

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields 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. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicantstab.

OPPORTUNITY & PACKAGE DETAILS:

OpportunityNumber:	PA-20-185
Opportunity Title:	NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
Opportunity Package ID:	PKG00277412
CFDA Number:	
CFDA Description:	
Competition ID:	FORMS-H
Competition Title:	Use for due dates on or after January 25, 2023
Opening Date:	10/26/2022
Closing Date:	05/07/2023
Agency:	National Institutes of Health
Contact Information:	eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

Please verify you have the correct solicitation #

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01033488
Application Filing Name:	P23-12345_Researcher_S
UEI:	L6NFUM28LQM5
Organization:	WASHINGTON UNIVERSITY, THE
Form Name:	SF424 (R & R)
Form Version:	5.0
Requirement:	Mandatory
DownloadDate/Time:	Feb 10, 2023 04:08:46 PM EST
Form State:	

FORMACTIONS:

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

Fields highlighted in yellow must be completed in order to submit the application.

3. DATE RECEIVED BY STATE: [] State Application Identifier: []

4. a. Federal Identifier: []
b. Agency Routing Identifier: []
c. Previous Grants.gov Tracking ID: []

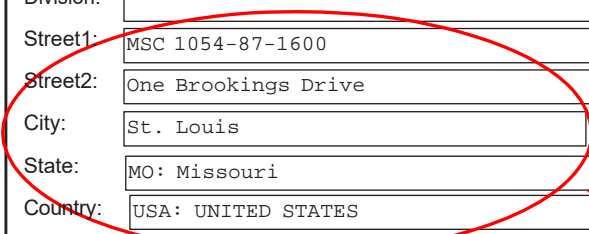
1. TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

2. DATES SUBMITTED: [] Applicant Identifier: []

5. APPLICANT INFORMATION
Legal Name: Washington University
Department: []
Division: []
Street1: MSC 1054-87-1600
Street2: One Brookings Drive
City: St. Louis County / Parish: St. Louis
State: MO: Missouri Province: []
Country: USA: UNITED STATES ZIP / Postal Code: 63130-4862

Enter RMS#_PI Last Name_First Initial (ex: P23-1234_Researcher_S)

Use for Change/Corrected Applications Entry Format: GRANT12345678



Person to be contacted on matters involving this application
Prefix: [] First Name: Teri Middle Name: []
Last Name: Medley Suffix: []
Position/Title: Director
Street1: MSC 1054-87-1600
Street2: One Brookings Drive
City: St. Louis County / Parish: St. Louis
State: [] Province: []
Country: USA: UNITED STATES ZIP / Postal Code: 63130-4862
Phone Number: 314-747-4134 Fax Number: 314-362-8712
Email: researchgrants@wusm.wustl.edu

Use this address for Med School and Danforth Applications:
Street 1: MSC 1054-87-1600
Street 2: One Brookings Drive
City: St. Louis
County/Parish: St. Louis
Zip: 63130-4862

Use researchgrants@wusm.wustl.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 1430653611A1

7. TYPE OF APPLICANT: 0: 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:
Sample Forms

12. PROPOSED PROJECT: Start Date: [] Ending Date: []
13. CONGRESSIONAL DISTRICT OF APPLICANT: MO-001

Congressional District in the format: 2 character state abbreviation 3 character District Number

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Sally 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: PI's email here

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested

b. Total Non-Federal Funds

c. Total Federal & Non-Federal Funds

d. Estimated Program Income

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 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 herein, complete and accurate to the best of my knowledge. I also certify that I am aware of the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent statements or information will result in civil or criminal penalties, or administrative penalties. (U.S. Code, Title 18, Section 1001)

Generally, a & c should match and b & d should be \$0. Check guidelines for exceptions.

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

19. Authorized Representative

Prefix: First Name:
 Last Name:
 Position/Title:
 Organization:
 Department:
 Division:
 Street1:
 Street2:
 City: County/Parish:
 State: Province:
 Country: ZIP/Postal Code:
 Phone Number: Fax Number:
 Email:

This should match Teri Medley's information from box 5.

