

Checklist Of Attachments for NIH Application - UMMC is Subaward

These are the documents in typical order on the SF424 **FORMS-D Application Package**, by Section

RESEARCH & RELATED Other Project Information

7. Project Summary/Abstract

(REQUIRED: no more than 30 lines of 11 point text)

9. Bibliography & References Cited

(must include PM C ID #s for pubs where PI is author or co-author)

10. Facilities & Resources

8. Project Narrative

(REQUIRED: 2-3 sentences specifying relevance to public health)

11. Equipment

12. Other Attachments

Project/Performance Site Primary Location

Organization Name, DUNS, Street, City, County, State, Zip, Congressional District

Site Location 1

Site Location 3

Site Location 2

Site Location 4

Sr./Key Person Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Sr./Key Profile

Biosketch (must be created in myNCBI/SciENcv | PMCID #s required: see new format requirements)

Biosketch

Biosketch

Biosketch

Biosketch

Biosketch

Biosketch

Biosketch

Biosketch

Biosketch

Biosketch

PHS 398 RESEARCH PLAN

INTRODUCTION

1. Introduction

(Resubmission and Revision only)

RESEARCH PLAN SECTION

2. Specific Aims

(1 page)

4. Progress Report Publication List

3. Research Strategy

(R01 - 12 pages | R1 - 6 pages)

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HUMAN SUBJECTS SECTION

- | | |
|--------------------------------------|--------------------------------|
| 5. Protection of Human Subjects | 6. Data Safety Monitoring Plan |
| 7. Inclusion of Women and Minorities | 8. Inclusion of Children |

OTHER RESEARCH PLAN SECTION

- | | |
|-----------------------|---------------------------|
| 9. Vertebrate Animals | 10. Select Agent Research |
|-----------------------|---------------------------|

11. Multiple PD/PI Leadership Plan

12. Consortium/Contractual Arrangements *(Letters of Intent from Subawardees)*

<u>LOI</u>	<u>LOI</u>
<u>LOI</u>	<u>LOI</u>
<u>LOI</u>	<u>LOI</u>

13. Letters of Support *(Letters from consortium, Co-I's & Senior/Key personnel and Other Significant Contributors)*

<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>
<u>LOS</u>	<u>LOS</u>

14. Resource Sharing Plan

15. Authentication of Key Biological and/or Chemical Resources

APPENDIX

16. Appendix

(up to 10 PDF attachments, if more than 10, combine the final attachments into PDF #10)

BUDGET AND JUSTIFICATION

Budget (R&R Budget or PHS 398 Modular Budget)

(Must create detailed budget spreadsheet for OSP even if submitting modular budget to NIH)

Budget Justification

(detailed if using R&R Budget)

Personnel Justification

(only if using PHS 398 Modular Budget)

Additional Narrative Justification

(only if using PHS 398 Modular Budget and modules are uneven)

Consortium Justification

(only if using PHS 398 Modular Budget)

Transmittal

(signed by PI, Division Chair, Department Chair | signed by Co-I, Division Chair, Department Chair)

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SUBAWARD 1 DOCUMENTS

Letter of Intent signed by institution official
Letter of Support signed by PI/Co-I
Statement of Work/Scope of Work
Biosketch for key personnel
Facilities & Environment
R&R Subaward Budget
Budget Justification
DHHS Rate Agreement
Subrecipient Form 3b
Senior Key Personnel Form
Project Performance Site Location Form

PRIME CONTACT INFORMATION

PI Name: _____

PI Institution: _____

Contact Name: _____

Email: _____

Title: _____

Dept: _____

Address: _____

City/ST/Zip: _____

Phone: _____

Fax: _____

SUBAWARD 2 DOCUMENTS

Letter of Intent signed by institution official
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Project Performance Site Location Form

SUBAWARD 2 CONTACT INFORMATION

PI Name: _____

PI Institution: _____

Contact Name: _____

Email: _____

Title: _____

University of
Washington Med
School

SUBAWARD 3 DOCUMENTS

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SUBAWARD 3 CONTACT INFORMATION

PI Name: _____

PI Institution: _____

Contact Name: _____

Email: _____

Title: _____

Dept: _____

Address: _____

City/ST/Zip: _____

Phone: _____

Fax: _____