eRA Workshop: Grant Application Preparation & Submission w/ Answers

November 2019

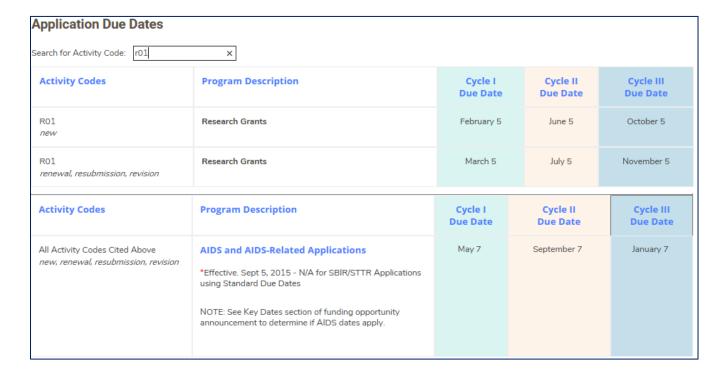
Small Group Exercise

Scenario:

It's November and the Office of Sponsored Research at Whatsamatta U is reviewing a grant application for Dr. Cher D Money and her research partner Dr. Ann T Dote that they plan to submit to the spring 2020 standard due date. The R01 application includes both vertebrate animal and human subjects research. Below you will find a subset of the forms included in their application. They are applying to the parent R01 announcement which does not include any special application instructions.

Task:

- 1. You are tasked with reviewing the subset of application forms for completeness and adherence to NIH business rules. Using the <u>Annotated Form Set</u> for reference, identify as many issues as you can that might be flagged as submission errors.
- 2. When would the application be due? Answer: Unclear which due date applies. A conversation with the PD/PI(s) is in order. If it is truly a New application, then February 5. If a Resubmission/Revision/Renewal, then March 5. If AIDS-related, then May 7.



	Providing a Federal Identifier for a New (box 8)	
APPLICATION FOR FEDERAL ASSISTANCE	application doesn't make sense. Even if	
SF 424 (R&R)	appropriate, correct format would be Al013579.	
1. TYPE OF SUBMISSION	4. a. Federal Identifier 1R01AI013579	
Pre-application Application Changed/Corrected Application	b. Agency Routing Identifier	
2. DATE SUBMITTED Applicant Identifier		
	c. Previous Grants.gov Tracking ID	
5. APPLICANT INFORMATION Organizational DUNS: 1090000		
Legal Name: Whatsamatta U	Previous Grants.gov Tracking ID is required	
Department: Sponsored Programs Office Division:	for Changed/Corrected Application (box 1).	
Street1: 123 Easy Street		
Street2:		
City: Magic County / Paris	Province:	
State: MD: Maryland		
Country: USA: UNITED STATES	ZIP / Postal Code: 208171814	
Person to be contacted on matters involving this application Prefix: First Name: Major	Middle Name: Lee	
Last Name: Helpful	Suffix:	
Position/Title:	7	
Street1: 123 Easy Street		
Street2:		
City: Magic County / Paris	sh:	
State: MD: Maryland	Province:	
Country: USA: UNITED STATES	ZIP / Postal Code: 208171814	
Phone Number: 301-555-1111 Fax Number:		
Email: MajorLeeHelpful@whatsamattau.edu This EIN is typically used for foreign organizations,		
6. EMPLOYER IDENTIFICATION (EIN) or (TIN) 444444444 but will not trigger an error/warning.		
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: If Revision, mark appropriate box(es).		
New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		
Renewa E. Other (specify):		
Circo forms include a Federal Island Sirror and an Island Sirror at the Island Sirror at th		
Since forms include a Federal Identifier and an Introduction attachment, it is possible this application is meant to be a Resubmission rather than a Changed/Corrected application.		
application is meant to be a resubmission rather than a changed/corrected application.		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
Application Submission Workshop Sample		
12. PROPOSED PROJECT: 13. CONGRESSIONAL DISTRICT OF APPLICANT		
Start Date		

