SF 424 R&R Form

Section 5 – Applicant Information

DUNS Number
1053004460000

Legal Name
Virginia Commonwealth University

Department and Division – Leave Blank

Street1
800 East Leigh Street, Suite 3200

Street2
PO Box 980568

City
Richmond

County
Richmond City

State
SELECT VA from dropdown

Country
SELECT USA from dropdown
Zip
23298-0568

Person to be Contacted

First Name
Susan

Last Name
Robb

Phone
804-828-6772

Fax
804-828-2521

E-mail
dirospa@vcu.edu

Section 6

Employer Identification
54-6001758

Section 7

Type of Applicant
Select Letter H from dropdown

Section 8

Select type of Application
New = New
Resubmission = Formerly called Revision
Renewal = Competing Continuation
Continuation = Non-competing Continuation (Progress Report)
Revision = Competing Supplemental

Section 9 – Auto-filled

Section10 – Auto-filled if available

Section 11 – Title (limited to 82 characters)

Section 12 – Areas Affected by Project – Enter areas

Section 13 – Enter Start and End Dates - MM/DD/YYYY

Section 14 – Congressional Districts
3   (for Richmond, VA).   You will need to look up any others

Section 15 - Project/PI Information

First - PI First Name

Last - PI Last Name

Position/Title - PI Title

Organization Name: Auto-filled

Department - PI Department

Division - PI Division   (if applicable)

Street1 - PI Address

Street2 – PI Address

City
Richmond

County
Richmond City

State – Select VA from dropdown

Country – Select UNITED STATES from dropdown

ZIP – PI Zip Code

Phone Number – PI Phone Number

Fax Number – PI Fax Number

E-Mail – PI E-Mail

Section 16

A – Total Estimated Project Funding for the entire period (2 years)

B – Total Federal & Non-Federal Funds

C – Estimated Program Income

Section 17 – Select: b. NO – Program is not covered by E.O. 12372

Section 18 – Read and then check "I Agree"

Section 19

First Name
Susan

Last Name
Robb

Department
Office of Sponsored Programs

Street1
800 East Leigh Street, Suite 3200

Street2
PO Box 980568

City
Richmond

County
Richmond City

State – Select VA from dropdown

Country – Select UNITED STATES from dropdown

Zip/Postal Code
23298-0568

Phone Number
804-828-6772

Fax Number
804-828-2521

E-mail
dirospa@vcu.edu

RESEARCH & RELATED Other Project Information Form

1. Human Subjects? Check Yes or No. If Yes, Answer all of 1a.

Human Subjects Assurance Number
FWA0005287

2. Vertebrate Animals? Check Yes or No. If Yes, Answer all of 2a.

Animal Welfare Assurance Number
A3281-01

Questions 3 through 5 must be answered by the PI.

Question 6 – Upload Project Summary file in pdf format
Question 7 – Upload Project Narrative file in pdf format (This is the relevance statement)
Question 8 – Upload Bibliography and References Cited file in pdf format
Question 9 – Upload Facilities & Other Resources file in pdf format
Question 10 – Upload Equipment file in pdf format
Question 11 – Upload any Other Attachments/Appendices in pdf format

RESEARCH & RELATED Project/Performance Site Location(s) Form

Organization
Virginia Commonwealth University

Street
800 East Leigh Street, Suite 3200

City
Richmond

County
Richmond City

State – Select VA from dropdown

Country – Select UNITED STATES from dropdown

Zip/Postal Code
23298-0598

Continue filling out other Performance Sites.

RESEARCH & RELATED Senior/Key Person Profile Form

First Name - PI First Name

Last Name - PI Last Name

Position/Title - PI Title

Department - PI Department

Organization Name
Virginia Commonwealth University

Division - PI Division   (if applicable)

Street1 - PI Address

Street2 – PI Address

City
Richmond

County
Richmond City

State – Select VA from dropdown

Country – Select UNITED STATES from dropdown

Zip/Postal Code – PI Zip

Phone Number – PI Phone Number

Fax Number – PI Fax Number

E-Mail – PI E-Mail

Credential – PI COMMONS USER NAME IN ALL CAPS for NIH applications, leave blank for other agencies

Project Role: PD/PI should be preselected for PI

Biographical Sketch - Attach Biographical Sketch in pdf file

PHS 398 Cover Page Supplement Form

Section 1 – Auto-filled except for New Investigator question. Answer Yes or No.

