

Physical Science Oncology Centers (U54)

Amy Knight
Office of Grants Administration
January 23, 2009

RFA-CA-09-009

<http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-09-009.html>

Funding Available

- **Funds Available and Anticipated Number of Awards.** The NCI has committed approximately \$15M - \$21M in total costs for FY 2009 and anticipates making approximately four to six awards in connection with this FOA.
- **Budget and Project Period.** The amount of funding set-aside for this program is approximately \$75M - \$105M over a 5-year period. Direct costs requested or awarded for a single center may not exceed \$2M - \$2.25M per year over a 5-year period.

Additional Funding Information

- Indirect costs for consortium are not included in the direct cost cap.

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-004.html>

- Budgets may include a 3% cost of living increase each year up to the direct cost cap.
- Semi-annual progress reports will be required, appropriate costs should be included for their preparation.

NIH Budget Caps to Remember

- Salary Cap
 - Current cap is \$196,700
 - <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-037.html>
- Graduate Student Compensation Cap
 - Tied to the zero level NRSA stipend
 - Current cap is \$36,996
 - <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html>

Table of Contents

****This sample form, adapted from the traditional PHS 398 Form Page 3, supplement the written instructions listed in Section IV.2 of RFA-CA-09-009. Instructions listed in red should not be included in final submissions****

Program Director/Principal Investigator (Last, First, Middle): _____

The name of the program director/principal investigator must be provided at the top of each printed page and each continuation page.

TABLE OF CONTENTS (Recommended)

	Page Numbers
Face Page.....	1
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells.....	2
Table of Contents	_____
Detailed Budget for Initial Budget Period	_____
Budget for Entire Proposed Period of Support.....	_____
Budgets Pertaining to Consortium/Contractual Arrangements	_____
Biographical Sketch – Program Director/Principal Investigator (Not to exceed four pages each).....	_____
Other Biographical Sketches (Not to exceed four pages each – See instructions).....	_____
Resources	_____
Checklist.....	_____
Research Plan.....	_____
N1. Overall Description of PS-OC	_____
PS-OC Organizing Framework.....	_____
N2. Individual Center Projects	_____
Project XXX: Title of Project	_____
Cover Page (Form Page 1 & 2)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5).....	_____
Biographical Sketch.....	_____
Other Biographical Sketches	_____
Research Plan	_____
i. Project Overview.....	_____
ii. Specific Aims	_____
iii. Background and Significance	_____
iv. Preliminary Studies; and	_____
v. Research Design and Methods	_____
References Cited.....	_____
Protection of Human Subjects.....	_____
Inclusion of Women and Minorities	_____
Vertebrate Animals.....	_____
Consortium/Contractual Arrangements.....	_____
Letters of Support (e.g. Consultants)	_____
N3. Center Organization and Infrastructure	_____
Cover Page (Form Page 1 & 2).....	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5).....	_____
Individual Center Administration.....	_____

Table of Contents (continued)

****This sample form, adapted from the traditional PHS 398 Form Page 3, supplement the written instructions listed in Section IV.2 of RFA-CA-09-009. Instructions listed in red should not be included in final submissions****

Program Director/Principal Investigator (Last, First, Middle): _____

The name of the program director/principal investigator must be provided at the top of each printed page and each continuation page.

TABLE OF CONTENTS (Recommended) [continued]

	Page Numbers
N3. Center Organization and Infrastructure (cont'd)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
Center Advisor Committee (CAC)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
PS-OC Steering Committee (PSC)	_____
N4. Other Critical Resources and Capabilities	_____
Shared Research Resources Core XXX: Title of Core	_____
Cover Page (Form Page 1 & 2)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
Biographical Sketch	_____
Description of Component and Operations	_____
Education and Training Unit	_____
Cover Page (Form Page 1 & 2)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
Biographical Sketch	_____
Description of Component and Operations	_____
Outreach and Dissemination Unit	_____
Cover Page (Form Page 1 & 2)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
Biographical Sketch	_____
Description of Component and Operations	_____
14. References Cited	_____
15. Consortium/Contractual Arrangements	_____
16. Letters of Support (e.g., Consultants)	_____
17. Resource Sharing Plan (s)	_____
Appendix (Five Identical CDs.)	<input type="checkbox"/> Check if Appendix is Included

Required Pages for PS-OC, each Project, Core, and Unit

Form Approved Through 11/30/2010 OMB No. 0925-0001

Department of Health and Human Services
Public Health Services
Grant Application
Do not exceed character or resolution limitations.

