United States
Department of
Agriculture

National Institute
of Food and
Agriculture

NIFA GRANTS.GOV APPLICATION GUIDE

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

Summary of Recent Changes

Change included in version dated January 14, 2015

This version includes updates to links throughout the document.

Part V 4.12 Under item (1), included language and document to meet the felony and tax requirements.

Change included in version dated January 8, 2015

Update throughout of references that changed as a result of implementation of 2 CFR Part 200.

Part V 7.9 Removed reference to section in Small Business Innovation Research RFA.

Change included in version dated December 17, 2014

Part V 7.9 Modified the indirect cost language.

Change included in version dated July 24, 2014

This version includes changes throughout the document. Because of the number of changes, NIFA is not providing a summary listing.

Change included in version dated April 15, 2014

Part V 2.18 Language included that if the application results in an award and the applicant will collect, store, process, transmit, or use information on behalf of NIFA, the applicant agrees to be compliant with the Federal Information System Security Management Act of 2002 (FISMA).

Change included in version dated February 5, 2014

Part V 4.12 Deleted the felony and tax requirements. The requirements will be included in a RFA if it is applicable to awards under a RFA.

Change included in version dated June 24, 2013

Part IV 1.3 and 1.4
Updated pictorials and instructions to reflect updates to Grants.gov system.

Part V 4.12 Under item (1), updated language and document to meet the felony and tax requirements.

Change included in version dated June 3, 2013

Part V 7.9 Language was added to the agency-specific indirect cost instructions when NIFA is and is not the cognizant agency.

Change included in version dated April 16, 2013

Part V 4.12 Under item (1) Felony and Tax Certification, updated the reference from the 2012 appropriation to the 2013 appropriation.

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I. INTRODUCTION

1. Background

The National Institute of Food and Agriculture (NIFA) is an agency within the U.S. Department of Agriculture (USDA), part of the executive branch of the federal government. Congress created NIFA through the Food, Conservation, and Energy Act of 2008 (also known as the 2008 Farm Bill). NIFA replaced the former Cooperative State Research, Education, and Extension Service (CSREES), which had been in existence since 1994.

2. Purpose and Scope

This instruction document will help you prepare and submit applications to NIFA via Grants.gov. Where appropriate, relevant sections of the Grants.gov User Guide have been incorporated by reference.

3. Intended Audience

Any individuals, organizations, etc. that is interested in submitting an application to NIFA 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 NIFA-specific instructions.

This symbol represents a link to an important reference material.

* This symbol and yellow highlights represents a required field.

5. Referenced Documents

5.1 NIFA Funding Opportunity

A NIFA Funding Opportunity (e.g., request for applications, full announcement) provides information specific to a NIFA funding opportunity. A request for applications (RFA) includes, among other things, eligibility information and guidance for preparing and submitting applications to NIFA. NIFA makes active funding opportunities available via Grants.gov (http://www.grants.gov) or the NIFA web site.

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

5.2 Grants.gov Applicant User Guide

The Grants.gov Applicant User Guide is a comprehensive reference to information about Grants.gov. You may download the User Guide as a pdf document.

Grants.gov Applicant User Guide: http://www.grants.gov/web/grants/applicants/applicant-resources.html

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, your organization may apply for a NIFA grant-any government grant- on the Grants.gov website. **Because of the time required to register, you should initiate this process well in advance of submitting an application.**

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

The registration process includes Central Contractor Registration (CCR). CCR is the official, FREE on-line registrant database for the U.S. Federal Government. CCR collects, validates, stores and disseminates data in support of agency acquisition and award missions. CCR validates the registrant information and electronically shares the secure and encrypted data with the finance offices of federal agencies to facilitate paperless payments through electronic funds transfer (EFT). Registrants must update or renew their registration at least once per year to maintain an active status.

Entities (private non-profits, educational organizations, state and regional agencies, etc.) that apply for assistance awards from the federal government through Grants.gov must register with CCR. Each entity that applies and does not have an exemption under Sec. 25.110 of 2 CFR must: (1) Register in CCR prior to submitting an application or plan; (2) Maintain an active CCR registration with current information at all times while it has an active federal award or an application or plan under consideration by an agency; and (3) Provide its DUNS number in each application or plan it submits to an agency (DUNS number are assigned by Dun & Bradstreet, Inc. (D&B) to identify unique business entities).

Registration in no way guarantees that the award of a contract or assistance award. Note that any information provided in your registration may be shared with authorized federal government offices.

The Grants.gov validation process includes a check for an active CCR registration (applicants with expired CCR registrations will be rejected).

The System for Award Management (SAM) combines eight federal procurement systems, including CCR, and the Catalog of Federal Domestic Assistance into one new system. CCR activities are conducted through SAM (the CCR website will redirect users to SAM).

2. Software Requirements[1]

2.1 Adobe Reader

You must have a version Adobe Reader that is compatible with Grants.gov in order to access, complete and submit applications. **This software is essential to apply for NIFA federal assistance awards.** See the Grants.gov User Guide for basic system requirements and download instructions.

Grants.gov has a test package that can help you determine if you have a compatible version of Adobe Reader.

Grants.gov Adobe Versioning Test Package: http://www.grants.gov/web/grants/support/technical-support/software/adobe-reader-compatibility.html

[1] Note: Contact your organization's system administrator if you have problems setting up software on your machine.

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

1. Comments on NIFA Instructions

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

2. Components of a NIFA Application

The documents listed in Table 1 may be part of a NIFA application. The Grants.gov Application Package will identify which forms you must submit as part of the application and which one(s), if any, are optional.

Table 1: Components of a NIFA 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 Senior/Key Person Profile (Expanded)	See Part V.
R&R Personal Data	See Part V.
R&R Budget	See Part V.
R&R Subaward Budget Attachment	See Part V.
Supplemental Information	See Part VI.
AFRI Project Type Form	See Part VI.
SBIR/STTR Information	See Part VI.
Key Contact Form	See Part VI.
Attachment Form	See Part VI.

3. Conformance with Application Preparation Requirements

Applications must conform to the application preparation and submission instructions. All attachments to an application **must** comply with NIFA 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 NIFA consideration.** Note that NIFA RFAs may include specific requirements; in these instances, it is critical to follow the language in the RFA. NIFA may exclude from consideration applications that are not consistent with these special instructions.

3.1 Attachments (Required to be in pdf)

A. **Format of Contents:** Attachments to an application should be a typed or word processed document using font no smaller than 12 point, regardless of line spacing, and with at least 1-inch margins. Number each page of an attachment sequentially. These specifications apply unless the RFA specifies otherwise. This guide or the RFA will indicate if a page limitation applies to a specific attachment.

B. **File Format:** NIFA **REQUIRES** that attachments be in **.pdf**. Using pdf format allows applicants to preserve the formatting of their documents. Grants.gov has published the following web page on tools and software that you may use:

Tools and software you may use to format into .pdf:

http://www.grants.gov/web/grants/support/technical-support/software/pdf-conversion-software.html

C. **File Name Restrictions:** File names of .pdf attachments must be limited to 50 characters, may not include special characters (e.g., &,–,*,%,/,#), periods (.), blank spaces or accent marks, and must be unique (i.e., no other attachment may have the same file name). An underscore (example:my_Attached_File.pdf) may be used to separate a file name.

D. **File Protections:** The pdf attachment must **NOT** be password protected. Lead institutions of multi-organization applications must ensure, that documents from collaborators are **NOT** password protected.

ANY APPLICATION CONTAINING ATTACHMENTS THAT ARE NOT COMPLIANT WITH A. THROUGH D. ABOVE ARE AT RISK OF BEING 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 NIFA Review

You may submit an application only once. Duplicate or substantially similar applications that are submitted concurrently for review by more than one program will be excluded from consideration.

6. Application Status

6.1 Grants.gov Application Status and Viewing the Application Manifest

Within 2 days of submitting a grant application, Grants.gov will send you two email messages:

- The first email will confirm receipt of the application.
- The second email will indicate whether the application has been validated by the system OR has been rejected due to errors.
- If the application was successfully validated, Grants.gov will send you a third e-mail notifying you the application has been passed to the agency.

