

SCHOOL OF DENTAL MEDICINE

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CASE WESTERN RESERVE  
UNIVERSITY

# Completing an SF424 Application

Updated July 16, 2010

*Please send any comments regarding this guide to [dentres@case.edu](mailto:dentres@case.edu).*

## Completing an SF 424 Application

Preparing a new NIH proposal can create many headaches. This guide is intended to provide guidance to the School of Dental Medicine community to assist in the preparation of new proposals to the NIH.

The first part of this guide will apply to both electronic and paper submissions. However, the bulk of this guide will apply to electronic submissions through [www.grants.gov](http://www.grants.gov). For additional information on the submission of paper based applications, please see the NIH website <http://grants.nih.gov/grants/forms.htm> for all the necessary forms and instructions.

Normally, the burden of assembling the electronic application falls to the Department Administrator or equivalent. Therefore, it is important to become familiar with the application and where to turn if problems arise. This guide will move through the application process step by step and attempt to answer the most common questions that accompany the process.

Perhaps the best piece of advice to anyone involved in the preparation of an NIH proposal, be it electronic or on paper, is to **start as early as possible**. As soon as a PI decides that he/she will be responding to an NIH RFA or PA, this is the cue for the DA or responsible person (henceforth referred to as the DA) to gather the preliminary information.

**Step 1:** Find out the RFA or PA number and print out or save the announcement from the NIH site.

In most cases, the PI should already have the RFA or PA number. When you get this number, go to the NIH site at [www.nih.gov](http://www.nih.gov) and click on “Grants” in the upper menu bar. This will bring you to the Office of Extramural Research page. Under the heading “Funding”, click on the “Funding Opportunities” link to get to the Search page for RFAs and PAs. Type the announcement number in the box.

If the PI does not have the announcement number, you can do a search by program type, keyword, and any other combination. If this is the case, always confirm with the PI to ensure you have the correct announcement.

Once you have the correct announcement, get it into a format that is best for you to deal with, since this will be one of the main sources of information for your application. Print it out, save it on your computer, or do both. You will need to refer back to this document frequently, so it is best to have it at hand.

**Step 2:** **Read** the announcement.

This seems pretty straightforward, but it is extremely important. More than half of NIH proposals are rejected on or before the first reading because the proposal did not match the aims of the program and the applicant did not follow directions (New and Quick, [Grantseeker's Toolkit](#), 1998). The announcement will give you information specific to the program you will be applying. While it is true that the majority of NIH applications follow the same guidelines, there are some that have requirements that are totally different from the others.

The NIH announcement will consist of the following sections (listed in the order that they will appear on the announcement):

- Part I: Overview Information
  - Participating Institutions
  - Components of Participating Organizations
    - ☼ If the PI has a particular institute in mind, make sure it is included on this list
  - Title
  - Announcement Type
    - ☼ Update: This will provide links to any updates to the announcement and/or NIH policy that directly impacts the application process since the release of the announcement.

- Program Announcement/Request for Application Number
  - ☀ You will find the method of application here – be it paper or electronic.
  - ☀ If electronic, use this button to download the appropriate application package.
- Catalog of Federal Domestic Assistance Number
- Key Dates
  - ☀ Look here to find all the dates associated with the announcement, including submission deadline, earliest start date of the project, and expiration date of the announcement.
- Due Date for E.O. 12372
  - ☀ Notes if E.O. 12372 review is applicable to the application.
- Executive Summary
  - ☀ Gives a high level overview of the important points of the award.
- Table of Contents
  
- Part II: Full Text of Announcement
  - Section 1. Funding Opportunity Description
    - ☀ Explains what type of project the available funding is intended to support.
  - Section 2. Award Information
    - ☀ Look here for information related to Just-in-Time and funding limitations
  - Section 3. Eligibility Information
    - ☀ Notes if cost sharing is required and any specific requirements with regards to the institution as a whole.
  - Section 4. Application and Submission Information
    - ☀ Find information about the required components of the application, specific instructions regarding those components, and associated review dates.
  - Section 5. Application Review Criteria
    - ☀ Explains what reviewers will be looking for in a successful application.
  - Section 6. Award Administration Information
    - ☀ Information regarding applicable regulations and policy.
  - Section 7. Agency Contacts
  - Section 8. Other Information
    - ☀ Contains the required Federal citations and any other information that is not applicable elsewhere.

