Grant Application Package

Opportunity Title: Ruth L. Kirschstein National Research Service Award (NR)
Offering Agency: National Institutes of Health
CFDA Number:
CFDA Description:
Opportunity Number: PA-14-150
Competition ID: FORMS-C
Opportunity Open Date: 03/08/2014
Opportunity Close Date: 01/07/2017
Agency Contact: eRA Commons Help Desk
Monday to Friday 7 am to 8 pm ET
E-mail: helpdesk@od.nih.gov
Phone: 1-866-504-9552

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.

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: ENTER YOUR NAME - LAST NAME, FIRST NAME

Select Forms to Complete

Mandatory

SF424 (R & R)
PHS Fellowship Supplemental Form
Research and Related Senior/Key Person Profile (Expanded)
Research And Related Other Project Information
Project/Performance Site Location(s)

Optional

☐ Planned Enrollment Report  Required only if using Human Subjects
☐ PHS 398 Cumulative Inclusion Enrollment Report  May be required - check instructions

Instructions

Show Instructions >>

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.
APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION
☐ Pre-application  ☒ Application  ☐ Changed/Corrected Application

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE
State Application Identifier

4. a. Federal Identifier
b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION
Organizational DUNS: 009214214

Legal Name: board of Trustees of the Leland Stanford Junior University

Department: HMG/OSR-Check web for address  Division: School Affiliation (Med, Eng)

Street1: Use address listed on Stanford SF424 Instructions
Street2: 

City:  County / Parish: 
State:  Province: 

Country: USA: UNITED STATES  ZIP / Postal Code: 

Person to be contacted on matters involving this application

Prefix:  First Name: Institutional Rep Name/Contact Info  Middle Name: 
Last Name:  Suffix: 

Position/Title: Fellowship Manager /Grant Officer (see inst 

Street1: 
Street2: 

City:  County / Parish: 
State:  Province: 

Country: USA: UNITED STATES  ZIP / Postal Code: 

Phone Number: 
Fax Number: 
Email: 

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 1941156365AI

7. TYPE OF APPLICANT: 
O: Private Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned  ☐ Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
☒ New  ☐ Resubmission
☐ Renewal  ☐ Continuation  ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award  ☐ B. Decrease Award  ☐ C. Increase Duration  ☐ D. Decrease Duration

☐ E. Other (specify):

Is this application being submitted to other agencies? 
Yes ☒ No ☐ What other Agencies? 

9. NAME OF FEDERAL AGENCY:
National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE: 

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Enter a brief descriptive title of your project (81 Characters)

12. PROPOSED PROJECT:
Start Date 
Ending Date 

13. CONGRESSIONAL DISTRICT OF APPLICANT
CA-018
SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: 
First Name: Your Name
Middle Name: 
Last Name: This must match your name/address in eRA Commons
Suffix: 
Position/Title: 
Organization Name: Change this to "Stanford University"
Department: Change to your Dept
Division: School Affiliation (Med, Eng...)
Street1: Your mailing address (lab/office/etc)
Street2: 
City: 
County / Parish: 
State: 
Province: 
Country: USA: UNITED STATES
ZIP / Postal Code: 
Phone Number: 
Fax Number: 
Email: 

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

a. YES [ ] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
   DATE: 

b. NO [X] 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 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 (Disclosure of Lobbying Activities) or other Explanatory Documentation
Leave Blank

19. Authorized Representative
Prefix: 
First Name: Institutional Rep Info
Middle Name: 
Last Name: 
Position/Title: 
Organization: Change to "Stanford University"
Department: RMG/OSR
Division: School Affiliation (Med, Eng)
Street1: Use address listed on Stanford SF424 Instructions
Street2: 
City: 
County / Parish: 
State: 
Province: 
Country: USA: UNITED STATES
ZIP / Postal Code: 
Phone Number: 
Fax Number: 
Email: 

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

Completed on submission to Grants.gov

20. Pre-application
Leave Blank

21. Cover Letter Attachment
Attach cover letter here -
see sample
Stipend levels for the entire first year of support are determined by the number of full years of relevant postdoctoral experience when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree.

Institutional Allowance is intended to defray expenses for items such as research supplies, equipment, travel to scientific meetings, and health insurance. For details refer to the NIH Grants Policy Statement: http://grants.nih.gov/grants/policy/nihgps_2013/nihgps_ch11.htm#_Toc271265069.

If applying for Tuition & Fees, don’t forget to include them in the “Total Estimated Project Funding” total above and also on the PHS Supplemental Form.