There are two ways to verify the status of an application submitted to Grants.gov. One way is to use the "Track My Applications" tool under the Applicants section of Grants.gov. This does not require a user name or password. The second way is to "Check My Application Status" under Applicant Login located under the Applicants section of Grants.gov. This tool requires a user name and password. This option gives you the opportunity to view a "manifest" of submitted forms and files within Grants.gov. This manifest will allow you to review the list of forms and file attachments that were properly uploaded and received.

OPTION 1 – Check status of application

Check Grants.gov Application Status on the Track My Application Page:
http://www.grants.gov/web/grants/applicants/track-my-application.html

Once on the Track My Application page, enter up to five Grants.gov tracking numbers (one per line) and select the Track button. The system will display general information about the status of each application in a chart format as shown below.

Application status of tracking number(s) are listed below:

CFDA	Opportunity Number	Comp. ID	Grants.gov #	Date/Time Received	Status	Status Date
10.310	USDA-NIFA-AFRI-003742		GRANT11149830	05-Jun-12 01:01:58 PM	Rejected with Errors	05-Jun-12 01:03:21 PM
10.310	USDA-NIFA-AFRI-003742		GRANT11149685	05-Jun-12 12:38:06 PM	Validated	05-Jun-12 12:41:23 PM
10.310	USDA-NIFA-AFRI-003742		GRANT11149360	05-Jun-12 11:39:36 AM	Rejected with Errors	05-Jun-12 11:40:22 AM
10.203	USDA-NIFA-HATCH-003724		GRANT11116291	23-Apr-12 08:47:13 AM	Received by Agency	23-Apr-12 09:02:51 AM
10.500	USDA-NIFA-SLBCD-003598		GRANT11116288	23-Apr-12 08:30:11 AM	Received by Agency	23-Apr-12 08:32:42 AM

OPTION 2 – Check status of application and view manifest of submitted forms and files

Check Grants.gov Application Status on the Track My Application Status Page:
http://www.grants.gov/web/grants/applicants/track-my-application.html

Once logged in using the above link you will be in the Applicant Center where you should select the "Check My Application Status" link. You will be given the option to search for your application(s) in several different ways. Choose the one you are searching for and how the information should be displayed. Your selection(s) will be presented in a chart as shown below. One of the columns in the chart is entitled, Submission Name/Files. You may view the list of particular application's file(s) and attachment(s) (i.e., the manifest) by selecting the link in the Submission Name/Files column for that application.

CFDA	Opportunity Number	Comp. ID	Grants.gov #	Date/Time Received	Status	Status Date	Agency Tracking # and Notes	Submission Name/Files
10.500	USDA-NIFA-TRAIN-001234		GRANT00551265	2011-12-13 15:14:37	Received by Agency	2011-12-13 15:18:21		Test Application
10.500	USDA-NIFA-TRAIN-001234		GRANT00551290	2011-12-14 09:40:10	Rejected with Errors	2011-12-14 09:40:39		Test Application
10.500	USDA-NIFA-TRAIN-001234		GRANT00551291	2011-12-14 09:43:16	Received by Agency	2011-12-14 09:53:37		Test Application
10.500	USDA-NIFA-TRAIN-001234		GRANT00551292	2011-12-14 09:55:34	Rejected with Errors	2011-12-14 09:55:56		My Test Application
10.500	USDA-NIFA-TRAIN-001234		GRANT00551294	2011-12-14 09:56:28	Rejected with Errors	2011-12-14 09:56:51		Test Application

It is important that you thoroughly review the manifest to ensure that required attachments outlined in the RFA are included and follow .pdf requirements **(see Part III Section 3.1 of this guide for NIFA attachment specifications).** Submitted applications that do not contain the required forms and file attachments will not be reviewed.

If issues are found with the manifest, you should submit the application:

PRIOR to the deadline – We prefer that you correct the application and submit it prior to the established deadline. You MUST notify the Agency Contact (identified in Part VII of the applicable request for applications)

via telephone or email so s/he is aware that there are two applications and that one is to be accepted and the other removed from consideration. Without this notification, both applications may be excluded from consideration per Section 5. of this Part.

FOLLOWING the deadline – We advise you to correct the application and submit it as soon as possible. Note, however, you must provide documentation of the extenuating circumstance (e.g., hurricane, flood, fire) along with the late application (see "meeting the deadline" under Part IV, 1.9 of this Guide). You MUST notify the Agency Contact (identified in Part VII of the applicable request for applications) via telephone or email so s/he is aware that there are two applications and that one was submitted prior to the deadline with issues and a corrected version submitted following the deadline. Without this notification, both applications may be excluded from consideration per Section 5. of this Part. If the late application is not accepted for consideration, it is possible that the one submitted prior to the deadline may be accepted for consideration if it meets Grants.gov and agency validation processes.

6.2 USDA/NIFA Application Status

We will send you two email messages.

- The first will confirm NIFA's receipt of your application.
- The second will indicate whether NIFA has accepted OR declined to review the application.

7. Grants.gov and NIFA Assistance

7.1 Grants.gov Contact Center

If you need help with the Grants.gov registration process, downloading or navigating Adobe forms, or with the technical aspects of submitting to the Grants.gov system, first check the resources available on the Grants.gov web site (http://www.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
1-800-518-4726 Toll-Free or 606-545-5035
Business Hours: 24 hours a day, 7 days a week. Closed on federal holidays.
Email: support@grants.gov

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

Grants.gov issues a ticket number to track a response. You should maintain the ticket number as documentation of an electronic issues associated with your 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 the issue cannot be resolved, the operator files a research request (escalation).

Tier 2: Research Analyst
- Escalations go to the research analyst who does further research on the issue.
- If resolution is still not possible, the issue escalates to the Grants.gov Program Management Office (PMO).

Tier 3: Grants.gov PMO
- The Research Analyst works with the PMO to resolve issue.
- Typical escalations: involve policy questions/system bugs/training or meeting requests.

7.2 NIFA Help

Useful information is available via the NIFA web site (http://www.nifa.usda.gov/funding/application_info.html). If you still need assistance after reviewing the NIFA Grants.gov Application Guide and the applicable RFA, contact:

- Email: electronic@nifa.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. You should immediately contact the appropriate NIFA Agency Contact (as identified in the RFA) to change or correct a previously submitted application.

IV. GRANT APPLICATION PACKAGE INSTRUCTIONS

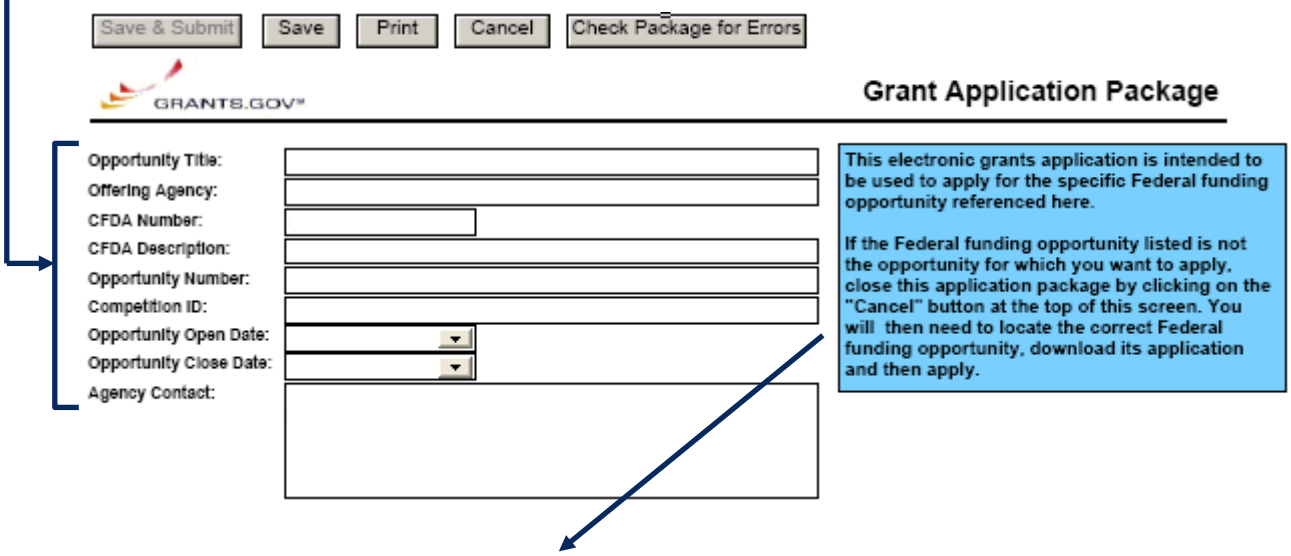
1. Grant Application Package

A Grant Application Package is tied to a particular funding opportunity. You may submit an application ONLY to the particular funding opportunity to which the Grant Application Package is associated.

