





## Overview of Electronic Submission of Administrative Supplements

### **eRA** Communications







# Benefits of Electronic Type 3 Submission

- Meet NIH and Federal-wide goals for increasing electronic grant processes.
- Simplify application process to reduce burden on grantees.
- Enable NIH to handle increasing number of administrative supplement requests
- Improve data collected for programs promoting diversity and reentry in the biomedical workforce



## **Implementation Notes**

Grantees are not required to use eSubmission options during pilot. Current paper process and existing IC submission systems remain available.

- To allow grantees the submission option during pilot ICs must allow submissions to come in electronically. Only applies to requests submitted in accordance with IC requirements.
- ICs may refuse requests submitted outside their deadlines, outside stated areas of interest, or lacking information required by IC.

Make sure to check with the IC before submitting regardless of mechanism to ensure you have the most recent and up-to-date information with regards to an Administrative Supplement Request.



## **Implementation Notes**

Grantees have two options for submitting administrative supplement requests:

- Through Grants.gov, allows users to leverage the same process used for competing grant application submissions – an especially nice feature for system-to-system users.
- 2. Through eRA Commons, a streamlined process where much of the application is pre-populated with information from the parent grant data and you are guided step by step through the rest of the application.



# Applicant View: Grants.gov Supplement Request

• As usual, click on

Apply for Grant Electronically

• Download application package based on the parent award's Activity Code.

	Opportunity				Instructions &
CFDA	Number	Competition ID	Competition Title	Agency	Application
93.389	PA-08-333	SUPPLEMENT-TYPE3- FELLOWSHIP-B1	For all F's	National Institutes of Health	download
93.389	PA-08-333	SUPPLEMENT-TYPE3- TRAINING-T-BUDGET-B1	For T15, T32, T34, T35, T36	National Institutes of Health	download
93.389	PA-08-333	SUPPLEMENT-TYPE3- TRAINING-RR-BUD-ONLY- B1	For K12, T37, KM1	National Institutes of Health	download
93.389	PA-08-333	SUPPLEMENT-TYPE3- TRAINING-DUAL-BUDGET- B1	T-TYPE3- L-BUDGET- For D71, D43, T01, T02, T03, T14, T42, T90, U2R, TU2 National Institutes of Health		download
93.389	PA-08-333	SUPPLEMENT-TYPE3- INSTRUMENTATION-B1	For S10	National Institutes of Health	<u>download</u>
93.389	PA-08-333	SUPPLEMENT-TYPE3-DIR- PIONEER-B1	For DP1, DP2	National Institutes of Health	download
93.389	PA-08-333	TYPE3-ADOBE-FORM-B1B2	For R01R03(NIH)R15R21R34G08R13/U13 R18/U18R21/R33 S11SC1SC2SC3R41R42R43R44	National Institutes of Health	<u>download</u>
93.389	PA-08-333	SUPPLEMENT-TYPE3- ENDOWMENT-B1	For S21, S22	National Institutes of Health	download
93.389	PA-08-333	SUPPLEMENT-TYPE3- CONSTRUCTION-B2	For C06, G20, UC6	National Institutes of Health	download
93.389	PA-08-333	SUPPLEMENT-TYPE3- CAREER-DEV-K-B1	For K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99	National Institutes of Health	download
93.389	PA-08-333	SUPPLEMENT-TYPE3- TARGET-RESEARCH-B1	For DP3	National Institutes of Health	download



# Applicant View: Grants.gov Supplement Request

 Complete following FOA and Application Guide instructions.