Signature of Authorized Representative

Date Signed



20. Pre-application

Add Attachment

Delete Attachment

View Attachment

21. Cover Letter Attachment

Add Attachment

Delete Attachment

View Attachment

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 09/30/2024

1. Vertebrate Animals Section

Are vertebrate animals euthanized? Yes No

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

2. *Program Income Section

*Is program income anticipated during the periods for which the grant support is requested?

Yes No

PI and department should read and respond with correct answers for all of these sections

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)

3. Human Embryonic Stem Cells Section

*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, 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) (Example: 0004):

Created

4. Human Fetal Tissue Section

*Does the proposed project involve human fetal tissue obtained from elective abortions?

Yes

No

If "yes" then provide the HFT Compliance Assurance

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

If "yes" then provide the HFT Sample IRB Consent Form

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents: Yes No

For renewals, answer yes or no to inventions and patents. If yes, answer next question.

If "Yes" then answer the following:

*Previously Reported: Yes No

Previously reported means that WU OTM is aware of invention and has reported it to iEdison.gov

6. Change of Investigator/Change of Institution Section

Change of Project Director/Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Change of Grantee Institution

*Name of former institution:

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 12/31/2022

1. Are Human Subjects Involved?

Yes No

If yes, enter appropriate information below

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 7 8

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

If human subjects are involved, enter: 00002284

2. Are Vertebrate Animals Used?

Yes No

If yes, answer questions below

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

If Animal Subjects are involved, enter: D1600245

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

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

Project/Performance Site Location(s)

Do not select

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.

Project/Performance Site Primary Location

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

Only for Canada

9 digit zip code required if located in U.S.

Congressional District in the format:
2 character state abbreviation
3 character District Number

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:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

Project/Performance Site Location 1

ADD LOCATION

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

Click here to add an additional site outside WU (ex: subaward)

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Sally"/> Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Researcher"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	
Department: <input type="text"/>	
Organization Name: <input type="text" value="Washington University"/>	
Division: <input type="text"/>	
* Street1: <input type="text" value="660 South Euclid Avenue"/>	Only for Canada
Street2: <input type="text"/>	
* City: <input type="text" value="St. Louis"/>	For DOD: Enter assigned eBRAP User Name For NIH/ AHRQ: Enter assigned Commons User Name for anyone assigned the PD/PI Role
* State: <input type="text" value="MO: Missouri"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	Postal Code: <input type="text" value="63110-1010"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	9 digit zip code required if located in U.S.
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text" value="PD/PI"/>	Other Project Role Category: <input type="text"/>
Degree <input type="text"/>	
Type: <input type="text"/>	
* Attach Biographical Sketch	<input type="button" value="Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="button" value="Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

For DOD: Enter assigned eBRAP User Name
For NIH/ AHRQ: Enter assigned Commons User Name for anyone assigned the PD/PI Role

Only for Canada

9 digit zip code required if located in U.S.

Generally not required. Check guidelines for exceptions.

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title:
Department:
Organization Name:
Division:
* Street1:
Street2:
* City: County/Parish:
* State: Province:
* Country: * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:
Credential, e.g., agency login:
* Project Role: Other Project Role:
Degree Type:
Degree Year:
Attach Biographical Sketch Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment
Delete Entry Next Person

Only for Canada

9 digit zip code required if located in U.S.

Role of Co-PD/PI is used by NIH

Generally not required. Check guidelines for exceptions.

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.