1.1 Verify Grant Information

Verify the required information corresponds to the grant to which you are applying. 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 (NIFA does not use 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.

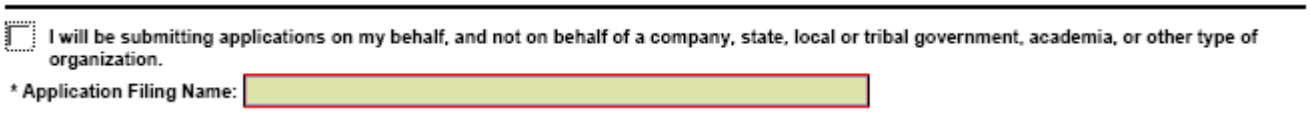
If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

You may submit an application only to the federal funding opportunity from which it is obtained. For example, you may NOT use a Grant Application Package downloaded for a funding opportunity in one fiscal year to submit an application to another funding opportunity in another year even if it is the same program.

1.2 Enter a Name for the Application

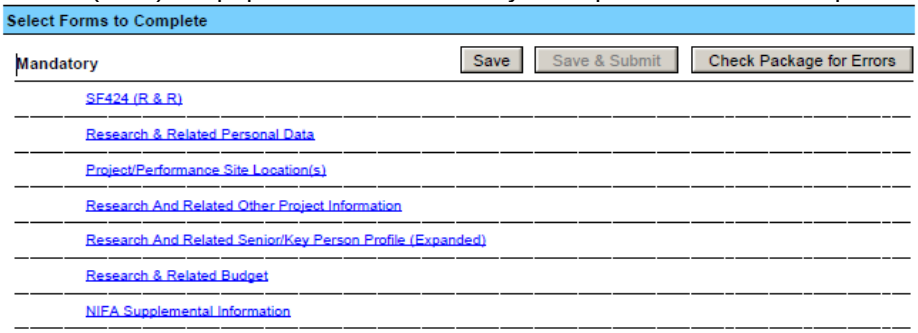
A. Check the box indicating that you will be submit an application on your own behalf (if applicable). The check box will only be shown on funding opportunities that are open to individuals.

B. Enter a name for the application in the **** Application Filing Name*** field. **This field is required.** This name is solely for you to track the application through the Grants.gov submission process; NIFA will not use the filing name. You may use any combination of letters and/or numbers to name the application file.



1.3 Complete Mandatory Documents

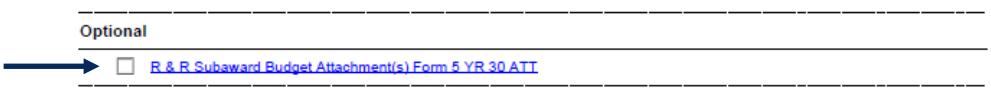
Complete all of the documents listed in the "Mandatory" section. Complete the SF-424 (R&R) first. Data on the SF-424 (R&R) will populate other mandatory and optional forms where possible.



To access a form or document, click on the form/document name. Alternatively, you need only scroll up or down, as appropriate, to locate the desired form/document.

1.4 Add 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.



To add an "Optional" form/document to the application package→ simply check the box to the left of the desired form/document.

1.5 Navigating the Forms

The SF-424 (R&R) Cover Sheet and R&R Budget forms/documents are two or more pages in length. You must complete the mandatory fields on each page of the form/document. To navigate to the next page of a form/document, simply scroll down the screen.
To go back to the first page of the form/document or to the Grant Application Package screen, simply scroll up the screen. You must save the application package from the Grant Application Package screen. More information on saving the application package is available in Section 1.7, Saving the Application.

You may enter up to five budget periods on the R&R Budget form/document. To add a new budget period, you must first complete Budget Period 1 including attaching a budget narrative. **The "Next Period" button at top of page 3 of the R&R Budget form/document will become active once all the required fields in Budget Period 1 are completed.**

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1 Next Period

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

Many of the forms/documents in the application package require you to attach files. **As stated in Section 3.1, Portable Document Format (.pdf), NIFA REQUIRES that ALL attachments be submitted in pdf format.** All attachments also must have a unique name to identify them. 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. We recommend you save the application package after you complete each form/document. You may save the application package by clicking on the "Save" button at the top of the Grant Application Package Screen. Note that the application package will be saved to the last active directory on your computer. Therefore, you should save the application package to your hard drive where it can be easily accessed. You may save your application package at any time and should save it 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 you have not been completed. These errors will be displayed one at a time.

> The Grants.gov validation process includes a check for an active Central Contract Registry (CCR) registration (applicants with expired CCR registrations will be rejected) **(see section 1.9 below for further information about the submission process); CCR registration activities are conducted through the System for Award Management (SAM). See Part II.1. for detailed information.**

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 WITH ATTACHMENTS THAT ARE NOT COMPLIANT WITH ITEMS A. THROUGH D. OF PART III, 3.1 IS AT RISK OF BEING EXCLUDED FROM 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.
5. Once the application is completely open, click the **Save** button. (The Save and Submit button will not become active until all mandatory documents have been properly completed, there are no errors in the application, and you have saved the file after opening the internet browser.)
6. Click **Save and Submit**.
7. A dialog box will appear and you will need to enter your Grants.gov username and password.
8. 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 application tips are available at the Grants.gov website.

Grants.gov Application Tips: http://www.grants.gov/web/grants/applicants/applicant-tips.html

You must complete all of the following steps for an application to be considered for competitive peer review:

1) Meeting the deadline: A date and time stamp is attached to the application when you click on the Submit button to electronically send the application to Grants.gov. The date and time stamp determines whether the application was received by Grants.gov before the deadline, which is 5:00 p.m. Eastern Time on the date identified in the applicable RFA. An application submitted or resubmitted after the deadline is late. Consideration of late applications is only given in extenuating circumstances (e.g., natural disasters, confirmed Grants.gov outage) with proper documentation and support of the Agency Contact (see Part VII of the request for applications; for the Small Business Innovation Research program (SBIR) the Program Contacts are specified under subsection 1.5 of the SBIR Program Solicitation). The occurrence of one of these situations does not automatically ensure that a late application will be accepted. You should contact the Agency Contact if you want a late application considered under an extenuating circumstance.

   Successful Grants.gov validation: The Grants.gov system performs a limited check of the application (see Section 1.8 above), and Grants.gov will notify you of the outcome of the initial review. The Grants.gov validation process includes a check for an active CCR registration **(applicants with expired CCR registrations will be rejected)**. **The System for Award Management conducts CCR registration activities. See Part II.1. for more information.**

2) Grants.gov sends applications that are successfully validated to NIFA for further processing. Applications that fail Grants.gov validation may be resubmitted to Grants.gov if NIFA's deadline has not passed. (Note that the Grants.gov system may allow applications to be submitted after the deadline, but the application is considered late by NIFA.)

3) Successful agency validation: NIFA staff perform precursory review of the application. The agency validation process includes meeting eligibility requirements and following NIFA application guidelines (e.g., formatting, page limitations, limits on budget requests). NIFA will notify you of the outcome of this review.

Checking the List of Forms and File Attachments in Grants.gov

After submitting an application, you may review a “manifest” of forms and file attachments that were properly uploaded and received by Grants.gov.

For information about how to check an application’s status within Grants.gov, how to view its manifest, and what to do should there be issues with the manifest, see Part III, 6.1.