Save & Submit	Save Print Cancel Check Package for Errors			
GRANTS.GOV	J <sup>a</sup> .	Grant Application Package		
Opportunity Litle:	Research Project Grant (Parent RU1)			
Ottering Agency:	National Institutes of Health	This electronic grants application is intended to be used to apply for the specific Federal funding.		
CFDA Number:		opportunity referenced here.		
CFDA Description:		If the Federal funding opportunity listed is not		
Opportunity Number:	PA-10-067	the opportunity for which you want to apply,		
Competition ID:	ADORE-FORM5-B1	close this application package by clicking on the "Cancel" botton at the top of this screen. You		
Opportunity Open Date:	10/15/2010	will then need to locate the correct Federal		
Opportunity Close Date:	01/07/2013	funding opportunity, download its application and then apply.		
Agency Contact:	Grants Info Grants Information i-mail: Grantsinfo@nin.gov Fhome: 301-435-0714			

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	Mandatory Documents for Submission
SE424 (R & R)	Complete	
Research And Related Other Project Information	>	
Research And Related Senior/Key Person Profile		
Project/Performance Site Location(s)	Move Form to	
PHS 398 Research Plan	Delete	
PHS 398 Cover Page Supplement		
PHS 398 Checklist	<= · · ·	
		Open Form
Optional Documents	Move Form to	Optional Documents for Submission
Research & Related Budget	Submission List	
R & R Subaward Budget Attachment(s) Form	->	
PHS Cover Letter		
PHS 398 Modular Budget	Nove Form to	
	Delete	



Streamlined System for "Simple Supplements" via Commons

- Available for use in all programs currently accepting electronic submissions.
- Optimized for the majority of administrative supplements requesting only small amounts of money for simple additions, such as:
  - Adding personnel, particularly candidates for the diversity and re-entry programs.
  - Replacing or upgrading equipment
  - Purchasing additional supplies



Streamlined System for "Simple Supplements" via Commons

- PD/PIs, ASSTs or SOs will access an existing grant on the Commons and see a link to the Supplement Request module
- Module will include web-based system for data entry.
- PD/PI and ASST can fill out but only SO can submit
- NIH will route the application directly to the awarding IC (and notify the proper NIH staff) who will consider the request.



• PI, Delegate, or SO accesses parent award in Commons and clicks on "Admin Supp" to see list of grants eligible for supplements.

Home Admin Institution Profile Personal Profile Status eSNAP xTrain Links Admin Supp Help Grant List Admin Supp Status									
Administrative Supplements – List of Eligible Grants @									
You can work with a	dministrative sup	plement requests for the following grants:							
Grant Applications	1-8 out of 8 rec	ords Prev 1 Next							
Grant Number	PD/PI Name	Project Title	Project Period End Date	Current Reviewer	Action				
5R01CA122222-02	Howell, Donna	Program Project for Cancer Research			Initiate Request				
5R01HL122223-02	Howell, Donna	Research on the Heart and Other Stuff			Initiate Request				
5R01CA122222-03	Howell, Donna	Cancer Research in Simple Note Abstracting Programs	12/01/2011		View Status				
5R01HL122223-03	Howell, Donna	Heart Research to Sample Northern Area Pumpkins	12/01/2011	Howell, Donna M.	View Status				
1R01CA122222-01	Howell, Donna	New Important Cancer Research			Initiate Request				
1R01HL122223-01	Howell, Donna	New Interesting Research on the Heart			Initiate Request				
1R01CA122225-01	Howell, Donna	New Medical Cancer Research of the Thyroid			Initiate Request				
5R01Al122226-05	Howell, Donna	Allergy Research			Initiate Request				



#### Initiate Application Supplement

*IC and serial number of grant to be supplemented		
*Anticipated Start Date MM/DD/YYYY (enter in MM/DD/YYYY format)		Clicking "Yes" makes Diversity/Reentry fields available.
*Anticipated End Date Open Calendar (enter in MM/DD/YYYY format)		
*Funding Opportunity Announcement this request is in respon (example entry: PA-XX-XXX)	nse to	
Is this request for a diversity or re-entry supplement? Or Yes For supplements to increase diversity or promote reentry p Commons ID	s O No	Commons Username required both to allow pre-population AND to collect for future reporting.
First Name Middle Name Last Name		Corresponds to data elements in existing FOAs.
Attach applicant biosketch	Add Attachment Del	ete Attachment View Attachment
Attach applicant eligibility statement	Add Attachment Del	ete Attachment View Attachment
Attach research experience plan	Add Attachment Del	ete Attachment View Attachment



Do the supplement activities require a new IRB or IACUC approval? C Yes C No

Accepts any FOA-specific or ICrequested uploads as PDF files

Add other attachments

Add Attachment

#### Subrecipient Budgets

Please attach your subrecipient budget file(s) with the file name of the subrecipient organization. Each file must be unique. You may attach up to 10 subrecipients.

