United States
Department of
Agriculture

Cooperative State
Research, Education,
and Extension
Service

CSREES GRANTS.GOV APPLICATION GUIDE

A Guide for Preparation and Submission of CSREES Applications via Grants.gov

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I. INTRODUCTION

1. Background

The unique mission of the Cooperative State Research, Education, and Extension Service (CSREES) is to advance knowledge for agriculture, the environment, human health and well-being, and communities by supporting research, education, and extension programs in the Land-Grant University System and other partner organizations. CSREES does not perform actual research, education, and extension but rather helps fund it at the State and local level and provides program leadership in these areas.

2. Purpose and Scope

This instruction document is intended to assist applicants in the preparation and submission of applications to CSREES. It is also the primary document for use in preparation of applications via Grants.gov. Where appropriate, relevant sections of the Grants.gov User Guide have been incorporated by reference.

3. Intended Audience

Individuals, organizations, etc. that meet the eligibility requirements of a CSREES funding opportunity and are interested in submitting an application to CSREES in response to a funding opportunity.

4. Document Symbols

The following symbols are used throughout this document to highlight information that is of particular interest or importance:

This symbol indicates CSREES-specific instructions.

This symbol represents a link to an important reference material.

* This symbol represents a required field. Required fields in application forms are further indicated by a yellow highlight.

5. Referenced Documents

5.1 CSREES Funding Opportunity

A CSREES Funding Opportunity (e.g., request for applications) provides information specific to an opportunity for funding through CSREES. A request for applications (RFA) includes, among other things, eligibility information and guidance for the preparation of applications for submission to CSREES. CSREES makes active funding opportunities available via Grants.gov (http://www.grants.gov) or the CSREES web site.

CSREES Funding Opportunities via the CSREES web site: http://www.csrees.usda.gov/fo/funding.cfm

5.2 Grants.gov User Guide

The Grants.gov User Guide is a comprehensive reference to information about Grants.gov. Applicants can download the User Guide as a pdf document.

Grants.gov User Guide: http://www.grants.gov/help/user_guides.jsp

II. GENERAL INSTRUCTIONS FOR SUBMISSION VIA GRANTS.GOV

1. Registration Process

Before using Grants.gov for the first time, each organization must register to create an institutional profile. Once registered, the applicant's organization can then apply for any government grant on the Grants.gov website, including CSREES grants. **Because of the time needed for the registration process, the process should be initiated well in advance of the electronic submission of an application.**

Grants.gov Registration: http://www.grants.gov/applicants/get_registered.jsp

2. Software Requirements[1]

2.1 Adobe Reader

In order to access, complete and submit applications, applicants must download and install a version of Adobe Reader compatible with Grants.gov. **This software is essential to apply for CSREES Federal assistance awards.** For basic system requirements and download instructions, please see the Grants.gov User Guide.

To verify that you have a compatible version of Adobe Reader, Grants.gov established a test package that will assist you in making that determination.

Grants.gov Adobe Versioning Test Package: http://www.grants.gov/applicants/AdobeVersioningTestOnly.jsp

[1] Note: If the applicant has problems setting up software on their machine, the applicant may not have security permissions to install new programs on their system. If that is the case, they should contact their organization's system administrator.

III. CSREES-SPECIFIC INSTRUCTIONS FOR SUBMISSION VIA GRANTS.GOV

1. Comments on CSREES Instructions

To submit comments to CSREES regarding the content of the CSREES Grants.gov Application Guide send an e-mail to: RFP-OEP@csrees.usda.gov (this e-mail address is intended only for receiving comments). Please include "CSREES Grants.gov Application Guide" in the subject line of the e-mail and detailed information regarding the comment.

2. Components of a CSREES Application

The documents listed in Table 1 are components that may be part of a CSREES application. The Grants.gov Application Package for the funding opportunity will identify which forms are required (must be submitted to CSREES as part of the application) and which one(s), if any, are optional (may, as necessary, be submitted to CSREES as part of the application). Detailed instructions for completing the documents can be found on the page indicated in the table.

Table 1: Components of a CSREES Application

Document	Instructions
R&R SF424 Cover Sheet	See Part V.
R&R Project/Performance Site Location(s)	See Part V.
R&R Other Project Information	See Part V.
R&R Personal Data	See Part V.
R&R Budget (Fed/Non-Fed)	See Part V.
R&R Subaward Budget (Fed/Non-Fed) Attachment	See Part V.
Supplemental Information	See Part VI.
NRI Proposal Type Form	See Part VI.
SBIR/STTR Information	See Part VI.

3. Conformance with Application Preparation Requirements

It is imperative that all applications conform to the application preparation and submission instructions. All attachments to an application **must** comply with CSREES font, spacing and margin requirements **and MUST be in pdf** (portable document format) (see Part III., 3.1) **otherwise the application is at risk of being excluded from CSREES consideration or handled otherwise.** Please note that a CSREES RFA may include specific requirements; therefore, it is critical to pay particular attention to any related language in the RFA. CSREES may exclude from consideration applications that are not consistent with these instructions or those included in the applicable RFA.

3.1 Attachments (Required to be in pdf)

A. Attachments to an application should be a typed or word processed document using no type smaller than 12 point font regardless of line spacing with at least one-inch margins. Each page of an attachment should be numbered sequentially. These specifications apply unless noted otherwise in a request for applications (RFA). If a page limitation applies to a specific attachment it too will be noted in this Guide or the RFA.

B. For attachments to electronic applications CSREES **REQUIRES** the attachments to be in **portable document format (pdf)**. Using pdf format allows applicants to preserve the formatting of their documents. In order to save a document as a pdf, the applicant will need to use pdf generator software. Grants.gov has published the following web page on tools and software that the applicant can use:

Tools and software the applicant can use for portable document format:

http://www.grants.gov/help/download_software.jsp#pdf_conversion_programs

ANY APPLICATIONS CSREES RECEIVES CONTAINING NON-PDF DOCUMENTS ATTACHED ARE AT RISK OF BEING EXCLUDED FROM CSREES CONSIDERATION. Partial applications will be excluded from consideration.

ATTENTION: There is a paper clip icon on the left side of the page in every application. Do NOT attach documents with this function. If you attach documents under this function your application will be incomplete and cause errors.

4. Submission of Same Application to Multiple Agencies

Concurrent submission of an application to other organizations for simultaneous consideration will not prejudice its review.

5. Submission of an Application for CSREES Review

An application may be submitted only once to CSREES. The submission of duplicate or substantially similar applications concurrently for review by more than one program will result in the exclusion of the redundant applications from CSREES consideration.

6. Application Status

6.1 Grants.gov Application Status

Within two days of submitting a grant application, Grants.gov will send two email messages to the applicant:

- The first will confirm receipt of the application by the Grants.gov system.
- The second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency OR has been rejected due to errors.
- If the application was successfully validated then Grants.gov will send a third e-mail that the application has been passed to Grants USDA (otherwise called “GIM,” grants interface module) which is an interface allowing CSREES to extract CSREES proposals submitted via Grants.gov.

Applicants (those registered via Grants.gov with a user login and password) can refer to Grants.gov to check the Grants.gov status of an application at any time. Grants.gov requires a user login and password.

Check Grants.gov Application Status: http://www.grants.gov/applicants/track_your_application.jsp

6.2 USDA/CSREES Application Status

Grants USDA (i.e., "GIM," the USDA interface with Grants.gov) will send two email messages to the applicant.

- The first will confirm receipt of the application by GIM.
- The second will indicate that the application has either been accepted OR not accepted for review by CSREES.

CSREES will send an email message to the applicant to indicate that the application has either been received OR not received for review by CSREES.

7. Grants.gov and CSREES Assistance

7.1 Grants.gov Contact Center

If help is needed with the Grants.gov registration process for the applicant organization, downloading or navigating Adobe forms, or with the technical aspects of submitting to the Grants.gov system, check the resources available on the Grants.gov web site first (http://grants.gov/). The Grants.gov Help page (http://www.grants.gov/help/help.jsp) contains useful information including answers to frequently asked questions (FAQs).

Grants.gov assistance is also available as follows:

- Grants.gov customer support
  Toll Free: 1-800-518-4726
  Business Hours: Monday through Friday 7:00 am – 9:00 pm Eastern Time
  Email: support@grants.gov

If the Authorized Representative (AR) has not received a confirmation message from Grants.gov within 48 hours of submission of an application, please contact Grants.gov customer support.

When Grants.gov is contacted, a ticket number is issued to track the response. The applicant should maintain the ticket number as documentation of electronic issues associated with the application.

Grants.gov Help Desk Operations Process is described below

Tier 1: Grants.gov Contact Center Operator
- Handles the initial contact and attempts to resolve the call.
- If not, files a research request (escalation).

Tier 2: Research Analyst
- Escalations go to the research analyst who does further research on the issue.
- Unable to resolve, issue escalated to Grants.gov Program Management Office (PMO).

Tier 3: Grants.gov PMO
- Research Analyst works with PMO to resolve issue.
- Typical escalations: Policy questions/System bugs/Training or Meeting requests.

7.2 CSREES Help

Useful information is available via the CSREES web site (http://www.csrees.usda.gov/funding/application_info.html). If after reviewing the CSREES Grants.gov Application Guide and the applicable request for applications, assistance is still needed for preparing application forms content, contact:

- Email: electronic@csrees.usda.gov
- Phone: 202-401-5048
- Business hours: Monday through Friday, 7:00 am – 5:00 pm Eastern Time, excluding Federal holidays.

7.3 Application File Update – Post Submission

Applications submitted through Grants.gov are considered official submissions to the Federal government. Applicants wishing to change or correct a previously submitted application should immediately contact the appropriate CSREES agency contact that is identified in the applicable RFA.

IV. GRANT APPLICATION PACKAGE INSTRUCTIONS

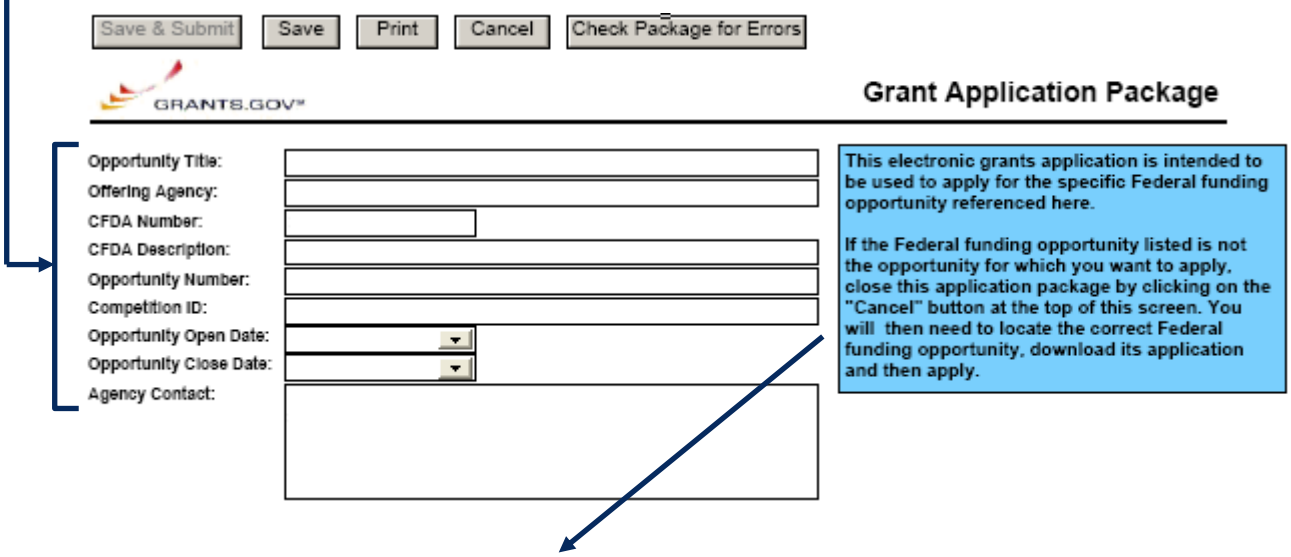
1. Grant Application Package

A Grant Application Package is tied to a particular funding opportunity. Applications prepared using the Grant Application Package may ONLY be submitted to the particular funding opportunity to which the Grant Application is associated. In other words, an application prepared using a Grant Application Package **may not** be submitted to a different funding opportunity; one must access the Grant Application Package associated with said funding opportunity and prepare and submit the application to that funding opportunity.

1.1 Verify Grant Information

Verify that the information shown corresponds to the grant for which the applicant wishes to apply. Grants.gov will auto-populate the following information:

- Opportunity Title
- Offering Agency
- Catalog of Federal Domestic Assistance (CFDA) Number
- CFDA Description
- Opportunity Number
- Competition ID (CSREES does not utilize this field, therefore, no information will be pre-populated in the field; the field will be blank. Do not enter any information in the field.
- Opportunity Open Date
- Opportunity Close Date
- Agency Contact



This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

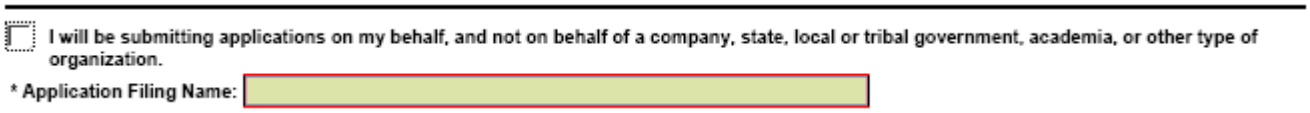
If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

An application may only be submitted in response to the Federal funding opportunity from which it is obtained. For example, you may NOT utilize a grant application package downloaded for a funding opportunity in one fiscal year to submit an application to another funding opportunity in the following year even if it is the same program.

1.2 Enter a Name for the Application

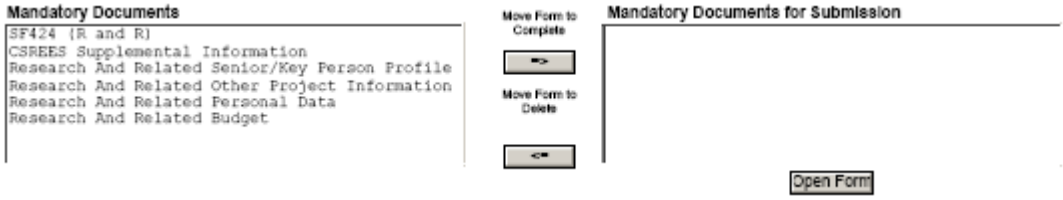
A. Check the box indicating that the applicant will be submitting applications on their own behalf (if applicable). The check box will only be shown on funding opportunities that are open to individuals.

B. Enter a name for the application in the **** Application Filing Name*** field. **This field is required.** This name is for use solely by the applicant for you to track through the Grants.gov submission process. It is not used by the receiving agency. Any combination of letters and/or numbers may be used in the naming of the application file.



1.3 Open and Complete Mandatory Documents

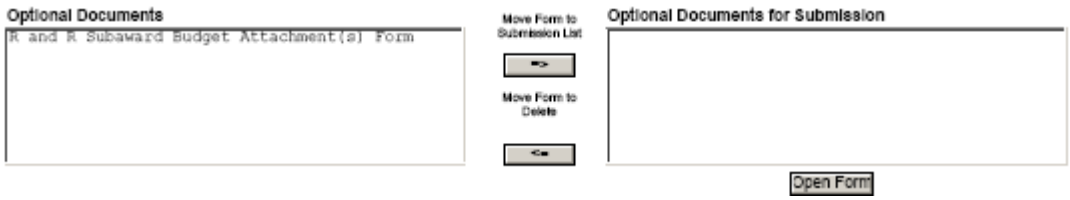
Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 (R&R) first. Data entered on the SF-424 (R&R) will populate other mandatory and optional forms where possible.