LEAVE BLANK—FOR PHS USE ONLY.		
Type	Activity	Number
Review Group	Formerly	
Council/Board (Month, Year)	Date Received	

1. TITLE OF PROJECT (Do not exceed 81 characters, including spaces and punctuation.)

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION (If "Yes," state number and title)
Number: _____ Title: _____

3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR

3a. NAME (Last, first, middle)	New Investigator	No	Yes
3b. DEGREE(S)	3d. eRA/ Grants User Name		
3c. POSITION TITLE	3e. MAILING ADDRESS (Street, city, state, zip code)		
3d. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT			
3e. MAJOR SUBDIVISION			
3f. TELEPHONE AND FAX (Area code, number and extension)	E-MAIL ADDRESS:		
TEL: _____	FAX: _____		

4. HUMAN SUBJECTS RESEARCH

4a. Research Exempt	No	Yes	If "Yes," Exemption No.
4b. Federal-Wide Assurance No.	No	Yes	4c. Clinical Trial
	No	Yes	4d. NIH-defined Phase III Clinical Trial
	No	Yes	

5. VERTEBRATE ANIMALS

5a. Animal Welfare Assurance No.	No	Yes
----------------------------------	----	-----

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)
From _____ Through _____

7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD

7a. Direct Costs (\$)	7b. Total Costs (\$)
-----------------------	----------------------

8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT

8a. Direct Costs (\$)	8b. Total Costs (\$)
-----------------------	----------------------

9. APPLICANT ORGANIZATION

Name	Public: → Federal State Local
Address	Private: → Private Nonprofit
	For-profit: → General Small Business
	Woman-owned Socially and Economically Disadvantaged

10. TYPE OF ORGANIZATION

11. ENTITY IDENTIFICATION NUMBER

DUNS NO.	Cong. District
----------	----------------

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name	Title	Address
TEL: _____	FAX: _____	
E-Mail: _____		

13. OFFICIAL SIGNING FOR THE ORGANIZATION

Name	Title	Address
TEL: _____	FAX: _____	
E-Mail: _____		

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13 _____ DATE _____
(In Ink. "Per" signature not acceptable.)

PHS 396 (Rev. 11/07) Face Page Form Page 1

For Projects, Cores, Units please include:

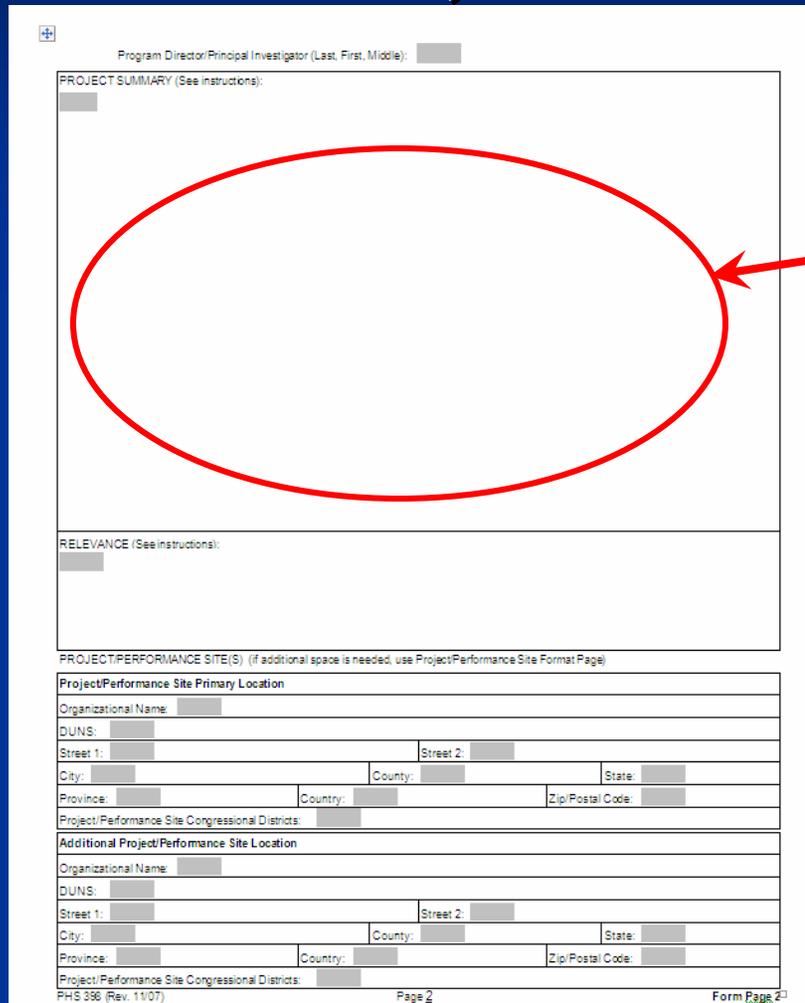
- Project/Core/Unit Title
- Name of Project Leader

