Submit multi-project grant applications electronically to NIH and other Public Health Service Agencies...

The Application Submission System & Interface for Submission Tracking (ASSIST) system is used to prepare and submit grant applications electronically to NIH and other Public Health Service agencies. Prior to using ASSIST, applicants should identify a Funding Opportunity Announcement (FOA) to which they'd like to apply. FOAs are posted in the NIH Guide for Grants & Contracts and/or in Grants.gov each of which has robust search capabilities. The FOA text will indicate whether ASSIST can be used to apply to that opportunity. You will need the FOA number (e.g., PA-15-987) to initiate an application.

Active Grants.gov and eRA Commons credentials are required to prepare and submit applications using ASSIST.

WARNING NOTICE: This is a U.S. Government computer system, which may be accessed and used only for authorized Government business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action.

All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Such information includes sensitive data encrypted to comply with confidentiality and privacy requirements. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms. There is no right of privacy in this system.
Welcome to the Application Submission System & Interface for Submission Tracking (ASSIST)

INITIATE APPLICATION

Funding Opportunity Announcement # PA-
(Example: PA-00-000)

The National Institutes of Health posts Funding Opportunity Announcements (FOAs) in the NIH Guide for Grants & Contracts and in Grants.gov's Find Grant Opportunities. Each resource has robust search functionality to identify opportunities of interest. ASSIST can only be used to prepare and submit applications when explicitly stated in the FOA.

SEARCH FOR APPLICATION

Search Applications
Initiate Application for FOA #: PA-16-307

After initiation, the Lead Application Organization Name and Lead Application Organization DUNS cannot be changed.

<table>
<thead>
<tr>
<th>FOA INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOA Number:</td>
</tr>
<tr>
<td>Opportunity Title:</td>
</tr>
<tr>
<td>Offering Agency:</td>
</tr>
<tr>
<td>CFDA Number:</td>
</tr>
<tr>
<td>CFDA Description:</td>
</tr>
<tr>
<td>Competition ID:</td>
</tr>
<tr>
<td>Opportunity Open Date:</td>
</tr>
<tr>
<td>Opportunity Close Date:</td>
</tr>
<tr>
<td>Agency Contact:</td>
</tr>
<tr>
<td>Application Identifier:</td>
</tr>
<tr>
<td>* Application Project Title (describe title in 200 characters)</td>
</tr>
<tr>
<td>Lead Applicant Organization: *</td>
</tr>
<tr>
<td>Lead Applicant Organization Address:</td>
</tr>
<tr>
<td>Lead Organization DUNS:</td>
</tr>
</tbody>
</table>

SAM Registration Expiration Date: 04/25/2017

An active SAM Registration is required to submit your application to the agency

Contact Project Director/Principal Investigator

Enter PD/PI Information below or

Pre-fill Application from Username

Clear

Initiate Application

Cancel
Application Information

Tip:
- Some actions (e.g., Preview Application) are only available from this screen. The Return to Application action can be used to return to this screen.

Application Identifier: 83279
Application Project Title: Title-200 Characters max - Must be complete at submission to Institutional Rep
PD/PI Name: 
Organization: STANFORD UNIVERSITY
Project Period: 
Status: Work in Progress
Status Date: 2016-06-08 04:38:18.000 PM EDT

FOA Information

FOA Number: PA-16-307
Opportunity Title: Ruth L. Kirschstein National Research Service Award (NRSA) Individual Postdoctoral Fellowship (Parent F32)
Agency: National Institutes of Health
CFDA Number: 
Competition ID: FORMS-D
Opportunity Open Date: 07/08/2016
Opportunity Close Date: 05/07/2019
Agency Contact: eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/
Application Information

**Tip:**
- Some actions (e.g., Preview Application) are only available from this screen. The Return to Application action can be used to return to this screen.