■ From this point forward, this guide assumes that the application will be submitted electronically. ■

**Step 3:** Begin the application process.

Click on the “Apply for Grant Electronically” button in Part I of the announcement. This will open up the Grants.gov window. You will see a gray grid that lists the announcement number and other information. If this is correct, click the download link to the right. This will open up another window in which you can:


- Enter in your email address to be notified if anything changes about the announcement;
- Download the application instructions and links to additional help resources;
  - ☀ While it seems like a huge file, the application instructions are extremely helpful in putting the application together, as it goes form by form, field by field. If you do not want to print out your own copy, the Finance and Operations Office has a copy that you may borrow to submit your application.
- Download the application package.

When you click on the “Download the Application” link, the Grants.gov cover page will appear in a .pdf format. At the top of that page, you will see five (5) buttons. These are the only buttons that you should use for navigation within the forms. They are:

- **Save & Submit:** This will be grayed out until all the required fields in the application are uploaded.
  - **NOTE:** These are generic forms used by numerous Federal agencies. There may be items required by one agency that are not required by another. Therefore, it is important to read the announcement along with the application instructions to ensure you have completed all the necessary information.
- **Save:** Use this to save your work as you proceed. You can always go back to the download page to redownload the application. The majority of items are file uploads, so the application is not terribly difficult to recreate. Remember to save your work often. From many past experiences, the consensus is that saving under multiple names, even numerically sequential names, can get a bit confusing. Best to keep saving under the same name as to avoid confusion.
- **Print:** Prints out a copy of all the opened sheets. This will not print out .pdf that has been uploaded, only the form pages.
- **Cancel:** Undo something that was just done with this button.
- **Check Package for Errors:** It is a good idea to click this button before you route the application internally to OSPA. However, please note that this does the basic error check for missing information or uploads. It will not check for any agency specific information, such as the Commons User ID for NIH proposals.

Below the buttons, review the information that is pre-populated to ensure all is correct.

<input type="button" value="Save &amp; Submit"/>	<input type="button" value="Save"/>	<input type="button" value="Print"/>	<input type="button" value="Cancel"/>	<input type="button" value="Check Package for Errors"/>
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## Grant Application Package

<b>Opportunity Title:</b>	Research Project Grant (Parent R01)
<b>Offering Agency:</b>	National Institutes of Health
<b>CFDA Number:</b>	
<b>CFDA Description:</b>	
<b>Opportunity Number:</b>	PA-10-067
<b>Competition ID:</b>	ADOBE-FORMS-B
<b>Opportunity Open Date:</b>	01/05/2010
<b>Opportunity Close Date:</b>	01/07/2013
<b>Agency Contact:</b>	Grants Info Grants Information E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

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.

Once you have confirmed that the information is correct, you will need to give your application a name. This is an internal name, and only serves to help you identify the application, since at times, there may be more than one being prepared at any given time.

The next section will have four (4) boxes in which you will manipulate to open the necessary forms for the application.

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)  
Project/Performance Site Location(s)  
Research And Related Other Project Information  
Research And Related Senior/Key Person Profile  
PHS 398 Cover Page Supplement  
PHS 398 Research Plan  
PHS 398 Checklist

Move Form to Complete



Move Form to Delete



**Mandatory Documents for Submission**

[Open Form](#)

**Optional Documents**

PHS Cover Letter  
PHS 398 Modular Budget  
Research & Related Budget  
R & R Subaward Budget Attachment(s) Form

Move Form to Submission List



Move Form to Delete



**Optional Documents for Submission**

[Open Form](#)

The documents listed in the “Mandatory” box are required for all applications. The “Optional Documents” title is misleading, as you will need at least two of the documents, though which two depends on the application being submitted.

To begin filling out a form, click on the form name to highlight it, and click the arrow pointing to the right “Move form to Complete”. The document will then appear in the blue box to the right, “Mandatory Documents for Submission”. While the document name is still highlighted, click “Open Form” to bring up the form, or simply scroll down the document.

As you complete the form, it is a good idea to **save after each page is completed**. You can save as often as you like by using the “Save” button on the top of the first page.

Another good idea is to have one person manage the “official” version of the application. When there are multiple copies with multiple people, it can quickly become confusing. Best to designate one person to take charge of the application and have all the document uploads sent to that person.