Section 2 – Human Subjects Questions – Answer Yes or No

Section 3 – Applicant Organization Contact -Top section should be auto-filled, but if not

First Name
Susan

Last Name
Robb

Phone Number
804-828-6772

Fax Number
804-828-2521

E-mail
dirospa@vcu.edu

Title
Assoc. V.P. for Research Administration and Compliance

Street1
800 East Leigh Street, Suite 3200

Street2
PO Box 980568

City
Richmond

County
Richmond City

State – Select VA from dropdown

Country – Select UNITED STATES from dropdown

Zip/Postal Code
23298-0568

Section 4 – Answer Yes or No. If Yes, list Cell Lines in Boxes.

PHS 398 Research Plan Form

Section 1 – Application Type – Select 1

Section 2 – Research Plan Attachments
Upload Specific Aims file in pdf format
Upload Background and Significance in pdf format
Upload Preliminary Studies in pdf format
Upload Research Design and Methods in pdf format
Upload Inclusion Enrollment Report in pdf format**
Upload Progress Report Publication List in pdf format**

Upload Protection of Human Subjects in pdf format**
Upload Inclusion of Women and Minorities in pdf format**
Upload Targeted/Planned Enrollment in pdf format**
Upload Inclusion of Children in pdf format**

Upload Vertebrate Animals in pdf format**
Upload Select Agent Research in pdf format**
Upload Multiple PI Leadership Plan in pdf format**
Upload Consortium/Contractual Arrangements in pdf format**
Upload Letters of Support in pdf format**
Upload Resource Sharing Plan in pdf format

Appendix – Upload appendices as needed**

**As needed

PHS 398 Checklist Form

Section 1 - Application Type – Should be auto-filled
New = New
Resubmission = Formerly called Revision
Renewal = Competing Continuation
Continuation = Non-competing Continuation (Progress Report)
Revision = Competing Supplemental
Federal Identifier = Proposal or Award Number or Grants.gov Tracking Number for
Changed/Corrected Applications

Section 2 – Change of Investigator/Change of Institution – Answer as appropriate

Section 3 – Inventions and Patents (for renewal applications only) – Answer as appropriate

Section 4 – Program Income – Answer and complete as appropriate

Section 5- Assurances/Certifications – No action to be taken on the part of the PI

PHS 398 Cover Letter Form

Upload Cover Letter in pdf format

PHS 398 Modular Budget Form

Budget Period 1 - Enter Start and End Dates for Budget Period 1

Section A.
Select $25,000 increment amount
Enter Consortium F&A amount
Total Direct Costs will be calculated

Section B

Select appropriate F&A rate from listing
found on
http://www.research.vcu.edu/osp/rates.htm

Base and Dollar Amounts should be entered as calculated.

Cognizant Agency Name, POC Name and Phone Number
Department of Health and Human Services, Andrew Lee, (301) 492-4855

Indirect Cost Rate Agreement Date
08/08/2012

Repeat for each year. Totals will be automatically calculated in Cumulative Budget section

Cumulative Budget Information:

Personnel Justification – Upload Personnel Justification in pdf format
Consortium Justification – Upload Consortium Justification in pdf format
Additional Narrative Justification – Upload Budget Justification in pdf format

RESEARCH & RELATED BUDGET – Section A and B

Organizational DUNS:
For VCU Budget Data:
1053004460000

For Subawardee Budget Data: Enter Subawardee's DUNS number

Budget Type: Select either Project (complete budget) or Subaward/Consortium (if the data to be entered is for a subaward/consortium)

Enter name of Organization:
Virginia Commonwealth University
Or
Subawardee Name

Start Date: Enter Start Date
End Date: Enter End Date

Enter budget data in the form for Budget Period 1 through Section H:

Section H:

Select appropriate F&A rate from listing found on
http://www.research.vcu.edu/osp/rates.htm

Cognizant Federal Agency:
Department of Health and Human Services, Andrew Lee, (301) 492-4855

Budget Justification: Upload Budget Justification in pdf format