Application Information

- Application Identifier: 82279
- Application Project Title: Title-200 Characters max - Must be complete at submission to Institutional Rep
- PD/PI Name:
- Organization: STANFORD UNIVERSITY
- Project Period:
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- Competition ID: FORMS-D
- Opportunity Open Date: 07/08/2016
- Opportunity Close Date: 05/07/2019
- Agency Contact: eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/
### 1. *TYPE OF SUBMISSION*

- **Type of Submission**
  - Pre-Application
  - Application
  - Changed/Corrected Application

### 2. DATE SUBMITTED

- **Date Submitted**
- **Applicant Identifier**

### 3. DATE RECEIVED BY STATE

- **Date Received by State**
- **State Application Identifier**


- **Federal Identifier**
- **Agency Routing Identifier**
- **Previous Grants.gov Tracking ID**
Organizational DUNS: 0092142140000
Legal Name: STANFORD UNIVERSITY
Street 1: STANFORD UNIVERSITY
Street 2: 3160 / 3172 PORTER DRIVE (3172 for Med, 3160 all others)
City: Palo Alto
State: California
Country: UNITED STATES
Zip/Postal Code: 943041212

Person to be contacted on matters involving this application:
Prefix: --- Select Prefix ---
First Name:
Middle Name: Institutional Rep.
Last Name:
Suffix: --- Select Suffix ---
Position/Title:
Street 1:
Street 2:
City:
County/Parish:
State: --- Select State ---
Province:
Country: UNITED STATES
Zip/Postal Code:
Phone Number:
Fax Number:
Email:
**Cycle I**
- Application due dates: January 25 – May 7
- Scientific Merit Review: June – July
- Advisory Council Round: August or October
- Earliest Project Start Date: September or December

**Cycle II**
- Application due dates: May 25 – September 7
- Scientific Merit Review: October - November
- Advisory Council Round: January
- Earliest Project Start Date: April

**Cycle III**
- Application due dates: September 25 – January 7
- Scientific Merit Review: February – March
- Advisory Council Round: May
- Earliest Project Start Date: July
13. **CONGRESSIONAL DISTRICT OF APPLICANT**

Congressional District of Applicant
(e.g. CA-012, outside the U.S. enter 00-000)

**CA-018**

14. **PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

The PD/PI Contact Information on the SF 424 (R&R) Cover is populated from the PROFILE - Project Director/Principal Investigator on the Research and Related Senior/Key Person Profile (Expanded) form. If you wish to change these items, please do so on the Research and Related Senior/Key Person Profile (Expanded) form; you will not be able to edit the response here.

**Prefix**

**First Name**

**Middle Name**

**Last Name**

**Suffix**

**Position/Title**

**Organization Name**

**STANFORD UNIVERSITY**

**Department**

**Division**

**Street 1**

**Street 2**

This information should populate from your Commons ID profile.

**City**

**County/Parish**

**State**

**Province**

**Country**

**UNITED STATES**

**Zip/Postal Code**

**Phone Number**

**Fax Number**

**Email**

15. **ESTIMATED PROJECT FUNDING**

a. Total Federal Funds Requested

b. Total Non-Federal Funds

0.00

c. Total Federal & Non-Federal Funds

d. Estimated Program Income

0.00
16. **IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes ☐  This pre-application/application was made available to the State Executive Order 12372 process for review on: Date ___/___/____

b. No ☐  Program is not covered by E.O. 12372; or ☐ Program has not been selected by State for review

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 218, 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**

SFLLL (Disclosure of Lobbying Activities) or other
Explanatory Documentation

[Add Attachment]  [Delete Attachment]  [View Attachment]

19. **AUTHORIZED REPRESENTATIVE**

Prefix:  

--- Select Prefix ---

First Name:  

Debra / CGO Contact First Name

Middle Name

Last Name:  

Porzio / CGO Contact Last Name

Suffix:  

--- Select Suffix ---

Position/Title:  

Fellowship Manager / Contract & Grant Officer

Organization:  

Stanford University

Department

RMG or OSR

Division

School Affiliation (Med/Eng/HS

Street 1

Same address as above

Street 2

City

County/Parish

State

California

Province

Country

UNITED STATES

Zip/Postal Code

Phone Number

Fax Number

Email

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

06/08/2016
Additional Instructions for Fellowship:

Individual fellowship applicants must include a cover letter that contains a list of Referees (including name, departmental affiliation, and institution). The cover letter is only for internal use and will not be shared with peer reviewers.
Attach the cover letter, addressed to the Division of Receipt and Referral, in accordance with the announcement and/or the agency specific instructions.

