

# 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 [Annotated Form Set](#) 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.

Application Due Dates				
Search for Activity Code: <input type="text" value="r01"/> <input type="button" value="x"/>				
Activity Codes	Program Description	Cycle I Due Date	Cycle II Due Date	Cycle III Due Date
R01 <i>new</i>	Research Grants	February 5	June 5	October 5
R01 <i>renewal, resubmission, revision</i>	Research Grants	March 5	July 5	November 5
Activity Codes	Program Description	Cycle I Due Date	Cycle II Due Date	Cycle III Due Date
All Activity Codes Cited Above <i>new, renewal, resubmission, revision</i>	<b>AIDS and AIDS-Related Applications</b>  *Effective: Sept 5, 2015 - N/A for SBIR/STTR Applications using Standard Due Dates  NOTE: See Key Dates section of funding opportunity announcement to determine if AIDS dates apply.	May 7	September 7	January 7

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		<b>3. DATE</b> [ ]
<b>2. DATE SUBMITTED</b> [ ]		<b>4. a. Federal Identifier</b> 1R01AI013579
<b>Applicant Identifier</b> [ ]		<b>b. Agency Routing Identifier</b> [ ]
		<b>c. Previous Grants.gov Tracking ID</b> [ ]
<b>5. APPLICANT INFORMATION</b>		
<b>Legal Name:</b> Whatsamatta U		
<b>Department:</b> Sponsored Programs Office <b>Division:</b> [ ]		
<b>Street1:</b> 123 Easy Street		
<b>Street2:</b> [ ]		
<b>City:</b> Magic <b>County / Parish:</b> [ ]		
<b>State:</b> MD: Maryland <b>Province:</b> [ ]		
<b>Country:</b> USA: UNITED STATES <b>ZIP / Postal Code:</b> 208171814		
<b>Organizational DUNS:</b> 1090000		
<b>Person to be contacted on matters involving this application</b>		
<b>Prefix:</b> [ ] <b>First Name:</b> Major <b>Middle Name:</b> Lee		
<b>Last Name:</b> Helpful <b>Suffix:</b> [ ]		
<b>Position/Title:</b> [ ]		
<b>Street1:</b> 123 Easy Street		
<b>Street2:</b> [ ]		
<b>City:</b> Magic <b>County / Parish:</b> [ ]		
<b>State:</b> MD: Maryland <b>Province:</b> [ ]		
<b>Country:</b> USA: UNITED STATES <b>ZIP / Postal Code:</b> 208171814		
<b>Phone Number:</b> 301-555-1111 <b>Fax Number:</b> [ ]		
<b>Email:</b> MajorLeeHelpful@whatsamattau.edu		
<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 4444444444		
<b>7. TYPE OF APPLICANT:</b> [ ] O: Private Institution of Higher Education		
<b>Other (Specify):</b> [ ]		
<b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
<b>8. TYPE OF APPLICATION:</b>		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>If Revision, mark appropriate box(es).</b>		
<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): [ ]		
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
Application Submission Workshop Sample		
<b>12. PROPOSED PROJECT:</b>		<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
<b>Start Date</b> 01/01/2019 <b>Ending Date</b> 12/31/2023		MD-004

Providing a Federal Identifier for a New (box 8) application doesn't make sense. Even if appropriate, correct format would be AI013579.

Previous Grants.gov Tracking ID is required for Changed/Corrected Application (box 1).

This EIN is typically used for foreign organizations, but will not trigger an error/warning.

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.

Start date is in the past.

