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?
# Application for Federal Assistance

**SF 424 (R&R)**

**1. Type of Submission**
- [ ] Pre-application
- [ ] Application
- [X] Changed/Corrected Application

**2. Date Submitted**

<table>
<thead>
<tr>
<th>Applicant Identifier</th>
</tr>
</thead>
</table>

**3. Date Received by State**

<table>
<thead>
<tr>
<th>State Application Identifier</th>
</tr>
</thead>
</table>

**4. Federal Identifier**

<table>
<thead>
<tr>
<th>a. Federal Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1R01AI013579</td>
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<table>
<thead>
<tr>
<th>b. Agency Routing Identifier</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>c. Previous Grants.gov Tracking ID</th>
</tr>
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</table>

**5. Applicant Information**

<table>
<thead>
<tr>
<th>Legal Name: What'samatta U</th>
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<table>
<thead>
<tr>
<th>Department: Sponsored Programs Office</th>
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</table>

<table>
<thead>
<tr>
<th>Street1: 123 Easy Street</th>
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<table>
<thead>
<tr>
<th>Street2:</th>
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</table>

<table>
<thead>
<tr>
<th>City: Magic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County / Parish:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State: MD: Maryland</th>
</tr>
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<table>
<thead>
<tr>
<th>Country: USA: UNITED STATES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ZIP / Postal Code: 208171814</th>
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</table>

**Person to be contacted on matters involving this application**

<table>
<thead>
<tr>
<th>Prefix:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Last Name: Helpful</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Name: Major</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Middle Name: Lee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suffix:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Position/Title:</th>
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<table>
<thead>
<tr>
<th>Street1: 123 Easy Street</th>
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<table>
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<tr>
<th>Street2:</th>
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<table>
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<tr>
<th>City: Magic</th>
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<table>
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<tr>
<th>County / Parish:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State: ME: Maryland</th>
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<table>
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<tr>
<th>Country: USA: UNITED STATES</th>
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</thead>
</table>

<table>
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<tr>
<th>ZIP / Postal Code: 208171814</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Phone Number: 301-555-1111</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Fax Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email: MajorLeeHelpful@what'samatta.u.edu</th>
</tr>
</thead>
</table>

**6. Employer Identification (EN) or (TIN):**

<table>
<thead>
<tr>
<th>444444444</th>
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**7. Type of Applicant:**

- [ ] 0: Private Institution of Higher Education
- [ ] Other (Specify):  

**8. Type of Application:**

- [X] 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
- [ ] Other: What other Agencies?

**9. Name of Federal Agency:**

<table>
<thead>
<tr>
<th>National Institutes of Health</th>
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</table>

**10. Catalog of Federal Domestic Assistance Number:**

<table>
<thead>
<tr>
<th>TITLE:</th>
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**11. Descriptive Title of Applicant’s Project:**

Application Submission Workshop Sample

**12. Proposed Project:**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Ending Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2019</td>
<td>12/31/2023</td>
</tr>
</tbody>
</table>

**13. Congressional District of Applicant**

<table>
<thead>
<tr>
<th>MD-04</th>
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</table>
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix:  
First Name: Cher  
Middle Name:  
Last Name: Money  
Position/Title:  
Organization Name: Whatsamatta U  
Department: Immunology  
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:  
Email: CherDMoney@whatsamatta.edu

15. ESTIMATED PROJECT FUNDING
a. Total Federal Funds Requested 0.00  
b. Total Non-Federal Funds  
c. Total Federal & Non-Federal Funds 0.00  
d. Estimated Program Income 0.00

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  
   X 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 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)

   X 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
Add Attachment  
Delete Attachment  
View Attachment

19. Authorized Representative
Prefix:  
First Name: Ima  
Middle Name:  
Last Name: Syner  
Position/Title: Funds Finder  
Organization: Whatsamatta U  
Department: Sponsored Programs Office  
Division:  
Street1: 123 Easy Street  
Street2:  
City: Magic  
County / Parish:  
State: MD: Maryland  
Province:  
Country: USA: UNITED STATES  
ZIP / Postal Code: 208171814  
Phone Number: 301-555-3333  
Fax Number:  
Email: ImaSyner@whatsamatta.edu

Signature of Authorized Representative  
Completed on submission to Grants.gov
Date Signed  
Completed on submission to Grants.gov

20. Pre-application  
cover-letter.pdf
Add Attachment  
Delete Attachment  
View Attachment

21. Cover Letter Attachment
Add Attachment  
Delete Attachment  
View Attachment
## Project/Performance Site Location(s)

### Project/Performance Site Primary Location

- **Organization Name:** Whatsamatta U

**Street1:** 123 Easy Street

**City:** Magic

**State:** MD: Maryland

**Country:** USA: UNITED STATES

**ZIP / Postal Code:** 208141814

### Project/Performance Site Location 1

- **Organization Name:** Cures R Us

**Street1:** 424 Miracle Lane

**City:** Pimmit Hills

**State:** VA: Virginia

**Country:** USA: UNITED STATES

**ZIP / Postal Code:** 220431234

### Additional Location(s)
## RESEARCH & RELATED Senior/Key Person Profile (Expanded)

### PROFILE - Project Director/Principal Investigator

- **Prefix:** [ ]
- **First Name:** Cher
- **Middle Name:** [ ]
- **Last Name:** Money
- **Suffix:** [ ]
- **Position/Title:** [ ]
- **Department:** Immunology
- **Organization Name:** Whatsamatta U
- **Division:** [ ]
- **Street1:** 123 Easy Street
- **Street2:** [ ]
- **City:** [ ]
- **County/Parish:** [ ]
- **State:** MD: Maryland
- **Country:** USA: UNITED STATES
- **Phone Number:** 301-555-2222
- **Fax Number:** [ ]
- **E-Mail:** cherDMoney@whatssamatta.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]

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### PROFILE - Senior/Key Person 1

- **Prefix:** [ ]
- **First Name:** Ann
- **Middle Name:** [ ]
- **Last Name:** Dote
- **Suffix:** [ ]
- **Position/Title:** Researcher
- **Department:** [ ]
- **Organization Name:** [ ]
- **Division:** [ ]
- **Street1:** 424 Miracle Lane
- **Street2:** [ ]
- **City:** Pimmit Hills
- **County/Parish:** [ ]
- **State:** VA: Virginia
- **Country:** USA: UNITED STATES
- **Phone Number:** 301-555-4444
- **Fax Number:** [ ]
- **E-Mail:** AnnTDote@curesarus.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
- [ ]

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# PHS 398 Research Plan

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

## Research Plan Section
2. Specific Aims
3. *Research Strategy
4. Progress Report Publication List

## Other Research Plan Section
5. Vertebrate Animals
6. Select Agent Research
7. Multiple PD/PI Leadership Plan
8. Consortium/Contractual Arrangements
9. Letters of Support
10. Resource Sharing Plan(s)
11. Authentication of Key Biological and/or Chemical Resources

## Appendix
12. Appendix