Budget Justification	,		in any appropriate format.
Budget	1		Phase I. Subrecipients attach PDF file
Attach Subrecipient		Add Attachment	No form available for subawards in

#### Budget Justification

Attach Budget Justification	Add Attachment Delete Attachm	nent View Attachment
Budget Period Select a budget period	Period 1 🗸 Go	"Go" opens budget pages for selected year
Save View Che	ck for Errors View Routing History Route to SO Cancel	Delete n, be sure to click
	It before moving on to the nex	t item



#### Budget Forms.

You selected this request for the 🛛 @ Recipient or	Subre	cipient
Cumulative Administrative Supplement Fund	s Request	ed
Cost	Totals (\$)	Action
Personnel	\$ 0	<u>Edit</u>
Equipment Purchases	\$0	<u>Edit</u>
Other Direct Costs	\$ 0	<u>Edit</u>
Total Direct Costs	\$0	
Total F&A (Indirect) Costs	\$ 0	Edit
Total Costs	\$0	
Additional Recipient F&A Costs (only when activities will occur at a subrecipient orga	anization)	
Recipient Indirect Cost Base	\$ 0	
Recipient F&A Cost Rate	0%	Edit
Additional Recipient F&A Costs	\$ 0	Edit
Total Administrative Supplement Funds Requested	\$0	

Main Budget Forms screen shows overall line-item request. Edit navigates to the data-entry screen for that line-item.

Navigation bar (at top and bottom of screen) navigates between main summary screen and the dataentry screens for each line item.

Attach Budget Justification

Save	View	Check for Errors	View Routing History	Route to SO	Cancel	Delete	

Supplement Summary | Personnel | Equipment Purchases | Other Direct Costs | F&A (Indirect) Costs | Additional Recipient F&A Costs



Personnel E	quipment Tr	ravel Pa	rticipant/Trainee Other	Direct _ FSA (In	direct) Costs					
Persor	Personnel for Budget Period 1 Tabs for navigating budget forms.									
			Summary of Admin	istrative Suppler	ment Funds Requested	l for Period 1				
Personnel	Equipment	Travel	Participant/Trainee	Other Direct	Total Direct Costs	Total F&A (Indirect) Costs	Total Requested			
\$0	\$0	<u>\$</u> 0	<b>\$</b> 0	<b>\$</b> 0	\$0	\$0	\$0			
Instructions fo	or Senior and I	Key Perso		l <mark>get Pa</mark>	<mark>ges incluc</mark>	<mark>le running tota</mark>	I <mark>l requeste</mark>	ed at top.		
Complete the f	form below wit	h informat	ion on the Senior and Ke	y Personnel for th	nis FOA. You may add u	ip to ten people. *Required field(s)	1			
Commons ID Pre-popul	Commons       First Name       Middle Name       Last Name       Role         ID       Pre-populate       Pre-populate       Please Select a Role <ul> <li>Other Role</li> <li>Image: Select a Role</li> <li>I</li></ul>									
*Person-Mont	hs Requested	Base S	alary *Rec	quested Salary	*Fringe Benefits	*Funds Requested				
							Add Clear			
Instructions for	or Other Perso	nnel								
Complete the form below with information for Other Personnel for this supplement request. You may add up to ten project roles.										
# of Other Personnel       Role(s)       Person-Months       Requested Salary       Fringe Benefits       Funds Requested         Requested       Requested       Add       Clear										
				T-4-1 D		5 Tet 10 Tet 1 Tet 1 Tet 1				

Personnel Step 3: See running total increase each time.										
This administrative supplement has been requested for activities at the 🦸 Recipient 🗂 Subrecipient Edit										
Administrative Supplement Funds Requested Summary										
Personnel	Equipment Purchases	Other Direct Costs	Total Direct Costs	Total F&A (Indirect) Costs	Additional Recipient F&A Costs	Total Requested				
\$ 50,000	5.0	5.0	£ 50,000	e 0	5.0	\$ 50,000				