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

3. DATE RECEIVED BY STATE		State Application Identifier
<input type="text"/>		<input type="text"/>
1. * TYPE OF SUBMISSION		4. a. Federal Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input type="text"/>
2. DATE SUBMITTED		b. Agency Routing Identifier
<input type="text"/>	Applicant Identifier	<input type="text"/>
5. APPLICANT INFORMATION		* Organizational DUNS: 077758407
* Legal Name: Case Western Reserve University		
Department: Orthodontics	Division: School of Dental Medicine	This should be the general Case address using the Location Code of the applying department.
* Street1: 10900 Euclid Avenue		
Street2:		
* City: Cleveland	County / Parish: Cuyahoga	
* State: OH: Ohio	Province:	
* Country: USA: UNITED STATES	* ZIP / Postal Code: 44106-4905	
Person to be contacted on matters involving this application		
Prefix: Mr.	* First Name: Derek	Middle Name: M.
* Last Name: Humphrey		Suffix:
* Phone Number: 216-368-4510	Fax Number: 216-368-4679	The OSPA contact. Be sure to use the general phone, fax, and email.
Email: resadm@case.edu		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1341018992A1		Use the PHS EIN
7. * TYPE OF APPLICANT:		O: Private Institution of Higher Education
Other (Specify):		
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 checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		<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"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> E. Other (specify):
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>		
9. * NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
National Institutes of Health		TITLE:
		Leave this blank. It will populate automatically if it is applicable.
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
Education of Dental School Community in Electronic Submission to Federal Sponsors		
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date	* Ending Date	
01/01/2011	12/31/2013	OH-011
		Congressional District should be in the format listed.
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION		
Prefix: Dr.	* First Name: Dennis	Middle Name:
* Last Name: Tree		Suffix:
Position/Title: Assistant Professor		
* Organization Name: Case Western Reserve University		Information specific to the PI. Some info will populate automatically based on the cells above.
Department: Orthodontics	Division: School of Dental Medicine	
* Street1: 10900 Euclid Avenue		
Street2:		
* City: Cleveland	County / Parish: Cuyahoga	
* State: OH: Ohio	Province:	
* Country: USA: UNITED STATES	* ZIP / Postal Code: 44106-4905	
* Phone Number: 216-368-1234	Fax Number: 216-368-3204	
* Email: dennis.tree@case.edu		

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input type="text" value="471,000.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input type="text" value="471,000.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW</p> <p>DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372, OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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The answer to this can be found in the announcement in Part I.

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 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 or other Explanatory Documentation**

Add Attachment
Delete Attachment
View Attachment

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative

\* Date Signed

Some of this information will be pre-populated from the previous page. This is the OSPA contact info. Be sure to use the general phone, fax, and email.

**20. Pre-application**

Add Attachment
Delete Attachment
View Attachment

### 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:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

Enter in the information about Case. Subcontractors should be listed below. Note that Metro and CCF are **not** considered subcontractors.

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:

Additional Location(s)

## 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:
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
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:
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:
7. \* Project Summary/Abstract
8. \* Project Narrative
9. Bibliography & References Cited
10. Facilities & Other Resources
11. Equipment
12. Other Attachments

Note that there is an error in Question 1a of this form. If you check "Yes" to IRB pending, the form will not let you enter in the Human Subject Assurance Number. The NIH is aware of this issue, and until there is a fix done, they will request the Assurance Number with the JIT materials.

Upload the appropriate attachments. Use the announcement to determine which are applicable to the application.

Please note that only letters, numbers, and the underscore ( \_ ) are allowed in the file names. No other special characters or spaces are acceptable. Also, all attachments must be in .pdf format. The system will allow you to upload a file with an incorrect filename or format, but it will cause errors once it hits the NIH, so please be careful.

## RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	Dr.	* First Name:	Dennis
		Middle Name:	
* Last Name:	Tree	Suffix:	
Position/Title:	Assistant Professor	Department:	Orthodontics
Organization Name:	Case Western Reserve University	Division:	School of Dental Medicine
* Street1:	10900 Euclid Avenue	<b>Much of the PI information will populate from the SF 424 page. Confirm the information and fill in items that are missing.</b>	
Street2:			
* City:	Cleveland		
County/ Parish:	Cuyahoga		
* State:	OH: Ohio		
Province:		* Country:	USA: UNITED STATES
* Zip / Postal Code:	44106-4905	* Phone Number:	216-368-1234
Fax Number:	216-368-3204	* E-Mail:	dennis.tree@case.edu
Credential, e.g., agency login:	DTREE	<b>Enter in the NIH Commons ID. This is MANDATORY for anyone listed as a PI/PD on NIH applications.</b>	
* Project Role:	PD/PI	Other Project Role Category:	
Degree Type:			
Degree Year:			
* Attach Biographical Sketch	PI_Biosketch.pdf	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment View Attachment