Only the Cover Page for the entire center needs signature(s).

Projects, Cores, Units Cover Pages do not need signature(s).

Form Page 1

Required Pages for PS-OC, each Project, Core, and Unit



Program Director/Principal Investigator (Last, First, Middle): [REDACTED]

PROJECT SUMMARY (See instructions):
[REDACTED]

RELEVANCE (See instructions):
[REDACTED]

PROJECT/PERFORMANCE SITE(S) (If additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location			
Organizational Name: [REDACTED]			
DUNS: [REDACTED]			
Street 1: [REDACTED]		Street 2: [REDACTED]	
City: [REDACTED]		County: [REDACTED]	State: [REDACTED]
Province: [REDACTED]	Country: [REDACTED]	Zip/Postal Code: [REDACTED]	
Project/Performance Site Congressional Districts: [REDACTED]			
Additional Project/Performance Site Location			
Organizational Name: [REDACTED]			
DUNS: [REDACTED]			
Street 1: [REDACTED]		Street 2: [REDACTED]	
City: [REDACTED]		County: [REDACTED]	State: [REDACTED]
Province: [REDACTED]	Country: [REDACTED]	Zip/Postal Code: [REDACTED]	
Project/Performance Site Congressional Districts: [REDACTED]			

PHS 396 (Rev. 11/07) Page 2 Form Page 2-1

For Projects, Cores, Units please include an abstract that contains:

- Project/Core/Unit summary
- Linkage to overall PS-OC framework and operation

Form Page 2

Required Pages for PS-OC, each Project, Core, and Unit

Program Director/Principal Investigator (Last, First, Middle): _____

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

NEW application. (This application is being submitted to the PHS for the first time.)

RESUBMISSION of application number: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)

RENEWAL of grant number: _____
(This application is to extend a funded grant beyond its current project period.)

REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)

CHANGE of program director/principal investigator.

Name of former program director/principal investigator: _____

CHANGE of Grantee Institution. Name of former institution: _____

FOREIGN application	Domestic Grant with foreign Involvement	List Country(ies) Involved:
INVENTIONS AND PATENTS (Renewal appl. only)	No	Yes
	If "Yes,"	Previously reported Not previously reported

1. PROGRAM INCOME (See instructions.)
All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)
In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III and listed in Part I, 4.1 under item 14. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINISTRATIVE COSTS (F&A) INDIRECT COSTS. See specific instructions.

DHHS Agreement dated: _____ No Facilities And Administrative Costs Requested.

DHHS Agreement being negotiated with _____ Regional Office.