To access a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Mandatory Documents for Submission" box. To open an item to complete it, simply click on it to select the item and then click on the "Open Form" button. To remove a form/document from the "Mandatory Documents for Submission" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

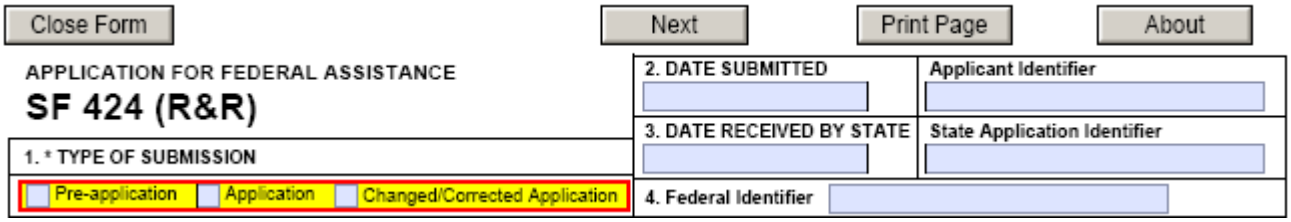
1.4 Open and Complete Optional Documents

These documents can be used to provide additional support for the application or may be required for specific types of funding opportunities. Reference the application package instructions for more information regarding "Optional Documents".

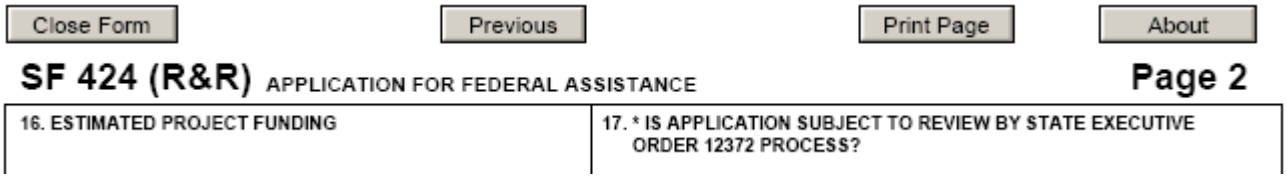


1.5 Navigating the Forms

The SF-424 (R&R) Cover Sheet and R&R Budget (Fed/Non-Fed) forms/documents are two or more pages in length. The applicant must complete the mandatory fields on each page of the form/document. To navigate to the next page of a form/document, locate the "Next" button at the top of the form and click on the button.

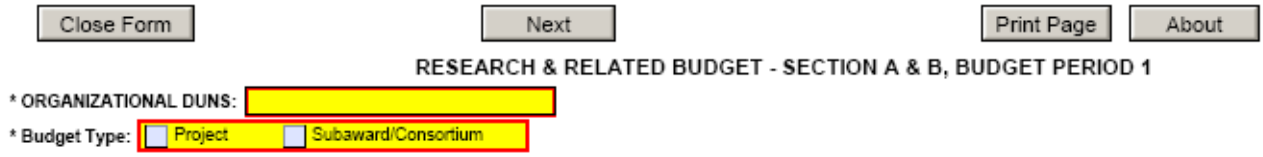


Once the "Next" button has been clicked, the applicant will be taken to the next page of the form/document where they may complete the rest of the form.



To go back to the first page of the form/document, simply click on the "Previous" button. Once all the relevant fields have been completed, the applicant may click on the "Close Form" button to return to the Grant Application Package screen and the list of Mandatory and Optional Documents. When a form/document is closed the completed data is captured in the application package but the form/document is not saved. The application package must be saved from the Grant Application Package screen. More information on saving the application package is available in Section 1.7, Saving the Application.

On the R&R Budget (Fed/Non-Fed) form/document, the applicant may enter up to 5 budget periods. To add a new budget period, the applicant must first complete Budget Period 1 including attaching a budget narrative. **The "Next Period" button on page 3 of the R&R Budget (Fed/Non-Fed) form/document will become active once all the required fields in Budget Period 1 are completed.**



Many of the forms/documents in the application package require the applicant to attach files. **As stated in Section 3.1, Portable Document Format (pdf), CSREES REQUIRES that ALL attachments be submitted in pdf format.** All attachments also must have a unique name to identify the attachment. Attachment file names should indicate the file contents (e.g., Project Summary).

1.6 Accessing Help Tips

To access help tips scroll over a field on the form/document to reveal the help text for that field. Not every field has a help tip.

1.7 Saving the Application

The application package can only be saved from the Grant Application Package screen. It is recommended that after the applicant completes each form/document that they click on the "Close Form" button to close the form and then save the application package by clicking on the "Save" button at the top of the Grant Application Package Screen. It is important to note that the application package will be saved to the last active directory on the applicant's computer. Therefore, the applicant should save the application package to their hard drive where it can be easily accessed. The applicant may save their application package at any time and should save the application package with the same file name each time.

1.8 Check Package for Errors

To initiate the Grants.gov edit check process, simply click on the "Check Package for Errors" button at the top of the screen.

This process will identify all mandatory fields that have not been completed by the applicant. These errors will be displayed one at a time.

No checks against CSREES business rules will take place at this time **(e.g., no checks will occur to ensure compliance with the pdf attachment requirement, formatting requirements).**

ATTENTION: There is a paper clip icon on the left side of the page in every application. Do NOT attach documents with this function. If you attach documents under this function your application will be incomplete and cause errors.

1.9 Submitting an Electronic Application

REMINDER: See Part III, 3.1 for pdf attachment requirement information. ANY APPLICATION CSREES RECEIVES CONTAINING NON-PDF DOCUMENTS ATTACHED IS AT RISK OF BEING EXCLUDED FROM CSREES CONSIDERATION. Partial applications will be excluded from CSREES consideration.

The AR must open the browser, open the application and then press the Submit button. To submit the application:

1. Close all open browser(s) and running applications.
2. Open the internet browser.
3. Navigate to the physical location where the application file is located. Select the application to open.
4. The internet browser will open the application. This may take a few moments. Please be patient.
5. Once the application is completely open, click the Save and **Submit** button. (The Save and Submit button will not become
   active until all mandatory documents have been properly completed and there are no errors in the application.) You are required to save the application again at this point in order to begin the application submission process.
6. Click **Save and Submit**.
7. A dialog box will appear and you will need to enter your Grants.gov username and password.
8. Lastly, click **Login**.

Once you have saved the application using the **Save & Submit** button, a dialog box will appear and you will need to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Only the AR has the authority and user rights to **Sign and Submit** an application to Grants.gov. Additional submission tips may be found at the Grants.gov website.

Grants.gov Submission Tips: http://www.grants.gov/help/submit_application_faqs.jsp

V. RESEARCH AND RELATED (R&R) FORMS AND INSTRUCTIONS

1. Overview

This section contains both the SF-424 (R&R) instructions and any applicable CSREES-specific instructions. The CSREES-specific instructions are identified by the CSREES logo. It is important that all applications conform to these SF-424 (R&R) General Instructions and, where specified, with the CSREES-specific instructions. Conformance is required and will be strictly enforced unless a deviation has been approved in advance of submission. Applicants are advised that CSREES may exclude from consideration applications that are not consistent with these instructions. The CSREES applicant is required to complete and submit the following SF 424 (R&R) forms as part of the application package:

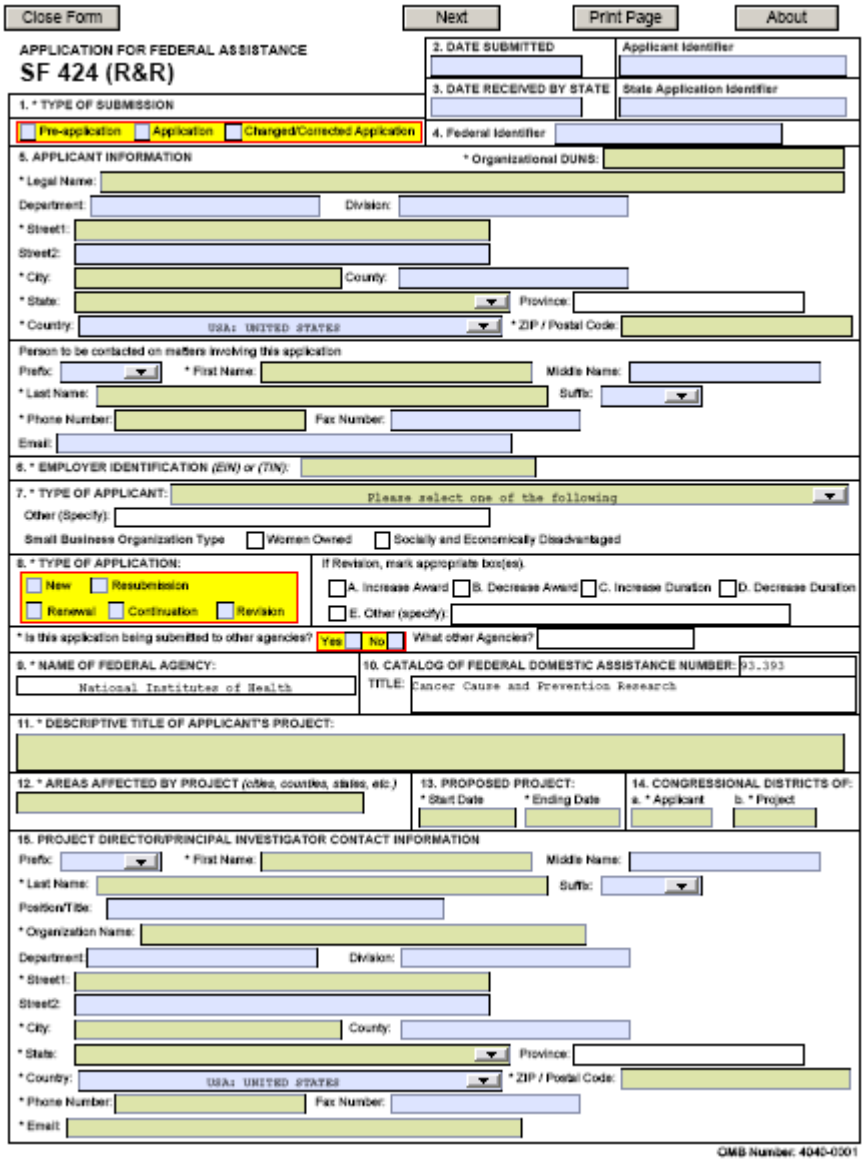
- SF 424 (R&R) Cover Sheet;
- SF 424 (R&R) Performance Site Locations;
- SF 424 (R&R) Other Project Information;
- SF 424 (R&R) Senior/Key Person (Expanded);
- SF 424 (R&R) Personal Data;
- SF 424 (R&R) Budget

The following SF 424 (R&R) form is optional and only should be submitted when appropriate:

- SF424 (R&R) Subaward Budget (Fed/Non-Fed) Attachment

Detailed instructions for other forms that may be part of the application package are included in Part VI. Detailed instructions for the completion of each of the SF 424 forms are explained in the following sections.

2. SF-424 (R&R) (Cover Sheet)


Close Form | Next | Print Page | About

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED | Applicant Identifier
3. DATE RECEIVED BY STATE | State Application Identifier
1. * TYPE OF SUBMISSION
Pre-application | Application | Changed/Corrected Application
4. Federal Identifier
5. APPLICANT INFORMATION | * Organizational DUNS:
* Legal Name:
Department: | Division:
* Street1:
Street2:
* City: | County:
* State: | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code:
Person to be contacted on matters involving this application
Prefix: | * First Name: | Middle Name:
* Last Name: | Suffix:
* Phone Number: | Fax Number:
Email:
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
7. * TYPE OF APPLICANT: Please select one of the following
Other (Specify):
Small Business Organization Type | Women Owned | Socially and Economically Disadvantaged
8. * TYPE OF APPLICATION:
New | Resubmission
Renewal | Continuation | Revision
If Revision, mark appropriate box(es).
A. Increase Award | B. Decrease Award | C. Increase Duration | D. Decrease Duration
E. Other (specify):
* Is this application being submitted to other agencies? Yes | No | What other Agencies?
9. * NAME OF FEDERAL AGENCY: National Institutes of Health
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.393
TITLE: Cancer Cause and Prevention Research
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
13. PROPOSED PROJECT: * Start Date | * Ending Date
14. CONGRESSIONAL DISTRICTS OF: a. * Applicant | b. * Project
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: | * First Name: | Middle Name:
* Last Name: | Suffix:
Position/Title:
* Organization Name:
Department: | Division:
* Street1:
Street2:
* City: | County:
* State: | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code:
* Phone Number: | Fax Number:
* Email:
OMB Number: 4040-0001

2.1 Enter a Type of Submission (Field 1 on the Form)

Select a type of submission. If this submission is to change or correct a previously submitted "New" application, click the Changed/Corrected Application box and enter the Grants.gov tracking number in the Federal Identifier field. If this submission is to change or correct a "resubmission", "renewal", "continuation", or "revision" application, leave the Federal identifier field as previously filled with the existing identifier (e.g. Award number). Do NOT insert the Grants.gov tracking number in these cases. Unless requested by the agency, applicants may not use this to submit changes after the closing date. This field is required.

A changed/corrected application should **only** be submitted **after** the appropriate CSREES program contact has been contacted. The changed/corrected application is when an applicant needs to modify an application they have ALREADY submitted through Grants.gov and that the latter submission is done PRIOR to the established deadline.

Unless specifically required by a CSREES request for application, pre-applications are **not** required and should **not** be submitted to CSREES.

2.2 Enter Date Submitted and Applicant Identifier (Field 2 on the Form)

Enter the date the application is submitted to Federal agency (or State if applicable). Please use mm/dd/yyyy format (e.g., 08/13/2009). Enter the Applicant's control number (if applicable) in the ***Applicant Identifier*** field.

The Applicant Identifier field is for use when an institution has their own system for tracking applications. This field allows the applicant to enter their application identifier on the application, if applicable.

2.3 Enter Date Received by State and State Application Identifier (Field 3 on the Form)

Enter the date received by state (if applicable). Enter the state application identifier (if applicable) in the ***State Application Identifier*** field.

CSREES does not utilize this information; therefore, leave the Date Received by State and State Application Identifier field blank.

2.4 Federal Identifier (Field 4 on the Form)

New project applications should leave this field blank unless you are submitting a changed/corrected application. When submitting a changed/corrected "New" application, enter the Grants.gov tracking number. If this is a continuation, revision or renewal application, enter the assigned Federal identifier number (for example, award number) – even if submitting a changed/corrected application.

If a *renewal* application (see 2.8 of this section) is being submitted, enter the CSREES-assigned award number of the previously-funded application in the Federal field (Field 4 on the form). If a *resubmission* application (see 2.8 of this section) is being submitted, enter the CSREES-assigned proposal number of the previously-submitted application in the Federal field (Field 4 on the form). If a *resubmission renewal* application (see 2.8 of this section) is being submitted, select "resubmission" and enter the CSREES-assigned proposal number of the previously-submitted application in the Federal field (Field 4 on the form). If a *continuation* application (see 2.8 of this section) is being submitted, enter the CSREES-assigned award number of the previously-funded application in the Federal field (Field 4 on the form).

2.5 Enter Applicant Information (Field 5 on the Form)

Enter the DUNS or DUNS+4 number of the applicant organization in the **** Organizational DUNS*** field. This field is required.

For the legal name field enter the legal name of the applicant organization or individual (i.e., in whose name an award, if appropriate, should be made).

In addition, applicants that are individuals also cannot enter information into the Organizational DUNS field.