PROFILE - Senior/Key Person 1			
Prefix:	Dr.	* First Name:	Flora
* Last Name:	Ides	<b>Enter in the information for all those considered Key Personnel on the application. List all in alphabetical order, with any "Other Significant Contributors" listed at the end.</b>	
Position/Title:	Associate Professor		
Department:	Orthodontics		
Organization Name:	Case Western Reserve University		
Division:	School of Dental Medicine		
* Street1:	10900 Euclid Avenue		
Street2:			
* City:	Cleveland	County/ Parish:	Cuyahoga
* State:	OH: Ohio	Province:	
* Country:	USA: UNITED STATES	* Zip / Postal Code:	44106-4905
* Phone Number:	216-368-4567	Fax Number:	213-6-368-3204
* E-Mail:	flora.ides@case.edu	<b>Commons ID is not required for other KP on project unless there is a Multiple PI plan. But if you have it, go ahead and put it in.</b>	
Credential, e.g., agency login:			
* Project Role:	Faculty	Other Project Role Category:	
Degree Type:		<b>Remember! The NIH does not recognize the project role of Co-PI. If you would like to designate someone as a Co-PI, choose the role "Other" and then explain in the "Other Project Role Category" box.</b>	
Degree Year:			
* Attach Biographical Sketch	KP_Biosketch.pdf	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment View Attachment

Delete Entry	<b>To enter in more than one person, click on the "Next Person" button to bring up another Profile form.</b>	Next Person
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To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

## RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person <u>2</u>			
Prefix:	<input type="text" value="Dr."/>	* First Name:	<input type="text" value="Bob"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="Smith"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text" value="Assistant Professor"/>	Department:	<input type="text" value="Orthodontics"/>
Organization Name:	<input type="text" value="Case Western Reserve University"/>		Division:
	<input type="text" value="School of Dental Medicine"/>		
* Street1:	<input type="text" value="10900 Euclid Avenue"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Cleveland"/>	County/ Parish:	<input type="text" value="Cuyahoga"/>
* State:	<input type="text" value="OH: Ohio"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code:
	<input type="text" value="44106-4905"/>		
* Phone Number:	<input type="text" value="216-368-8910"/>	Fax Number:	<input type="text" value="216-368-3204"/>
* E-Mail:	<input type="text" value="bob.smith@case.edu"/>		
Credential, e.g., agency login:	<input type="text" value="BSMITH"/>		
* Project Role:	<input type="text" value="Other Professional"/>	Other Project Role Category:	<input type="text" value="Co-Investigator"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
* Attach Biographical Sketch	<input type="text" value="KP_Biosketch.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	
<input type="button" value="Delete Entry"/>		<input type="button" value="Next Person"/>	

Note that as of January 25, 2010, there is a new format for the Biosketch. Please make sure that all uploads are in the correct format.

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

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

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

Fills automatically based on information previously entered.

**2. Human Subjects**

Clinical Trial?  No  Yes  
\* Agency-Defined Phase III Clinical Trial?  No  Yes

**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:

\* Title:

\* Street1:   
Street2:   
\* City:   
County/Parish:   
\* State:   
Province:   
\* Country:  \* Zip / Postal Code:

The top section fills in automatically. Enter in the information requested in this lower section.



## 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

Upload the attachments appropriate to your submission. Again, refer first to the announcement and then to the application instructions for guidance.

### 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application <small>(for RESUBMISSION or REVISION only)</small>	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
2. Specific Aims	<input type="text" value="Specific_Aims.pdf"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
3. *Research Strategy	<input type="text" value="Strategy.pdf"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
4. Inclusion Enrollment Report	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
5. Progress Report Publication List	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

#### Human Subjects Sections

6. Protection of Human Subjects	<input type="text" value="Protection_Humans.pdf"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
7. Inclusion of Women and Minorities	<input type="text" value="Inclusion_Women.pdf"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
8. Targeted/Planned Enrollment Table	<input type="text" value="Enrollment.pdf"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
9. Inclusion of Children	<input type="text" value="Inclusion_Children.pdf"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

#### Other Research Plan Sections

10. Vertebrate Animals	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
11. Select Agent Research	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
12. Multiple PD/PI Leadership Plan	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
13. Consortium/Contractual Arrangements	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
14. Letters of Support	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
15. Resource Sharing Plan(s)	<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>

16. Appendix    [Add Attachments](#)    [Remove Attachments](#)    [View Attachments](#)

Add appendix items as needed. They will not show up on the form itself, but rather on a submenu that appears when you click "Add Attachments". See next page.