It is important for you to thoroughly review the manifest to ensure you include all of the required attachments outlined in the RFA and follow .pdf requirements **(see Part III Section 3.1 of this guide for NIFA attachment specifications).**

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

1. Overview

This section contains both the SF-424 (R&R) instructions and any applicable NIFA-specific instructions (NIFA-specific and cross-agency forms and instructions are included in Part VI). The NIFA-specific instructions are identified by the USDA logo. Conformance is required and will be strictly enforced unless a deviation has been approved. NIFA may exclude from consideration applications that are not consistent with these instructions. The following SF 424 (R&R) forms are required 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; and
- SF 424 (R&R) Budget

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

Detailed instructions for other forms that may be part of the application package are included in Part VI or may be included in the RFA. The following sections contain detailed instructions for each of the application forms.

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

View Burden Statement

OMB Number: 4040-0001
Expiration Date: 6/30/2016

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE | State Application Identifier

1. TYPE OF SUBMISSION
☐ Pre-application ☐ Application ☐ Changed/Corrected Application

2. DATE SUBMITTED | Applicant Identifier

4. a. Federal Identifier
b. Agency Routing Identifier
c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION — Organizational DUNS:
Legal Name:
Department: Division:
Street1:
Street2:
City: County / Parish:
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:
Position/Title:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: USA: UNITED STATES ZIP / Postal Code:
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:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

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.

You should submit a changed/corrected application **only after** the appropriate NIFA program contact has been contacted. Use the changed/corrected application to modify an application you have ALREADY submitted through Grants.gov and that the original application was submitted PRIOR to the established deadline.

Unless specifically required by a NIFA RFA, pre-applications are **not** required and should **not** be submitted.

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.

Use the Applicant Identifier field when an institution has its 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.

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

2.4 Federal Identifier (Field 4 on the Form)

Field Name	Input
Federal Identifier	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.
Agency Routing Identifier	Enter the agency-assigned routing identifier per the agency-specific instructions. This is an optional field.
Previous Grants.gov Tracking ID	Enter the previous Grants.gov tracking number, if applicable.

New project applications should leave these fields blank unless you are submitting a changed/corrected application. When submitting a changed/corrected "New" application, enter the Grants.gov tracking number in Field 4c. If you are submitting a ***renewal*** application (see 2.8 of this section), enter the NIFA-assigned award number of the previously-funded application in the Federal Identifier field (Field 4a. on the form). If you are submitting a ***resubmission*** application (see 2.8 of this section), enter the NIFA-assigned proposal number of the previously-submitted application in the Federal Identifier field (Field 4a. on the form). If you are submitting a ***resubmission renewal*** application (see 2.8 of this section), enter the NIFA-assigned proposal number of the previously-submitted application in the Federal Identifier field (Field 4a. on the form). If you are submitting a ***continuation*** application (see 2.8 of this section), enter the NIFA-assigned award number of the previously-funded application in the Federal Identifier field (Field 4a. on the form).

NIFA does not use the Agency Routing Identifier field; it may be left blank.

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).

If you check the box on the Grant Application Package main page to indicate that you are submitting an applicant on your own behalf (see Part IV section 1.2), the Organizational DUNS field will prepopulate.

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/Parish	Enter the county/parish 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/Postal Code	Enter the nine-digit 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.

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 has been 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.

This field is required.

Check Part II, B. of the RFA for the types of applications that you submit in response to the RFA. If you are submitting a *renewal* application, enter the NIFA-assigned award number of the previously-funded application in the Federal field (Field 4 on the form). If you are submitting a *resubmission* application, enter the NIFA-assigned proposal number of the previously-submitted application in the Federal field (Field 4 on the form). If you are submitting a *resubmission renewal* application, select "resubmission" and enter the NIFA-assigned proposal number of the previously-submitted application in the Federal field (Field 4 on the form).). If submitting a *continuation* application, enter the NIFA-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): _____

If a revision mark the appropriate box(es): A. Increase Award, B. Decrease Award, C. Increase Duration, D. Decrease Duration, E. Other (specify). If "Other" is selected, please specify in text box provided. May select more than one.

The type of application accepted may vary by funding opportunity. The RFA will stipulate the type of application that you may submit in response to the funding opportunity.

**** Is this application being submitted to other agencies?*** – Enter yes or no. This field is required If yes, enter Agency name.

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 NIFA Program Contact as soon as practicable. Submitting your application to other potential sponsors will not prejudice its review by NIFA; however, submitting the same application to another NIFA 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 by 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 project. Project titles are read by a variety of nonscientific people; therefore, you should avoid highly technical words or phraseology where possible. In addition, you should not use introductory phrases such as "investigation of," "research on," "education for," or "outreach that."

2.12 Enter Proposed Project (Field 12 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 end 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, RFA will address the limitations. Specification of a desired starting date for the project is important and helpful to our staff; however, we may not always be able to meet the requested dates. In such cases, we will consult with you.

2.13 Enter Congressional Districts (Field 13 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.

2.15 Enter Project Director/Principal Investigator Contact Information (Field 14 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/Parish	Enter the county/parish 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/Postal 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.
*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.

The Project Director/Principal Investigator (PD/PI) means the single individual designated by the awardee in the application and approved by the Authorized Departmental Officer who is responsible for the direction and management of the project. To facilitate communication with NIFA, the person designated in Field 14. will be considered the contact PD/PI. The contact PD/PI will be responsible for relaying communications between all of the PD/PIs and NIFA (other PD/PIs are identified on the R&R Senior/Key Person Profile; see Part V 5.4.).

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE **Page 2**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
Last Name: Suffix:
Position/Title:
Organization Name:
Department: Division:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: USA: UNITED STATES ZIP / Postal Code:
Phone Number: Fax Number:
Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested
b. Total Non-Federal Funds
c. Total Federal & Non-Federal Funds
d. Estimated Program Income

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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.*

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: First Name: Middle Name:
Last Name: Suffix:
Position/Title:
Organization:
Department: Division:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: USA: UNITED STATES ZIP / Postal Code:
Phone Number: Fax Number:
Email:

Signature of Authorized Representative **Date Signed**

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment Add Attachment | Delete Attachment | View Attachment

2.16 Enter Estimated Project Funding (Field 15 on the Form)

Field Name	Input
* Total Federal Funds Requested	Enter total Federal funds requested for the entire project period. This field is required.
*Total Non-Federal Funds	Enter total non-Federal funds requested for the entire project period. This is required information.
*Total Federal & Non-Federal Funds	Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. This 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 16 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. One selection is required.

Check "NO, program is not covered by E.O. 12372," NIFA programs are excluded from the scope of the Executive Order 12372 which requires intergovernmental consultation with state and local officials (see the final Rule-related Notice to 7 CFR Part 3015, Subpart V (48 FR 29114, June 24, 1983)).

2.18 Complete Certification (Field 17 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 NIFA website. See http://www.nifa.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 you are providing the required assurances regarding the protection of human subjects, providing humane treatment of animals, and monitoring the use of recombinant DNA as well as certifications set forth in 2 CFR Part 417, as amended, regarding USDA Nonprocurement Debarment and Suspension; 2 CFR Part 418 regarding Lobbying; 2 CFR 421 regarding Drug-Free Workplace, and Assurance of Compliance with USDA Regulations Assuring Civil Rights Compliance. Submission of the individual forms is not required. (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. By submitting the application you are also providing the required assurances noted below:

> In the event NIFA funds the application, the applicant agrees to be compliant with the Federal Information System Security Management Act of 2002 (FISMA), Pub. L. 107-347, if it will collect, store, process, transmit, or use information on behalf of NIFA.
>
> Each entity that applies and does not have an exemption under Sec. 25.110 of 2 CFR will: (1) Be registered in the CCR prior to submitting an application or plan; (2) Maintain an active CCR registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency; and (3) Provide its DUNS number in each application or plan it submits to NIFA.

The Grants.gov validation process includes a check for an active CCR registration (applicants with expired CCR registrations will be rejected).

The System for Award Management conducts the CCR activities. See Part II.1. for detailed information.

Each entity that applies and does not have an exception under Sec. 170.110(b) of 2 CFR ensures that they have the necessary processes and systems in place to comply with the reporting requirements identified in Appendix A to Part 170 should they receive funding.

In addition, you certify that the information contained herein is true and complete to the best of your knowledge and accept to any award the obligation to comply with the terms and conditions of NIFA in effect at the time of the award.