Field Name	Input
*Legal Name	Enter legal name of applicant, which will undertake the assistance activity, enter the complete address of the applicant (including county and country), and name, telephone number, e-mail, and fax of the person to contact on matters related to this application. This field is required.
Department	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.
Division	Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.
*Street 1	Enter first line of the street address in "Street1" field for the applicant. This field is required. Two lines are available for street address input. The first line is required information. The second line is not required.
Street 2	Enter second line of the street address for the applicant in "Street2" field. This field is optional.
*City	Enter the city for address of applicant. This field is required.
County	Enter the county for address of applicant.
*State	Enter (select) the State where the applicant is located. This field is required if the applicant is located in the United States.
Province	Enter the Province.
*Country	Select the country for the applicant address. This field is required.

*Zip Code	Enter the Postal Code (e.g., ZIP code) of applicant. This field is required if the applicant is located in the United States. This field is required if a State is selected; optional for Province.

Person to be contacted on matters involving this application:

Field Name	Input
Prefix	Enter the prefix (e.g., Mr., Mrs., Rev.) for the person to contact on matters related to this application.
*First Name	Enter first (given) name of the person to contact on matters related to this application. This field is required.
Middle Name	Enter the middle name of the person to contact on matters related to this application.
*Last Name	Enter the last (family) name of the person to contact on matters related to this application. This field is required.
Suffix	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the person to contact on matters related to this application.
*Phone Number	Enter the daytime phone number for the person to contact on matters related to this application. This field is required.
Fax Number	Enter the fax number for the person to contact on matters related to this application.
Email	Enter the e-mail address for the person to contact on matters related to this application.

2.6 Enter Employer Identification (EIN) or (TIN) (Field 6 on the Form)

Employer Identification (EIN) or (TIN) - Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the U.S., type 44-4444444. This field is required.

2.7 Enter Type of Applicant (Field 7 on the Form)

Type of Applicant - Select the appropriate applicant type code. This field is required.
If Small Business is selected as Type of Applicant, then note if the organization is Woman-owned and/or Socially and Economically Disadvantaged.

- ***Woman Owned*** - Check if you are a woman-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.
- ***Socially and Economically Disadvantaged*** - Check if you are a socially and economically disadvantaged small business as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act, U.S.C. 637(a).

2.8 Select Type of Application (Field 8 on the Form)

Select the type from the following list. Check only one.

- ***New*** - An application that is being submitted to an agency for the first time.
- ***Resubmission*** - An application that was previously submitted but not funded and is being resubmitted for new consideration.
- ***Renewal*** - An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.
- ***Continuation*** - A non-competing application for an additional funding/budget period within a previously approved project period.
- ***Revision*** - An application that proposes a change in - 1) the Federal Government's financial obligations or contingent liability from an existing obligation; or, 2) any other change in the terms and conditions of the existing award.

Check Part II, B. of the RFA for the types of applications that may be submitted in response to the RFA. If a *renewal* application is being submitted, enter the CSREES-assigned award number of the previously-funded application in the Federal field (Field 4 on the form). If a *resubmission* application is being submitted, enter the CSREES-assigned proposal number of the previously-submitted application in the Federal field (Field 4 on the form). If a *resubmission renewal* application is being submitted, select “resubmission” and enter the CSREES-assigned proposal number of the previously-submitted application in the Federal field (Field 4 on the form).). If a *continuation* application is being submitted, enter the CSREES-assigned award number of the previously-funded application in the Federal field (Field 4 on the form).

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify): _____

May select more than one. If "Other" is selected, please specify in text box provided.

The type of application acceptable may vary by funding opportunity. The RFA will stipulate the type of application that may be submitted to CSREES in response to the funding opportunity.

**** Is this application being submitted to other agencies?*** – Enter yes or no. If yes, enter the name(s) of other Agencies. This field is required.

List the names or acronyms of all other public or private sponsors including other agencies within USDA to which your application has been or might be sent. In the event you decide to send your application to another organization or agency at a later date, you must inform the identified CSREES program contact as soon as practicable. Submitting your application to other potential sponsors will not prejudice its review by CSREES; however, submitting the same (i.e., duplicate) application to another CSREES program is not permissible.

2.9 Name of Federal Agency (Field 9 on the Form)

**** Name of Federal Agency*** – This is the name the Federal agency from which assistance is being requested with this application. This information is pre-populated from the opportunity package.

2.10 Catalog of Federal Domestic Assistance Number and Title (Field 10 on the Form)

This is the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. This information is pre-populated from the opportunity package.

2.11 Enter Descriptive Title of Applicant's Project (Field 11 on the Form)

**** Descriptive Title of Applicant's Project*** - Enter a brief descriptive title of the project. This field is required.

The title should be a brief (**140-character-maximum including spaces**), clear, and specific designation of the proposed integrated or research project. Project titles are read by a variety of nonscientific people; therefore, highly technical words or phraseology should be avoided where possible. In addition, introductory phrases such as “investigation of,” “research on,” “education for,” or “outreach that” should not be used.

2.12 List Areas Affected by Project (Field 12 on the Form)

**** Areas Affected by Project*** - List only the largest political entities affected by the project (e.g., State, counties, cities). This field is required.

2.13 Enter Proposed Project (Field 13 on the Form)

**** Start Date*** – Enter the proposed start date of the project. This field is required. Please use mm/dd/yyyy format (e.g., 08/13/2009).
**** Ending Date*** – Enter the proposed ending date of the project. This field is required. Please use mm/dd/yyyy format (e.g., 08/13/2009).

The proposed duration for which support is requested must be consistent with the nature and complexity of the proposed activity. In some situations, a funding opportunity may limit the duration of requested support. In such cases, the limitations will be addressed in the RFA. Specification of a desired starting date for the project is important and helpful to CSREES staff; however, CSREES may not always be able to meet the requested dates. In such cases, CSREES will consult with the applicant.

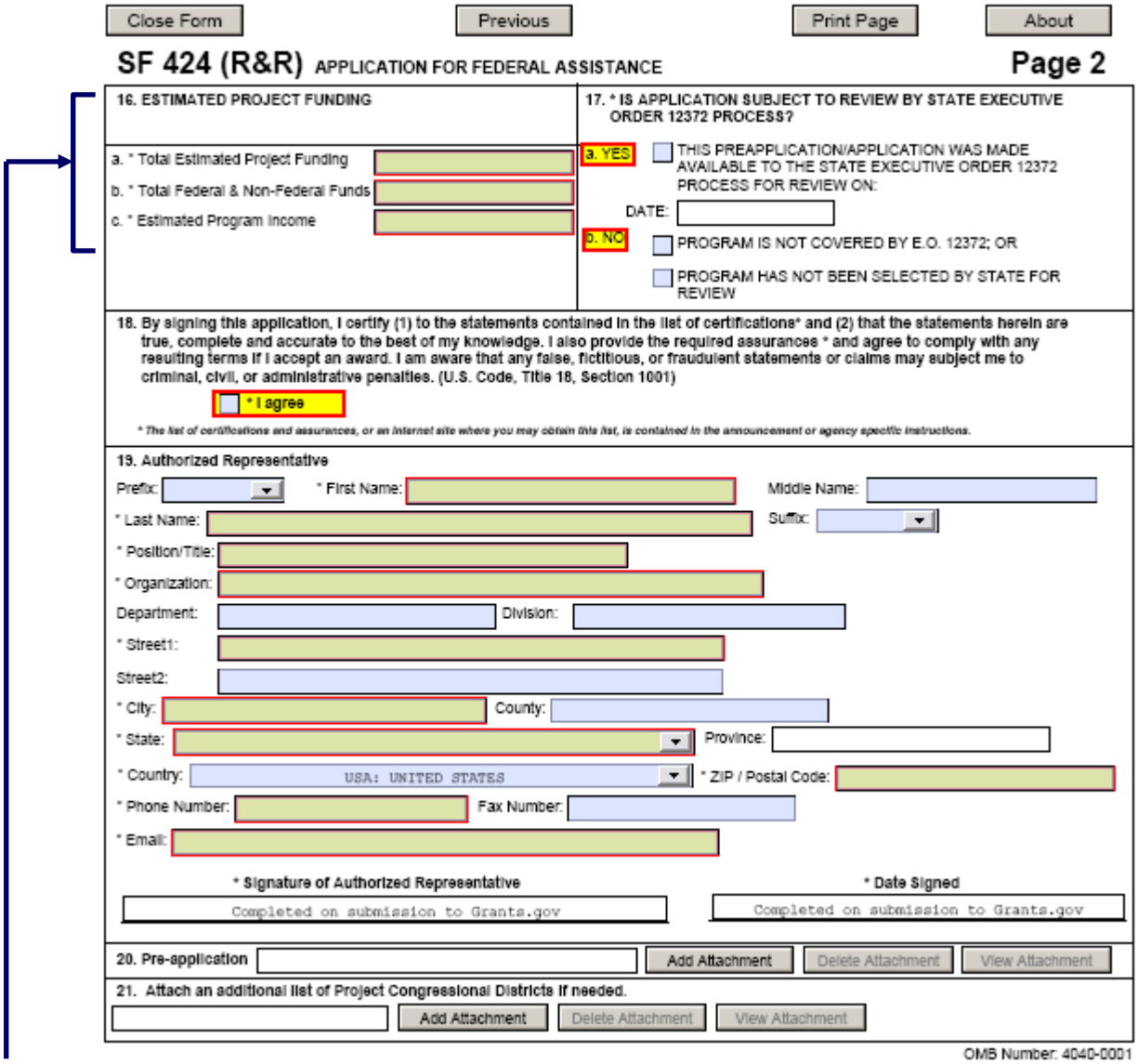
2.14 Enter Congressional Districts (Field 14 on the Form)

**** Applicant*** - Enter the applicant's Congressional District. Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. This field is required.

**** Project*** – Enter the project's Congressional District. Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Attach an additional list of Project Congressional Districts on page 2, if needed. This field is required.

2.15 Enter Project Director/Principal Investigator Contact Information (Field 15 on the Form)

Field Name	Input
Prefix	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Project Director/Principal Investigator (PD/PI).
*First Name	Enter first name of the PD/PI. This field is required.
Middle Name	Enter the middle name of the PD/PI.
*Last Name	Enter the last (family) name of the PD/PI. This field is required.
Suffix	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.
Position/Title	Enter the title of the PD/PI.
*Organization Name	Enter the name of organization for the PD/PI. This field is required.
Department	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.
Division	Enter the name of primary organizational division, office, or major subdivision of the PD/PI.
*Street 1	Enter first line of the street address for the PD/PI in the "Street1" field. This field is required.
Street 2	Enter second line of the street address for the PD/PI in "Street2" field. This field is optional.
*City	Enter the City for address of the PD/PI. This field is required.
County	Enter the county for address of the PD/PI.
*State	Enter (select) the State where the PD/PI is located. This field is required if the PD/PI is located in the United States.
Province	Enter the Province.
*Country	Select the country for PD/PI address.
*Zip Code	Enter the Postal Code (e.g., ZIP code) of PD/PI. This field is required if the PD/PI is located in the United States. This field is required if a State is selected; optional for Province.
*Phone Number	Enter the daytime phone number for the PD/PI. This field is required.
Fax Number	Enter the fax number for the PD/PI.
*Email	Enter the e-mail address for the PD/PI. This field is required.



2.16 Enter Estimated Project Funding (Field 16 on the Form)

Field Name	Input
* Total Estimated Project Funding	Enter total Federal funds requested for the entire project period. This field is required.
*Total Federal & Non-Federal Funds	Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. If using the Funds Requested Budget Component, item 16b will be the same as 16a. This field is required information.
*Estimated Program Income	Identify any Program Income estimated for this project period if applicable. This field is required.

Estimated program income is estimated gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award.

2.17 Is Application Subject to Review by State Executive Order 12372 Process? (Field 17 on the Form)

If yes, check box. If the announcement indicates that the program is covered under Executive Order 12372, applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372. If no, check appropriate box. This field is required.

For the reasons set forth in the final Rule-related Notice to 7 CFR Part 3015, Subpart V (48 FR 29114, June 24, 1983), CSREES programs are excluded from the scope of the Executive Order 12372 which requires intergovernmental consultation with State and local officials, therefore, check "NO, program is not covered by E.O. 12372."

2.18 Complete Certification (Field 18 on the Form)

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.*

Check to provide the required certifications and assurances. This field is required.

The applicable assurances and certifications can be located on the CSREES website. See http://www.csrees.usda.gov/funding/all_forms.html under the "Other forms" heading. Ignore all references in the forms and instructions regarding the signing of Form CSREES-2002, Proposal Cover Page. For this application, by submitting the application the applicant is providing the required assurances regarding the protection of human subjects, providing humane treatment of animals, and monitoring the use of recombinant DNA and certifications set forth in 7 CFR Part 3017, as amended, regarding Debarment and Suspension and Drug-Free Workplace; and 7 CFR Part 3018 regarding Lobbying. Submission of the individual forms is not required. (Please read the Certifications before submitting the application.) If the project will involve a subcontractor or consultant, the subcontractor/consultant should submit a Form AD-1048, Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions, to the grantee organization for retention in their records. This form should not be submitted to USDA. In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award the obligations to comply with the terms and conditions of CSREES in effect at the time of the award.

2.19 Enter Authorized Representative (Field 19 on the Form)

Field Name	Input
Prefix	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Authorized Representative.
*First Name	Enter first (given) name of the Authorized Representative. This field is required.
Middle Name	Enter the middle name of the Authorized Representative.
*Last Name	Enter the last (family) name of the Authorized Representative. This field is required.
Suffix	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Authorized Representative.
*Position/Title	Enter the title of the Authorized Representative. This field is required.
*Organization Name	Enter the name of organization for the Authorized Representative. This field is required.
Department	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Authorized Representative.
Division	Enter the name of primary organizational division, office, or major subdivision of the Authorized Representative.
*Street 1	Enter first line of the street address for the Authorized Representative in the "Street1" field. This field is required.
Street 2	Enter second line of the street address for the Authorized Representative in the "Street2" field. This field is optional.
*City	City for address of the Authorized Representative. This field is required
County	Enter the county for address of Authorized Representative.
*State	Enter (select) the State where the Authorized Representative is located. This field is required if the Authorized Representative is located in the United States.
Province	Enter the Province for Authorized Representative.
*Country	Select the country for the Authorized Representative address.
*Zip Code	Enter the Postal Code (e.g., ZIP code) of the Authorized Representative. This field is required if the Authorized Representative is located in the United States.
*Phone Number	Enter the daytime phone number for the Authorized Representative. This field is required.
Fax Number	Enter the fax number for the Authorized Representative.

*Email	Enter the e-mail address for the Authorized Representative. This field is required.
Signature of Authorized Representative	It is the organization's responsibility to assure that only properly authorized individuals submit the application to Grants.gov. This field is completed on submission to Grants.gov.
Date Signed	This field is completed on submission to Grants.gov.

2.20 Enter Pre-Application (Field 20 on the Form)

If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency-specific instructions and attach here.

Infrequently, a CSREES funding opportunity will require or request submission of a preliminary application in advance of submission of a full application. The two predominant reasons for requiring submission of a preliminary application are to:

- Reduce the applicant's unnecessary effort in application preparation when the chance of success is very small. This is particularly true of exploratory initiatives where the community senses that a major new direction is being identified, or competitions that will result in a small number of actual awards; and
- Increase the overall quality of the full submission.