Other Research Plan Sections

10. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12. 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"/>
13. Consortium/Contractual Arrangements	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14. Letters of Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15. 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"/>

16. Appendix

**Form Attachments:**

Appendix_1.pdf	<input type="button" value="Add Attachment"/>
Appendix_2.pdf	<input type="button" value="Delete Attachment"/>
Appendix_3.pdf	<input type="button" value="View Attachment"/>
	<input type="button" value="Done"/>

When you click on the “Add Attachments” button, you get the submenu above. Use this to add, delete, or view your appendix attachments. When finished, click “Done” and the submenu will be hidden again. Be sure to read the instructions for the appendix items, as they have recently changes as to what items are acceptable in the Appendix.

# PHS 398 Checklist

There are only a few questions to fill out on the second page of the 398 Checklist.

OMB Number: 0925-0001

## 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:

## 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:

## 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

**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"/>

**5. \* Disclosure Permission Statement**

This is a new question. Make sure the PI is aware of it, as some may not be willing to share this information.

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

## PHS Cover Letter

Even though the cover letter is not in the "Mandatory Documents" box, it is still required by the NIH. If submitting corrections, please make sure to rewrite the cover letter to include any changes.

OMB Numbers: 0925-0001  
0925-0002

\*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

Depending on the announcement, a budget can either be put in as Modular or Full.

All NIH applications requesting up to \$250,000 per year in direct costs are to be submitted using a modular budget component unless otherwise noted in the announcement.

An application requesting more than \$250,000 in direct costs per year are required to submit a full budget using the Research and Related Budget component.

In the sample forms above, the total direct costs per year are less than \$250,000, and therefore require a modular budget. However, for the purposes of explanation, both types of budgets will be shown.

PLEASE NOTE: Even though the NIH does not require a detail budget, it is required internally, so be sure to attach it to the eURF.

## PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

These dates should reflect the first budget year and not the entire performance period.

<b>Budget Period: 1</b>		<input type="button" value="Reset Entries"/>		Start Date: <input type="text" value="01/01/2011"/>	End Date: <input type="text" value="12/31/2011"/>
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Dates are in the MM/DD/YYYY format.</div>					
<b>A. Direct Costs</b>				* Direct Cost less Consortium F&A	* Funds Requested (\$)
				Consortium F&A	100,000.00
				* Total Direct Costs	0.00
					100,000.00
<b>B. Indirect Costs</b>					
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)	
1.	MTDC (Modified Total Direct Costs)	57	100,000.00	57,000.00	
2.					
3.					
4.					
<div style="border: 1px solid black; display: inline-block; padding: 2px;">This will almost always be MTDC using the University approved rate or the cap rate of the NIH, such as 8% for training grants. If any other rate is going to be used, approval is needed from the Department Chair or Dean.</div>					
Cognizant Agency (Agency Name, POC Name and Phone Number) Department of Health and Human Services Denise Shirlee 214-767-3313					
Indirect Cost Rate Agreement Date <input type="text" value="07/08/2009"/>				Total Indirect Costs <input type="text" value="57,000.00"/>	
<b>C. Total Direct and Indirect Costs (A + B)</b>				Total Funds Requested (\$) <input type="text" value="157,000.00"/>	
<b>Budget Period: 2</b>					
		<input type="button" value="Reset Entries"/>		Start Date: <input type="text" value="01/01/2012"/>	End Date: <input type="text" value="12/31/2012"/>
<b>A. Direct Costs</b>				* Direct Cost less Consortium F&A	* Funds Requested (\$)
				Consortium F&A	100,000.00
				* Total Direct Costs	0.00
					100,000.00
<b>B. Indirect Costs</b>					
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)	
1.	MTDC (Modified Total Direct Costs)	57	100,000.00	57,000.00	
2.					
3.					
4.					
Cognizant Agency (Agency Name, POC Name and Phone Number) Department of Health and Human Services Denise Shirlee 214-767-3313					
Indirect Cost Rate Agreement Date <input type="text" value="07/08/2009"/>				Total Indirect Costs <input type="text" value="57,000.00"/>	
<b>C. Total Direct and Indirect Costs (A + B)</b>				Funds Requested (\$) <input type="text" value="157,000.00"/>	

This can be found on OSPA's Commonly Requested Information sheet available on their website, <http://ora.ra.cwru.edu/ospa/> and choose "Case Info" from the left side menu.