No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
			TOTAL F&A Costs	\$

*Check appropriate box(es):

Salary and wages base _____ Modified total direct cost base _____ Other base (Explain) _____

Off-site, other special rate, or more than one rate involved (Explain) _____

Explanation (Attach separate sheet, if necessary): _____

4. DISCLOSURE PERMISSION STATEMENT: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

Yes No

PHS 398 (Rev. 11/07) Page _____ Checklist Form Page

For each consortium, please also include a checklist page

Section IV Application & Submission Information

Budget (PHS 398 Form Pages 4 and 5)

TABLE OF CONTENTS (Recommended)

	<i>Page Numbers</i>
Face Page.....	1
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells.....	2
Table of Contents.....	
Detailed Budget for Initial Budget Period.....	
Budget for Entire Proposed Period of Support.....	
Budgets Pertaining to Consortium/Contractual Arrangements.....	
Biographical Sketch – Program Director/Principal Investigator (Not to exceed four pages each).....	
Other Biographical Sketches (Not to exceed four pages each – See instructions).....	
Resources.....	
Checklist.....	
Research Plan.....	
N1. Overall Description of PS-OC	
PS-OC Organizing Framework.....	
N2. Individual Center Projects	
Project XXX: Title of Project.....	
Cover Page (Form Page 1 & 2).....	
Detailed Budget for Initial Budget Period (Form Page 4).....	
Budget for Entire Proposed Period of Support (Form Page 5).....	
Biographical Sketch.....	
Other Biographical Sketches.....	
Research Plan.....	

Overall PS-OC (1st year and a cumulative budget for the entire project period)

Separate budget pages for each proposed project (1st year and cumulative budgets)

Section N3: Center Organization and Infrastructure

N3. Center Organization and Infrastructure.....	█
Cover Page (Form Page 1 & 2).....	█
Detailed Budget for Initial Budget Period (Form Page 4).....	█
Budget for Entire Proposed Period of Support (Form Page 5).....	█
Individual Center Administration.....	█

Overall PS-OC Administration
(include costs and travel for CAC and PSC administration **HERE**)

****This sample form, adapted from the traditional PHS 398 Form Page 3, supplement the written instructions listed in Section IV.2 of RFA-CA-09-009. Instructions listed in red should not be included in final submissions****

Program Director/Principal Investigator (Last, First, Middle): █
The name of the program director/principal investigator must be provided at the top of each printed page and each continuation page.

TABLE OF CONTENTS (Recommended) (continued)

N3. Center Organization and Infrastructure (continued).....	█
Detailed Budget for Initial Budget Period (Form Page 4).....	█
Budget for Entire Proposed Period of Support (Form Page 5).....	█
Center Advisor Committee (CAC).....	█
Detailed Budget for Initial Budget Period (Form Page 4).....	█
Budget for Entire Proposed Period of Support (Form Page 5).....	█
PS-OC Steering Committee (PSC).....	█

Separate budget pages for CAC and PSC set-asides ONLY to support pilot projects and trans-Network projects, respectively.

Section N4. Other Critical Resources and Capabilities

Program Director/Principal Investigator (Last, First, Middle):

The name of the program director/principal investigator must be provided at the top of each printed page and each continuation page.

TABLE OF CONTENTS (Recommended) [continued]

	<i>Page Numbers</i>
N4. Other Critical Resources and Capabilities (cont'd)	_____
Shared Research Resources Core XXX: Title of Core	_____
Cover Page (Form Page 1 & 2)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
Biographical Sketch	_____
Description of Component and Operations	_____
Education and Training Unit	_____
Cover Page (Form Page 1 & 2)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
Biographical Sketch	_____
Description of Component and Operations	_____
Outreach and Dissemination Unit	_____
Cover Page (Form Page 1 & 2)	_____
Detailed Budget for Initial Budget Period (Form Page 4)	_____
Budget for Entire Proposed Period of Support (Form Page 5)	_____
Biographical Sketch	_____
Description of Component and Operations	_____