Applicants are encouraged to include a cover letter with the competing application. Please attach the cover letter in the correct location, specifically verify that the cover letter has not been uploaded to the pre-application field which is directly above the cover letter field. This will ensure the attachment is kept separate from the assembled application in Commons and only made available to appropriate staff.

A cover letter should not be included with post-award submissions such as administrative supplements, change of grantee institution, or successor-in-interest. The cover letter is only for internal use and will not be shared with peer reviewers. The letter should contain any of the following information that applies to the application:

1. Application title.
2. Funding Opportunity (PA or RFA) title of the NIH initiative.
3. For late applications (see Late Application policy in [http://grants.nih.gov/grants/funding/submissionpolicies.htm](http://grants.nih.gov/grants/funding/submissionpolicies.htm)) include specific information about the timing and nature of the cause of the delay.
4. When submitting a Changed/Corrected Application after the due date, a cover letter is required explaining the reason for late submission of the Changed/Corrected Application. If you already submitted a cover letter with a previous submission and are now submitting a late Changed/Corrected Application, you must include all previous cover letter text in the revised cover letter attachment. The system does not retain any previously submitted cover letters; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information.
5. Explanation of any subaward budget components that are not active for all periods of the proposed grant [Section F.240 - Senior/Key Person Profile (Expanded) Form](http://grants.nih.gov/grants/funding/submissionpolicies.htm).
6. Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications $500,000 or more, approval for Conference Grant or Cooperative Agreement (R13 or U13), etc. It is recommended that you include the official communication from an NIH official as part of your cover letter.
7. When intending to submit a video as part of the application, the cover letter must include information about the intent to submit it; if this is not done, a video will not be accepted. See [NOT-OD-12-141](http://grants.nih.gov/grants/funding/submissionpolicies.htm) for additional information.
8. Include a statement in the cover letter if the proposed studies will generate large-scale human or non-human genomic data as detailed in the NIH Genomic Data Sharing Policy ([NOT-OD-14-11](http://grants.nih.gov/grants/funding/submissionpolicies.htm) and [NOT-OD-15-027](http://grants.nih.gov/grants/funding/submissionpolicies.htm)).

Additional Instructions for Fellowship:

Individual fellowship applicants must include a cover letter that contains a list of Referees (including name, departmental affiliation, and institution). The cover letter is only for internal use and will not be shared with peer reviewers.
Date

Re Program Announcement PA-16-XXX

Dear Sir or Madam,

This grant is submitted in response to program announcement PA-16-XXX, the Ruth L. Kirschstein National Research Service Awards (NRSA) for Individual Pre/Post-doctoral Fellows (F30, 31, 32, Etc.)

My list of references:
1. Name Departmental Affiliation, Institution
2. Jonathan Smith, M.D. Cardiology, Rice University
3. Patricia Jones PhD. Pediatric Oncology, UCSF

The reasons for this request are [provide a narrative explanation for the request(s)]

Should you require any further information, please contact me at the contact information listed below:

Sincerely,

Your Name
Title
Phone
Email
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 the appropriate exemption number:  
        - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
      - If no, is the IRB review Pending? [ ] Yes [ ] No
      - IRB Approval Date
      - Human Subjects 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 - positive or negative - 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.b. 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  
   Required. 1 page max  Add Attachment  Delete Attachment  View Attachment

8. Project Narrative  
   Required. 3 lines  Add Attachment  Delete Attachment  View Attachment

9. Bibliography & References Cited  
   Add Attachment  Delete Attachment  View Attachment

10. Facilities & Other Resources  
    Add Attachment  Delete Attachment  View Attachment

11. Equipment  
    Add Attachment  Delete Attachment  View Attachment

12. Other Attachments  
    Add Attachment

Nothing found to display.