## PHS 398 Modular Budget, Periods 3 and 4

<b>Budget Period: 3</b> <input type="button" value="Reset Entries"/> Start Date: <input type="text" value="01/01/2013"/> End Date: <input type="text" value="12/31/2013"/>				
<b>A. Direct Costs</b>			<b>* Funds Requested (\$)</b>	
* Direct Cost less Consortium F&A			<input type="text" value="100,000.00"/>	
Consortium F&A			<input type="text" value="0.00"/>	
* Total Direct Costs			<input type="text" value="100,000.00"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC (Modified Total Direct Costs)	<input type="text" value="57"/>	<input type="text" value="100,000.00"/>	<input type="text" value="57,000.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="Department of Health and Human Services&lt;br/&gt;Denise Shirlee&lt;br/&gt;214-767-3313"/>		
Indirect Cost Rate Agreement Date <input type="text" value="07/08/2009"/>		Total Indirect Costs		<input type="text" value="57,000.00"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$) <input type="text" value="157,000.00"/>	
<b>Budget Period: 4</b> <input type="button" value="Reset Entries"/> Start Date: <input type="text"/> End Date: <input type="text"/>				
<b>A. Direct Costs</b>			<b>* Funds Requested (\$)</b>	
* Direct Cost less Consortium F&A			<input type="text"/>	
Consortium F&A			<input type="text"/>	
* Total Direct Costs			<input type="text"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text"/>		
Indirect Cost Rate Agreement Date <input type="text"/>		Total Indirect Costs		<input type="text"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$) <input type="text"/>	

# PHS 398 Modular Budget, Periods 5 and Cumulative

**Budget Period: 5**

Start Date:

End Date:

**A. Direct Costs**

\* Direct Cost less Consortium F&A

\* Funds Requested (\$)

Consortium F&A

\* Total Direct Costs


**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (\$)

**Cumulative Budget Information**

This will calculate automatically.

**1. Total Costs, Entire Project Period**

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	300,000.00
Section A, Total Consortium F&A for Entire Project Period	\$	0.00
*Section A, Total Direct Costs for Entire Project Period	\$	300,000.00
*Section B, Total Indirect Costs for Entire Project Period	\$	171,000.00
*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	471,000.00

Consult the announcement and instructions for the applicable attachments.

**2. Budget Justifications**

Personnel Justification	<u>Personnel_Justification.pdf</u>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<u>Additional_Justification.pdf</u>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

The following full budget pages should only be used when more than \$250,000 per year is being requested in direct costs or when specifically directed by the funding announcement.

Expiration Date: 06/30/2011

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

\* ORGANIZATIONAL DUNS: 0777584070000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Case Western Reserve University

The first three items should populate automatically. Fill in the dates of the first budget period.

Delete Entry \* Start Date: 01/01/2011 \* End Date: 12/31/2011 Budget Period 1

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
Dr.	Dennis		Tree		PD/PI	125,000.00	2.40			25,000.00	5,750.00	30,750.00
Dr.	Flora		Ides		Faculty	150,000.00	0.60			7,500.00	1,725.00	9,225.00
Dr.	Bob		Smith		Other - Co-PI	90,000.00	1.80			13,500.00	3,105.00	16,605.00

Enter in each person that was included on the Senior/Key Persons pages.

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person 56,580.00

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1	Post Doctoral Associates	6.00			25,000.00	5,750.00	30,750.00
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
1	Total Number Other Personnel						30,750.00

Include any other personnel that were not included on the Senior/Key Persons pages.

Total Salary, Wages and Fringe Benefits (A+B) 87,330.00

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

\* ORGANIZATIONAL DUNS: 0777584070000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Case Western Reserve University

Delete Entry \* Start Date: 01/01/2011 \* End Date: 12/31/2011 Budget Period 1

Enter the information below based on the categories defined by the worksheet.

