

Department of Health and Human Services Public Health Service <h2 style="margin: 0;">Grant Application</h2> <p style="font-size: small; margin: 0;">Do not exceed character length restrictions indicated.</p>		LEAVE BLANK-FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT (Do not exceed 81 characters, including spaces and punctuation.)					
Research Project Title					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>					
(If "Yes," state number and title)					
Number:		Title:			
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR			New Investigator NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3c. eRA Commons User Name	
John Doe		Ph.D.		doej	
3c. POSITION TITLE		3d. MAILING ADDRESS (Street, city, state, zip code)			
Professor					
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
Department of Science		1234 Science Hall Ames, Iowa 50011-xxxx E-MAIL ADDRESS: doej@iastate.edu			
3f. MAJOR SUBDIVISION					
3g. TELEPHONE AND FAX (Area code, number and extension)					
TEL: 515-294-5555		FAX: 515-294-5555			
4. HUMAN SUBJECTS		4b. Human Subjects Assurance No.		5. VERTEBRATE ANIMALS NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
RESEARCH NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		4c. Clinical Trial NO <input type="checkbox"/> YES <input type="checkbox"/>	4d. NIH-defined Phase III Clinical Trial NO <input type="checkbox"/> YES <input type="checkbox"/>	5a. If "Yes," IACUC approval Date	
		5b. Animal welfare assurance no.			
4a. Research Exempt NO <input type="checkbox"/> YES <input type="checkbox"/>		If "Yes," Exemption No.			
6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year-MM/DD/YY)		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)	8b. Total Costs (\$)
01/01/2007	12/31/2011	150,000	214,520	750,000	1,052,686
9. APPLICANT ORGANIZATION			10. TYPE OF ORGANIZATION		
Name Iowa State University Address Office of Sponsored Programs Administration 1138 Pearson Ames, Iowa 50011-2207			Public: → <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local		
			Private: → <input type="checkbox"/> Private Nonprofit		
			For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business		
			<input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER		
			426004224		
			DUNS NO. 005309844 Cong. District Iowa 4		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name Joanne Altieri			Name Diane M. Meyer		
Title Director, OSPA			Title Director, Proposal Team		
Address Iowa State University			Address Iowa State University		
Office of Sponsored Programs Administration			Office of Sponsored Programs Administration		

**BUDGET JUSTIFICATION PAGE
MODULAR RESEARCH GRANT APPLICATION**

	Initial Period	2nd	3rd	4th	5th	Sum Total (For Entire Project Period)
DC less Consortium F&A <i>(Item 7a, Face Page)</i>	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$750,000 <i>(Item 8a, Face Page)</i>
Consortium F&A	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000
Total Direct Costs	\$160,000	\$160,000	\$160,000	\$160,000	\$160,000	\$800,000

Personnel

Personnel. List all personnel, including names, number of person months devoted to the project (indicate academic, calendar, and/or summer), and roles on the project. No individual salary information should be provided. Since the modules should be a reasonable estimate of costs allowable, allocable, and appropriate for the proposed project, applicants must use the current legislatively imposed salary limitation when estimating the number of modules. For guidance on current salary limitations, see the NIH Guide for Grants and Contracts on the NIH grants website or contact your office of sponsored programs. NIH grants also limit the compensation for graduate students. Compensation includes salary or wages, fringe benefits and tuition remission. This limit should also be used when estimating the number of modules. See: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html>.

Consortium

Consortium/contractual costs. Provide an estimate of total costs (direct plus Facilities and Administrative) for each year, rounded to the nearest \$1,000. List the individuals/ organizations with whom consortium or contractual arrangements have been made. List all personnel, including number of person months and roles on the project. No individual salary information should be provided. Indicate whether the collaborating institution is foreign or domestic. While only the direct cost for a consortium/contractual arrangement is factored into eligibility for using the modular budget format, the total consortium/contractual costs must be included in the overall requested modular direct cost amount.

Note:

Do not submit Form Pages 4 and 5. Use these as internal "worksheets" only in the development of the total direct costs to be shown on the Modular Budget Format Page and in Item 7a of the Face Page

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

NEW application. (This application is being submitted to the PHS for the first time.)

REVISION of application number: _____
(This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)

COMPETING CONTINUATION of grant number: _____
(This application is to extend a funded grant beyond its current project period.)

SUPPLEMENT/REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)

CHANGE of principal investigator/program director.
Name of former principal investigator/program director: _____

CHANGE of Grantee Institution. Name of former institution: _____

FOREIGN application Domestic Grant with foreign involvement List Country(ies) Involved: _____

INVENTIONS AND PATENTS
(Competing continuation appl. and Phase II only)

- No
 Yes. If "Yes," Previously reported
 Not previously reported

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (see instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certification when applicable. Descriptions of individual assurances/certifications are provided in Part III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

- Human Subjects; • Research Using Human Embryonic Stem Cells
- Research on Transplantation of Human Fetal Tissue • Women and Minority Inclusion Policy • Inclusion of Children Policy • Vertebrate Animals

- Debarment and Suspension • Drug-Free Workplace (applicable to new [Type 1] or revised/resubmission [Type 1] applications only) • Lobbying • Non-Delinquency on Federal Debt • Research Misconduct • Civil Rights (Form HHS 441 or HHS 690) • Handicapped Individuals (Form HHS 641 or HHS 690) • Sex Discrimination (Form HHS 639-A or HHS 690) • Age Discrimination (Form HHS 680 or HHS 690) • Recombinant DNA Research, Including Human Gene Transfer Research • Financial Conflict of Interest • Smoke Free Workplace • Prohibited Research • Select Agent Research • PI Assurance

3. FACILITIES AND ADMINISTRATION COSTS (F & A) INDIRECT COSTS. See specific instructions.

- DHHS Agreement dated: May 26, 2004 No Facilities & Administrative Costs Requested.
- DHHS Agreement being negotiated with _____ Regional Office.
- No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period	Amount of base \$	<u>\$116,000</u>	x Rate applied	0.47 %	= F&A costs	\$54,520
b. 02 year	Amount of base \$	<u>\$105,776</u>	x Rate applied	0.47 %	= F&A costs	\$49,715
c. 03 year	Amount of base \$	<u>\$105,539</u>	x Rate applied	0.47 %	= F&A costs	\$49,603
d. 04 year	Amount of base \$	<u>\$105,289</u>	x Rate applied	0.47 %	= F&A costs	\$49,486
e. 05 year	Amount of base \$	<u>\$105,025</u>	x Rate applied	0.47 %	= F&A costs	\$49,362
TOTAL F&A Costs						\$252,686

*Check appropriate box(es): Enter Rate above as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%)

- Salary and wages base Modified total direct cost base Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):