PHS 398 Research Plan

OMB Number: 0925-0001
Expiration Date: 09/30/2024

Introduction

1. Introduction to Application
(for Resubmission and Revision
applications)

Add Attachment

Delete Attachment

View Attachment

Research Plan Section

2. Specific Aims

Add Attachment

Delete Attachment

View Attachment

3. *Research Strategy

Add Attachment

Delete Attachment

View Attachment

4. Progress Report Publication List

Add Attachment

Delete Attachment

View Attachment

Other Research Plan Section

5. Vertebrate Animals

Add Attachment

Delete Attachment

View Attachment

6. Select Agent Research

Add Attachment

Delete Attachment

View Attachment

7. Multiple PD/PI Leadership Plan

Add Attachment

Delete Attachment

View Attachment

8. Consortium/Contractual Arrangements

Add Attachment

Delete Attachment

View Attachment

9. Letters of Support

Add Attachment

Delete Attachment

View Attachment

10. Resource Sharing Plan(s)

Add Attachment

Delete Attachment

View Attachment

11. Other Plan(s)

Add Attachment

Delete Attachment

View Attachment

12. Authentication of Key Biological and/or
Chemical Resources

Add Attachment

Delete Attachment

View Attachment

Appendix

13. Appendix

Add Attachments

Delete Attachments

View Attachments

PHS Human Subjects and Clinical Trials Information

OMB Number: 0925-0001
Expiration Date: 09/30/2024

Use of Human Specimens and/or Data

* Does any of the proposed research in the application involve human specimens and/or data?

Yes No

Provide an explanation for any use of human specimens and/or data not considered to be human subjects research.

Add Attachment

Delete Attachment

View Attachment

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects

Yes

No

Enter appropriate information

Is the Project Exempt from Federal regulations?

Yes

No

Exemption number:

1

2

3

4

5

6

7

8

If No to Human Subjects

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

If Yes to Human Subjects

When the Workspace feature is used to complete application packages, subforms are added and managed using online Workspace functionality. This Workspace variation of the Human Subject Study Attachment(s) form displays subform names as specified by the applicant.

Add a record for each proposed Human Subject Study by selecting 'Add New Study' or 'Add New Delayed Onset Study' as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

Other Requested Information

Add Attachment

Delete Attachment

View Attachment

Study Record(s)

1) Human Subject Study 1

Delayed Onset Study(ies)

	Study Title	Anticipated Clinical Trial?	Justification
		<input type="checkbox"/>	<input type="text"/> Add Attachment Delete Attachment View Attachment

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 12/31/2022

UEI:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 1 Start Date: End Date:

Enter correct dates for Budget Period

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Cal.	Months		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
							Acad.	Sum.			
	Sally		Researcher								

Project Role:

Principal Investigator role must be entered as PD/PI

Additional Senior Key Persons:

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

Person months should match RMS Budget and Budget Justification

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<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"/>

Total Number Other Personnel Total Other Personnel

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

C. Equipment Description

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

Equipment item	Funds Requested (\$)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Additional Equipment: Add Attachment Delete Attachment View Attachment

Total funds requested for all equipment listed in the attached file	<input style="width: 100%;" type="text"/>
Total Equipment	<input style="width: 100%;" type="text"/>

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input style="width: 100%;" type="text"/>
2. Foreign Travel Costs	<input style="width: 100%;" type="text"/>
Total Travel Cost	<input style="width: 100%;" type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input style="width: 100%;" type="text"/>
2. Stipends	<input style="width: 100%;" type="text"/>
3. Travel	<input style="width: 100%;" type="text"/>
4. Subsistence	<input style="width: 100%;" type="text"/>
5. Other <input style="width: 450px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 30px;" type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs
	<input style="width: 100%;" type="text"/>

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
11. <input type="text"/>	
12. <input type="text"/>	
13. <input type="text"/>	
14. <input type="text"/>	
15. <input type="text"/>	
16. <input type="text"/>	
17. <input type="text"/>	

Total Other Direct Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type

Ex: Federal MTDC

Indirect Cost Rate (%)

Indirect Cost Base (\$)

Funds Requested (\$)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Total Indirect Costs

Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

Enter information of Cognizant

Federal agency:

DHHS, Arif Karim, 301-492-4855

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested (\$)

K. Total Costs and Fee

Funds Requested (\$)

Total Costs and Fee (I + J)

L. Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		
Section C, Equipment		
Section D, Travel		
1. Domestic		
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
11. Other 4		
12. Other 5		
13. Other 6		
14. Other 7		
15. Other 8		
Created 8/2024 AK		

16. Other 9

17. Other 10

Section G, Direct Costs (A thru F)

Section H, Indirect Costs

Section I, Total Direct and Indirect Costs (G + H)

Section J, Fee

Section K, Total Costs and Fee (I + J)