Save Cancel Supplement Summary | Personnel | Equipment Purchases | Other Direct Costs | F&A (Indirect) Costs | Additional Recipient F&A Costs

14



Personnel Equipment Travel Participant/Trainee Other Direct F&A (Indirect) Costs

### Equipment for Budget Period 1

Summary of Administrative Supplement Funds Requested for Period 1								
Personnel Equipment Travel Participant/Trainee Other Direct Total Direct Costs Total F&A (Indirect) Costs Total Request						Total Requested		
\$ 50,000	\$ 1,000	\$0	\$0	\$0	\$ 51,000	\$0	\$ 51,000	

#### Instructions for Equipment

List each request for equipment item and dollar amount for each item exceeding \$5000. Equipment is defined as an item of property that has an acquisition cost of \$5000 or more (unless the organization has an established lower level) and an expected service life of more than one year. List each item of equipment sold separately and justify each in the budget justification section. Allowable items will ordinarily be limited to research equipment and apparatus not already available for the conduct of work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research. You may add up to 10 equipment items.

Equipment Item		unds Requested	Add Clear	
#	Equipment Item	Funds Requested	Action	
	Microsoppo	1 000	Edit Delete	
1	Microscope	1,000	<u>Luit Delete</u>	

List each equipment item and funds requested separately, and click Add. Screen updates with requested funds and clears fields for next entry.

**Total Equipment Requested** 

\$0



Personnel Equipment Travel Participant/Trainee Other Direct F&A (Indirect) Costs

### Travel for Budget Period 1

Summary of Administrative Supplement Funds Requested for Period 1							
Personnel	Equipment	Travel	Participant/Trainee	Other Direct	Total Direct Costs	Total F&A (Indirect) Costs	Total Requested
\$ 50,000	\$ 1,000	\$ 1,000	\$0	<b>\$</b> 0	\$ 51,000	\$0	\$

#### Instructions for Travel

List total funds requested for domestic and foreign travel. In the budget justification, include the purpose, destination, dates of travel (if known) or estimated length of trip, and number of individuals for each trip.





Personnel Equipment Travel Participant/Trainee Other Direct F&A (Indirect) Costs

### Participant/Trainee Support Costs for Budget Period 1

	Summary of Administrative Supplement Funds Requested for Period 1						
Personnel	Equipment	Travel	Participant/Trainee	Other Direct	Total Direct Costs	Total F&A (Indirect) Costs	Total Requested
\$ 50,000	\$ 1,000	\$ 1,000	\$ 600	<b>\$</b> 0	\$ 52,600	\$0	\$ 52,600

Instructions for Participant/Trainee	Support Costs			
Participant/Trainee Support Costs m Tuition/Fees/Health Insurance \$ 500 Other Explain (enter explanation below)	ay only be added when requi	ested in the FOA Travel Other Costs	Subsistence \$ 100 # of Participants	This section included for consistency with R&R budget forms but will rarely be used.
	Total Particip	ants/Trainee Support Co	sts \$ 60	00



Personnel Equipment Travel Participant/Trainee Other Direct F&A (Indirect) Costs

### Other Direct Costs for Budget Period 1

	Summary of Administrative Supplement Funds Requested for Period 1						
Personnel	Equipment	Travel	Participant/Trainee	Other Direct	Total Direct Costs	Total F&A (Indirect) Costs	Total Requested
\$ 50,000	\$ 1,000	\$ 1,000	\$ 600	\$ 9,000	\$ 61,600	\$0	<b>\$ 61,600</b>

#### Instructions for Other Direct Costs

Materials and Supplies: List total funds requested for materials and supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1000 are not required to be itemized.

