

All yellow boxes must be completely filled in; all attached files must be PDFs.

Opportunity Title:	Collaborations for Macromolecular Interactions in Cells
Offering Agency:	National Institutes of Health
CFDA Number:	93.859
CFDA Description:	Biomedical Research and Research Training
Opportunity Number:	RFA-GM-13-004
Competition ID:	ADOBE-FORMS-B2
Opportunity Open Date:	05/14/2012
Opportunity Close Date:	06/14/2012
Agency Contact:	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.

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

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

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

Optional Documents

R & R Subaward Budget Attachment(s) Form 5 YR 3
Research & Related Budget

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

PHS 398 Modular Budget
PHS Cover Letter

Instructions

- 1** Enter a name for the application in the **Application Filing Name** field.
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2** Open and complete all of the documents listed in the **"Mandatory Documents"** box. Complete the **SF-424** form first.
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3** Click the **"Save & Submit"** button to submit your application to Grants.gov.
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

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
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier
b. Agency Routing Identifier

2. DATE SUBMITTED **Applicant Identifier**

5. APPLICANT INFORMATION * Organizational DUNS:

* Legal Name:

Department: Division:

* Street1:
Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Phone Number: Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT:
Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

<input type="checkbox"/> New <input type="checkbox"/> Resubmission	If Revision, mark appropriate box(es). <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"/> E. Other (specify): <input type="text"/>
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	

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

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Brief title

12. PROPOSED PROJECT:

* Start Date	* Ending Date
<input type="text"/>	<input type="text"/>

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

* Organization Name:

Department: Division:

* Street1:
Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

This information will autofill and you will need to change it.

15. ESTIMATED PROJECT FUNDING	16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Total Federal Funds Requested <input type="text"/>	a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/>
b. Total Non-Federal Funds <input type="text"/>	b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
c. Total Federal & Non-Federal Funds <input type="text"/>	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Estimated Program Income <input type="text"/>	

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

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**

20. Pre-application

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:

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

Add Attachment

Delete Attachment

View Attachment

8. * Project Narrative

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 Attachments

Delete Attachments

View Attachments

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>	Department:	Research and Sponsored Program
Organization Name:	University of Toledo Health Science Campus	Division:	<input type="text"/>
* Street1:	3000 Arlington Avenue		
Street2:	Mail Stop 1020		
* City:	Toledo	County/ Parish:	Lucas
* State:	OH: Ohio	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	43614-2595
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>	The PI must fill in the credential Credential, e.g., agency login: <input type="text"/> box--it is your eRA commons username	
* Project Role:	PD/PI	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
*Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment
		View Attachment	View Attachment

PROFILE - Senior/Key Person 1			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>	Department:	<input type="text"/>
Organization Name:	<input type="text"/>	Division:	<input type="text"/>
* Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
* City:	<input type="text"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text"/>	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	<input type="text"/>
* Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
*Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment
		View Attachment	View Attachment

Delete Entry

Next Person

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:

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:

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:

<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision

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"/>	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4. Inclusion Enrollment Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5. Progress Report Publication List	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Human Subjects Sections

6. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8. Targeted/Planned Enrollment Table	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

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

16. Appendix	Add Attachments	Remove Attachments	View Attachments
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PHS 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

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 398 Modular Budget

OMB Number: 0925-0001

Budget Period: 1			
Start Date:	<input style="width: 90%;" type="text"/>	End Date:	<input style="width: 90%;" type="text"/>
A. Direct Costs			Funds Requested (\$)
Direct Cost less Consortium F&A			<input style="width: 100%;" type="text" value="0.00"/>
Consortium F&A			<input style="width: 100%;" type="text"/>
Total Direct Costs			<input style="width: 100%;" type="text" value="0.00"/>
B. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Funds Requested (\$)
1.	<input style="width: 95%;" type="text" value="MTDC"/>	<input style="width: 80%;" type="text" value="48.90"/>	<input style="width: 100%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 100%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 100%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 100%;" type="text" value="DHHS Arif Karim, 214-767-3261"/>	
Indirect Cost Rate Agreement Date		Total Indirect Costs	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$)
			<input style="width: 100%;" type="text"/>

, 214-767-3261

Cumulative Budget Information	
1. Total Costs, Entire Project Period	
Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input style="width: 150px;" type="text" value="0.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input style="width: 150px;" type="text"/>
Section A, Total Direct Costs for Entire Project Period	\$ <input style="width: 150px;" type="text"/>
Section B, Total Indirect Costs for Entire Project Period	\$ <input style="width: 150px;" type="text"/>
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input style="width: 150px;" type="text"/>
0.00	
2. Budget Justifications	
Personnel Justification	<input style="width: 200px;" type="text" value="0.00"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Consortium Justification	<input style="width: 200px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Additional Narrative Justification	<input style="width: 200px;" type="text" value="0.00"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

PHS Cover Letter

OMB Numbers: 0925-0001
0925-0002

*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File