Save and Keep Lock  Save and Release Lock  Cancel and Release Lock
click “Add Site” to add any additional project location: Lab address
Your First Name
Your Last Name

click "Add Sr/Key" to add Mentor, Co-Mentor, and Other Key persons

click "Edit" to add PD/PI (you) to Key Personnel

Required
Leave Blank – not required
PROFILE - Senior/Key Person 1

Credential, e.g., agency login
Prefix
--- Select Prefix ---
First Name
Middle Name
Last Name
Suffix
--- Select Suffix ---
Position/Title
Department
Organization Name
Division
Street 1
Street 2
City
County/Parish
State
--- Select State ---
Province
Country
UNITED STATES
Zip/Postal Code
Phone Number
Fax Number
E-Mail
Project Role
Other Professional
Other Project Role Category
Sponsor
Degree Type
Degree Year
Attach Biographical Sketch
Required
Add Attachment
Delete Attachment
View Attachment
Attach Current & Pending Support
Add Attachment
Delete Attachment
View Attachment
Save and Keep Lock
Save and Release Lock
Save and Add
Cancel and Release Lock
# PHS Fellowship Supplemental Form

**PHS Fellowship Supplemental v3.1**

- OMB Number: 0925-0001
- Expiration Date: 10/31/2018

---

**Introduction**

1. Introduction (RESUBMISSION)
   - Required for Resubmission applications. Limited to 1 page.

2. Applicant's Background and Goals for Fellowship Training
   - FORMS-D: New required attachment combining "Doctoral Dissertation and Other Research Experience", "Goals for Fellowship Training and Career" and "Activities Planned Under This Award" attachments from FORMS-C. Limited to 6 pages.

---

**Research Training Plan Section**

3. * Specific Aims
   - Required. Limited to 1 page.

4. * Research Strategy
   - Required. Limited to 6 pages.

5. * Respective Contributions
   - Required. Limited to 1 page.

6. * Selection of Sponsor and Institution
   - Required. Limited to 1 page.

7. Progress Report Publication List (RENEWAL)

8. * Training in the Responsible Conduct of Research
   - Required. Limited to 1 page.

---

**Sponsor(s), Collaborator(s), and Consultant(s) Section**

9. Sponsor and Co-Sponsor Statements
   - Required. Limited to 6 pages.

10. Letters of Support from Collaborators, Contributors, and Consultants

---

**Institutional Environment and Commitment to Training Section**

11. Description of Institutional Environment and Commitment to Training

---

**Other Research Training Plan Section**

---

**Human Subjects**

- Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

<table>
<thead>
<tr>
<th>Are Human Subjects Involved?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

12. Human Subjects Involvement Indefinite?
   - Yes   | No
   - Required if Human Subjects is Yes on the R&R Other Project Information form.

13. Clinical Trial?
   - Yes   | No
   - Required if Human Subjects is Yes on the R&R Other Project Information form.

14. Agency-Defined Phase III Clinical Trial?
   - Yes   | No
   - Required if Clinical Trial is Yes.

15. Protection of Human Subjects
   - Required if Human Subjects is Yes on the R&R Other Project Information form.

16. Data Safety Monitoring Plan
   - FORMS-D: New attachment. Required if Clinical Trials is Yes on the PHS 398 Cover Page Supplement form.

17. Inclusion of Women and Minorities
   - Required if Human Subjects is Yes and exemption number is not 4.

18. Inclusion of Children
   - Required if Human Subjects is Yes and exemption number is not 4.
**Vertebrate Animals**

FORMS-D: New section.

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

| Are Vertebrate Animals Used? | ☐ Yes | ☐ No |

19. Vertebrate Animals Use Indefinite?  ☐ Yes  ☐ No  
FORMS-D: New question. Answer required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

20. Are vertebrate animals euthanized?  ☐ Yes  ☐ No  
FORMS-D: New question. Answer required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

If "Yes" to euthanasia
Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  ☐ Yes  ☐ No

If "No" to AVMA guidelines, describe method and provide scientific justification

FORMS-D: Up to 1000 characters.