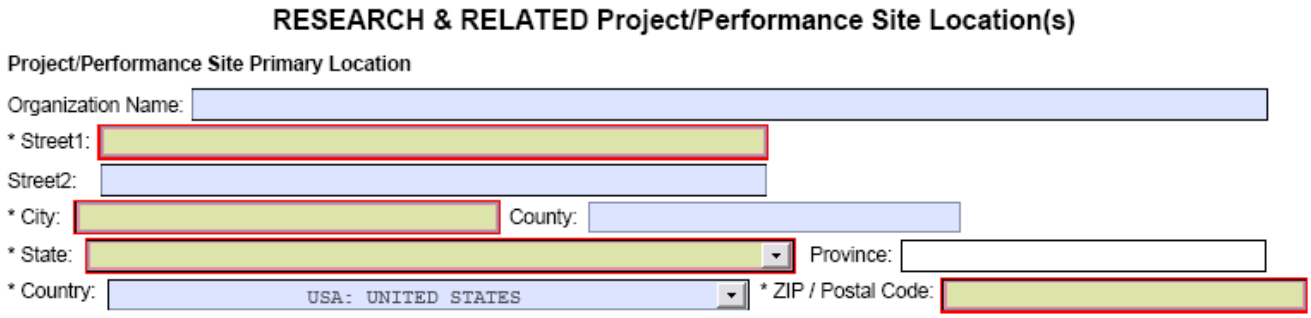
The CSREES RFA will specify the content and submission requirements in Section V.A of the RFA when preliminary applications are to be utilized. Note that a pre-application is not the same as a Letter of Intent which CSREES, in some cases, may utilize. The RFA will state when a pre-application or a Letter of Intent is to be submitted, if appropriate; the RFA will remain silent if the items are not utilized.

2.21 Attach an Additional List of Project Congressional Districts if needed (Field 21 on the Form)

Attach a file using the appropriate buttons.

See Part III Section 3.1 of this Guide for CSREES attachment specifications.

3. R&R Project/Performance Site Location(s)



3.1 Enter Project/Performance Site Primary Location

Field Name	Input
Organization Name	Indicate the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided.
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location. This field is required.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location. This field is optional.
*City	Enter the City for address of the primary performance site location. This field is required.
County	Select the county for the performance site location.

*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
*Zip Code	Enter the Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
Country	Select the name of the country for the primary project performance site

3.2 Project/Performance Site Location 1

Project/Performance Site Location 1
Organization Name:
* Street1:
Street2:
* City: County:
* State: Province:
* Country: USA: UNITED STATES * ZIP / Postal Code:

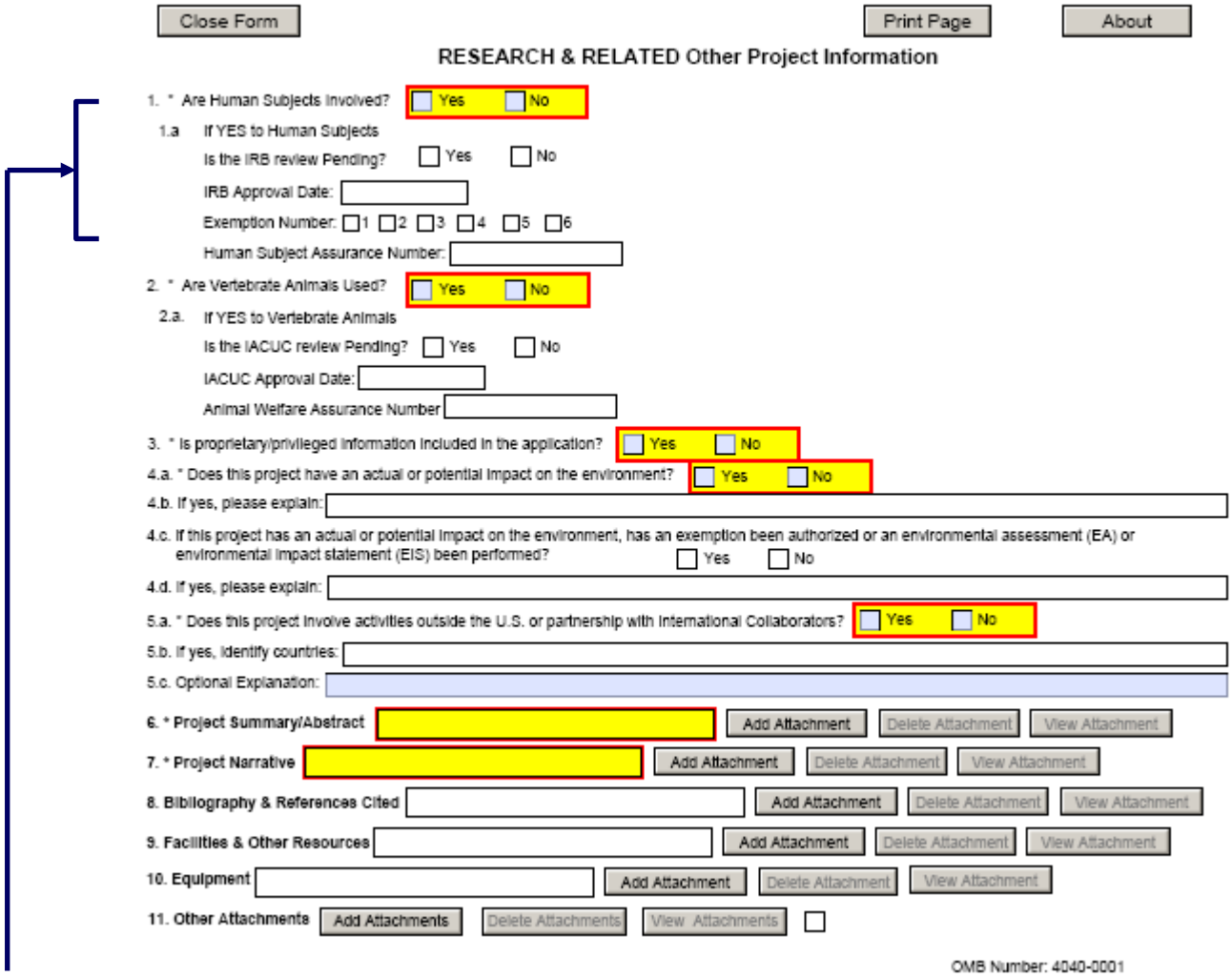
Enter for the Project/Performance Site Location 1 the information required for the Project/Performance Site Primary Location. If it is necessary to enter information for additional sites, click on the "Next Site" button.

3.3 Additional Locations

If more than 8 performance site locations are proposed, provide the requested information in a separate file and attach.

Additional Location(s) Add Attachment Delete Attachment View Attachment

4. R&R Other Project Information


Close Form
Print Page
About

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No
1.a If YES to Human Subjects
Is the IRB review Pending? Yes No
IRB Approval Date:
Exemption Number: 1 2 3 4 5 6
Human Subject Assurance Number:
2. * Are Vertebrate Animals Used? Yes No
2.a. If YES to Vertebrate Animals
Is the IACUC review Pending? Yes No
IACUC Approval Date:
Animal Welfare Assurance Number
3. * Is proprietary/privileged information included in the application? Yes No
4.a. * Does this project have an actual or potential impact on the environment? Yes No
4.b. If yes, please explain:
4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No
4.d. If yes, please explain:
5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No
5.b. If yes, identify countries:
5.c. Optional Explanation:
6. * Project Summary/Abstract Add Attachment Delete Attachment View Attachment
7. * Project Narrative Add Attachment Delete Attachment View Attachment
8. Bibliography & References Cited Add Attachment Delete Attachment View Attachment
9. Facilities & Other Resources Add Attachment Delete Attachment View Attachment
10. Equipment Add Attachment Delete Attachment View Attachment
11. Other Attachments Add Attachments Delete Attachments View Attachments
OMB Number: 4040-0001

4.1 Are Human Subjects Involved? (Field 1 on the Form)

If activities involving human subjects are planned at any time during the proposed project at any performance site, check here for yes. Check yes, even if the proposed project is exempt from Regulations for the Protection of Human Subjects. If no, skip the rest of block 1. This field is required.

1. * Are Human Subjects Involved? ☐ Yes ☐ No

Projects involving research with human subjects must ensure that subjects are protected from research risks in conformance with the relevant Federal policy known as the Common Rule (*Federal Policy for the Protection of Human Subjects, 45 CFR 690*). All projects involving human subjects must either (1) have approval from the organization's Institutional Review Board (IRB) before issuance of an CSREES award or, (2) must affirm that the IRB or an appropriate knowledgeable authority previously designated by the organization (not the Project Director) has declared the research exempt from IRB review in accordance with the applicable subsection, as established in section 101(b) of the Common Rule. The box for "Human Subjects" must be checked "yes" with the IRB approval date (if available) or exemption subsection from the Common Rule identified in the space provided. Check “yes” even if the proposed project is exempt from Regulations for the Protection of Human Subjects. If “no”, skip the remaining questions about Human Subjects. If “no” is checked at the time of submission and subsequently it is determined that human subjects are necessary, then the applicable program contact (identified

in Block 12. of Form CSREES-2009, Award Face Sheet, of the award document) is to be contacted for instructions on the submission of updated human subject information.

If "YES" to Human Subjects:

1.a If YES to Human Subjects

Is the IRB review Pending? ☐ Yes ☐ No

If IRB is pending, check YES. If IRB is not pending, check NO here.

IRB Approval Date – Enter the latest Institutional Review Board (IRB) approval date (if available). Please use mm/dd/yyyy format (e.g., 08/13/2008). Leave blank if Pending.
NOTE: This is required information if the applicant selected "NO" to "Is the IRB review Pending?"

Exemption Number – If human subject activities are exempt from Federal regulations, provide the exemption numbers corresponding to one or more of the exemption categories. The six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects. These regulations can be found at: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm.

Exemption Number: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Human Subject Assurance Number – Enter the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office for Human Research Protections, if available. Do not enter the FWA before the number.

The Human Subject Assurance Number field on the R&R Other Project Information form/document has a maximum length of 10 characters.

4.2 Are Vertebrate Animals Used? (Field 2 on the Form)

If activities involving vertebrate animals are planned at any time during the proposed project at any performance site, check yes here. If no, check no and skip the rest of block 2. This field is required.

2. * Are Vertebrate Animals Used? ☐ Yes ☐ No

For applications involving the use of vertebrate animals, sufficient information must be provided within the project description to enable reviewers to evaluate the choice of species, number of animals to be used, and any necessary exposure of animals to discomfort, pain, or injury. Consistent with the requirements of the Animal Welfare Act [7 U.S.C. 2131 et seq.] and the regulations promulgated by the Secretary of Agriculture [9 CFR, 1.1-4.11], CSREES requires that proposed projects involving use of any vertebrate animal for research or education be approved by the submitting organization's Institutional Animal Care and Use Committee (IACUC) before an award can be made.

Is the IACUC review Pending? Check yes or no.

Check yes if the Institutional Animal Care and Use Committee (IACUC) review is pending. Check no if the IACUC review is not pending. This field is required is yes is checked to the question "Are vertebrate animals used?".

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date – Enter the Institutional Animal Care and Use Committee (IACUC) approval date (if available). Please use mm/dd/yyyy format (e.g., 08/13/2008). Leave blank if Pending.
Animal Welfare Assurance Number – Enter the Federally-approved assurance number, if available.
These fields are required if no is checked to the question "Is the IACUC review pending".

4.3 Is Proprietary/Privileged Information Included in the Application? (Field 3 on the Form)

Check yes or no.

3. * Is proprietary/privileged information included in the application? ☐ Yes ☐ No

Patentable ideas, trade secrets, privileged or confidential commercial or financial information, the disclosure of which may harm the applicant, should be included in applications only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check yes and clearly mark each line or paragraph on the pages containing the proprietary/privileged information with a legend similar to - "The following contains proprietary/privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation." This field is required.

Such information also may be included as a separate statement. If this method is used, the statement must be submitted as a single-copy document and attached in Block 11 of the application. While CSREES will make every effort to prevent unauthorized access to such material, CSREES is not responsible or in any way liable for the release of such material.

4.4 Does this Project Have an Actual or Potential Impact on the Environment? (Field 4 on the Form)

4.a. * Does this project have an actual or potential impact on the environment? ☐ Yes ☐ No

Indicates if this project has an actual or potential impact on the environment. Click yes here if this is the case. Click no here if this is not the case. This field is required.

If yes, please explain – Enter here an explanation for the actual or potential impact on the environment.

If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? ☐ Yes ☐ No

Check yes or no. Indicates whether an exemption [has] been authorized or a Environmental Assessment (EA) or Environmental Impact Statement (EIS) [has] been performed.

If yes, please explain – Provide an explanation here or attach a file at block 11 "Other Attachments". If there is an attachment, please enter "Please see attached".

4.d. If yes, please explain: `Include exemption code, if applicable, from chart below`

If the project meets one of the exemptions identified in 7 CFR Part 3407 (see chart below), CSREES' implementing regulations of the National Environmental Policy Act of 1969 (see http://www.access.gpo.gov/nara/cfr/waisidx_04/7cfr3407_04.html), then the explanation should include the specific exemption code.

Exemption Code	Description
Department of Agriculture Categorical Exclusions (found at 7 CFR 1b.3 and restated at 7 CFR 3407.6(a)(1)(i) through (iv))	
(a)(1)(i)	Policy development, planning, and implementation which are related to routine activities such as personnel, organizational changes, or similar administrative functions
(a)(1)(ii)	Activities that deal solely with the functions of programs, such as program budget proposals, disbursement, and transfer or reprogramming of funds
(a)(1)(iii)	Inventories, research activities, and studies such as resource inventories and routine data collection when such actions are clearly limited in context and intensity

(a)(1)(iv)	Educational and informational programs and activities
(a)(1)(v)	Civil and criminal law enforcement and investigative activities
(a)(1)(vi)	Activities that are advisory and consultative to other agencies and public and private entities, such as legal counseling and representation
(a)(1)(vii)	Activities related to trade representation and market development activities abroad
CSREES Categorical Exclusions (found at 7 CFR 3407.6(a)(2)(i) through (ii))	
The following categories of research programs or projects of limited size and magnitude or with only short-term effects on the environment:	
(a)(2)(i)(A)	Research conducted within any laboratory, greenhouse, or other contained facility where research practices and safeguards prevent environmental impacts
(a)(2)(i)(B)	Surveys, inventories, an similar studies that have limited context and minimal intensity in terms of changes in the environment
(a)(2)(i)(C)	Testing outside the laboratory, such as in small isolated field plots, which involves the routine use of familiar chemicals or biological materials
(a)(2)(ii)	Routine renovation, rehabilitation, or revitalization of physical facilities, including the acquisition and installation of equipment, where such activity is limited in scope and intensity

4.5 Does this Project Involve Activities Outside the U.S. or Partnership with International Collaborators? (Field 5 on the Form)

This field is required. Check yes or no.

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? ☐ Yes ☐ No

If yes, identify countries. – Enter the countries with which international cooperative activities are involved.

Optional Explanation – Use this block to provide any supplemental information if necessary or attach a file at block 11 "Other Attachments".

4.6 Attach Project Summary/Abstract (Field 6 on the Form)

The Project Summary must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a scientifically or technically literate lay reader. This Summary must not include any proprietary/confidential information. To attach a Project Summary/Abstract, click “Add Attachment”.

A suggested template for the Project Summary/Abstract can be fount at: http://www.csrees.usda.gov/funding/templates/project_summary.doc. The summary should be approximately 250 words. **The names and affiliated organizations of all Project Directors should be listed at the top of the page in addition to the title of the project**. The summary should be a self-contained, specific description of the activity to be undertaken and should focus on: overall project goal(s) and supporting objectives; plans to accomplish project goal(s); and relevance of the project to the goals of the program. The importance of a concise, informative Project Summary cannot be overemphasized. **See Part III Section 3.1 of this Guide for CSREES attachment specifications.**

4.7 Attach Project Narrative (Field 7 on the Form)

Provide Project Narrative in accordance with the announcement and/or agency-specific instructions. To attach a Project Narrative, click “Add Attachment”.

The Project Narrative must be prepared in accordance with the guidelines specified under Part IV.B. in the applicable RFA (for the Small Business Innovation Research program (SBIR) the guidelines are specified under

subsection 3.3 of the SBIR Program Solicitation). **See Part III Section 3.1 of this Guide for CSREES attachment specifications.**

4.8 Attach Bibliography & References Cited (Field 8 on the Form)

Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the same sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers, and year of publication. Include only bibliographic citations. Proposers should be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of the application. To attach Bibliography and References Cited, click "Add Attachment".