2.19 Enter SFLLL (Disclosure of Lobbying Activities) or Other Explanatory Documentation (Field 18 on the Form)

If applicable, attach the SFLLL or other explanatory documentation per agency instructions.

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

2.20 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/Parish	Enter the county/parish 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/Postal 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.

2.21 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 NIFA 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 you to submit a preliminary application are to:

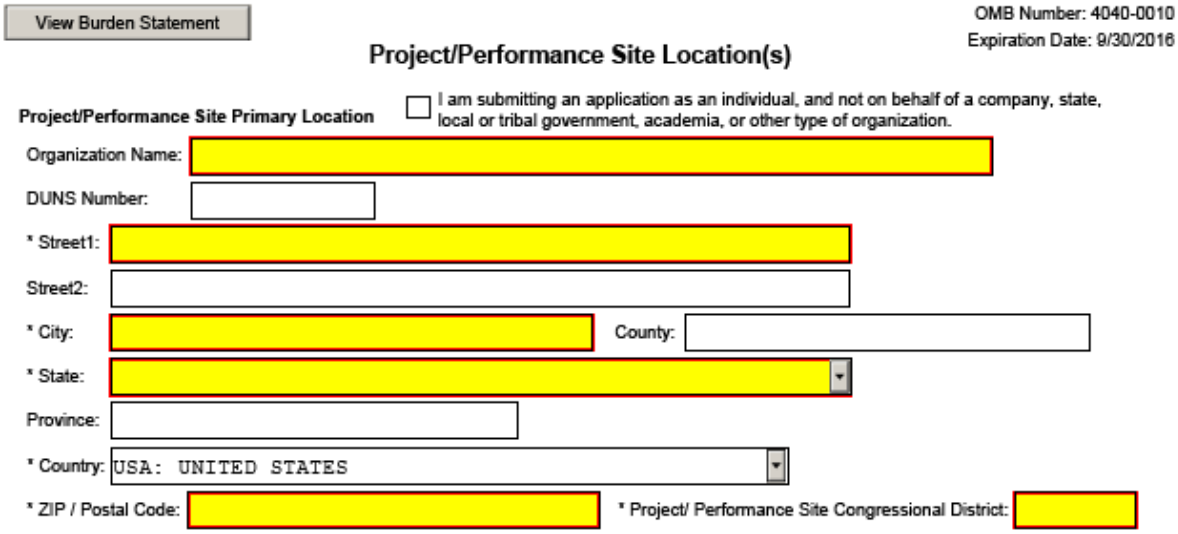
- Reduce the unnecessary effort in application preparation when the chance of success is very small. This is particularly true of exploratory initiatives where the community senses that a major new direction is being identified, or competitions that will result in a small number of actual awards; and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

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

2.22 Enter Cover Letter Attachment (Field 21 on the Form)

This field allows the applicant to enter a cover letter with the application. This field is optional.

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

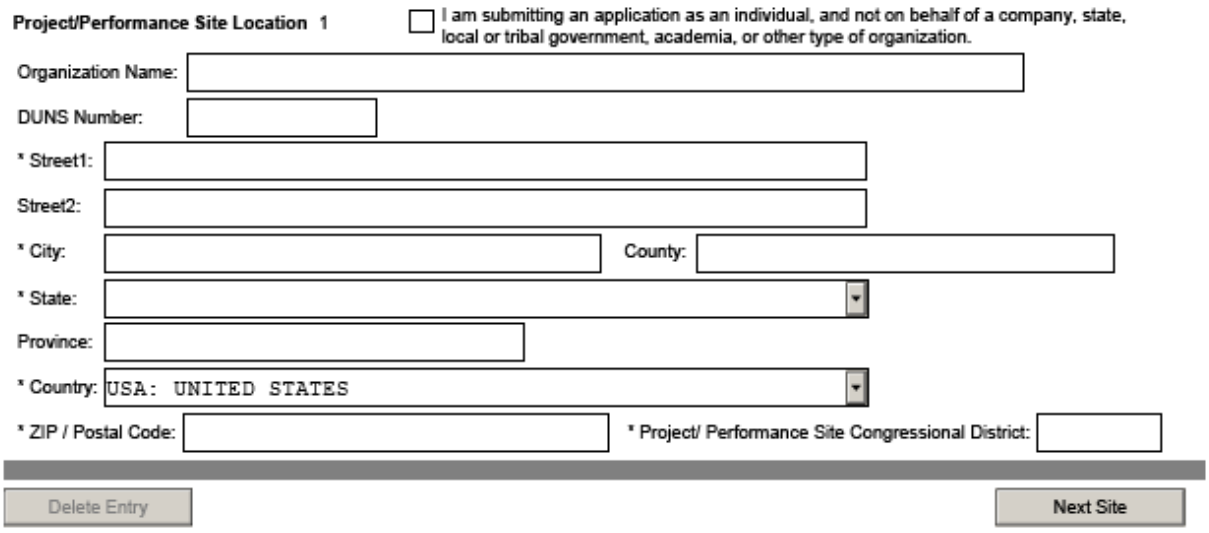


3.1 Enter Project/Performance Site Primary Location

Field Name	Input
I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.	Select if submitting an application as an individual and not on behalf of or representing any organization. (This field is not applicable for applicants using SF-424 Individual Form Set).
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.
DUNS Number	Enter the DUNS number associated with the organization where the project will be performed. (Note this field is not applicable for applicants using SF-424 Individual Form Set).
*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	Enter the county of 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.
Country	Select the country for the primary performance site location.
*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.
* Project/ Performance Site 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. Note is it likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

3.2 Project/Performance Site Location 1



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

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

1. Are Human Subjects Involved? [ ] Yes [ ] No
   1.a. If YES to Human Subjects
   Is the Project Exempt from Federal regulations? [ ] Yes [ ] No
   If yes, check appropriate exemption number. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
   If no, is the IRB review Pending? [ ] Yes [ ] No
   IRB Approval Date: [ ]
   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 - positive or negative - 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. Is the research performance site designated, or eligible to be designated, as a historic place? [ ] Yes [ ] No
5.a. If yes, please explain: [ ]
6. Does this project involve activities outside of the United States or partnerships with international collaborators? [ ] Yes [ ] No
6.a. If yes, identify countries: [ ]
6.b. Optional Explanation: [ ]
7. **Project Summary/Abstract** [ ] Add Attachment | Delete Attachment | View Attachment
8. **Project Narrative** [ ] Add Attachment | Delete Attachment | View Attachment
9. **Bibliography & References Cited** [ ] Add Attachment | Delete Attachment | View Attachment
10. **Facilities & Other Resources** [ ] Add Attachment | Delete Attachment | View Attachment
11. **Equipment** [ ] Add Attachment | Delete Attachment | View Attachment
12. **Other Attachments** Add Attachments | Delete Attachments | View Attachments

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

1. * Are Human Subjects Involved? [ ] Yes [ ] No

If activities involving human subjects are planned at any time during the proposed project at any performance site, check 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.

Projects that involve 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 that involve human subjects must either (1) have approval from the organization's Institutional Review Board (IRB) before issuance of a NIFA award or, (2) must affirm that the IRB or an appropriate knowledgeable authority previously designated by the organization (not the PD) 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 contact the applicable Program Contact (identified in Block 14. of Form NIFA-2009, Award Face Sheet, of the award document) for instructions on submitting updated human subject information.

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? ☐ Yes ☐ No

Yes, this project is exempt from Federal regulations or No, this project is not exempt from Federal regulations.

If yes, check appropriate exemption number. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

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.gpo.gov/fdsys/pkg/CFR-2013-title45-vol3/xml/CFR-2013-title45-vol3-part690.xml.

If no, is the IRB review Pending? ☐ Yes ☐ No

IRB Approval Date: ☐

Human Subject Assurance Number: ☐

If IRB is pending, check yes. If IRB is not pending, check no.

IRB Approval Date - If no, 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?"

Human Subject Assurance Number – Enter the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance Number or Cooperative Project Assurance Number that the applicant has on file with the Office for Human Research Protections, if available. If the applicant has a FWA number, enter the 8-digit number. Do not enter the FWA before the number.

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

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

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

For applications that involve the use of vertebrate animals, you must provide sufficient information 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], NIFA 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.