Subaward Fee: Only those grants that are R41, R42, R43, R44, U43, or U44 may enter fees. costs not Subawards/Consortium/Contractual Costs Consultant Services ADP/Computer Services Materials and Supplies calculated \$ 3.000 \$ 1.500 from Alterations and Renovations Publication Costs Equipment or Facility Rental/User Fees Fee subaward \$ 500 \$ 4,000 budgets Fee only available for R41, R42, R43, R44, U43, and U44 Parent awards Total Other Direct Costs Requested \$ 9,000



Personnel Equipment Travel Participant/Trainee Other Direct F&A (Indirect) Costs

### F&A Indirect Costs for Budget Period 1

	Summary of Administrative Supplement Funds Requested for Period 1           Versonnel         Equipment         Travel         Participant/Trainee         Other Direct         Total Direct Costs         Total F&A (Indirect) Costs						
Personnel	Equipment	Travel	Participant/Trainee	Other Direct	Total Direct Costs	Total F&A (Indirect) Costs	Total Requested
\$ 50,000	\$ 1,000	\$ 1,000	\$ 600	\$ 9,000	\$ 61,600	\$ 10,000	\$ 71,6000

#### Instructions for Indirect (F&A) Costs

You may add up to 4 Indirect (F&A) Costs. Indirect Cost Type Indirect Cost Base \$			Indirect Cos	it Rate % Indi	rect Cost \$ Add F	Rates Clear	Indirect Costs auto-calculated from base and rate provided
#	Indirect Cost Type	e Indirect Cost	Base Ind	lirect Cost Rate	Indirect Cost	Action	Tate provided.
1	Type 1	12,000		50%	6,000	Edit Delete	
2	Type 2	10,000		30%	3,000	Edit Delete	
3	Туре З	4,000		25%	1,000	Edit Delete	
_							

Indirect Cost Subtotal

\$0



# Completing the Streamlined Request

- Return to "Home" tab to view summary of all budget and administrative data.
  - "Save" stores request information in Commons
  - "View" displays a printable PDF of the draft request
  - "Check for Errors" identifies errors and warnings that need to be addressed
  - PD/PI may "Route to SO" for review and submission
  - SO may "Route to PD/PI" with comments
  - "Cancel" clears the screen without saving data
  - "Delete" removes draft request from Commons
  - "Submit" routes official submission to NIH (SO only)



# Completing the Streamlined Request

#### **Budget Justification**



#### Cumulative Administrative Supplement Funds Requested

Check for Errors

dget
appears
scroon
Scieen
ed in
abs.

View Routing History

Route to SO

Cancel

Delete

Options Menu

Save

View



# Image of Streamlined Request

ADMINISTRATIV	E INFORMATION
Grant Number:	Requested Supplement Period:
3-3000-00-9797979-88	From: MM/DD/YYYY To: MM/DD/YYYY
EIN: secondaria	DUNS: ASSASSASSA
FOA #: NOT-OD-JOLJOU	Date Submitted: MM/DD/YYYY
FOA Tide:	
Project Tide:	
Principal Invectigator:	Applicant Organization:
Michael D. Slater, M.D.	Colorado State University
Colorado State University	Journalism and Technical Communication
Journalism and Technical Communication Fort Collina, CO 80523	Fent Cellina, CO 80523
Phone Number: 999-999-9999	Department: Radiology
Fax Number: 999-099-099-099 Email Address: pi_uxr@institution.edu	Major Subdivision: Pediatries
Administrative Official:	Signing Official:
Betty Eckert	Jee Smith
Sponsored Programs	President
Enganged Administration	Colorado State University
Fort Collins, CO 80523	Fen Cellina, CO 80523
Phone Number: 000-000-0000	Phone Number: 000-000-0000
Fax Number: 999-999-9999	Fax Number: 999-999-9999
Email Address: ac_user@institution.edu	Essail Address: so_user@institution.edu
Human Subjecta: 🛛 No 🗌 Yea	Verebrae Animals: 🛛 No 🗌 Yez
Research Exempt: 🗌 No 🗌 Yez	Animal Accurance Number: A3283-01
Exemption No: E4 FWA Number: 281750684078	
-	Do des supplement acéviées require additional IRB or
Phane III Clinical Trial: No Ver	IACUC approval? No Ver
BUDGET IN	FORMATION
PERSONNEL	
Semior/Key Personnel Requested	
Name: <senior 'firstname'="" 'middle="" 1="" key="" name'<="" person="" td=""><td>"Last Name"&gt;</td></senior>	"Last Name">
Role: «Role»	Base Salary: \$999,999
Common ID: «Commons ID» Person-Manda Respected: Son>	Requested Salary: 5999,999 Frings Research: 5000,000
And a state of the	and a second