Bibliography and references are not part of the project narrative page limitation, if any, unless noted otherwise. **See Part III Section 3.1 of this Guide for CSREES attachment specifications.**

4.9 Attach Documentation for Facilities & Other Resources (Field 9 on the Form)

This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Describe only those resources that are directly applicable to the proposed work. Provide any information describing the Other Resources available to the project (e.g., machine shop, electronic shop) and the extent to which they would be available to the project. To attach Facilities and Other Resources, click "Add Attachment".

See Part III Section 3.1 of this Guide for CSREES attachment specifications.

4.10 Attach Equipment Documentation (Field 10 on the Form)

List major items of equipment already available for this project and, if appropriate, identify location and pertinent capabilities. To attach Equipment, click "Add Attachment".

See Part III Section 3.1 of this Guide for CSREES attachment specifications. Refer to Field C. of the R&R Budget (Fed/Non-Fed) if funds are to be requested to purchase items of nonexpendable equipment necessary to conduct and successfully complete the proposed project.

4.11 Add Other Attachments (Field 11 on the Form)

Attach a file to provide any other project information not provided above or in accordance with the announcement and/or agency-specific instruction.

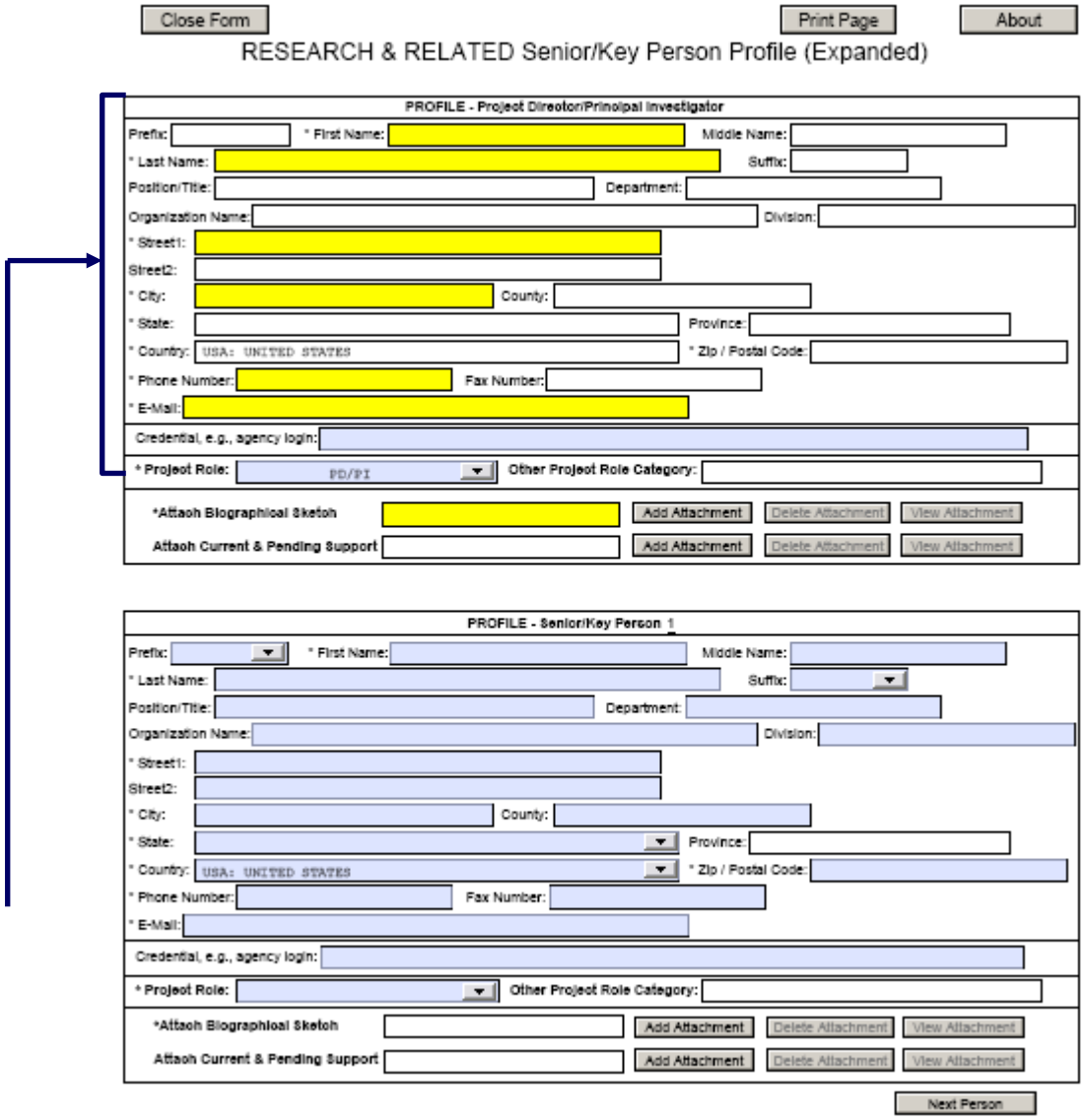
See Part III Section 3.1 of this Guide for CSREES attachment specifications. MULTIPLE FILES MAY BE ATTACHED. The following items should be included in Other Attachments as appropriate.

(1) Cooperation and Institutional Units Involved. Where a cooperative, multi-institutional or multidisciplinary application is to be submitted, identify each institutional unit contributing to the project and designate the lead institution or institutional unit. Clearly define the programmatic roles, responsibilities and budget for each institutional partner.

(2) Appendices to Project Narrative. Appendices to the Project Narrative are allowed if they are directly germane to the proposed project. The addition of appendices should not be used to circumvent the text and/or figures and tables page limitations.

(3) Collaborative Arrangements. If it will be necessary to enter into formal consulting or collaborative arrangements with others, such arrangements should be fully explained and justified. If the consultant(s) or collaborator(s) are known at the time of application, a vitae or resume should be provided. In addition, evidence (e.g., letter of support) should be provided that the collaborators involved have agreed to render these services. The applicant also will be required to provide additional information on consultants and collaborators in the budget portion of the application.

5. R&R Senior/Key Person Profile (Expanded)



Beginning with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement, Senior/Key Personnel are defined as all individuals who contribute in a substantive, measurable way to the scientific development or execution of the project whether or not salaries are requested. Consultants should be included if they meet this definition.

A R&R Senior/Key Person Profile should be completed, at a minimum, for the PD, each co-PD, senior associate, and other professional personnel. A paraprofessional is an individual who through formal education, work experience and/or training has the knowledge and expertise to assist a professional person.

5.1 Enter Profile – Project Director/Principal Investigator

Field Name	Input
Prefix	Pre-populated from the SF 424 (R&R). The prefix (e.g., Mr., Mrs., Rev.) for the name of the Project Director/Principal Investigator (PD/PI).
*First Name	Pre-populated from the SF 424 (R&R). The first name of the PD/PI. This field is required.
Middle Name	Pre-populated from the SF 424 (R&R). The middle name of the PD/PI.

*Last Name	Pre-populated from the SF 424 (R&R). The last (family) name of the PD/PI. This field is required.
Suffix	Pre-populated from the SF 424 (R&R). The suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.
Position/Title	Pre-populated from the SF 424 (R&R). The title of the PD/PI.
Organization Name	Pre-populated from the SF 424 (R&R). The name of organization for the PD/PI
Department	Pre-populated from the SF 424 (R&R). The name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.
Division	Pre-populated from the SF 424 (R&R). The name of primary organizational division, office, or major subdivision of the PD/PI.
*Street 1	Pre-populated from the SF 424 (R&R). The first line of the street address for the PD/PI in the "Street 1" field. This field is required.
Street 2	Pre-populated from the SF 424 (R&R). The second line of the street address for the PD/PI in the "Street 2" field. This field is optional.
*City	Pre-populated from the SF 424 (R&R). The city for address of PD/PI. This field is required.
County	Pre-populated from the SF 424 (R&R). The county for address of PD/PI.
*State	Pre-populated from the SF 424 (R&R). The state where the PPD/PI is located. This field is required if the PD/PI is located in the United States.
Province	Pre-populated from the SF 424 (R&R). The province where the PD/PI is located.
*Country	Pre-populated from the SF 424 (R&R). The country for the address of PD/PI. This field is required.
*Zip Code	Pre-populated from the SF 424 (R&R). The postal code (e.g., ZIP code) of PD/PI. This field is required if the PD/PI is located in the United States.
*Phone Number	Pre-populated from the SF 424 (R&R). The daytime phone number for the PD/PI. This field is required.
Fax Number	Pre-populated from the SF 424 (R&R). The fax number for the PD/PI.
*Email	Pre-populated from the SF 424 (R&R). The e-mail address for the PD/PI. This field is required for PD/PI.
Credential; e.g., agency login	If you are submitting to an agency (e.g., NIH) where the senior/key person has an established personal profile, enter the agency ID. If not, leave blank.
*Project Role	Select one. Use “Other” if a category is not listed in the pick list.
Other Project Role Category	Complete if “Other Professional” or “Other” has been selected as a project role; e.g., Engineer, Chemist.

5.2 Attach Biographical Sketch

Provide a biographical sketch for the PD/PI. Recommended information includes - Education and Training, Research and Professional Experience, Collaborators and Affiliations (for conflicts of interest), Publications and Synergistic Activities. Save the information in a single file and attach here. This field is required.

The biographical sketch should be limited to two (2) pages each in length, excluding publications listings. The vitae should include a presentation of academic and research credentials, as applicable; e.g., earned degrees, teaching experience, employment history, professional activities, honors and awards, and grants received. A chronological list of **all** publications in **refereed journals** during the past **four (4) years**, including those in press, must be included. Also, list only those **non-refereed** technical publications that have **relevance** to the proposed project. All authors should be listed in the same order as they appear on each paper cited, along with the title and complete reference as these usually appear in journals. **See Part III Section 3.1 of this Guide for CSREES attachment specifications.**

5.3 Attach Current and Pending Support

Provide a list of all current and pending support for the PD/PI (even if they receive no salary support from the project(s)) for ongoing projects and pending proposals. Show the total award amount for the entire award period (including indirect costs) as well as the number of person-months per year to be devoted to the project by the senior/key person, regardless of source of support. Concurrent submission of a proposal to other organizations will not prejudice its review.

A suggested template for the current and pending support is located at http://www.csrees.usda.gov/funding/templates/current_pending.doc. A current and pending support list should be included for the PD/PI. Please note that the project being proposed should be identified as pending in the attached document. The percent of time committed should not exceed 100% of effort for concurrent projects. An application that duplicates or overlaps substantially with an application already funded (or to be funded) by

another organization or agency will not be funded under this program. Prepare the current and pending support list(s) following the instructions and format noted below. **See Part III Section 3.1 of this Guide for CSREES attachment specifications.**

Instructions:

1. Record information for active and pending projects, including this proposal. (Concurrent submission of a proposal to other organizations will not prejudice its review by CSREES.)
2. All current efforts to which project director(s) and other senior personnel have committed a portion of their time must be listed, whether or not salary for the person involved is included in the budgets of the various projects.
3. Provide analogous information for all proposed work which is being considered by, or which will be submitted in the near future to, other possible sponsors including other USDA programs.

NAME (List/PD #1 first)	SUPPORTING AGENCY AND AGENCY ACTIVE AWARD/PENDING PROPOSAL NUMBER	TOTAL $ AMOUNT	EFFECTIVE AND EXPIRATION DATES	% OF TIME COMMITTED	TITLE OF PROJECT
	Active:				
	Pending:				

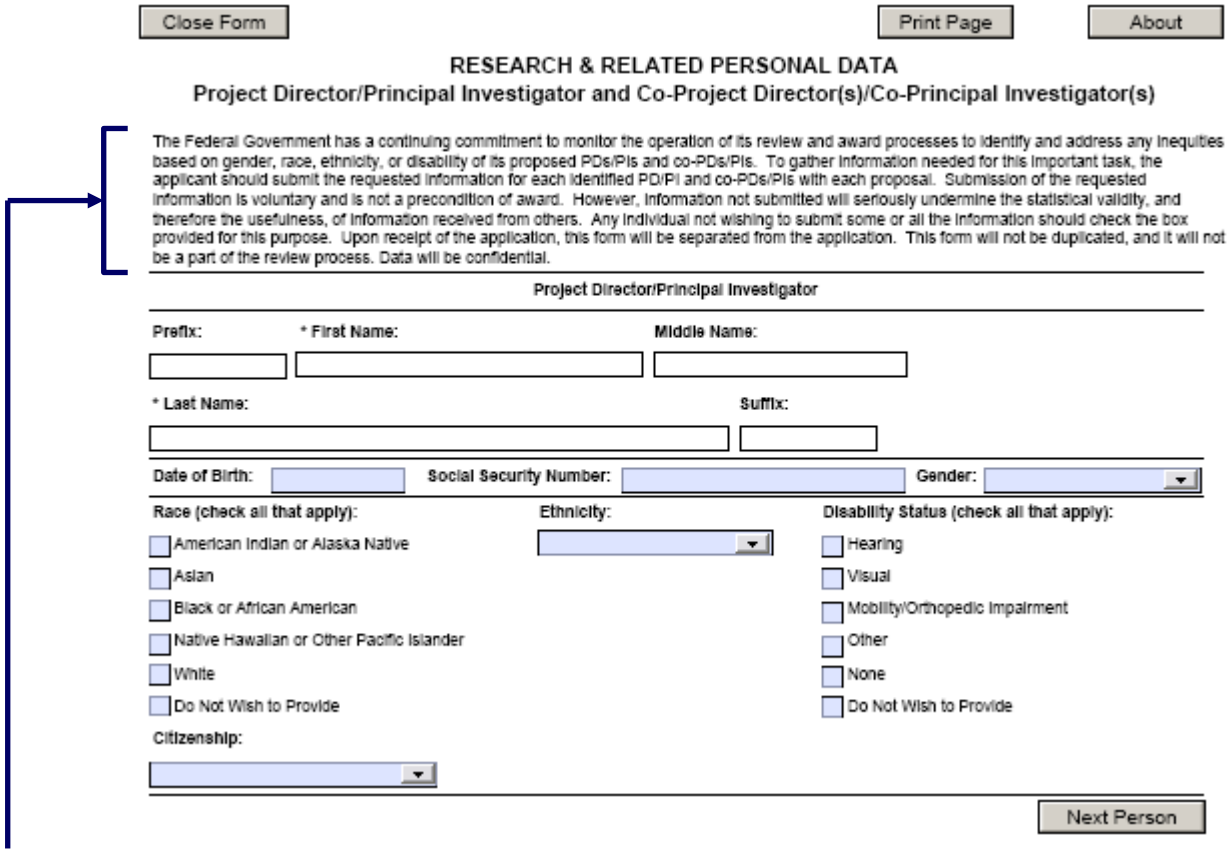
5.4 Enter Profile – Senior/Key Person 1

Enter information for Senior/Key Person 1 following the instructions included in Sections in 5.1, 5.2, and 5.3.

Select **"Next Person"** to enter the next senior/key person entry. Complete the same information noted in Sections 5.1 through 5.3 for additional senior/key persons.

CSREES will recognize, on any award that is issued as a result of the application, the first 8 PD/PI co-PD/PIs entered on this form.