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date: ☐

Animal Welfare Assurance Number ☐

Is the IACUC review Pending? Check yes or no.

Indicate an Institutional Animal Care and Use Committee (IACUC) review is 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 latest 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 you use this method, submit the statement as a single-copy document and attach it in Block 11 of the application. While NIFA will make every effort to prevent unauthorized access to such material, we are 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 an Environmental Assessment (EA) or Environmental Impact Statement (EIS) [has] been performed.

4.d. If yes, please explain:

If yes, please explain – Enter additional details about the EA or EIS.

If the project meets one of the exemptions identified in 7 CFR Part 3407 (see chart below), NIFA's implementing regulations of the National Environmental Policy Act of 1969 (see http://www.gpo.gov/fdsys/pkg/CFR-2013-title7-vol15/xml/CFR-2013-title7-vol15-part3407.xml), 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
NIFA 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 Is the Research Performance Site Designated, or Eligible to be Designated, as a Historic Place? (Field 5 on the Form)

5. * Is the research performance site designated, or eligible to be designated, as a historic place? ☐ Yes ☐ No

If yes, check the box and then provide an explanation in the box provided in 5.a. Otherwise check the No box.

4.6 Does this Project Involve Activities Outside the U.S. or Partnership with International Collaborators? (Field 6 on the Form)

6. * Does this project involve activities outside of the United States or partnerships with international collaborators? ☐ Yes ☐ No

Indicate whether this project involve activities outside the United States or partnerships with international collaborators. This field is required. Check yes or no.

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

Optional Explanation – Enter an explanation for involvement with outside entities (optional).

4.7 Attach Project Summary/Abstract (Field 7 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 is available at: http://www.nifa.usda.gov/funding/templates/project_summary.doc. The summary should be approximately 250 words. List **the names and affiliated organizations of all Project Directors/co-PDs and the title of the project at the top of the page**. 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. We cannot overemphasize the importance of a concise, informative Project Summary. **See Part III Section 3.1 of this guide for NIFA attachment specifications.**

4.8 Attach Project Narrative (Field 8 on the Form)

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

You must prepare the Project Narrative in accordance with the guidelines specified under Part IV.B. in the applicable RFA (for SBIR the guidelines are specified under subsection 2.3.2. of the SBIR Program Solicitation). **See Part III Section 3.1 of this guide for NIFA attachment specifications.**

4.9 Attach Bibliography & References Cited (Field 9 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 NIFA attachment specifications.**

4.10 Attach Facilities & Other Resources (Field 10 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 NIFA attachment specifications.

4.11 Attach Equipment (Field 11 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 NIFA attachment specifications. Refer to Field C. of the R&R Budget you plan to request funds to purchase items of nonexpendable equipment necessary to conduct and successfully complete the proposed project.

4.12 Add Other Attachments (Field 12 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 NIFA attachment specifications. MULTIPLE FILES MAY BE ATTACHED. Include the following items in Other Attachments as appropriate.

(1) Felony and Tax Certification. In order to meet the requirements of Sections 744 and 745 of the Omnibus Bill, "Making consolidated appropriations for the fiscal year ending September 30, 2015, and for other purposes" (H.R. 83, Pub. L. 113-235 (Dec. 16, 2014), 128 STAT. 2130), applicants are to indicate whether they are a corporation and, if so, must certify that: 1) they have not been convicted of a felony criminal violation under Federal or State law in the 24 months preceding the date of signature, nor has any officer or agent, and 2) they do not have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability. A suggested template for accomplishing the felony and tax requirement is located at http://www.csrees.usda.gov/funding/pdfs/felony_tax_cert.doc. Information is to be included in field 12, Other Attachment, of the application. **See Part III Section 3.1 of this Guide for NIFA attachment specifications.**

(2) Cooperation and Institutional Units Involved. Identify each institutional unit contributing to the project and designate the lead institution or institutional unit when submitting a cooperative, multi-institutional or multidisciplinary application. Clearly define the programmatic roles, responsibilities, and budget for each institutional partner.

(3) Appendices to Project Narrative. Appendices to the Project Narrative are allowed if they are directly germane to the proposed project. Do not use the addition of appendices to circumvent the text and/or figures and tables page limitations.

(4) Collaborative Arrangements. Fully explain and justify formal consulting or collaborative arrangements with others, should such arrangements be necessary. Provide a vitae or resume for any consultant(s) or collaborator(s) if known at the time of application. In addition, provide evidence (e.g., letter of support) that the identified collaborators involved have agreed to render these services. You must also provide additional information on consultants and collaborators in the budget portion of the application.

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

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County:
* State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:

Credential, e.g., agency login:

* Project Role: PD/PI Other Project Role Category:

* Attach Biographical Sketch — Add Attachment | Delete Attachment | View Attachment
Attach Current & Pending Support — Add Attachment | Delete Attachment | View Attachment

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County:
* State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:

Credential, e.g., agency login:

* Project Role: Other Project Role Category:

* Attach Biographical Sketch — Add Attachment | Delete Attachment | View Attachment
Attach Current & Pending Support — Add Attachment | Delete Attachment | View Attachment

Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S) — Add Attachment | Delete Attachment | View Attachment
Additional Biographical Sketch(es) (Senior/Key Person) — Add Attachment | Delete Attachment | View Attachment
Additional Current and Pending Support(s) — Add Attachment | Delete Attachment | View Attachment

Beginning with the PD/PI, provide a profile for each proposed Senior/Key Person. Unless otherwise specified in NIFA's 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. Include consultants if they meet this definition.

Complete a R&R Senior/Key Person Profile for, at a minimum, the PD, each co-PD, senior associate, and other professional personnel. A co-PD serves the same role as a PD (defined in 2.15 of this Part); however, the PD is the named contact to facilitate communications with NIFA. 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.
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.
Organization Name	Pre-populated from the SF 424 (R&R). The name of organization for 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/Parish	Pre-populated from the SF 424 (R&R). The county/parish 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.
*Country	Pre-populated from the SF 424 (R&R). The country for PD/PI address. This field is required.
*Zip/Postal 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 you have 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.
Degree Type	Enter the highest academic or professional degree or other credentials (e.g., RN).
Degree Year	Enter the year the highest degree or other credential was obtained.

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 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). Include a chronological list of **all** publications in **refereed journals** during the past **4 years**, including those in press. Also, list only those **non-refereed** technical publications that have **relevance** to the proposed project. List

all authors 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 NIFA 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 available at http://www.nifa.usda.gov/funding/templates/current_pending.doc. Include a current and pending support list for the PD/PI. **Even if no other funding is currently reported as "Active," list this application as "Pending" in the information submitted.** Identify the proposed project as pending in the attached document. The percent of time committed should not exceed 100% of effort for concurrent projects. NIFA will not fund an application that duplicates or overlaps substantially with an application already funded (or to be funded) by another organization or agency. 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 NIFA 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 NIFA.)
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.

A PD/PI is the individual(s) a research organization designates as having an appropriate level of authority and responsibility for the proper conduct of the project, including the appropriate use of funds and administrative requirements such as the submission of progress reports to the agency. When an organization designates more than one PD/PI, it identifies them as individuals who share the authority and responsibility for leading and directing the project, intellectually and logistically. NIFA does not infer any distinction in scientific stature among multiple PD/PIs. NIFA will consider the PD/PI entered on the SF-424 R&R Cover Sheet (see Part V 2.15) as the contact PD/PI.

NIFA will recognize, on any award that is issued as a result of the application, all the PD/PI co-PD/PIs entered on this form (any individual listed as a "co-investigator" is not identified on the award). **You must attach "Current and Pending Support" information for each key person identified. Even if no other funding is currently reported as "Active," this application is to be identified as "Pending" in the information submitted.**

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

6. R&R Personal Data

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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:**

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/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.

To meet the responsibilities of the U.S. Department of Agriculture, 7 U.S.C. 3121, NIFA 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 of the PD/PI and Co-PDs/PIs. This information is used only for tracking and statistical purposes necessary to meet the demands of NIFA 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, we strongly encourage you to provide the requested information to increase the quality of the NIFA database, aid in verification of eligibility for certain programs and to have a unique identifier for PD/PIs to aid in tracking grantees from one institution to another.