Administrative Supplement Request (Cover	Page section, continued) DRAF1
Nause: <senice 'firstname'="" 'middle="" 2="" key="" name'<="" person="" th=""><th>"Last Name"&gt; (up to 10)</th></senice>	"Last Name"> (up to 10)
Role: «Role» Common: ID: «Common: ID» Perton-Monthe Requested: «qg»	Base Salary: \$900,000 Requested Salary: \$900,000 Fringe Benefit: \$9000,000
	Fund: Requested: \$999,999
Subtotal Senior/Key Persons Requested: <a href="https://www.senior.com">https://www.senior.com</a>	
Subtotal Senior/Key Personnel Funds Requested: \$9,99	9,999
Other Personnel Requested	
Number Requested: <qq> Role(r): <role></role></qq>	Requested Salary: \$999.999
Perton-Month: Requested: <qq></qq>	Fringe Benefit: \$999.999
	Fund: Requested: \$999,009
Total Number Supplemental Personal Requested: <a href="https://www.supplemental.org">supplemental.org</a> Total Supplemental Personal Personal Personal Control of Supplemental Control of Supplementa	
Total Supplemental Personnel Fund: Kequeted: 50,00	1,9 W
OTHER DIRECT COSTS	
Material: and Supplie: Requested \$99,999	
Travel Requested \$99.999	
Other Cost: Requested \$99,999	
Total Other Direct Cost: Requested \$999,999	
EQUIPMENT	
Equipment Item: Requested	
<li>licm i&gt;</li>	20,000,000
<8cm 2>	30,000,000
<li>temup to 10&gt;</li>	30,000,000
Total Equipment Cost: Requested:	\$0,000,000
Total Direct Coat: requested by Sub-recipient:	Sub-recipient Indirect Cost: Requested (if applicable)
\$99,999,999 (if spplicable)	Indirect Cost Base: \$99,999,999 Indirect Cost Base: 00016
Total Direct Cost: Requested by Recipient:	Sub-recipient Indirect Cost: \$99,999,999
500,000,000	
Recipient Indirect (F&A) Costs:	
Indirect Base Indirect Rate Total	Total Indirect Cost: Requested by Recipient:
	\$00,000,000
200,000,000 900% 200,000,000 (t)	
209,999,999 999% 209,999,999 (1) 299,999,999 999% 209,999,999 (2)	



# Image of Streamlined Request

ministrative Supplement Rogness, (Personnel detail section, continued)	DRAFT
RECONNEL REQUESTED:	
ienier/Key Penen (ggup to 10) Name>	
ienies Key Person (88up to 10) Role>	
pplicant Biocketch for cupplements to increase diversity or promote reentry:	
nsert parsed text that corresponds to the applicable person from the Applicant Biosketch file attachment>	
igibility Statement for supplements to increase diversity or promote reentry:	
naert text from Applicant Elizibility Statement file attachment, if applicable>	
rearch Experience Plan for rupplement: to increase diversity or promote reentry:	

	DIGT
OTHER ATTACHMENTS:	
< <u>Asta chanent l File Name&gt;</u>	
<insert 1="" attachment="" from="" other="" text=""></insert>	
	I

DRAFT



- Once submitted, status viewable in Commons by SO, PD/PI, and delegate.
- Awarded type 3s visible but those awarded as Type 5s will not update in Commons in Phase I.

ant Number: iject Title:	Howell, Donna 5R01HL122223-03 Heart Research to Sample Northern Area Pumpkins				
following administrati	ve supplement requests e Grants.gov Tracking	istforthis grant:	Date of Supp Submission	Request Status	Action
9651242 9823834	GRANT00055429	Howell, Donna M. Howell, Donna M.	1/5/2011	PD/PI WIP Submitted	Edit View Submitted Request





## Overview of Electronic Submission of Administrative Supplements

## Thank you

**eRA** Communications