### Stipend Levels

<table>
<thead>
<tr>
<th>Predocs – Year</th>
<th>Stipend</th>
<th>Inst. Allow</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Years</td>
<td>$22,920</td>
<td>$4,200/year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postdocs – Year</th>
<th>Stipend</th>
<th>Inst. Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 0</td>
<td>$42,840</td>
<td>$7,850/Year</td>
</tr>
<tr>
<td>Year 1</td>
<td>$44,556</td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td>$46,344</td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td>$48,192</td>
<td></td>
</tr>
<tr>
<td>Year 4</td>
<td>$50,112</td>
<td></td>
</tr>
<tr>
<td>Year 5</td>
<td>$52,116</td>
<td></td>
</tr>
<tr>
<td>Year 6</td>
<td>$54,216</td>
<td></td>
</tr>
<tr>
<td>Year 7 +</td>
<td>$56,376</td>
<td></td>
</tr>
</tbody>
</table>
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. 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: 00000935

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: A3213-01

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.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  Required PDF Attachment-Not longer than 30 lines of text

8. Project Narrative  Required PDF Attachment-Public Relevance – 3 sentences


10. Facilities & Other Resources ☒ but required for NIH. Check your instructions for details.

11. Equipment  ☒ Add Attachment  ❌ Delete Attachment  ☒ View Attachment

12. Other Attachments  ☒ Add Attachments  ❌ Delete Attachments  ☒ View Attachments

---

12 - Other Attachments (When Applicable):

1. Collaborators and Dissertation Advisor(s), if applicable

2. Certification Letter for Predoctoral Fellowships (F31) to Promote Diversity
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: Stanford University
DUNS Number: 0092142140000
* Street: The MAIN LAB address where work will be performed
* City: County:
* State: 
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: *

* Project/Performance Site Congressional District: CA-018

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: Secondary Lab Org - If Applicable
DUNS Number:
* Street: 
* City: County:
* State: 
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: *

* Project/Performance Site Congressional District: ***

Additional Location(s) Add Attachment Delete Attachment View Attachment

***Project: Enter CA-01 if the research is being performed locally; if elsewhere, enter the district of the location of research

- If all of a state or the US enter the State or US-all (e.g.: CA-all, or US-all)
- If out of the country, enter 00-000
- If multiple districts, attach a PDF (place to attach is at the end of the form on page 2).
Find other districts online: http://www.nationalatlas.gov/printable/congress.html#list
PHS Fellowship Supplemental Form

A. Application Type:
From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

☐ New  ☐ Resubmission  ☐ Renewal  ☐ Continuation  ☐ Revision

B. Research Training Plan
1. Introduction to Application (for RESUBMISSION applications only)
Resubmissions Only – Limit 1 page
No more than 1 page

** Research Strategy: Only need to include (a) Significance and (c) Approach; (b) Innovation is not included unless specified by the FOA (PA).

2. * Specific Aims

3. * Research Strategy

4. Progress Report Publication List (for RENEWAL applications only)
Renewal Applications Only

** Limited to 6 pages

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.

Are Human Subjects Involved? ☑ Yes  ☐ No

5. Human Subjects Involvement Indefinite?  ☑ Yes  ☐ No
Check “YES” if HS use is unknown at time of application

6. Clinical Trial?  ☑ Yes  ☐ No
Check “YES” if this is a clinical trial (check NIH definition in the instructions.)

7. Agency-Defined Phase III Clinical Trial?  ☑ Yes  ☐ No

8. Protection of Human Subjects

9. Inclusion of Women and Minorities

10. Inclusion of Children

If you have Human Subjects, ALL THREE ATTACHMENTS ARE REQUIRED!

Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, 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.

Are Vertebrate Animals Used? ☑ Yes  ☐ No

11. Vertebrate Animals Use Indefinite?  ☑ Yes  ☐ No

12. Vertebrate Animals

13. Select Agent Research

14. Resource Sharing Plan

See also Part III, 1.5 Sharing Research Resources

15. * Respective Contributions

16. * Selection of Sponsor and Institution

17. * Responsible Conduct of Research

Refer to Part II of the Instructions: “Supplemental Instructions for Preparing the Human Subjects Section of the Research Training Plan” for detailed instructions on formatting these attachments. For 16. “Resource Sharing Plan” read the instructions carefully. Check this NIH page:
http://grants.nih.gov/grants/policy/model_organism

If the involvement of animals is indefinite, provide an explanation and indicate when it is anticipated that animals will be used.

---

** Five points must be addressed, if applicable

- Agents, toxins, if applicable

- See also Part III, 1.5 Sharing Research Resources

- No more than 1 page outlining process between you and your sponsor

- No more than 1 page describe rationale of choice of sponsor and institution

- Check the Postdoc Website for an available class Limited to 1 page

---

http://postdocs.stanford.edu/education/ethics.html - see sample on our website: http://ora.stanford.edu/grantsgov/fellowships.asp#rcr
# PHS Fellowship Supplemental Form

## C. Additional Information

### Human Embryonic Stem Cells

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. * 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/](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):**

### Fellowship Applicant

2. Alternate Phone Number:  
   - [ ] Enter a Cell Phone or other number.

3. Degree Sought During Proposed Award:

   - [ ] Degree:  
   - [ ] Other: Please indicate degree type:  
   - [ ] Expected Completion Date (month/year):

4. * Field of Training for Current Proposal:

   - [ ] Choose the best subcategory from the list

5. * Current or Prior Kirschstein-NRSA Support?  
   - [ ] Yes  
   - [ ] No

   **Box 5:** Indicate any prior or current NRSA Support – both Institutional and Individual

   - [ ] Level  
   - [ ] Type  
   - [ ] Start Date (if known)  
   - [ ] End Date (if known)  
   - [ ] Grant Number (if known)

6. * Applications for Concurrent Support?  
   - [ ] Yes  
   - [ ] No

   **Box 6:** This is ANY support – federal or non-federal

7. * Goals for Fellowship Training and Career

   - [ ] Required, limited to 1 page

8. * Activities Planned Under This Award

   - [ ] Required, limited to 1 page

9. Doctoral Dissertation and Other Research Experience

   - [ ] Required do not exceed 2 pages

10. * Citizenship:
   - [ ] U.S. Citizen or noncitizen national  
   - [ ] Permanent Resident of U.S. Pending  
   - [ ] Permanent Resident of U.S. (if a permanent resident of the U.S., a notarized statement must be provided by the time of award)  
   - [ ] Non-U.S. Citizen with temporary U.S. visa

   The fellowship applicant must be a U.S. citizen, a non-citizen national, or have been lawfully admitted to the U.S. for permanent residence before the award is issued.
PHS Fellowship Supplemental Form

C. Additional Information (continued)

Institution

11. □ Change of Sponsoring Institution

Name of Former Institution: Not applicable for most applications.

D. Sponsor(s) and Co-Sponsor(s)

* Sponsor(s) and Co-Sponsor(s) Information Attachment from your Mentor/Co-Mentors. Limited to 6 pages View Attachment

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:

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

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 Add Attachments Delete Attachments View Attachments

- A maximum of 10 PDF attachments is allowed in the Appendix.
- Publications – check instructions for circumstances where these are allowed.
- Patents directly relevant to the project: The entire document should be submitted as a PDF attachment.
- Do not use the appendix to circumvent the page limitations of the research plan.
- Use filenames that are descriptive of the content.
- Check instructions for details.
Fellowship applicants are required to include a cover letter with the application. The cover letter is only for internal use and will not be shared with peer reviewers. The cover letter must contain the same list of reviewers (including name, departmental affiliation, and institution) that is included in the Other Project Information Component Item 11, Other Attachments. It should also 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. Request of an assignment (referral) to a particular awarding component(s) or Scientific Review Group (SRG). The PHS makes the final determination.
4. List of individuals (e.g., competitors) who should not review your application and why.
5. Disciplines involved, if multidisciplinary.
6. For late applications (see Late Application policy in Section 2.14) include specific information about the timing and nature of the cause of the delay.
7. When submitting a Changed/Corrected Application after the submission date, a cover letter is required explaining the reason for the Changed/Corrected Application. If you already submitted a cover letter with a previous submission and are now submitting a 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 until after an application is verified; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information.
8. Statement that you have attached any required agency approval documentation for the type of application submitted.
9. List of referees (including name, degree, department affiliation, and institution). Include at least three, not more than five. [Note: They will upload the reference form letter directly into eRA Commons]

Suggested Cover Letter Format
The Division of Receipt and Referral (DRR), Center for Scientific Review (CSR) is responsible for assigning applications to ICs and to scientific review groups (SRGs). DRR will be utilizing knowledge management approaches as an adjunct to the work of referral experts as part of an overall plan to shorten the time from submission to review. Analysis has shown that requests made by investigators are a valuable source of information in this process. In order to facilitate the use of these requests in conjunction with knowledge management analysis of the content of the application, applicants are requested to use the following format when assignment requests are contained in a cover letter.

- List one request per line.
- Place institute/center (IC) and SRG review requests (if both are made) on separate lines.
- Place positive and negative requests (if both are made) on separate lines.
- Include name of IC or SRG, followed by a dash and the acronym. Do not use parentheses.
- Provide explanations for each request in a separate paragraph.

Examples:

Please assign this application to the following:

Institutes/Centers
- National Cancer Institute - NCI
- National Institute for Dental and Craniofacial Research – NIDCR

Scientific Review Groups
- Molecular Oncogenesis Study Section – MONC
- Cancer Etiology Study Section – CE

Please do not assign this application to the following:

Scientific Review Groups
- Cancer Genetics Study Section – CG

The reasons for this request are [provide a narrative explanation for the request(s)].
Re: Program Announcement PA-19-XXX

Dear Sir or Madam:

This grant is submitted in response to program announcement PA-11-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

Optional things to include
You may want to indicate multiple disciplines.
If you wish to have specific institutes or SRGs review your application, list each on a separate line, as indicated below:
Please assign this application to the following:

Institutes/Centers
National Cancer Institute - NCI
National Institute for Dental and Craniofacial Research – NIDCR

Scientific Review Groups
Molecular Oncogenesis Study Section – MONC
Cancer Etiology Study Section – CE

Please do not assign this application to the following:

Scientific Review Groups
Cancer Genetics Study Section – CG

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]