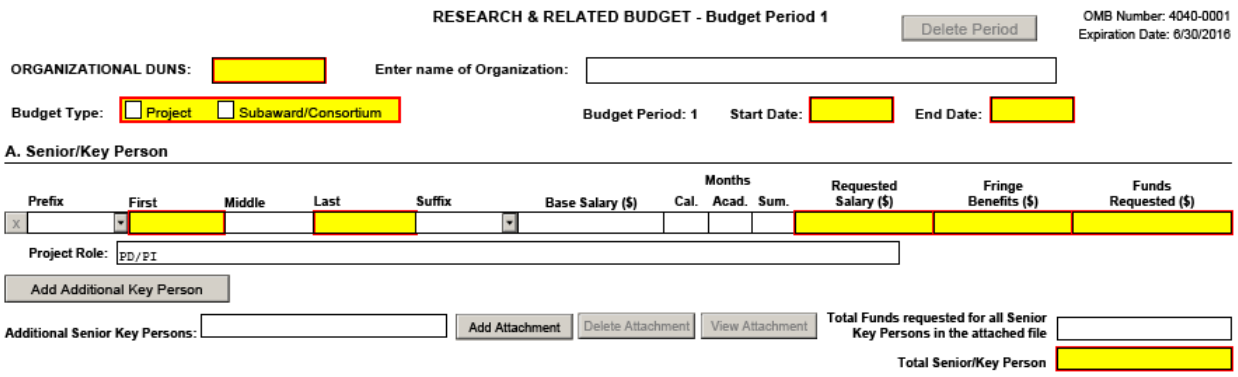
6.1 Enter Project Director/Principal Investigator

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.
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. *Non- 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



7.1 Enter Budget Information and the R&R Subaward Budget Attachment Form

You 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 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 Attachment and attach as a separate file on the R&R Budget 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. Enter the 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 PD/PI(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 requested salaries must be consistent with the regular institution practices.

You may not use award funds 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, complete the remaining fields following the instructions below. You should also use the instructions below to complete information for up to seven more Senior/Key Persons.

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 for each Senior/Key person.

Acad. Months	Identify the number of academic months devoted to the project for each Senior/Key person.
Sum. Months	Identify the number of summer months devoted to the project for each Senior/Key person.
*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 treated as direct costs, NIFA funds may be requested to fund fringe benefits as a direct cost.

Field Name	Input
*Funds Requested ($)	This field will auto-calculate. This field is required.
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 NIFA attachment specifications.

Your 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 you use this method, you must submit the statement electronically as an attachment in Block 12 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. NIFA 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 NIFA attachment specifications.**

7.3 Enter Other Personnel (Field B on the Form)

B. Other Personnel

Number of Personnel	Project Role	Months Cal.	Months Acad.	Months Sum.	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
x							

Add Additional Other Personnel

	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 for each project role category.
Acad. Months	Identify the number of academic months devoted to the project for each project role category.
Sum. Months	Identify the number of summer months devoted to the project for each project role category.
*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.
*Funds Requested ($)	This field will auto-calculate. This field is required.
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 each 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. Clearly describe in the budget justification the circumstances for requiring direct charging of these services.

If appropriate, a zero may be entered in any of the fields that require a dollar amount.

C. Equipment Description

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

Equipment item	Funds Requested ($)
x	

Add Additional Equipment

Additional Equipment: Add Attachment | Delete Attachment | View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel — **Funds Requested ($)**

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

Total Travel Cost

E. Participant/Trainee Support Costs — **Funds Requested ($)**

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 item - 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. 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.

**** Funds Requested ($)*** - List the estimated cost of each item of equipment including shipping and any maintenance costs and agreements. This is required information.

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. 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 NIFA attachment specifications.

Total Equipment – Total funds requested for all equipment. The total will auto-calculate.

General purpose equipment (equipment whose use is not limited to research, medical, scientific, educational, or other technical activities; e.g., 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 NIFA's Office of Grants and Financial Management (OGFM).

7.5 Enter Travel (Field D on the Form)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) Funds Requested ($) – Identify the total funds requested 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).

2. Foreign Travel Costs Funds Requested ($) - Identify the total funds requested 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).

Travel and subsistence should be in accordance with organizational policy. Please note that 2 CFR Part 200.474 is applicable to air travel.

Total Travel Costs – Total Funds requested for all travel. This total will auto-calculate.

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 - List total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.

2. Stipends - List total funds requested for Participant/Trainee Stipends.

3. Travel - List total funds requested for Participant/Trainee Travel.

Travel should be in accordance with organizational policy.

4. Subsistence - List total funds requested for Participant/Trainee Subsistence.

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.

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

If you request participant support costs for conferences/meetings, indicate the purpose, dates, and place of the 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 participant/trainee costs. This total will auto-calculate.

F. Other Direct Costs	Funds Requested ($)
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	Funds Requested ($)
Total Direct Costs (A thru F)	

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)

Add Additional Indirect Cost

Total Indirect Costs

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

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.

In general terms, indicate the types of required expendable materials and supplies and their 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.

You may include anticipated costs of preparing and publishing the results of the proposed project, including costs of reports, reprints, page charges or other journal costs, and necessary illustrations.

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 the services of their own staff to the maximum extent possible in managing and performing the activities supported by awards. If you anticipate the need for consultant services, you must provide in the "Other Attachments" (Field 11. of the SF-424 R&R Other Project Information) a justification for the use of such services, a statement of work to be performed, and a resume or curriculum vitae 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 NIFA.

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 and list the funds requested. Use the budget justification to further itemize and justify.

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 thru F) – Total Funds requested for all direct costs. This total will auto-calculate.

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.

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 NIFA 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 RFAs for the limitations, if any, on F&A/indirect costs. If indirect costs are allowed under the program, then the following applies as appropriate:

- *When NIFA is not the cognizant Federal agency*. The applicant should use the current negotiated indirect cost rate established by its cognizant Federal agency (the agency that provides the most funds). If awarded, the applicant will be required to produce a negotiated indirect cost rate agreement from the cognizant agency in order to recover indirect costs. Applicants may request (i.e., budget) indirect costs using the lesser of: (a) the negotiated rate; or (b) the maximum statutory rate stated in the Request for Application, if any. If unable to obtain a negotiated rate from its cognizant agency, the applicant is not permitted indirect cost reimbursement. Rather, the applicant may only be reimbursed for allowable direct costs. Violation of cost accounting principles is not permitted when re-budgeting or charging costs to awards. Rather, costs must be consistently charged as either indirect or direct costs.

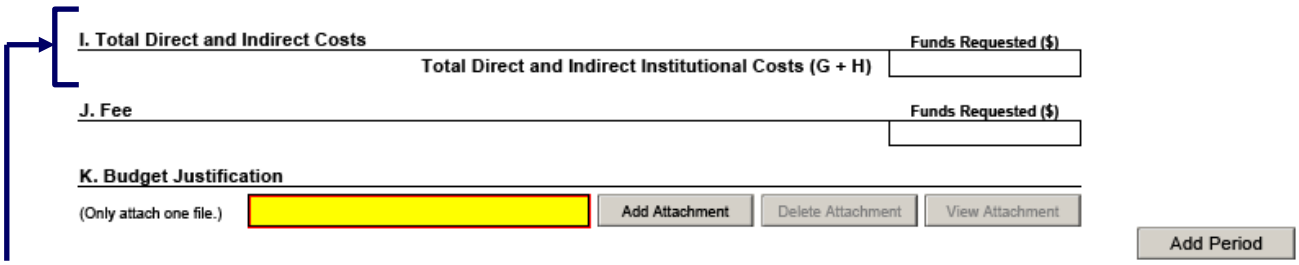
Effective 12/26/2014, applicants new to Federal awards, and applicants who have never received a negotiated rate, may request a 10% de minimus indirect cost rate. If awarded, and the cognizant agency has not provided a negotiated rate, the awardee can receive the 10% de minimus indirect cost rate. The 10% de minimus rate should be applied to modified total direct costs (MTDC). MTDC means total direct costs related to the award, such as direct labor, fringe benefits, materials and supplies, publications, consultant services and travel costs. MTDC excludes the following costs: equipment, capital expenditures, participant support costs and the portion of each subaward and subcontract in excess of $25,000. The 10% de minimus rate is only available to awards made on or after 12/26/2014. Violation of cost accounting principles is not permitted when charging costs to awards. Rather, costs must be consistently charged as either indirect or direct costs.