6. R&R Personal Data


Close Form
Print Page
About

RESEARCH & RELATED PERSONAL DATA
Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Project Director/Principal Investigator

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Date of Birth: Social Security Number: Gender:

Race (check all that apply):
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply):
- Hearing
- Visual
- Mobility/Orthopedic Impairment
- Other
- None
- Do Not Wish to Provide

Citizenship:

Next Person

The Federal government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PD/PI with each application. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

To meet the responsibilities of the Department of Agriculture, 7 U.S.C. 3121, CSREES must collect certain information to maintain its Privacy Act Record System, Privacy Act of 1974, 5 U.S.C. 552a. Such information includes the race and ethnicity information of the PD/PI and Co-PDs/PIs. This information is used only for tracking and statistical purposes necessary to meet the demands of the agency and will not be part of the review process. This information is purely voluntary in which case the failure or refusal to provide the information would not deny an individual any right, benefit, or privilege provided by law. However, it is strongly encouraged that applicants provide the requested information to increase the quality of the CSREES database, aid in verification of eligibility for certain programs and to have a unique identifier for principal investigators/project directors to aid in tracking grantees from one institution to another.

6.1 Enter Project Director/Principal Investigator

Field Name	Input
Prefix	Pre-populated from SF-424 R&R. The prefix (e.g., Mr., Mrs., Rev.) for the name of the PD/PI.
*First Name	Pre-populated from SF-424 R&R. The first name of the PD/PI. This field is required.
Middle Name	Pre-populated from SF-424 R&R. The middle name of the PD/PI.

*Last Name	Pre-populated from SF-424 R&R. The last (family) name of the PD/PI. This field is required.
Suffix	Pre-populated from SF-424 R&R. Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.
Date of Birth	Enter the date of birth. Leave blank if you do not wish to provide.
Social Security Number	The Social Security Number serves as a helpful identifier. However, submission of this data element is voluntary. Leave blank if you do not wish to provide it.

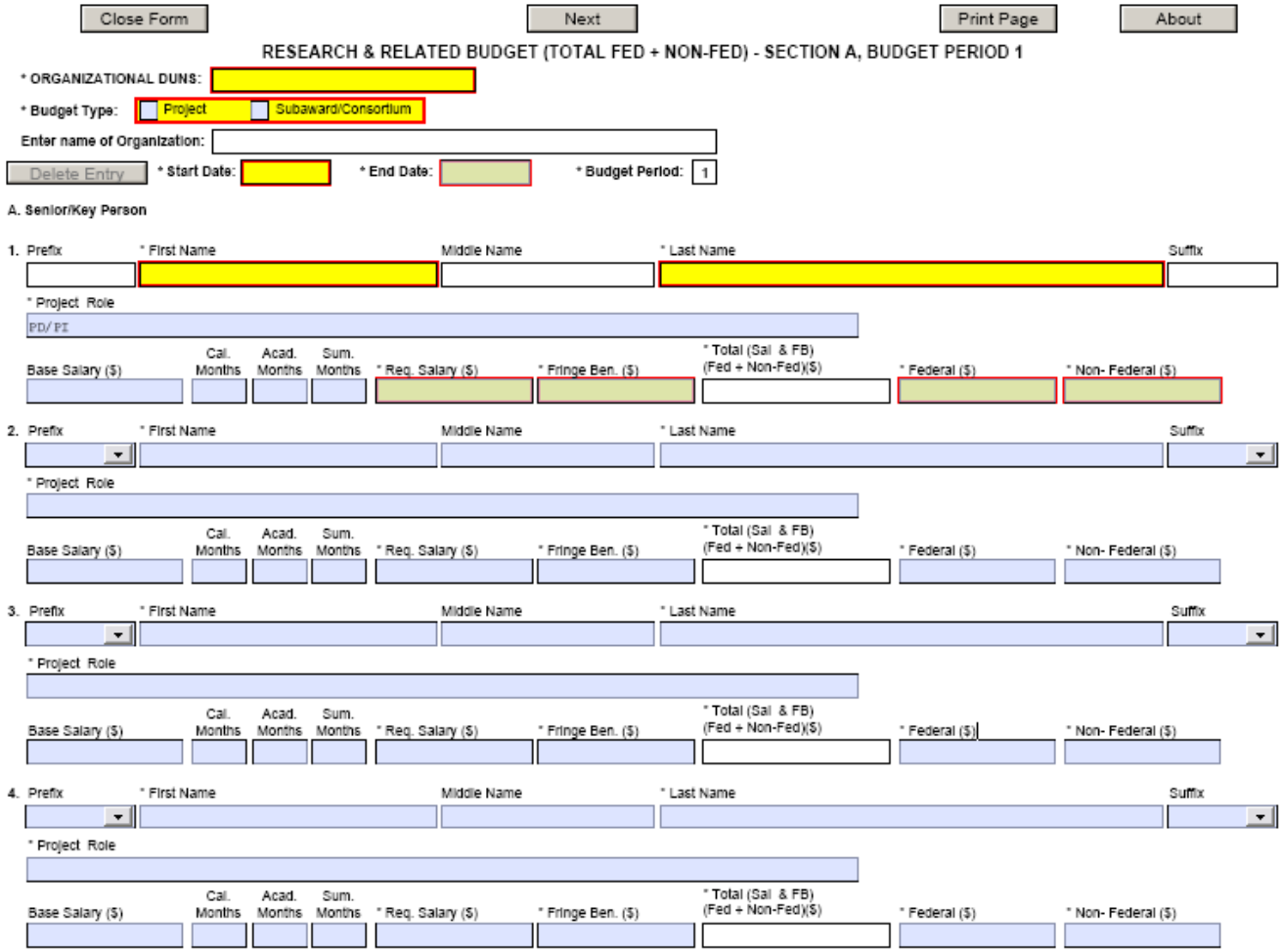
Do **NOT** enter a social security number. CSREES no longer collects or utilizes this information.

Field Name	Input
Gender	Select one.
Race (check all that apply)	Choose one or more: *American Indian or Alaska Native* - A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment. *Asian* - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.) *Black or African American* - A person having origins in any of the black racial groups of Africa. *Native Hawaiian or Other Pacific Islander* - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *White* - A person having origins in any of the original peoples of Europe, the Middle East or North Africa. *Do Not Wish to Provide*
Ethnicity	Choose one: *Hispanic or Latino* - A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. *Not Hispanic or Latino* *Do not wish to provide*
Disability Status (check all that apply)	Select one or more: *Hearing* *Visual* *Mobility/Orthopedic Impairment* *Other* *None* *Do Not Wish to Provide*
Citizenship	Select one: *U.S. Citizen* *Permanent Resident* *Other non-U.S. Citizen* *Do Not Wish to Provide*

6.2 Enter Co-Project Director/Co-Principal Investigator Information

Click on the “Next Person” button to advance to the next person's record.
To enter the Co-Project Director/Co-Principal Investigator information, complete the same information noted in Section 6.1.

7. R&R Budget (Fed/Non-Fed)



7.1 Enter Budget Information and the R&R Subaward Budget (Fed/Non-Fed) Attachment Form

Applicants must complete the required fields on each page of the first budget period which includes attaching a budget justification (see Field K. Budget Justification, of this section) to activate the "Next Period" button on the form.

Subcontractual Arrangements – If it will be necessary to enter into formal subcontract arrangements then see Section 8.,R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form, for further instructions.

Field Name	Input
Organizational DUNS	This is the DUNS or DUNS+4 number of the applicant organization. For the project applicant, this field is pre-populated from the SF-424 R&R Cover Page. For subaward applicants, this field is a required enterable field.
*Budget Type	Project, Subaward/Consortium: Check the appropriate block. Project: The budget requested for the primary applicant organization. Subaward/Consortium: The budget requested for subawardee/consortium organization(s). Note, separate budgets are required only for subawardee/consortium organizations that perform a substantive portion of the project. If creating Subaward Budget, use the R&R Subaward Budget (Fed/Non-Fed) Attachment and attach as a separate

	file on the R&R Budget (Fed/Non-Fed) Attachment(s) form.
Enter Name of Organization	Pre-populated from the SF-424 R&R. The organization name.
*Start Date	Pre-populated from the SF-424 R&R. Tthe requested/proposed start date of each budget period. This field is required.
*End Date	Enter the requested/proposed end date of each budget period. This field is required.
Budget Period	Identifies the specific budget period; e.g., 1, 2, 3, 4, 5. If submitting through Grants.gov, the system will automatically generate a cumulative budget for the total project period.

7.2 Enter Senior/Key Person (Field A on the Form)

This section identifies names of senior/key personnel. Each person identified in the senior/key person profile who is an employee of the applying organization must be listed in this section if funds are requested.

Salaries of the project director(s)/principal investigator(s) and other personnel associated directly with the project should constitute direct costs in proportion to their effort devoted to the project. Charges by academic institutions for work performed by faculty members during the summer months or other periods outside the base salary period are to be at a monthly rate not in excess of that which would be applicable under the base salary and other provisions of the applicable cost principles. All salaries requested must be consistent with the regular practices of the institution.

Award funds may not be used to augment the total salary or rate of salary of project personnel or to reimburse them for consulting or other time in addition to a regular full-time salary covering the same general period of employment.

The Prefix, First Name, Middle Name, Last Name, Suffix, and Project Role fields for the PD/PI will be pre-populated from the SF-424 R&R. For the PD/PI, the remaining fields should be completed following the instructions below.

Field Name	Input
Prefix	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of each Senior/Key Person.
*First Name	Enter the first name of the Senior/Key Person. This field is required.
Middle Name	Enter the middle name of the Senior/Key Person.
*Last Name	Enter the last (family) name of the Senior/Key Person. This field is required.
Suffix	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Senior/Key Person.
*Project Role	Identify the project role of each senior/key person in this section. This section could also include such roles as Co-PD/PI, Postdoctoral Associates, and Other Professionals. This field is required.
Base Salary ($)	Enter the annual compensation paid by the employer for each senior/key personnel. This includes all activities such as research, teaching, patient care, or other. You may choose to leave this column blank.
Cal. Months	Identify the number of calendar months devoted to the project.
Acad. Months	Identify the number of academic months devoted to the project.
Sum. Months	Identify the number of summer months devoted to the project.
*Requested Salary ($)	Regardless of the number of months being devoted to the project, indicate only the amount of salary being requested for this budget period for each senior/key person. This field is required.
*Fringe Benefits ($)	Enter applicable fringe benefits, if any, for each senior/key person. This field is required.

If the grantee's usual accounting practices provide that its contributions to employee benefits (social security, retirement, etc.) are to be treated as direct costs, CSREES funds may be requested to fund fringe benefits as a direct cost.

Field Name	Input
*Total (Sal & FB)(Fed + Non-Fed)($)	Total salary & fringe benefits for each senior/key person. This field is required for the addition of a senior/key person.
*Federal ($)	Enter Federal funds proposed for salary & fringe benefits for each senior/key person. You must enter a dollar amount if salary or fringe benefits are proposed for this person. The amount

	entered can equal zero dollars. This field is required for the addition of a senior/key person.
*Non-Federal ($)	Enter Non-Federal funds proposed for salary & fringe benefits for each senior/key person. You must enter a dollar amount if salary or fringe benefits are proposed for this person. The amount entered can equal zero dollars. This field is required for the addition of a senior/key person.
Total Funds requested for all Senior Key Persons in the Attached File	Enter the total funds requested for all additional senior/key persons [in the attached file]. This is required information.
Total Senior/Key Person	This total will auto-calculate.

Additional Senior/Key Persons - If funds are requested for more than 8 Senior/Key Persons, include all pertinent budget information and attach as a file here. Enter the total funds requested for all additional senior/key persons in line 9 of Section A.

See Part III Section 3.1 of this Guide for CSREES attachment specifications.

The applicant organization may request that salary data on senior personnel not be released to persons outside the Federal government during the review process. Such information may be included as a separate statement. If this method is used, the statement must be submitted electronically as an attachment in Block 11 of the SF-424 R&R Other Project Information Form. This statement must include all of the information requested on the budget for each person involved. CSREES will not forward the detailed information to reviewers and will hold it privileged to the extent permitted by law. **See Part III Section 3.1 of this Guide for CSREES attachment specifications.**

7.3 Enter Other Personnel (Field B on the Form)

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Req. Salary ($)	* Fringe Ben. ($)	* Total (Sal & FB) (Fed + Non-Fed) ($)	* Federal ($)	* Non- Federal ($)
	Post Doctoral Associates								
	Graduate Students								
	Undergraduate Students								
	Secretarial/Clerical								
	Total Number Other Personnel					Total Other Personnel			
						Total Salary, Wages and Fringe Benefits (A + B)			

Field Name	Input
*Number of Personnel[1]	For each project role category, identify the number of personnel proposed. This field is required.
*Project Role	List any additional project role(s) in the blank(s) provided, e.g., Engineer, IT Professionals. This field is required.
Cal. Months	Identify the number of calendar months devoted to the project.

Acad. Months	Identify the number of academic months devoted to the project.
Sum. Months	Identify the number of summer months devoted to the project.
*Requested Salary ($)	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role. This field is required.
*Fringe Benefits ($)	Enter the applicable fringe benefits, if any, for this project role category. This field is required.
*Total (Sal & FB) (Fed + Non-Fed)($)	Total salary & fringe benefits (Fed & Non-Fed) for each project role. This field is required for project role proposed.
*Federal ($)	Enter Federal funds proposed for salary/wages & fringe benefits. You must enter a dollar amount if salary/wages or fringe benefits are proposed for this project role. The amount entered can equal zero dollars. This field is required for each project role.
*Non-Federal($)	Enter Non-Federal funds proposed for salary & fringe benefits for each senior/key person. You must enter a dollar amount if salary or fringe benefits are proposed for this person. The amount entered can equal zero dollars. This field is required for the addition of a senior/key person.
Total Number Other Personnel	This total will auto-calculate.
Total Other Personnel	Total Funds requested for all Other Personnel. The total will auto-calculate.
Total Salary, Wages and Fringe Benefits (A+B)	Total Funds requested for all Senior Key Persons and all Other Personnel. The total will auto-calculate.

[1] Enter the number of personnel proposed for this project role category. In most circumstances, the salaries of administrative or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs. Examples, however, of situations where direct charging of administrative or clerical staff salaries may be appropriate may be found at: http://www.whitehouse.gov/omb/circulars/a021/a21_2004.html#exc. The circumstances for requiring direct charging of these services must be clearly described in the budget justification.

If appropriate, a zero may be included in any of the fields where a dollar amount is to be entered.

C. Equipment Description

List items and dollar amount for each item exceeding $5,000

* Equipment Item	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11. Total funds requested for all equipment listed in the attached file			
Total Equipment			

* Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)			
2. Foreign Travel Costs			
Total Travel Costs			

E. Participant/Trainee Support Costs	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1. Tuition/Fees/Health Insurance			
2. Stipends			
3. Travel			
4. Subsistence			
5. Other			
Number of Participants/Trainees Total Participant/Trainee Support Costs			

7.4 Enter Equipment Description (Field C on the Form)

Equipment is defined as an item of property that has an acquisition cost of $5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year.

Equipment item - List each item of equipment separately and justify each in the budget justification section. Allowable items ordinarily will be limited to research equipment and apparatus not already available for the conduct of the work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research.

*Federal ($)	Enter Federal funds proposed for each item of equipment including shipping and any maintenance costs and agreements. This field is required for each equipment item.
*Non-Federal ($)	Enter Non-Federal funds proposed for each item of equipment including shipping and any maintenance costs and agreements. This field is required for each equipment item.
*Total (Fed + Non-Fed)($)	Estimated cost (Total Fed + Non-Fed) of each item of equipment including shipping and any maintenance costs and agreements. Dollar amount for item listed should exceed $5,000. This field is required for each equipment item.

Total funds requested for all equipment listed in the attached file - If this section cannot accommodate all the equipment proposed, attach a file in the block provided. List each additional item and the funds requested in the file. For all additional items in the attached file, list the total funds requested on line 11 of this section.

See Part III Section 3.1 of this Guide for CSREES attachment specifications.