Start date is in the past

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: First Name: Cher Middle Name: D
Last Name: Money Suffix:
Position/Title: Researcher
Organization Name: Whatsamatta u
Department: Immunology Division:
Should
Street2: 123 Easy Street
City: Magic County / Parish:
Chat.
Country: USA: UNITED STATES ZIP / Postal Code: 208171814
Phone Number: 301-555-2222 Fax Number:
Email: CherDMoney@whatsamattau.edu
and a second 1 & Company and a second and a second and a second a
15. ESTIMATED PROJECT FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSO
a. Total Federal Funds Requested 0.00 a. YES Budget values do not automatically carry
b. Total Non-Federal Funds over from budget forms. Must manually
enter total budget amounts
d. Folianted Business Secretary Secr
d. Estimated Program Income 0.00 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR
REVIEW
17. By signing this application, I certify (1) to the staftrue, complete and accurate to the best of my knowl Must sign-off that information is accurate and that you will
terms if I accept an award. I am aware that any false
administrative penalties. (U.S. Code, Title 18, Section 2011) With Certifications in NiH Grant Policy Statement.
"The list of cardinations and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.
*The list of Control of Control of the Control of t
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OMB Number: 4040-0010 Expiration Date: 12/31/2019

Project/Performance Site Location(s)

Project/Performance Site Primary Location Signature Islam 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: Whatsamatta U Do not check box. All NIH applications
DUNS Number: are submitted from organizations.
* Street1: 123 Easy Street
Street2: DUNS is required for primary performance site.
* City: Magic County:
* State: MD: Maryland
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 208141814 * Project/ Performance Site Congressional District: MD-004
Project/Performance Site Location 1
* ZIP / Postal Code: 220431234 * Project/ Performance Site Congressional District: VA-695

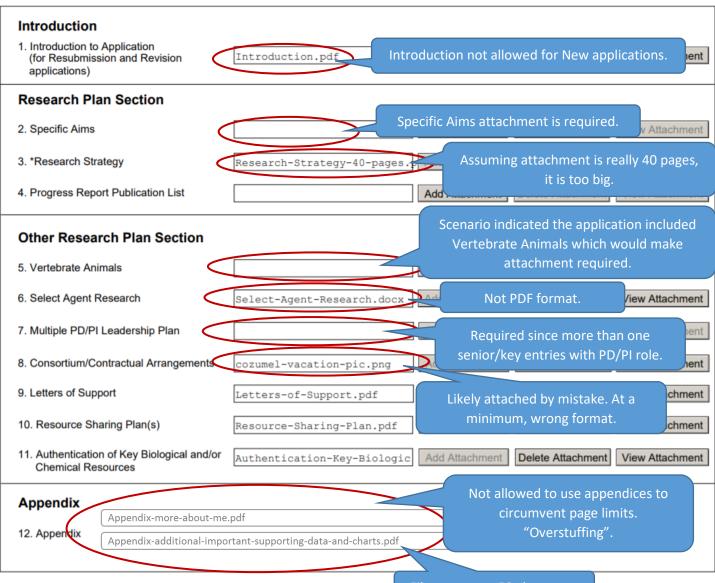
OMB Number: 4040-0001 Expiration Date: 10/31/2019

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator		
Prefix: * First Name: Cher	Middle Name: D	
* Last Name: Money	Suffix:	
Position/Title: Department	nt: Immunology	
Organization Name: Whatsamatta U	Division:	
* Street1: 123 Easy Street		
Street2:		
* City: Magic County/ Parish:		
* State: MD: Maryland	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 208171814	
* Phone Number: 301-555-2222 Fax Number:		
* E-Mail: CherDMOney@whatsamattau.edu Credential fie	eld must include the eRA Commons	
Credential, e.g., agency login: usernar	me when Project Role is PD/PI.	
* Project Role: PD/PI Other Project Role Category	gory:	
Degree Type:		
Degree Year:		
*Attach Biographical Sketch Biosketch-CHERDMONEY.pdf Add	Do not include Current & Pending	
Attach Current & Pending Support Current-and-Pending-Support.	Support unless asked for in FOA.	
PROFILE - Senior/Key Person 1		
Prefix: * First Name: Ann	Middle Name: T	
* Last Name: Dote	Suffix:	
Desition/Title: Description		
Organization required for all		
* Street1: 424 Miracle Lane		
Street2:		
* City: Pimmit Hills County/ Parish:		
* State: VA: Virginia	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 220431234	
* Phone Number: 301-555-4444 Fax Number:		
* E-Mail: AnnTDote@curesrus.org Credential field n	nust include the eRA Commons	
Credential, e.g., agency login username when Project Role is PDPI.		
* Project Role: PD/PI Other Project Role Category	gory:	
Degree Type:		
Degree Year:	guired for all conjunt/you	
Degree Year: Biosketch red Attach Biographical Sketch	quired for all senior/key entries.	

PHS 398 Research Plan

OMB Number: 0925-0001 Expiration Date: 3/31/2020



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