<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>	
Prefix: <input type="text"/>	First Name: <input type="text" value="Cher"/> Middle Name: <input type="text" value="D"/>
Last Name: <input type="text" value="Money"/> Suffix: <input type="text"/>	
Position/Title: <input type="text" value="Researcher"/>	
Organization Name: <input type="text" value="Whatsamatta u"/>	
Department: <input type="text" value="Immunology"/> Division: <input type="text"/>	
Street1: <input type="text" value="123 Easy Street"/>	
Street2: <input type="text"/>	
City: <input type="text" value="Magic"/> County / Parish: <input type="text"/>	
State: <input type="text" value="MD: Maryland"/> Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="208171814"/>	
Phone Number: <input type="text" value="301-555-2222"/> Fax Number: <input type="text"/>	
Email: <input type="text" value="CherDMoney@whatsamattau.edu"/>	
<b>15. ESTIMATED PROJECT FUNDING</b>	
a. Total Federal Funds Requested <input type="text" value="0.00"/>	a. YES <input type="checkbox"/>
b. Total Non-Federal Funds <input type="text" value="0.00"/>	b. NO <input type="checkbox"/>
c. Total Federal & Non-Federal Funds <input type="text" value="0.00"/>	<input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12812, OR
d. Estimated Program Income <input type="text" value="0.00"/>	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
<b>17. By signing this application, I certify (1) to the state that the information is true, complete and accurate to the best of my knowledge and belief, and (2) to the federal government that I am aware that any false information may result in administrative penalties. (U.S. Code, Title 18, Section 1001)</b>	
<input type="checkbox"/> I agree	
<small>*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.</small>	
<b>18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation</b>	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>19. Authorized Representative</b>	
Prefix: <input type="text"/>	First Name: <input type="text" value="Ima"/> Middle Name: <input type="text"/>
Last Name: <input type="text" value="Syner"/> Suffix: <input type="text"/>	
Position/Title: <input type="text" value="Funds Finder"/>	
Organization: <input type="text" value="Whatsamatta u"/>	
Department: <input type="text" value="Sponsored Programs Office"/> Division: <input type="text"/>	
Street1: <input type="text" value="123 Easy Street"/>	
Street2: <input type="text"/>	
City: <input type="text" value="Magic"/> County / Parish: <input type="text"/>	
State: <input type="text" value="MD: Maryland"/> Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="208171814"/>	
Phone Number: <input type="text" value="301-555-3333"/> Fax Number: <input type="text"/>	
Email: <input type="text" value="ImaSyner@whatsamattau.edu"/>	
<b>Signature of Authorized Representative</b>	
<input type="text" value="Completed on submission to Grants.gov"/>	
<b>20. Pre-application</b>	
<input type="text" value="cover-letter.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>21. Cover Letter Attachment</b>	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	

Budget values do not automatically carry over from budget forms. Must manually enter total budget amounts.

Must sign-off that information is accurate and that you will comply with certifications in NIH Grant Policy Statement.

Document attached in wrong field. Be careful to attach Cover Letter in appropriate field or it will become part of your application image seen by reviewers.

## 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: Whatsamatta U

DUNS Number:

\* Street1: 123 Easy Street

Street2:

\* City: Magic

County:

\* State: MD: Maryland

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 208141814

\* Project/ Performance Site Congressional District: MD-004

Do not check box. All NIH applications are submitted from organizations.

DUNS is required for primary performance site.

### 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: Cures R Us

DUNS Number:

\* Street1: 424 Miracle Lane

Street2:

\* City: Pimmit Hills

County:

\* State: VA: Virginia

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 220431234

\* Project/ Performance Site Congressional District: VA-695

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

## 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: 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, e.g., agency login:	
* Project Role: PD/PI	Other Project Role Category:
Degree Type:	
Degree Year:	
* Attach Biographical Sketch	Biosketch-CHERDMONEY.pdf
Attach Current & Pending Support	Current-and-Pending-Support.pdf

Credential field must include the eRA Commons username when Project Role is PD/PI.

Do not include Current & Pending Support unless asked for in FOA.

PROFILE - Senior/Key Person 1	
Prefix:	* First Name: Ann Middle Name: T
* Last Name: Dote	Suffix:
Position/Title: Researcher	
Organization Name:	Division:
* 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, e.g., agency login:	
* Project Role: PD/PI	Other Project Role Category:
Degree Type:	
Degree Year:	
Attach Biographical Sketch	
Attach Current & Pending Support	

Organization required for all senior/key entries.

Credential field must include the eRA Commons username when Project Role is PDPI.

Biosketch required for all senior/key entries.

# PHS 398 Research Plan

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

Introduction		
1. Introduction to Application (for Resubmission and Revision applications)	<input type="text" value="Introduction.pdf"/>	Introduction not allowed for New applications.

Research Plan Section		
2. Specific Aims	<input type="text"/>	Specific Aims attachment is required.
3. *Research Strategy	<input type="text" value="Research-Strategy-40-pages.pdf"/>	Assuming attachment is really 40 pages, it is too big.
4. Progress Report Publication List	<input type="text"/>	

Other Research Plan Section		
5. Vertebrate Animals	<input type="text"/>	Scenario indicated the application included Vertebrate Animals which would make attachment required.
6. Select Agent Research	<input type="text" value="Select-Agent-Research.docx"/>	Not PDF format.
7. Multiple PD/PI Leadership Plan	<input type="text"/>	Required since more than one senior/key entries with PD/PI role.
8. Consortium/Contractual Arrangements	<input type="text" value="cozumel-vacation-pic.png"/>	
9. Letters of Support	<input type="text" value="Letters-of-Support.pdf"/>	Likely attached by mistake. At a minimum, wrong format.
10. Resource Sharing Plan(s)	<input type="text" value="Resource-Sharing-Plan.pdf"/>	
11. Authentication of Key Biological and/or Chemical Resources	<input type="text" value="Authentication-Key-Biologic"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Appendix		
12. Appendix	<input type="text" value="Appendix-more-about-me.pdf"/>	Not allowed to use appendices to circumvent page limits. "Overstuffing".
	<input type="text" value="Appendix-additional-important-supporting-data-and-charts.pdf"/>	

Filename over 50 characters