Total Equipment – Total funds requested for all equipment.

General purpose equipment (equipment whose use is not limited only to research, medical, scientific, educational, or other technical activities; i.e., office equipment and furnishings, air conditioning equipment, reproduction and printing equipment, motor vehicles, and automatic data processing equipment) requires special justification and prior approval from the Office of Extramural Programs (OEP), CSREES.

7.5 Enter Travel (Field D on the Form)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) –

*Federal ($)	Enter Federal funds proposed for domestic travel. Domestic travel includes Canada, Mexico and U.S. Possessions. In the budget justification section, include purpose, destination, dates of travel (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days). This field is required if funds are proposed for domestic travel.
*Non-Federal ($)	Enter Non-Federal funds proposed for domestic travel. This field is required if funds are proposed for domestic travel.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for domestic travel. This field is required if funds are proposed for domestic travel. The total will auto-calculate.

2. Foreign Travel Costs –

Federal ($)	Enter Federal funds proposed for foreign travel. Foreign travel includes any travel outside of North America and/or U.S. Possessions. In the budget justification section, include purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days). This field is required if funds are proposed for foreign travel.
*Non-Federal ($)	Enter Non-Federal funds proposed for foreign travel. This field is required if funds are proposed for foreign travel.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for foreign travel. This field is required if funds are proposed for foreign travel. The total will auto-calculate.

Travel and subsistence should be in accordance with organizational policy. Irrespective of the organizational policy, allowances for airfare will not normally exceed round trip jet economy air accommodations. Please note that 7 CFR Part 3015.205 is applicable to air travel.

7.6 Enter Participant/Trainee Support Costs (Field E on the Form)

Participant costs are the costs associated with conference, workshop, or symposium attendees who are not employees of the applicant or a subawardee. Trainee costs are the costs associated with educational projects that support trainees (pre-college, college, graduate and post graduate). List total costs for each budget item and the number of participants/trainees. In the budget justification, identify the purpose of the conference/training, dates, and places and justify costs.

1. Tuition/Fees/Health Insurance –

*Federal ($)	List total Federal funds proposed for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.
*Non-Federal ($)	Enter Non-Federal funds proposed for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for Participant/Trainee Tuition/Fees/Health Insurance. This field is required if funds are proposed for Participant/Trainee Tuition/Fees/Health Insurance. The total will auto-calculate.

.

2. Stipends –

*Federal ($)	List total Federal funds proposed for Participant/Trainee Stipends. This field is required if funds are proposed for Participant/Trainee Stipends.
*Non-Federal ($)	Enter Non-Federal funds proposed for Participant/Trainee Stipends. This field is required if

	funds are proposed for Participant/Trainee Stipends.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for Participant/Trainee Stipend. This field is required if funds are proposed for Participant/Trainee Stipend. The total will auto-calculate.

3. Travel –

*Federal ($)	List total Federal funds proposed for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.
*Non-Federal ($)	Enter Non-Federal funds proposed for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for Participant/Trainee Travel. This field is required if funds are proposed for Participant/Trainee Travel. The total will auto-calculate.

Travel should be in accordance with organizational policy.

4. Subsistence –

*Federal ($)	List total Federal funds proposed for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.
*Non-Federal ($)	Enter Non-Federal funds proposed for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for Participant/Trainee Subsistence. This field is required if funds are proposed for Participant/Trainee Subsistence. The total will auto-calculate.

Subsistence should be in accordance with organizational policy.

5. Other – Describe any other participant trainee funds requested. List total funds requested for any other Participants/Trainee costs described.

*Federal ($)	List total Federal funds proposed for other Participant/Trainee costs. This field is required if funds are proposed for other Participant/Trainee costs.
*Non-Federal ($)	Enter Non-Federal funds proposed for other Participant/Trainee costs. This field is required if funds are proposed for other Participant/Trainee costs.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for other Participant/Trainee costs. This field is required if funds are proposed for other Participant/Trainee costs. The total will auto-calculate.

Number of Participants/Trainees – List the total number of proposed participants/trainees.

If participant support costs at conferences/meetings are requested, indicate purpose, dates, and place of conference/meeting; number of participants; cost for each; speaker fees (include number of persons, number of days, and cost per person); cost of facilities rental, and other related expenses.

Total Participant/Trainee Support Costs – Total Funds requested for all trainee costs. This total will auto-calculate.

F. Other Direct Costs

	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1. Materials and Supplies			
2. Publication Costs			
3. Consultant Services			
4. ADP/Computer Services			
5. Subawards/Consortium/Contractual Costs			
6. Equipment or Facility Rental/User Fees			
7. Alterations and Renovations			
8.			
9.			
10.			
Total Other Direct Costs			

G. Direct Costs

	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
Total Direct Costs (A thru F)			

7.7 Enter Other Direct Costs (Field F on the Form)

1. Materials and Supplies - List total funds requested for materials and supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than $1,000 are not required to be itemized.

The types of expendable materials and supplies required should be indicated in general terms with estimated costs.

2. Publication Costs - List the total publication funds requested. The proposal budget may request funds for the costs of documenting, preparing, publishing or otherwise making available to others the findings and products of the work conducted under the award. In the budget justification, include supporting information.

Costs of preparing and publishing the results of a project conducted under the award, including costs of reports, reprints, page charges or other journal costs, and necessary illustrations, may be included.

3. Consultant Services - List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

Applicants normally are expected to utilize the services of their own staff to the maximum extent possible in managing and performing the activities supported by awards. If the need for consultant services is anticipated, the "Other Attachments" (Field 11. of the SF-424 R&R Other Project Information) should provide a justification for the use of such services, a statement of work to be performed, and a resume or curriculum vita for each consultant. The proposal budget should indicate the amount of funds required for this purpose. The budget narrative should list the name(s) of the consultant(s), the name(s) of their organization(s), and a breakdown of the amount being charged to the award (e.g., number of days of service, rate of pay, travel, per diem). If this information is not available at the time of award, funds for this purpose will be withheld until the information is provided to and approved by CSREES.

4. ADP/Computer Services - List total funds requested for ADP/Computer Services. The cost of computer services, including computer-based retrieval of scientific, technical and education information may be requested. In the budget justification, include the established computer service rates at the proposing organization if applicable.

5. Subawards/Consortium/Contractual Costs - List total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.

6. Equipment or Facility Rental/User Fees - List total funds requested for Equipment or Facility Rental/User Fees. In the budget justification, identify each rental/user fee and justify.

7. Alterations and Renovations - List total funds requested for Alterations & Renovations. In the budget justification, itemize by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.

8. through 10. Other (specify) - Add text to describe any "other" Direct Costs not requested above. Use the budget justification to further itemize and justify.

*Federal ($)	List total Federal funds proposed for each budget item under other direct costs. This field is required if funds are proposed for a budget item under other direct costs.
*Non-Federal ($)	Enter Non-Federal funds proposed for each budget item under other direct costs. This field is required if funds are proposed for a budget item under other direct costs.
*Total (Fed + Non-Fed)($)	Total estimated cost (Total Fed + Non-Fed) for other direct costs. This field is required if funds are proposed for a budget item under other direct costs. The total will auto-calculate.

Total Other Direct Costs – Total Funds requested for all other direct costs. This total will auto-calculate.

7.8 Verify Total Direct Costs (Field G on the Form)

Total Direct Costs (A-F) – Total Funds requested for all direct costs. This total will auto-calculate.

H. Indirect Costs

	* Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Federal ($)	* Non-Federal ($)	* Total (Fed + Non-Fed) ($)
1.						
2.						
3.						
4.						
			Total Indirect Costs			

Cognizant Agency (Agency Name, POC Name, and Phone Number)

7.9 Enter Indirect Costs (Field H on the Form)

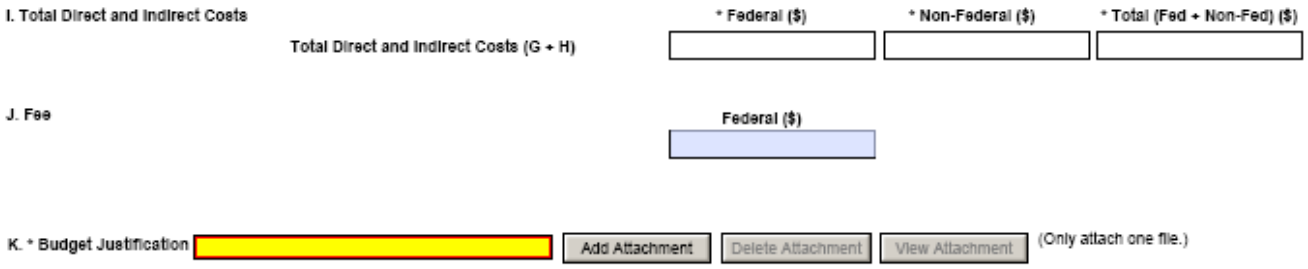
Indirect Cost Type - Indicate the type of base; e.g., Salary & Wages, Modified Total Direct Costs, Other (explain). Also indicate if Off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect rate(s) approved by a Federal agency, indicate, "None--will negotiate" and include information for a proposed rate. Use the budget justification if additional space is needed.
Indirect Cost Rate (%) - Indicate the most recent Indirect Cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an

award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.
Indirect Cost Base - Enter the amount of the base for each indirect cost type.
**** Funds Requested ($)*** - Enter funds requested for each indirect cost type. This field is required.

7.10 Verify Total Indirect Costs

Total Indirect Costs - Total Funds requested for indirect costs. This total will auto-calculate.
Cognizant Federal Agency - Enter the name of the cognizant Federal agency, name and phone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter "None".

Many CSREES programs have statutory limits on the amount of F&A/indirect cost recovery. This limitation flows down to subcontracts. Check Part IV, D. of the request for applications (RFA) for the limitations, if any, on F&A/indirect costs (for the Small Business Innovation Research program (SBIR) indirect cost information is specified under subsection 3.3 of the SBIR Program Solicitation).



7.11 Verify Total Direct and Indirect Costs (Field I on the Form)

Total Direct and Indirect Institutional Cost (G+H) – Total Funds requested for direct and indirect costs. This total will auto-calculate.

7.12 Enter Fee (Field J on the Form)

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget unless the program announcement specifically allows the inclusion of a "fee" (e.g., SBIR/STTR). If a fee is allowable, enter the requested fee.

Inclusion of fees (profit) in a budget is allowable only if specifically authorized by a CSREES program solicitation.

7.13 Attach Budget Justification (Field K on the Form)

Use the budget justification to provide the additional information requested in each budget categories identified above and any other information you wish to submit to support your budget request.

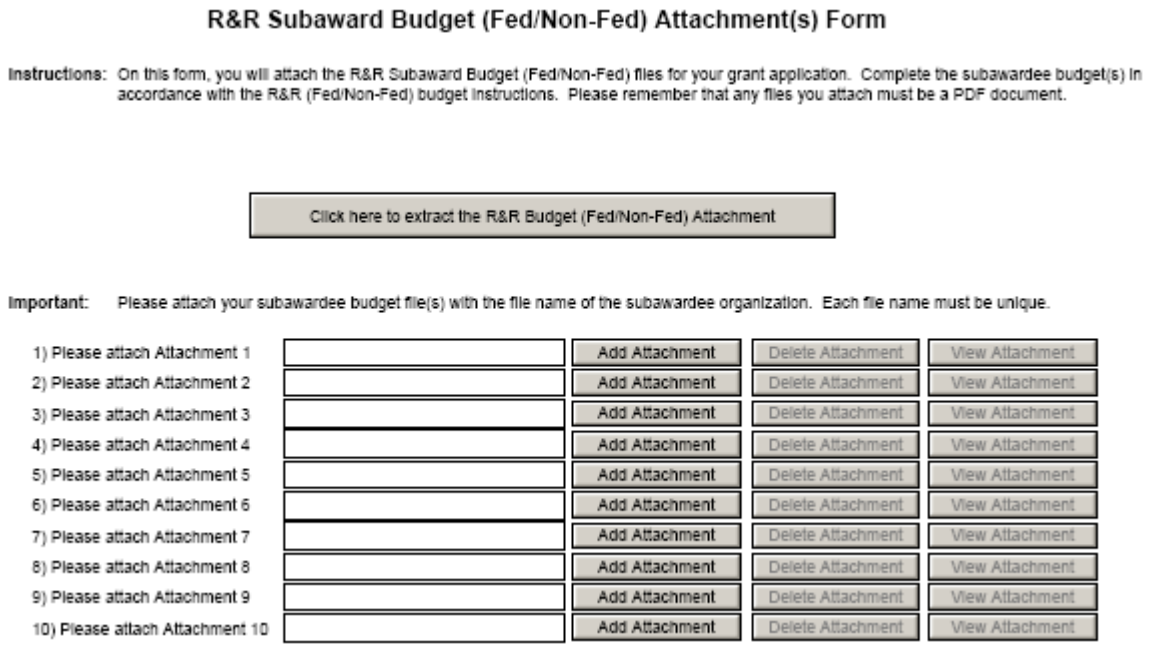
The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support and other direct cost categories. Only one file may be attached.

See Part III Section 3.1 of this Guide for CSREES attachment specifications.

7.14 Research and Related Budget (Fed/Non-Fed) - Cumulative Budget

The fields on this form will auto-calculate.

8. R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form



On this form, you will attach the R&R Subaward Budget (Fed/Non-Fed) files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget (Fed/Non-Fed) instructions. Please remember that any file(s) you attach must be a PDF document.

Applicants will note that the R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form allows no more than 10 R&R Subaward Budget (Fed/Non-Fed) Files for a grant application. Applicants are instructed to include any remaining subaward budget(s) under Field K. "Budget Justification", incorporating them as part of the required PDF attachment.

Annual budget(s) including a budget justification and a cumulative budget are required for each subcontractual arrangement.

To extract or download, fill and attach additional R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form, simply follow these steps:

1. On the R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form, press the "Click here to extract the R&R Subaward Budget (Fed/Non-Fed) Attachment" button to download the form.

2. Save the subawardee budget file(s) with the name of the subawardee organization. Each file name attached to the R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form must be unique.

3. Open the form that you have just saved.

4. Enter your subawardee organization information in this supplemental form. Complete the subawardee budget(s) in accordance with the R&R Budget (Fed/Non-Fed) instructions (see Section 7. of this Part).

5. When you have completed the supplemental form, save it and close it.

6. Return to the "R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form."

7. Attach the saved supplemental form, that you just completed and saved, to one of the blocks provided on this "attachment(s)" form.

8. Extract and attach additional R&R Subaward Budget (Fed/Non-Fed) Attachment forms for the subaward organizations as necessary using the process outlined above. Please remember that the files you attach must be previously extracted R&R Subaward Budget (Fed/Non-Fed) Attachment forms. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

Annual budget(s) including a budget justification and a cumulative budget are required for each subcontractual arrangement. If there are more than 10 subcontractural arrangements then the budgets including the budget justification for the subcontractual arrangements that are not included in the R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form are to be included in the application by attaching them to Field 11, Other Attachments, of the R&R Other Project Information (see Part V., 3).

VI. CSREES-SPECIFIC AND CROSS-AGENCY FORMS AND INSTRUCTIONS

The CSREES applicant is required to complete and submit the following form in conjunction with the SF-424 (R&R) forms included in this application package.

