

# eRA Workshop: Grant Application Preparation & Submission

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?

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 RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>2. DATE SUBMITTED</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>State Application Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>Applicant Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>4. a. Federal Identifier</b> <div style="border: 1px solid black; padding: 2px;">1R01AI013579</div>	
<b>5. APPLICANT INFORMATION</b>		<b>b. Agency Routing Identifier</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<b>Organizational DUNS:</b> <div style="border: 1px solid black; padding: 2px;">6162081090000</div>		<b>c. Previous Grants.gov Tracking ID</b> <div style="background-color: yellow; border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>Legal Name:</b> <div style="border: 1px solid black; padding: 2px;">Whatsamatta U</div>			
<b>Department:</b> <div style="border: 1px solid black; padding: 2px;">Sponsored Programs Office</div> <b>Division:</b> <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>			
<b>Street1:</b> <div style="border: 1px solid black; padding: 2px;">123 Easy Street</div>			
<b>Street2:</b> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>			
<b>City:</b> <div style="border: 1px solid black; padding: 2px;">Magic</div> <b>County / Parish:</b> <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>			
<b>State:</b> <div style="border: 1px solid black; padding: 2px;">MD: Maryland</div> <b>Province:</b> <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>			
<b>Country:</b> <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div> <b>ZIP / Postal Code:</b> <div style="border: 1px solid black; padding: 2px;">208171814</div>			
<b>Person to be contacted on matters involving this application</b>			
<b>Prefix:</b> <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> <b>First Name:</b> <div style="border: 1px solid black; padding: 2px;">Major</div> <b>Middle Name:</b> <div style="border: 1px solid black; padding: 2px;">Lee</div>			
<b>Last Name:</b> <div style="border: 1px solid black; padding: 2px;">Helpful</div> <b>Suffix:</b> <div style="border: 1px solid black; padding: 2px; width: 80px;"></div>			
<b>Position/Title:</b> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>			
<b>Street1:</b> <div style="border: 1px solid black; padding: 2px;">123 Easy Street</div>			
<b>Street2:</b> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>			
<b>City:</b> <div style="border: 1px solid black; padding: 2px;">Magic</div> <b>County / Parish:</b> <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>			
<b>State:</b> <div style="border: 1px solid black; padding: 2px;">MD: Maryland</div> <b>Province:</b> <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>			
<b>Country:</b> <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div> <b>ZIP / Postal Code:</b> <div style="border: 1px solid black; padding: 2px;">208171814</div>			
<b>Phone Number:</b> <div style="border: 1px solid black; padding: 2px;">301-555-1111</div> <b>Fax Number:</b> <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>			
<b>Email:</b> <div style="border: 1px solid black; padding: 2px;">MajorLeeHelpful@whatsamattau.edu</div>			
<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <div style="border: 1px solid black; padding: 2px;">444444444</div>			
<b>7. TYPE OF APPLICANT:</b> <div style="border: 1px solid black; padding: 2px;">O: Private Institution of Higher Education</div>			
<b>Other (Specify):</b> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>			
<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): <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
<b>Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>What other Agencies?</b> <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>			
<b>9. NAME OF FEDERAL AGENCY:</b> <div style="border: 1px solid black; padding: 2px;">National Institutes of Health</div>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="border: 1px solid black; padding: 2px;">Application Submission Workshop Sample</div>		<b>TITLE:</b> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>12. PROPOSED PROJECT:</b> <b>Start Date</b> <div style="border: 1px solid black; padding: 2px;">01/01/2019</div> <b>Ending Date</b> <div style="border: 1px solid black; padding: 2px;">12/31/2023</div>		<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b> <div style="border: 1px solid black; padding: 2px;">MD-004</div>	

## 14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:		First Name:	Cher	Middle Name:	D
Last Name:	Money	Suffix:			
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@whatsamattau.edu				

## 15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	0.00
b. Total Non-Federal Funds	0.00
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 ☒ 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)

☒ 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	Suffix:			
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@whatsamattau.edu				

Signature of Authorized Representative

Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

## 20. Pre-application

[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

☒ 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

### 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:	<input type="text"/>	* First Name: Cher	Middle Name: D <input type="text"/>
* Last Name:	Money		Suffix: <input type="text"/>
Position/Title:	<input type="text"/>	Department:	Immunology
Organization Name:	Whatsamatta U		Division: <input type="text"/>
* Street1:	123 Easy Street		
Street2:	<input type="text"/>		
* City:	Magic	County/ Parish:	<input type="text"/>
* State:	MD: Maryland	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	208171814
* Phone Number:	301-555-2222	Fax Number:	<input type="text"/>
* E-Mail:	CherDMoney@whatsamattau.edu		
Credential, e.g., agency login: <input type="text"/>			
* Project Role:	PD/PI	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
* Attach Biographical Sketch	Biosketch-CHERDMONEY.pdf	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support	Current-and-Pending-Support.p	Add Attachment	Delete Attachment View Attachment

PROFILE - Senior/Key Person 1			
Prefix:	<input type="text"/>	* First Name: Ann	Middle Name: T <input type="text"/>
* Last Name:	Dote		Suffix: <input type="text"/>
Position/Title:	Researcher	Department:	<input type="text"/>
Organization Name:	<input type="text"/>		Division: <input type="text"/>
* Street1:	424 Miracle Lane		
Street2:	<input type="text"/>		
* City:	Pimmit Hills	County/ Parish:	<input type="text"/>
* State:	VA: Virginia	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	220431234
* Phone Number:	301-555-4444	Fax Number:	<input type="text"/>
* E-Mail:	AnnTDote@curesrus.org		
Credential, e.g., agency login: <input type="text"/>			
* Project Role:	PD/PI	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment View Attachment

# 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"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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## Research Plan Section

2. Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="text" value="Research-Strategy-40-pages.p"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4. Progress Report Publication List	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

## Other Research Plan Section

5. Vertebrate Animals	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6. Select Agent Research	<input type="text" value="Select-Agent-Research.docx"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7. Multiple PD/PI Leadership Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8. Consortium/Contractual Arrangements	<input type="text" value="cozumel-vacation-pic.png"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9. Letters of Support	<input type="text" value="Letters-of-Support.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10. Resource Sharing Plan(s)	<input type="text" value="Resource-Sharing-Plan.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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"/>
	<input type="text" value="Appendix-additional-important-supporting-data-and-charts.pdf"/>