**Other Research Training Plan Information**

21. Vertebrate Animals  
Required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

22. Select Agent Research

23. Resource Sharing Plan

24. Authentication of Key Biological and/or Chemical Resources

FORMS-D: New attachment. Rigor & transparency changes for individual fellowship applications delayed (NOT-OD-18-034). Until further notice, do not use this attachment unless specifically indicated in your funding opportunity announcement.

**Additional Information Section**

25. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?  ☐ Yes  ☐ No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:
http://stemcells.nih.gov/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s):

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Add up to 200 cell lines.

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

<table>
<thead>
<tr>
<th>Degree:</th>
<th>If &quot;other&quot;, please indicate degree type:</th>
<th>Expected Completion Date (month/year):</th>
</tr>
</thead>
</table>

28. *Field of Training for Current Proposal:  
FORMS-D: Drop-down list of values updated; changed from 4-digit codes to 3-digit codes.
29. *Current Or Prior Kirschstein-NRSA Support?  [ ] Yes  [ ] No

If yes, please identify current and prior Kirschstein-NRSA support below:

<table>
<thead>
<tr>
<th>* Level</th>
<th>* Type</th>
<th>Start Date (if known)</th>
<th>End Date (if known)</th>
<th>Grant Number (if known)</th>
</tr>
</thead>
</table>

At least one entry is required if 'Current Or Prior Kirschstein-NRSA Support' is Yes. Can provide up to 4 support items.

30. *Applications for Concurrent Support  [ ] Yes  [ ] No

If yes, please describe in an attached file: [ ] Limited to 1 page.

Add Attachment  Delete Attachment  View Attachment

31. *Citizenship:

U.S. Citizen  [ ] Yes  [ ] No

* U.S. Citizen or Non-Citizen National?

Non-U.S. Citizen

[ ] With a Permanent U.S. Resident Visa

[ ] With a Temporary U.S. Visa

Non-U.S. Citizen with temporary U.S. Visa only required for F05.

Applicants must meet citizenship requirements at time of award (not time of application submission.)

If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here.

32. [ ] Change of Sponsoring Institution

Name of Former Institution: [ ] Required if 'Change of Sponsoring Institution' box is checked.

E. Budget

All Fellowship Applicants:

1. * Tuition and Fees:  [ ] None Requested  [ ] Funds Requested:

Year 1
Year 2
Year 3
Year 4
Year 5
Year 6 (when applicable)

Total Funds Requested:

Fields in this section are required for F33.

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount  Academic Period  Number of Months

3. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:

Amount  Number of Months

b. Supplementation from other sources:

Amount  Number of Months

Type (sabbatical leave, salary, etc.)

Source
F. Appendix

Allows for up to 10 appendices. See Application Guide and announcement for restrictions.

Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate Agency staff and peer reviewers.

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Such actions will be noted at time of review. See NIH Guide notice NOT-OD-11-080.
If the Program Announcement is updated, or you are creating a resubmission, you can copy information into a new application.

Tips:
- Copy Application defaults to copy free-text form fields only. Use the checkbox if you also want attachments copied.
- A 'best effort' copy is done. Carefully review all aspects of the copied application for completeness.

Copy as much information as possible from the following application using Funding Opportunity Announcement # 83279 (Example: PA-00-000)

<table>
<thead>
<tr>
<th>Application to be Copied:</th>
<th>83279</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Title:</td>
<td>Title-200 Characters max - Must be complete at submission to Institutional Rep</td>
</tr>
<tr>
<td>Organization:</td>
<td>STANFORD UNIVERSITY</td>
</tr>
</tbody>
</table>
Validate the application when you are finished. All errors must be corrected before troubleshooting and submission.
Routing

Once application is final, update submission status to "Ready for Submission".