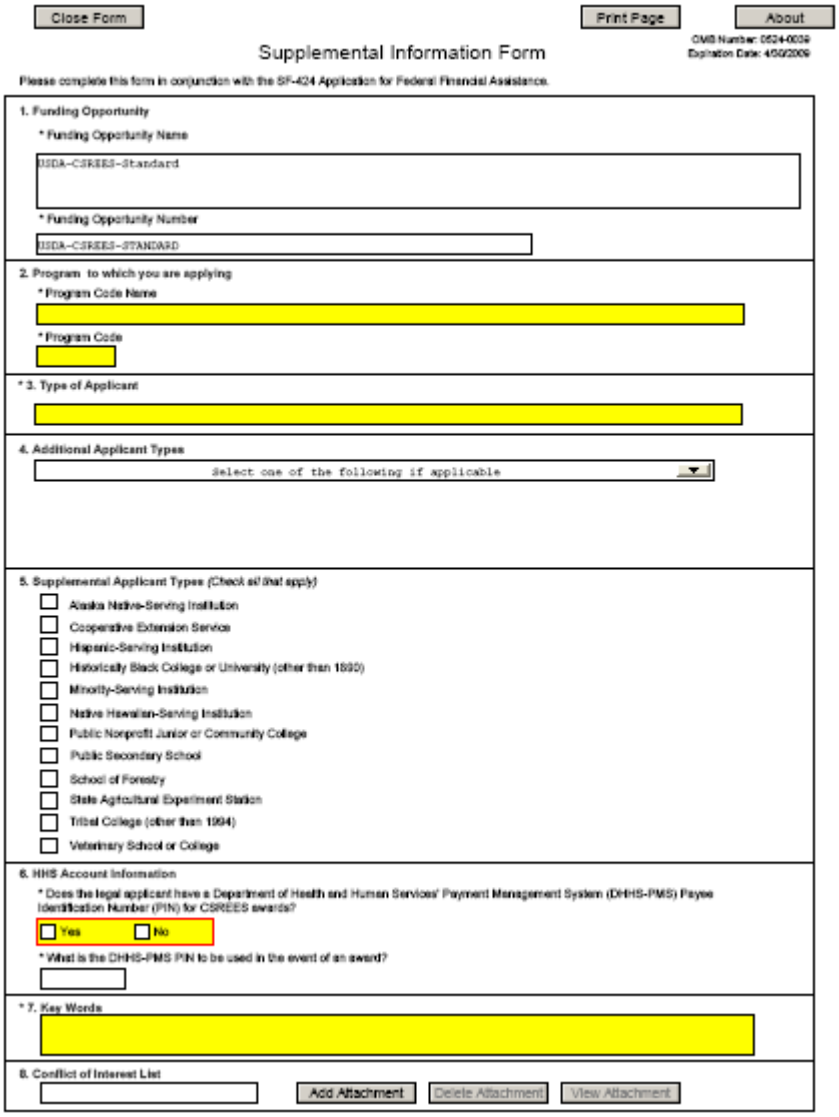
- CSREES Supplemental Information Form

The following forms are optional and only should be submitted when appropriate:

- NRI Proposal Type Form
- SBIR/STTR Information

Instructions for completing each of these forms follow.

1. CSREES Supplemental Information Form



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Supplemental Information Form

OMB Number: 0524-0039
Expiration Date: 4/30/2009

Please complete this form in conjunction with the SF-424 Application for Federal Financial Assistance.

1. Funding Opportunity
   * Funding Opportunity Name
   USDA-CSREES-Standard
   * Funding Opportunity Number
   USDA-CSREES-STANDARD
2. Program to which you are applying
   * Program Code Name
   * Program Code
* 3. Type of Applicant
4. Additional Applicant Types
   Select one of the following if applicable
5. Supplemental Applicant Types (Check all that apply)
   - Alaska Native-Serving Institution
   - Cooperative Extension Service
   - Hispanic-Serving Institution
   - Historically Black College or University (other than 1890)
   - Minority-Serving Institution
   - Native Hawaiian-Serving Institution
   - Public Nonprofit Junior or Community College
   - Public Secondary School
   - School of Forestry
   - State Agricultural Experiment Station
   - Tribal College (other than 1994)
   - Veterinary School or College
6. HHS Account Information
   * Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards?
   Yes No
   * What is the DHHS-PMS PIN to be used in the event of an award?
* 7. Key Words
8. Conflict of Interest List
   Add Attachment | Delete Attachment | View Attachment

1.1 Funding Opportunity (Field 1 on the Form)

Funding Opportunity Name – Pre-populated from the opportunity package. Verify the accuracy of the funding opportunity name. This field is required.
Funding Opportunity Number – Pre-populated from the opportunity package. Verify the accuracy of the funding opportunity number. This field is required.

1.2 Program to which you are applying (Field 2 on the Form)

*** Program Code Name*** – Enter the name of the program to which you are applying exactly as instructed in the full announcement. This field is required.
*** Program Code*** – Enter the program code to which you are applying exactly as instructed in the full announcement. This code is used to route an application within the agency. This field is required.

1.3 Type of Applicant (Field 3 on the Form)

Pre-populated from the SF-424 R&R. Field 3 describes the legal applicant that is identified in Field 5 of the SF-424 R&R. Field 4 (see 1.4) further describes the legal applicant.

1.4 Additional Applicant Types (Field 4 on the form)

Select one of the following options if it is applicable to the legal applicant of this application.
The following are a few examples to illustrate how fields 3 and 4 might be completed.

a. If the applicant is an 1862 Land-grant University, the **type of applicant** is "Public/State Controlled Institution of Higher Education" and the **additional applicant type** is "1862 Land-Grant University."

b. If the applicant is an 1890 Land-grant University, the **type of applicant** is "Public/State Controlled Institution of Higher Education" and the **additional applicant type** is "1890 Land-Grant University."

c. If the applicant is an 1994 Land-grant University, the **type of applicant** is "Public/State Controlled Institution of Higher Education" and the **additional applicant type** is "1994 Land-Grant University."

d. If the applicant is a USDA Agency, the **type of applicant** is "Other" and the **additional applicant type** is "USDA Agency."

1.5 Supplemental Applicant Types (Field 5 on the Form)

Select any of the listed options that are applicable to the legal applicant of the application.

1.6 HHS Account Information (Field 6 on the Form)

* Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards?

☐ Yes ☐ No

If the legal applicant has an HHS account select yes. If it does not select no. This field is required.

* What is the DHHS-PMS PIN to be used in the event of an award?

Enter the DHHS-PMS PIN to be used in the event of an award. This field is to be completed if yes is selected as answer to previous question.

1.7 Key Words (Field 7 on the Form)

Enter the most relevant words which describe the proposed project. This field is required.

1.8 Conflict of Interest List (Field 8 on the Form)

Prepare the Conflict of Interest list(s) following the instructions and format below. A suggested template for the Conflict of Interest List is located at http://www.csrees.usda.gov/funding/templates/conflict_of_interest.doc.
Attach a single conflict of interest (COI) file containing a COI list for each senior/key person included in

the R&R Senior/Key Person Profile. The lists are to be submitted as a single attachment. **See Part III Section 3.1 of this Guide for CSREES attachment specifications.**
INSTRUCTIONS: For each senior/key person, list alphabetically by last name (and with last name first), the full names of individuals in the following categories and mark each category which applies with an "x".

- All thesis or postdoctoral advisees/advisors
- All co-authors on publications within the past three years, including pending publications and submissions
- All collaborators on projects within the past three years, including current and planned collaborations
- All persons in your field with whom you have had a consulting/financial arrangement/other conflict-of-interest in the past three years including receiving compensation of any type (e.g., money, goods or services).

Note: Other individuals working in the applicant's specific area are not in conflict of interest with the applicant unless those individuals fall within one of the listed categories. The program contact must be informed of any additional conflicts of interest that arise after the application is submitted.

CONFLICT OF INTEREST LIST

Name: _____

Name	Co-Author	Collaborator	Advisees/ Advisors	Other – Specify Nature

2. NRI Proposal Type Form

This form is ONLY for use by applicants when the form is included in the applicable Grant Application Package. If the form is not part of the Grant Application Package then the applicant is not expected to complete and submit it as part of their application.

Note that the program for which the form was created no longer exits; however, other programs within CSREES may utilize the form for the purpose of collecting information.

Only check the boxes that apply to the type of proposal being submitted to CSREES.

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OMB Number: 0524-0039
Expiration Date: 4/30/2009

NRI Proposal Type Form

This form is only for use by applicants submitting to a CSREES National Research Initiative Competitive Grants Program.

Please check only the boxes below that apply to the type of application being submitted.

* 1. Proposal Type
- [ ] * Intergrated Project Proposal
- [ ] * Research Project Proposal
  - [ ] * Standard Research Project
  - [ ] * Conference
  - [ ] * Agricultural Research Enhancement Award (AREA)
    - [ ] * Postdoctoral Fellowship
    - [ ] * New Investigator
    - [ ] * Strengthening
      - [ ] *Standard Strengthening
      - [ ] *Equipment
      - [ ] *Seed Grant
      - [ ] *Career Enhancement

2.1 Integrated Project Proposal

If the project involves any combination of research, education, and extension activities, with the provision that the project include at least two of the three stated components, then check “Integrated Project Proposal.”

2.2 Research Project Proposal

If the project is to involve fundamental or mission-linked research that is conducted by individual investigator(s) within the same discipline or multidisciplinary teams, as appropriate, check “Research Project Proposal.”

Select one of the three types of Research Project Proposals: Standard Research Project, Conference, or Agricultural Research Enhancement Award. The AREA award types are the same as those described in the request for applications for the Food and Agricultural Science Enhancement (FASE) awards.

- Standard Research Project is one that is for fundamental or mission-linked research that is conducted by individual investigator(s) within the same discipline or multidisciplinary teams.
- Conference is a project that is for scientific meetings that bring together scientists to identify research needs, update information, or advance an area of research that is recognized as integral parts of research efforts.
- Agricultural Research Enhancement Award (AREA) or Food and Agricultural Science Enhancement (FASE) awards are designed to help institutions develop competitive research programs and to attract new scientists into careers in high-priority areas of national need in agriculture, food, and environmental sciences.[2]

If the type of Research Project Proposal is an Agricultural Research Enhancement Award (AREA) or Food and Agricultural Science Enhancement (FASE) award, select the descriptor(s) that best fit the application: Postdoctoral Fellowship, New Investigator, and/or Strengthening.

- Postdoctoral Fellowship is for individuals who have recently received or will soon receive their doctoral degree.
- New Investigator is one who is beginning his/her research career, does not have an extensive research publication record, has less than five years postgraduate, career-track research experience, and has not received competitively awarded Federal research funds beyond pre- or postdoctoral research awards.[2]
- Strengthening category consists of four categories: Standard Strengthening, Equipment, Seed Grant, and Career Enhancement.

If the Area Research Enhancement Award (AREA) or Food and Agricultural Science Enhancement (FASE) award is a New Investigator and a Strengthening then the AREA category, Standard Strengthening, should be completed.

If the Area Research Enhancement Award (AREA) or Food and Agricultural Science Enhancement (FASE) award is a Strengthening, then check whether the application is a Standard Strengthening, Equipment, Seed Grant, or Career Enhancement.

- Standard Strengthening is a project that provides an opportunity for faculty to enhance their research capabilities by funding sabbatical leaves.[2]
- Equipment is a request for funds that will be designated for equipment to strengthen the research capacity of the institution.[2]
- Seed Grant is a request for funds to enable investigators to collect preliminary data in preparation for applying for a Standard Research Grant.[2]
- Career Enhancement is a request for funds to provide an opportunity for faculty at institutions meeting specific criteria to enhance their research capabilities by funding sabbatical leave.[2]

[2]See full request for applications for further information.

3. SBIR/STTR Information

This form is ONLY for use by applicants submitting to the CSREES Small Business Innovation Research Grants Program (SBIR).

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SBIR/STTR Information

OMB Number: 0925-0001
Expiration Date: 09/30/2007

* Program Type (select only one)

☐ SBIR ☐ STTR
☐ Both *(See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)*

* SBIR/STTR Type (select only one)

☐ Phase I ☐ Phase II
☐ Fast-Track *(See agency-specific instructions to determine whether a particular agency participates in Fast-Track)*

Questions 1-7 must be completed by all SBIR and STTR Applicants:

☐ Yes ☐ No	* 1. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?
☐ Yes ☐ No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies:
☐ Yes ☐ No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov
☐ Yes ☐ No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: Add Attachment Delete Attachment View Attachment
☐ Yes ☐ No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies:
☐ Yes ☐ No	* 6. 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)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: Add Attachment Delete Attachment View Attachment

2.1 Program Type (select only one)

If you are applying under the SBIR program, check the SBIR box. If you are applying under the STTR program, check the STTR box. If a particular agency allows a single submission for both SBIR and STTR, check the Both box.

CSREES only has a SBIR program; CSREES does not have a STTR program, therefore, the STTR or Both boxes should not be checked.

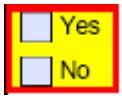
2.2 SBIR/STTR Type (select only one)

If you are submitting a Phase I application, check the Phase I box. If you are submitting a Phase II application, check the Phase II box. When submitting a Phase II application, please include the Phase I SBIR/STTR grant number in item #4 (Federal Identifier) on the SF-424 (R&R) Cover Component. If you are submitting a Fast-Track application, check the Fast-Track box.

CSREES does not participate in Fast-Track; therefore, do not check the Fast-Track box.

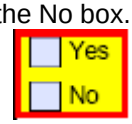
2.3 Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? (Question 1.)

If you certify that at the time of award, your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement, check the Yes box. Otherwise, check the No box.



2.4 Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? (Question 2.)

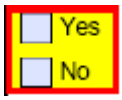
If this application includes subcontracts with Federal laboratories or any other Federal Government agencies, check the Yes box and insert the name of the Federal laboratories/agencies in the space provided. Otherwise, check the No box.



If yes, insert the names of the Federal laboratories/agencies.

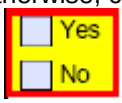
2.5 Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov. (Question 3.)

If you are located in a HUBZone check the Yes box. Otherwise, check the No box.



2.6 Will all research and development on the project be performed in its entirety in the United States? Explanation. (Question 4.)

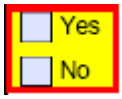
If all research and development on the project will be performed in its entirety in the United States, check the Yes box. Otherwise, check the No box and use the Add Attachment button below to attach an explanation.



If no, provide an explanation in an attached file.

2.7 Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? (Question 5.)

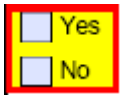
If the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work, check the Yes box and insert the names of the other Federal agencies. Otherwise, check the No box.



If yes, insert the names of the other Federal agencies.

2.8 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 collaborators, investment)? (Question 6.)

If the application does not result in an award, and the Government is 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 collaborators, investment), check the Yes box. Otherwise, check the No box.



2.9 Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.

See Part III Section 3.1 of this Guide for CSREES attachment specifications.

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SBIR/STTR Information

OMB Number: 0925-0001
Expiration Date: 09/30/2007

SBIR-Specific Questions:

Questions 8 and 9 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 8 and 9 blank and proceed to question 10.

☐ Yes ☐ No	* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment. * Attach File: Add Attachment Delete Attachment View Attachment
☐ Yes ☐ No	* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

STTR-Specific Questions:

Questions 10 and 11 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 10 and 11 blank.

☐ Yes ☐ No	* 10. Please indicate whether the answer to BOTH of the following questions is TRUE: (1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND (2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?
☐ Yes ☐ No	* 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?

2.10 Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.

If you have received SBIR Phase II awards from the Federal Government then check the Yes box and use the Add Attachment button below, to attach a company commercialization history in accordance with agency-specific instructions. Otherwise, check the No box.

☐ Yes
☐ No

2.11 Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

If the Project Director/Principal Investigator will have his/her primary employment with the small business at the time of award then check the Yes box. Otherwise, check the No box.

☐ Yes
☐ No

2.12 STTR-Specific Questions

Questions 10 and 11 apply only to STTR applications. CSREES does not have a STTR program, therefore, leave questions 10 and 11 blank.

VII. ADMINISTRATION OF AWARDS

Information regarding the administration of CSREES awards, including relevant award conditions, is contained on the CSREES web site: http://www.csrees.usda.gov/business/business.html.