***Each Application
must have at
least these three
(more if needed)
components.***

Composite Budget Example

Program Director/Principal Investigator (Last, First, Middle): **Composite**

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY										
PERSONNEL (Applicant organization only)		Months Devoted to Project			INST. BASE SALARY	DOLLAR AMOUNT REQUESTED (omit cents)			FROM	THROUGH
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL		
Project 1	PD/PI				137,634	21,025	158,659			
Project 2					133,911	26,934	160,845			
Project 3					136,021	28,586	164,607			
Core A					86,308	18,993	105,301			
Core B					122,288	28,383	150,671			
Core C					83,206	18,035	101,291			
SUBTOTALS					699,368	142,006	841,374			
CONSULTANT COSTS Core C							10,000			
EQUIPMENT (Itemize) Core B							10,454			
SUPPLIES (Itemize by category) Project 1: \$28,640 Project 2: \$43,721 Project 3: \$53,119 Core A: \$44,992 Core B: \$38,315 Core C: \$6,442							215,229			
TRAVEL Project 2: \$3,600, Project 3: \$3,000, Core A: \$1,500, Core B: \$3,000							11,100			
PATIENT CARE COSTS INPATIENT OUTPATIENT										
ALTERATIONS AND RENOVATIONS (Itemize by category)										
OTHER EXPENSES (Itemize by category) Project 1: \$37,700 Project 2: \$41,834 Project 3: \$29,274 Core A: \$10,700 Core B: \$17,592 Core C: \$2,000 Pilot Projects: \$69,856 trans-Network Projects: \$100,000							308,956			
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS					
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)					\$ 1,397,113					
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS					
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD					\$ 1,397,113					

Program Director/Principal Investigator (Last, First, Middle): Composite

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY					
BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD (from Form Page 4)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
		2nd	3rd	4th	5th
PERSONNEL: Salary and fringe benefits. Applicant organization only.	841,374	866,615	892,613	919,391	946,973
CONSULTANT COSTS	10,000	10,300	10,609	10,927	11,255
EQUIPMENT	10,454				
SUPPLIES	215,229	221,686	228,337	235,187	242,243
TRAVEL	11,100	11,433	11,776	12,129	12,493
PATIENT CARE COSTS INPATIENT OUTPATIENT					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES	308,956	318,225	327,772	337,605	347,733
CONSORTIUM/CONTRACTUAL COSTS DIRECT					
SUBTOTAL DIRECT COSTS (Sum = Item 8a, Face Page)	1,397,113	1,428,259	1,471,107	1,515,239	1,560,697
CONSORTIUM/CONTRACTUAL COSTS F&A					
TOTAL DIRECT COSTS	1,397,113	1,428,259	1,471,107	1,515,239	1,560,697
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD					\$ 7,372,415

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

Note: Include the Project or Core reference to each corresponding budget page.

Individual Project Example

Program Director/Principal Investigator (Last, First, Middle): Project 3

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
PERSONNEL (Applicant organization only)		Months Devoted to Project			DOLLAR AMOUNT REQUESTED (omit cents)			
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Dr. A	PD/PI	3.6			168,000	50,400	8,670	59,070
Dr. B	Co-Investigator	0.6			78,000	3,900	954	4,854
Dr. C	Co-Investigator	0.6			54,698	2,735	699	3,434
Dr. D	Investigator	1.2			152,290	15,229	4,300	19,529
Dr. E	Post-Doc	6.0			48,101	24,051	5,267	29,318
Dr. F	Post-Doc	5.4			41,796	18,808	4,119	22,927
Dr. G	Post-Doc	6.0			41,796	20,898	4,577	25,475
SUBTOTALS						136,021	28,586	164,607
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
Molecular biology supplies: \$21,737		Antibodies reagents: \$9,000						
Culture Media: \$16,118		Gas Cylinders: \$2,000						
Glassware: \$4,264								
								53,119
TRAVEL								
Travel to scientific meeting for PI and Co-Investigator								
								3,000
PATIENT CARE COSTS								
INPATIENT								
OUTPATIENT								
ALTERATIONS AND RENOVATIONS (Itemize by category)								
OTHER EXPENSES (Itemize by category)								
Sequencing center expenses: \$2,000								
Oligonucleotide primers: \$2,000								
Animal Expenses: \$23,274								
Publication costs: \$2,000								
								29,274
CONSORTIUM/CONTRACTUAL COSTS						DIRECT COSTS		
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)						\$ 250,000		
CONSORTIUM/CONTRACTUAL COSTS						FACILITIES AND ADMINISTRATIVE COSTS		
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD						\$ 250,000		

Program Director/Principal Investigator (Last, First, Middle): Project 3

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY					
BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD (from Form Page 4)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
		2nd	3rd	4th	5th
PERSONNEL: Salary and fringe benefits. Applicant organization only.	164,607	169,545	174,631	179,870	185,266
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES	53,119	54,713	56,354	58,045	59,786
TRAVEL	3,000	3,090	3,183	3,278	3,376
PATIENT CARE COSTS					
	INPATIENT				
	OUTPATIENT				
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES	29,274	30,152	31,057	31,989	32,949
CONSORTIUM/CONTRACTUAL COSTS					
	DIRECT				
SUBTOTAL DIRECT COSTS (Sum = Item 8a, Face Page)	250,000	257,500	265,225	273,182	281,377
CONSORTIUM/CONTRACTUAL COSTS					
	F&A				
TOTAL DIRECT COSTS	250,000	257,500	265,225	273,182	281,377
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD					\$ 1,327,284
JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.					