C. Equipment Description

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

Equipment item	* Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total funds requested for all equipment listed in the attached file	
Total Equipment	

Additional Equipment:

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	2,500.00
2. Foreign Travel Costs	
Total Travel Cost	2,500.00

E. Participant/Trainee Support Costs

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

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period

\* ORGANIZATIONAL DUNS: 0777584070000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Case Western Reserve University

Delete Entry Start Date: 01/01/2011 \* End Date: 12/31/2011 Budget Period 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	8,170.00
2. Publication Costs	2,000.00
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.	
<b>Total Other Direct Costs</b>	<b>10,170.00</b>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<b>100,000.00</b>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	57.00	100,000.00	57,000.00
2.				

Calculate the Indirect Costs based on the current University rate. This can be found on OSPA's Commonly Requested Information sheet. This sheet also included the Cognizant Federal Agency below.

Total Indirect Costs 57,000.00

Cognizant Federal Agency DHHS, Denise Shirlee, 214-767-3313  
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>157,000.00</b>

J. Fee Funds Requested (\$)

Attach your budget justification here. You will only need to attach this once, on the Budget Year 1 page.

K. \* Budget Justification CWRU Budget Justification.pdf Add Attachment Delete Attachment View Attachment  
(Only attach one file.)

Once you have completed all the fields, if you are requesting more than one budget period, you need to fill out budget pages for the remaining periods. To get to the next years, you will click the "Next Period" button that should now be available at the top of this third page (see arrow). If there is some required information missing, you will not see this button.



depending on the application. Warnings will not stop the application from progressing further in the system, and if the warning is not an issue, then no further action is required. You can log into the Commons and see the description of the warning to determine if any change is needed.

Example of a Grant.gov Validation email with a warning:

-----Original Message-----

From: eranotifications@mail.nih.gov [mailto:eranotifications@mail.nih.gov]

Sent: Monday, March 01, 2010 4:40 PM

To: resadm@case.edu

Subject: [resadm] Validations Complete/Check Assembled Application, Grants.gov Tracking Number GRANT10534382, PI Tree, Dennis - Warnings Only

NIH has received the electronic application titled "Education of Dental School Community" that was submitted through Grants.gov. One or more warnings have been generated for the application; these warnings will not block processing of the application. To view the warnings, log in to the eRA Commons at <https://commons.era.nih.gov/commons/> with your username and password. Select the "Status" tab. Search for the application using the Grants.gov tracking number provided in the subject of this email. Select the Application ID link (e.g., AN12345) to see a list of all warnings associated with the application submission and to view the assembled application.

Please review the assembled application within the next two business days (i.e., Monday-Friday; excluding federal holidays). If you wish to go forward with the warnings, and the assembled application is acceptable, no action is required. If you wish to address the warnings, or the application does not correctly reflect your submission (e.g., missing or garbled text), the Signing Official (SO) has the authority to stop the application from moving forward. To stop the application, the SO should click on the Reject eApplication link on the Status hitlist. The SO will be asked to include comments; these comments will be included in an e-mail that will be sent to the PI and to the SO. Once corrections have been made, the entire corrected application can be submitted (select the Changed/Corrected Application Type of Submission) through Grants.gov.

If the SO does not explicitly stop the application within two business days, it will automatically move to the referral process. Once the application has moved to referral, all subsequent corrections must be addressed through your assigned Scientific Review Administrator.

Note that if the application correctly reflects your submission and you choose to stop the application from moving to referral, any subsequent application submissions that occur after the submission deadline will be subject to the late policy ( <http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-05-030.html> ).

If you have any questions about this email, please contact the eRA Helpdesk via Web Support at <http://ithelpdesk.nih.gov/eRA/>.

This same validation email will also alert you to any errors that it has identified within the application. Errors will stop the application from progressing further in the system and cause the application to be rejected. Currently, the NIH allows two (2) business days to correct any identified errors, however, there is currently a discussion to eliminate this error correction window altogether, so it is important that those involved with submitting an application not rely on this two day window in order to meet a deadline (ie. knowingly submitting

an incorrect application simply to get it in before the announcement deadline, and using the error correction window to fix the errors).

Example of a Grants.gov validation email with an error:

-----Original Message-----

From: eranotifications@mail.nih.gov [mailto:eranotifications@mail.nih.gov]

Sent: Thursday, January 07, 2010 5:02 PM

To: resadm@case.edu

Subject: [resadm] ACTION REQUIRED TO CONTINUE NIH GRANT APPLICATION SUBMISSION, Grants.gov Tracking Number GRANT10534382, PI Tree, Dennis - Errors and/or Warnings

NIH has received the electronic application titled "Educating the Dental Community" that was submitted through Grants.gov and compared the application to the instructions from the Application Guide and Funding Opportunity Announcement. The eRA Commons has identified areas of the application that do not agree with the instructions, and therefore have caused error and/or warning messages to be generated. Since errors will stop the application from moving forward in the submission process, the errors must be corrected and the entire changed/corrected application must be submitted through Grants.gov. At this stage, warnings do not require an action or submission of a changed/corrected application; however you should be aware they may need to be resolved after the submission process is completed.

