|  |
| --- |
|[ ]  [**FORMS-F**](https://grants.nih.gov/grants/how-to-apply-application-guide.html) **& correct FOA #** |
|[ ]  **Validate Application for errors & warnings** |
|[ ]  **All files in PDF format** |
|[ ]  [**Page limits**](https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/page-limits.htm) **according to NIH Activity Code** |
|[ ]  **NIH approval if total direct costs - consortium indirect ≥ $500,000 for any year** |

# **R&R Cover**

|  |
| --- |
|[ ]  Type of submission |
|[ ]  For resubmission or renewal, previous NIH application number provided in Federal Identifier field (example: EB029076) |
|[ ]  DUNS # and organization name/address – University of Illinois at Urbana-Champaign |
|[ ]  Contact Person – Robin Beach, Director, Pre-Award |
|[ ]  EIN: 1376000511A6 |
|[ ]  Type of Applicant: H |
|[ ]  Type of Application – box checked if Revision |
|[ ]  Title and period of performance |
|[ ]  Congressional District: IL-013 |
|[ ]  PI contact information – use PI campus address |
|[ ]  Total amount entered in Estimated Project Funding |
|[ ]  “Program is not covered by E.O. 12372” selected, and “I agree” certification box checked |
|[ ]  Authorized Representative: Susan Martinis, Vice Chancellor for Research and Innovation |
|[ ]  Cover letter, if applicable – Title/FOA match proposal, no agency or study section assignment language |

# **Cover Page Supplement**

|  |
| --- |
|[ ]  Sections 1 through 4 – all questions answered |
|[ ]  If a Renewal application – Inventions & Patents Section |

# **Other Project Information**

|  |
| --- |
|[ ]  Sections 1 through 6 – all questions answered |
|[ ]  Human Subjects Assurance #: 00008584 |
|[ ]  Animal Welfare Assurance #: A3118-01 |
|[ ]  Project Summary/Abstract ≤ 30 lines of text |
|[ ]  Project Narrative ≤ 3 sentences |
|[ ]  Bibliography/References Cited |
|[ ]  Facilities & Other Resources |
|[ ]  Equipment |
|[ ]  Other Attachments – empty unless requested in solicitation |

# **Sites**

|  |
| --- |
|[ ]  Primary Performance Site: Henry Administration Building |
|[ ]  Subaward sites, if applicable |

# **Senior/Key Person Profile**

|  |
| --- |
|[ ]  All Senior/Key Personnel listed |
|[ ]  If multiple PIs, UIUC Contact PI goes in top section |
|[ ]  Credential – required for PI; recommended for others |
|[ ]  Contact information & Organization name for each |
|[ ]  Project Role – cannot use “Co-PD/PI,” but “Co-I” is fine[*OSC role*](https://grants.nih.gov/grants/glossary.htm#OtherSignificantContributors(OSCs)) *can be used to avoid cost share if no salary/quantified effort; should be listed last* |
|[ ]  Biosketch ≤ 5 pages and NIH format |
|[ ]  Current & Pending – empty unless requested by solicitation |

# **Modular Budget**

|  |
| --- |
|[ ]  Direct Costs - Consortium Indirect = multiple of $25,000 and ≤ $250,000 |
|[ ]  [NIH salary cap applies](https://grants.nih.gov/grants/policy/salcap_summary.htm) |
|[ ]  Indirect Costs Type, Rate, Base, and Total correct |
|[ ]  Cognizant Federal Agency and Date, Total Funds Requested |
|[ ]  Personnel Justification includes person months effort, except for OSCs |
|[ ]  Consortium Justification – if subawards are included |
|[ ]  Additional Justification – if # of modules not = each year |

# **R&R Budget / R&R Subaward Budget**

|  |
| --- |
|[ ]  [Person Months](https://grants.nih.gov/grants/policy/person_months_faqs.htm) effort for all personnel |
|[ ]  Use full institutional base salary for personnel |
|[ ]  Meets guideline specifics for allowable costs |
|[ ]  Matches internal budget |
|[ ]  Cognizant Federal Agency |
|[ ]  Budget Justification matches budget |
|[ ]  Subaward totals match Subaward lines on UIUC budget |

# **Research Plan**

|  |
| --- |
|[ ]  Introduction – if Resubmission or Revision application |
|[ ]  Specific Aims – 1 page |
|[ ]  Research Strategy – page limit varies by Activity Code |
|[ ]  Progress Report Publication List – if Renewal application |
|[ ]  Vertebrate Animals – if animal subjects |
|[ ]  Multiple PD/PI Leadership Plan – if multiple PIs |
|[ ]  Consortium/Contractual Arrangements – if subawards |
|[ ]  Resource Sharing Plan – if model organisms, genomic data, or direct costs ≥ $500,000 in any year  |
|[ ]  Select Agent Research/Letters of Support/Authentication of Key Resources – if applicable |
|[ ]  Appendix attachments only if requested in FOA, or an [allowable document](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-126.html) |

# **Human Subjects & Clinical Trials**

|  |
| --- |
|[ ]  Human specimens question answered – attachment included if “Yes” but not considered human subjects |
|[ ]  **If no human subjects** – “Are Human Subjects Involved?” marked “No” and section below box completed |
|[ ]  **If human subjects** – top box section completed and Study Record or Delayed Onset Study entered in section below |

# **Study Records**

|  |  |
| --- | --- |
|  | **Section 1** |
|[ ]  Study Title |
|[ ]  Exempt question answered – Exemption # if yes |
|[ ]  Clinical Trial Questionnaire completed –ClinicalTrials.gov Identifier provided, if applicable |
|  | **Section 2\*** |
|[ ]  Conditions or Focus of Study |
|[ ]  Eligibility Criteria |
|[ ]  Age Limits – N/A if no limit |
|[ ]  Inclusion of Individuals Across the Lifespan |
|[ ]  Inclusion of Women and Minorities |
|[ ]  Recruitment and Retention Plan\*\* |
|[ ]  Recruitment Status\*\* |
|[ ]  Study Timeline\*\* |
|[ ]  Enrollment of First Participant\*\* |
|[ ]  Inclusion Enrollment Report |
|  | **Section 3** |
|[ ]  Protection of Human Subjects |
|[ ]  Multi-site study question answered – IRB plan if “Yes” |
|  | **Clinical Trials Only:**  |
|[ ]  Data and Safety Monitoring Plan |
|[ ]  “Data and Safety Monitoring Board” question answered |
|[ ]  Overall Structure of the Study Team |
|  | **Section 4 (Clinical Trials Only)** |
|[ ]  Study Design – all answered |
|[ ]  Outcome Measures – one for each measure |
|[ ]  Statistical Design and Power |
|[ ]  Subject Participation Duration |
|[ ]  “FDA-regulated intervention” question answered –attachment included if “Yes” |
|[ ]  “Applicable clinical trial under FDAA” question answered |
|[ ]  Dissemination Plan |
|  | *\* Skip this section if only Exemption 4 selected for Exemption Number (1.3)**\*\* Skip if “No” selected for “Does the study involve human participants?” (1.4.a.)* |

# **Assignment Request Form**

*This form and each section within it are optional*

|  |
| --- |
|[ ]  Awarding Component Assignment Suggestions – up to three preferences for primary assignment |
|[ ]  Study Section Assignment Suggestions – up to three preferences, using short abbreviations |
|[ ]  Rationale for assignment suggestions – *include here, not on cover letter* |
|[ ]  Individuals who should not review |
|[ ]  Scientific areas of expertise needed to review |