|  |  |
| --- | --- |
|  | [**FORMS-F**](https://grants.nih.gov/grants/how-to-apply-application-guide.html) **& correct FOA #** |
|  | **Validate Application for errors & warnings** |
|  | **All files in PDF format** |
|  | [**Page limits**](https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/page-limits.htm) **according to NIH Activity Code** |
|  | **NIH approval if total direct costs - consortium indirect ≥ $500,000 for any year** |

# **R&R Cover**

|  |  |
| --- | --- |
|  | Type of submission |
|  | For resubmission or renewal, previous NIH application number provided in Federal Identifier field  (example: EB029076) |
|  | DUNS # and organization name/address – University of Illinois at Urbana-Champaign |
|  | Contact Person – Robin Beach, Director, Pre-Award |
|  | EIN: 1376000511A6 |
|  | Type of Applicant: H |
|  | Type of Application – box checked if Revision |
|  | Title and period of performance |
|  | Congressional District: IL-013 |
|  | PI contact information – use PI campus address |
|  | Total amount entered in Estimated Project Funding |
|  | “Program is not covered by E.O. 12372” selected, and “I agree” certification box checked |
|  | Authorized Representative: Susan Martinis, Vice Chancellor for Research and Innovation |
|  | Cover letter, if applicable – Title/FOA match proposal, no agency or study section assignment language |

# **Cover Page Supplement**

|  |  |
| --- | --- |
|  | Sections 1 through 4 – all questions answered |
|  | If a Renewal application – Inventions & Patents Section |

# **Other Project Information**

|  |  |
| --- | --- |
|  | Sections 1 through 6 – all questions answered |
|  | Human Subjects Assurance #: 00008584 |
|  | Animal Welfare Assurance #: A3118-01 |
|  | Project Summary/Abstract ≤ 30 lines of text |
|  | Project Narrative ≤ 3 sentences |
|  | Bibliography/References Cited |
|  | Facilities & Other Resources |
|  | Equipment |
|  | Other Attachments – empty unless requested in solicitation |

# **Sites**

|  |  |
| --- | --- |
|  | Primary Performance Site: Henry Administration Building |
|  | Subaward sites, if applicable |

# **Senior/Key Person Profile**

|  |  |
| --- | --- |
|  | All Senior/Key Personnel listed |
|  | If multiple PIs, UIUC Contact PI goes in top section |
|  | Credential – required for PI; recommended for others |
|  | Contact information & Organization name for each |
|  | Project Role – cannot use “Co-PD/PI,” but “Co-I” is fine [*OSC role*](https://grants.nih.gov/grants/glossary.htm#OtherSignificantContributors(OSCs)) *can be used to avoid cost share if no salary/quantified effort; should be listed last* |
|  | Biosketch ≤ 5 pages and NIH format |
|  | Current & Pending – empty unless requested by solicitation |

# **Modular Budget**

|  |  |
| --- | --- |
|  | Direct Costs - Consortium Indirect = multiple of $25,000 and ≤ $250,000 |
|  | [NIH salary cap applies](https://grants.nih.gov/grants/policy/salcap_summary.htm) |
|  | Indirect Costs Type, Rate, Base, and Total correct |
|  | Cognizant Federal Agency and Date, Total Funds Requested |
|  | Personnel Justification includes person months effort, except for OSCs |
|  | Consortium Justification – if subawards are included |
|  | Additional Justification – if # of modules not = each year |

# **R&R Budget / R&R Subaward Budget**

|  |  |
| --- | --- |
|  | [Person Months](https://grants.nih.gov/grants/policy/person_months_faqs.htm) effort for all personnel |
|  | Use full institutional base salary for personnel |
|  | Meets guideline specifics for allowable costs |
|  | Matches internal budget |
|  | Cognizant Federal Agency |
|  | Budget Justification matches budget |
|  | Subaward totals match Subaward lines on UIUC budget |

# **Research Plan**

|  |  |
| --- | --- |
|  | Introduction – if Resubmission or Revision application |
|  | Specific Aims – 1 page |
|  | Research Strategy – page limit varies by Activity Code |
|  | Progress Report Publication List – if Renewal application |
|  | Vertebrate Animals – if animal subjects |
|  | Multiple PD/PI Leadership Plan – if multiple PIs |
|  | Consortium/Contractual Arrangements – if subawards |
|  | Resource Sharing Plan – if model organisms, genomic data, or direct costs ≥ $500,000 in any year |
|  | Select Agent Research/Letters of Support/Authentication of Key Resources – if applicable |
|  | Appendix attachments only if requested in FOA, or an [allowable document](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-126.html) |

# **Human Subjects & Clinical Trials**

|  |  |
| --- | --- |
|  | Human specimens question answered – attachment included if “Yes” but not considered human subjects |
|  | **If no human subjects** – “Are Human Subjects Involved?” marked “No” and section below box completed |
|  | **If human subjects** – top box section completed and Study Record or Delayed Onset Study entered in section below |

# **Study Records**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Section 1** | | |
|  | Study Title | |
|  | Exempt question answered – Exemption # if yes | |
|  | Clinical Trial Questionnaire completed – ClinicalTrials.gov Identifier provided, if applicable | |
|  | **Section 2\*** | | |
|  | Conditions or Focus of Study | |
|  | Eligibility Criteria | |
|  | Age Limits – N/A if no limit | |
|  | Inclusion of Individuals Across the Lifespan | |
|  | Inclusion of Women and Minorities | |
|  | Recruitment and Retention Plan\*\* | |
|  | Recruitment Status\*\* | |
|  | Study Timeline\*\* | |
|  | Enrollment of First Participant\*\* | |
|  | Inclusion Enrollment Report | |
|  | **Section 3** | | |
|  | Protection of Human Subjects | |
|  | Multi-site study question answered – IRB plan if “Yes” | |
|  | **Clinical Trials Only:** | |
|  | Data and Safety Monitoring Plan | |
|  | “Data and Safety Monitoring Board” question answered | |
|  | Overall Structure of the Study Team | |
|  | **Section 4 (Clinical Trials Only)** | | |
|  | Study Design – all answered | |
|  | Outcome Measures – one for each measure | |
|  | Statistical Design and Power | |
|  | Subject Participation Duration | |
|  | “FDA-regulated intervention” question answered – attachment included if “Yes” | |
|  | “Applicable clinical trial under FDAA” question answered | |
|  | Dissemination Plan | |
|  | *\* Skip this section if only Exemption 4 selected for Exemption Number (1.3)*  *\*\* Skip if “No” selected for “Does the study involve human participants?” (1.4.a.)* | |

# **Assignment Request Form**

*This form and each section within it are optional*

|  |  |
| --- | --- |
|  | Awarding Component Assignment Suggestions – up to three preferences for primary assignment |
|  | Study Section Assignment Suggestions – up to three preferences, using short abbreviations |
|  | Rationale for assignment suggestions – *include here, not on cover letter* |
|  | Individuals who should not review |
|  | Scientific areas of expertise needed to review |