Pilot Projects Example (CAC)

Program Director/Principal Investigator (Last, First, Middle): Pilot Projects

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
PERSONNEL (Applicant organization only)		Months Devoted to Project			INST. BASE SALARY	DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS								
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS (Itemize by category)								
OTHER EXPENSES (Itemize by category) Pilot Projects								
							69,856	
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)							\$ 69,856	
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							\$ 69,856	

PHS 398 (Rev. 11/07) Page ____ Form Page 4

Program Director/Principal Investigator (Last, First, Middle): Pilot Projects

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY						
BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD (from Form Page 4)	ADDITIONAL YEARS OF SUPPORT REQUESTED				
		2nd	3rd	4th	5th	
PERSONNEL: Salary and fringe benefits. Applicant organization only.						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS						
	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES	69,856	71,952	74,111	76,334	78,624	
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
SUBTOTAL DIRECT COSTS (Sum = Item 8a, Face Page)		69,856	71,952	74,111	76,334	78,624
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
TOTAL DIRECT COSTS		69,856	71,952	74,111	76,334	78,624
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD					\$ 370,877	
JUSTIFICATION: Follow the budget justification instructions exactly. Use continuation pages as needed.						
Funds are needed for Pilot Projects that are To Be Developed and approved by CAC.						

“Funds are needed for Pilot projects that are to be developed and approved by CAC”

PHS 398 (Rev. 11/07) Page ____ Form Page 5

How to Calculate 5% Minimum Direct Costs for Pilot Projects

- Add all direct costs (including trans-Network funds)
- Multiply by 5.2631579%
- This calculates the minimum amount you must allocate for Pilot Projects, which is equal to 5% of the total direct costs
- Example:
 - Direct costs prior to Pilot Projects = \$1,327,257
 - $\$1,327,257 * 5.2631579\% = \$69,856$
 - To check: $\$1,327,257 + \$69,856 = \$1,397,113$ total direct costs
 - $\$1,397,113 * 5\% = \$69,856$ minimum Pilot Project funds

Other Budget Requirements to Note

- Education and Training Unit
 - Minimum of \$50,000 direct costs allocated for plans to create local and remote modules for integrative training
 - Minimum of \$50,000 direct costs allocated for mechanisms to exchange graduate/postdoctoral trainees and junior/senior investigators
- Outreach & Dissemination Unit
 - Minimum of \$50,000 direct costs allocated for outreach programs
 - Minimum of \$50,000 direct costs allocated for strategies and mechanisms to develop pilot projects

Key Dates

- Release Date: December 9, 2008
- Letters of Intent Receipt Date: February 13, 2009
- Application Receipt Date: March 13, 2009
 - On time if the application is either:
 - Received by ("arrived by") the specified date, or
 - Received after the specified date if it has a legible proof-of-mailing dated not later than one week prior to the specified date. Peer Review Date: July 2009
- Council Review Date: August 2009
- Earliest Anticipated Start Date: September 2009

Helpful Resources

- Your Business/Sponsored Programs Office
- NIH Grants Policy Statement
 - http://grants.nih.gov/grants/policy/nihgps_2003/
- Office for Human Research Protections
 - <http://www.hhs.gov/ohrp/>
 - OHRP@hhs.gov
- Office of Laboratory Animal Welfare
 - <http://grants1.nih.gov/grants/olaw/olaw.htm>
 - Olaw@od.nih.gov

Office of Grants Administration (OGA) Contacts

- Primary Contact: Leslie Hickman
 - hickmanl@mail.nih.gov
 - 301-846-1013
- Secondary Contact: Shane Woodward
 - woodwars@mail.nih.gov
 - 301-846-1017