To view the error/warning messages, log in to the eRA Commons at <https://commons.era.nih.gov/commons/> with your username and password. Select the "Status" tab. If you are an SO, be sure to use the "Recent/Pending eSubmissions" Status search. Search for the application using the Grants.gov tracking number provided in the subject of this email. Select the "Show All Prior Errors" link to see a list of all errors and/or warnings. You must correct all errors listed. If desired, any warnings can also be addressed at this time. The Authorized Organization Representative (AOR) must submit the entire corrected application through Grants.gov using the Changed/Corrected Application Type of Submission. Do not start again as a new application. Failure to correct errors promptly may result in a delay of the peer review and funding consideration of this application.

Refer to the funding opportunity announcement and the application guide for guidance on correcting application content. The electronic submission website ( <http://era.nih.gov/ElectronicReceipt/> ) contains additional resources, including FAQs, tips and tools. If, after taking full advantage of these resources, you still require support, please contact the eRA Helpdesk via Web Support at <http://ithelpdesk.nih.gov/eRA/>.

Once any errors or warnings have been addressed, Grants.gov proceeds with the routing process. After the two day error correction window has passed, the application on to the funding agency for further review. An email is sent to confirm, as in the example below. This email will also inform you of the accession number (AN # 123456) which should be used to identify the application in any communications to the agency.

From: commons@od.nih.gov [mailto:commons@od.nih.gov]  
Sent: Wednesday, January 13, 2010 12:01 AM  
To: resadm@case.edu  
Subject: [resadm] eRA Commons: Auto verified electronic application AN # 321234;  
PI: TREE, DENNIS; Title: Educating the Dental Community; Grants.gov Tracking #: GRANT10534382

eRA has received grant application titled: Educating the Dental Community; at least 2 business days have passed since application image was assembled and made available to you for viewing. The grant application has now advanced to the next step - Referral.

You can view and track the status of this grant application via the 'Status' module in eRA Commons (log into eRA Commons and select the 'Status' tab on the top blue menu bar).

If you have any questions about this email, please contact the eRA Help Desk via the web at <http://ithelpdesk.nih.gov/eRA/>, by phone 1-866-504-9552 (tty: 301-451-5939) or [commons@od.nih.gov](mailto:commons@od.nih.gov)<<mailto:commons@od.nih.gov>>.

The final email that will arrive with respect to the application will be sent once the application is assigned to a study section for review. It is sent directly to the PI with a copy to OSPA.

From: eRA\_Notification@od.nih.gov [mailto:eRA\_Notification@od.nih.gov]  
Sent: Wednesday, January 13, 2010 7:32 PM  
To: dennis.tree@case.edu  
Cc: resadm@case.edu  
Subject: [resadm] Electronic Application assigned to study section

Dear Dr.Tree:

Your grant application entitled "Educating the Dental Community" has been received by the National Institutes of Health and assigned to a Scientific Review Group (SRG) for scientific merit evaluation and to an Institute or Center for funding consideration. Specific information about your assignment is available on the NIH eRA Commons website at <https://commons.era.nih.gov/commons/>. Log in with your username and password. Then select the "Status" menu item, retrieve the grant application and click on the Application Id link available in the results.

A roster of the membership of the Scientific Review Group is located at the following website: <http://era.nih.gov/roster/index.cfm> The initial peer review should be completed by the end of March 2010 and a funding decision made shortly after the appropriate National Advisory Group meets in May 2010.

Questions about the assignment should be directed to the Scientific Review Administrator (SRA) or the Division of Receipt and Referral, Center for Scientific Review at (301) 435-0715. Other questions prior to review should be directed to the Scientific Review Administrator and questions after the review to the program staff in the Institute/Center.

This is a basic overview of what can be expected when submitting an electronic application through Grants.gov. Though every attempt has been made to provide as complete and accurate information as possible, there are certainly differences and exceptions to every rule. For more information, please consult the Finance Department and/or the guides available from the funding agency.