|  |  |
| --- | --- |
|  | [**FORMS-H**](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** |
|  | **Use of hyperlinks and URLs are not allowed unless specified in the funding opportunity announcement.** |

# **R&R Cover**

|  |  |
| --- | --- |
|  | Type of submission |
|  | For resubmission or renewal, previous NIH application number provided in Federal Identifier field  (example: EB029076) |
|  | UEI #: Y8CWNJRCNN91 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**

|  |  |
| --- | --- |
|  | UEI #: Y8CWNJRCNN91 and 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 all senior personnel for submission dates on or after 1/25/22 |
|  | 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 new NIH format required as of January 2022  *You may provide a hyperlinked URL to a full list of your published work. This hyperlinked URL must be to a Federal Government website (a .gov suffix).* |
|  | 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 Data Management and Sharing Costs are included |

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

|  |  |  |
| --- | --- | --- |
|  | [Person Months](https://grants.nih.gov/grants/policy/person_months_faqs.htm) effort for all personnel | |
|  | One of three budget methods may be used:   * Use full institutional base salary for personnel * Current salary cap with escalation * Current salary cap with no escalation | |
|  | Meets guideline specifics for allowable costs | |
|  | Matches internal budget | |
|  | Cognizant Federal Agency | |
|  | Other Direct Costs – [DMS Costs](https://sharing.nih.gov/data-management-and-sharing-policy/planning-and-budgeting-for-data-management-and-sharing/budgeting-for-data-management-sharing) and referenced in budget justification | |
|  | | 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 |
|  | | [Data management and Sharing (DMS) Plan](https://sharing.nih.gov/) |
|  | | 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** | | | | | |
|  | | 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 |