gov for a list. No page limit.

When more than one PI involved, a leadership plan must be included. No page limit.

Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organisation and the consortium organisation(s).

See p. 118 of Guide to determine whether this applies. Otherwise, check whether FOA requires it.



Helpful hints: Research plan

- Do not include headers or footers.
- Do include a section heading as part of the text; e.g., Use heading of Significance, Innovation, and Approach in Research Strategy.
- Do not scan paper documents.
- Use meaningful titles for file names
- Disable write-protection features.
- A zero-byte attachment is an invalid PDF.
- Use formatting guidelines.

Formatting requirements

Failure to follow the formatting requirements may lead to rejection of the application during agency validation or delay the review process

ATTACHMENTS

- Text attachments should be generated using word processing software and then converted to PDF using PDF generating software.
- If you revise the document after it has been attached, you must delete the previous attachment and then reattach the revised document to the application form.

FILE NAME

- Descriptive file names of 50 characters or less
- Use only standard characters in file names: A through Z, a through z, 0 through 9, underscore (_), hyphen (-), space (), and period (.). Do not use any special characters (example: "&", "*", "%", "/", and "#").

PAPER SIZE AND MARGINS

- Paper size: 21,59 X 27.94
- Margins: 12.7 mm (top, bottom, left, and right)

FONT

- Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface
- Black font colour
- Font size of 11 points or larger. (A symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.)
- Type density, including characters and spaces, must be no more than 15 characters per 25 mm.
- Type may be no more than six lines per 25 mm.

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

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

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

2. Human Subjects

Clinical Trial? No Yes

*Agency-Defined Phase III Clinical Trial? No Yes

3. *Disclosure Permission Statement

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

Yes No

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Prefilled from earlier entry.

Select as is appropriate.

It is seldom that "no" is selected.

It is unusual for a project to generate income. But if it is anticipated, then complete this section and enter the total amount under 15.d on page 4 "Estimated Program Income".

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
 Position/Title: Department:
 Organization Name: University of Cape Town Division:
 * Street1:
 Street2:
 * City: County/ Parish:
 * State: Province:
 * Country: ZAF: SOUTH AFRICA * 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
 Attach Current & Pending Support

VERY IMPORTANT: Enter the PI's eRA Commons username as the "agency login".

Click here for the correct biosketch format page (Forms Version C). 

Key personnel include the PI and other individuals who contribute to the scientific development or execution of a project in a substantive, measurable way, whether or not they request salaries or compensation. All key personnel, irrespective of their institutional affiliation, must be listed on this form.

Some of the information will be prefilled from an earlier entry.

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:
 * E-Mail:
 Credential, e.g., agency login:
 * Project Role: Other Project Role Category:
 Degree Type:
 Degree Year:
 Attach Biographical Sketch
 Attach Current & Pending Support

In case of a multiple-PI application, the eRA Commons username "agency login" will be entered for each PI. However, not needed for other roles.

Do not select co-PD/PI because NIH does not acknowledge the term.

For additional key personnel, click this button.

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

NIH does not require ethical approval at time of application.

IRB Approval Date:

Human Subject Assurance Number:

If no human subjects are involved, do not enter this number.

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:

If no vertebrate animals are involved, do not enter this number.

3. Is proprietary/privileged information included in the application? Yes No
 4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?
 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:

Read Guidelines to determine the applicability of this in your instance.

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

No longer than 30 lines. State long-term objectives, specific aims. Make reference to the health relatedness of the project. See Guide p 65.

6. Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No
 6.a. If yes, identify countries:

In no more than 2-3 sentences, describe relevance of research to public health. See Guide p 66.

Explanation:

Summary/Abstract

Objective

References cited in Project Narrative. See Guide p 66.

Background & References Cited

Describe institutional support, physical resources and intellectual rapport. See Guide pp 66-67.

Other Resources

List major items of equipment available. See Guide p 67.

12. Other Attachments

Only other project information not already provided above OR in accordance with FOA instructions.

Project/Performance Site Location(s)

As a UCT employee, you will NEVER submit as an individual

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:

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

Generally, the site of the applicant organisation

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:

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

Add additional site where portion of the project will be performed. Ensure that you explain resources available from each site. Also, describe consortium arrangements

Delete Entry

Next Site

Click to add additional site(s)

Additional Location(s)

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

DO NOT ATTACH ANY OTHER DOCUMENTATION ON THIS FORM BESIDES THE BUDGETS FROM EACH OF YOUR CONSORTIUM PARTNERS

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.

- Used for detailed budget from consortia.
- Applicant sends R&R Sub-award budget component to Sub-awardee(s); it is completed and returned; applicant attaches it in this component

Click here to extract the R&R Subaward Budget Attachment

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
4) Please attach Attachment 4	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16	Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17	Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18	Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19	Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20	Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21	Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22	Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23	Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24	Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25	Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26	Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27	Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28	Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29	Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30	Add Attachment	Delete Attachment	View Attachment

Attach sub award budget from each consortium partner as a separate attachment.

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Ensure that start date correlates with start date mentioned on page 2 no 12 of this form. Budget period = 12 months.

Budget Type: Project Subaward/Consortium

Budget Period: 1

Start Date:

End Date:

A. Senior/Key Person

All key personnel from applicant organisation should be listed here – even when they claim no salary.

Very important to list "calendar month" of effort for each "Senior/Key Personnel".

Zero fringe benefits for UCT employees

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input checked="" type="checkbox"/>											

Project Role: Make sure you enter PD/PI in this block – anything else will be listed as an error

Click for any additional person

Additional Senior Key Persons: Total Funds requested for all Senior Key Persons in the attached file
Total Senior/Key Person

B. Other Personnel

"Other Personnel" – focus is more on project role than on any particular individual. E.g. a financial manager.

Include calendar month of effort also for each "Other Personnel".

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates						
<input type="text"/>	Graduate Students						
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input checked="" type="checkbox"/>	<input type="text"/>						

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**

Item that has acquisition cost of \$5000 or more and expected service life of more than one year.

Equipment Item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Equipment"/>	
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Total funds requested for all equipment listed in the attached file	
Total Equipment	

D. Travel

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

Include purpose, destination, dates of travel and # of individuals for each trip. If dates are unknown, specify estimated length of trip.

E. Participant/Trainee Support Costs

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

Unless specifically stated otherwise in announcement, leave this section blank.

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. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
Total Other Direct Costs	

Total amount (direct & indirect) of ALL sub-award budgets to be entered here.

G. Direct Costs

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

As foreign institution, indirect cost rate is non-negotiable at 8%

Indirect cost base is often the amount listed as "total direct costs". However, check FOA for final confirmation of what should be used as base as it is not applicable under certain circumstances.

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds R
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Indirect Cost"/>			
Total Indirect Costs			<input type="text"/>

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

Nothing to be entered here.

I. Total Direct and Indirect Costs

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

J. Fee

	Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

Click to add additional period.

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		
Section C, Equipment		
Section D, Travel		
1. Domestic		
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		
Section H, Indirect Costs		
Section I, Total Direct and Indirect Costs (G + H)		
Section J, Fee		

Will auto-populate