If the cognizant agency issues a negotiated rate subsequent to award, the negotiated rate may not be retroactively applied.

- *When NIFA is the cognizant Federal agency*. If the applicant does not have a negotiated rate, and NIFA is the cognizant agency, the applicant must calculate an indirect cost rate in order to request indirect costs. NIFA's indirect cost website provides several sample indirect cost rate calculations. NIFA's website is found at: http://nifa.usda.gov/business/indirect_cost_process.html. During the application process, the applicant is not required to complete the entire indirect cost package identified on NIFA's website. Rather, the applicant need only calculate an indirect cost rate to serve as a basis for requesting indirect costs. If awarded, the applicant will be required to submit a complete Indirect Cost Proposal (ICP) package as explained on NIFA's indirect cost website.

  Effective 12/26/2014, applicants new to Federal awards, and applicants who have never received a negotiated rate, may elect to forgo calculation of an indirect cost rate during the application process and request a 10% de minimus indirect cost rate. If awarded, a complete ICP package is required to establish a negotiated rate as explained above. However, an awardee may elect to forgo pursuit of a negotiated rate and receive the 10% de minimus indirect cost rate. The 10% de minimus rate should be applied to modified total direct costs (MTDC). MTDC means total direct costs related to the award, such as direct labor, fringe benefits, materials and supplies, publications, consultant services and travel costs. MTDC excludes the following costs: equipment, capital expenditures, participant support costs and the portion of each subaward and subcontract in excess of $25,000. The 10% de minimus rate is only available to awards made on or after 12/26/2014. Violation of cost accounting principles is not permitted when charging costs to awards. Rather, costs must be consistently charged as either indirect or direct costs.

  The awardee may request a negotiated rate subsequent to award. If so, NIFA will revisit its cognizant agency responsibilities. If cognizant, NIFA will establish a negotiated rate. The negotiated rate may not be retroactively applied.



7.10 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.

7.11 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 NIFA program solicitation.

7.12 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 budget justification detail should follow the same order as the budget. While you should provide information for each item of the budget, you must justify the following budget categories, where applicable: salaries **(justification is to include the Base Annual Salary for each key person)**, 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 NIFA attachment specifications.**

7.13 RESEARCH & RELATED BUDGET - Cumulative Budget

The fields on this form will auto-calculate.

8. R&R Subaward Budget Attachment(s) Form

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18		Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19		Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20		Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21		Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22		Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23		Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24		Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25		Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26		Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27		Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28		Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29		Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30		Add Attachment	Delete Attachment	View Attachment

On this form, you will attach the R&R Subaward Budget files for your grant application. **Only subaward budgets are to be attached to this form.** Complete the subawardee budget(s) in accordance with the R&R budget instructions **(this includes the preparation of a budget justification for the subaward and attaching it in Field K. of the subaward budget)**. All file(s) you attach must be in .pdf documents. **See Part III Section 3.1 of this guide for NIFA attachment specifications.**

The R&R Subaward Budget Attachment(s) Form allows no more than 30 R&R Subaward Budget Files for a grant application. Include any remaining subaward budget(s) (beyond the 30 subaward budget attachments) under Field K. "Budget Justification" of the applicant organization, 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 the additional R&R Subaward Budget Attachment(s) Form:

1. On the R&R Subaward Budget Attachment(s) Form, press the "Click here to extract the R&R Subaward Budget 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 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 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 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 Attachment forms for the subaward organizations as necessary using the process outlined above. The files you attach must be a previously extracted R&R Subaward Budget Attachment form. 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 subcontractual arrangements, you must add the budgets—including the budget justification for the subcontractual arrangements that are not included in the R&R Subaward Budget Attachment(s) Form—to the application by including them in the primary applicant's budget justification *or* by attaching them to Field 11, Other Attachments, of the R&R Other Project Information form (see Part V., 4).

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

You must complete and submit the following form in conjunction with the SF-424 (R&R) forms included in this application package.

- Supplemental Information Form

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

- AFRI Project Type Form
- SBIR/STTR Information
- Key Contacts
- Attachments

Instructions for completing each of these forms follow.

1. Supplemental Information Form

Supplemental Information Form

OMB Number: 0524-0039
Expiration Date: 2/29/2016

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

1. Funding Opportunity

Funding Opportunity Name

Funding Opportunity Number

2. Program to which you are applying

Program Code Name

Program Code

3. Type of Applicant

Select one of the following

4. Additional Applicant Types

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. ASAP Recipient Information

Does the legal applicant have an active Automated Standard Application for Payments (ASAP) Recipient Identification Number for NIFA awards?

☐ Yes ☐ No

What is the ASAP Recipient ID (which corresponds with this applications's DUNS and EIN) 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 ASAP Recipient Information (Field 6 on the Form)

Does the legal applicant have an active Automated Standard Application for Payments (ASAP) Recipient Identification Number for NIFA awards?

☐ Yes ☐ No

If the legal applicant has an active ASAP Recipient Identification Number select yes. If it does not select no. This field is required.

What is the ASAP Recipient ID (which corresponds with this applications's DUNS and EIN) to be used in the event of an award?

Enter the ASAP Recipient ID to be used in the event of an award. This field is to be completed if yes is selected as answer to previous question.

This information will no longer be used as payments will be made via the Automated Standard Application System (ASAP) operated by the U.S. Department of Treasury's Financial Management Service.

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)

Unless stated otherwise in the RFA, a Conflict of Interest (COI) list is required for each Senior/Key Person included in the R&R Senior/Key Person profile. Prepare the COI list(s) following the instructions and format below. A suggested template for the COI list is available at http://www.nifa.usda.gov/funding/templates/conflict_of_interest.doc. **Attach a single attachment containing a COI list for each Senior/Key Person included in the R&R Senior/Key Person Profile (i.e., one attachment containing all the COI lists). See Part III Section 3.1 of this guide for NIFA 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 3 years, including pending publications and submissions
- All collaborators on projects within the past 3 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 3 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. AFRI Project Type Form

This form is only required for applications submitted to the Agriculture and Food Research Initiative (AFRI) program.

AFRI PROJECT TYPE

Instructions:
Who completes this form: Each project director (PD) applying to the Agriculture and Food Research Initiative (AFRI) Request for Applications (RFA).
How this template is completed:

* Check one Project Type Box and one Grant Type Box
* For FASE Grants, select an appropriate sub-category. NOTE: New Investigators may also qualify for a strengthening sub-category.

Project Type

- ☐ Research
- ☐ Education
- ☐ Extension
- ☐ Integrated

Grant Type

- ☐ Standard Grant
- ☐ Coordinated Agricultural Project (CAP) Grant
- ☐ Conference Grant
- ☐ Other: _____
- ☐ Food and Agriculture Science Enhancement (FASE) Grant
  - ☐ New Investigator
  - ☐ Postdoctoral Fellowship Grant
  - ☐ Predoctoral Fellowship Grant
  - ☐ Strengthening
    - ☐ Sabbatical
    - ☐ Equipment
    - ☐ Seed
    - ☐ Strengthening Standard
    - ☐ Strengthening CAP
    - ☐ Conference Grant
    - ☐ Other: _____

2.1 Project Type

Select one Project Type. Note: Integrated proposals contain at least two of the three project type categories (any combination of research, education, and Extension). The RFA will include descriptions, as appropriate, and state which types of projects are being solicited.

2.2 Grant Type

Select one Grant Type. The RFA includes descriptions, as appropriate, and state which types of grants are being solicited.

- **Standard Grant;**
- **Coordinated Agricultural Project (CAP) Grant**;
- **Conference Grant;**
- **Other; or**

- **Food and Agriculture Science Enhancement (FASE) Grant.** If FASE is the selected grant type, you must identify the type of FASE Grant by selecting one from the list of four, as appropriate, types (see RFA for the types of FASE Grants being solicited):
  - New Investigator;
  - Postdoctoral Fellowship grant;
  - Predoctoral Fellowship grant; or
  - Strengthening. If Strengthening is the selected FASE Grant, you must identify the type of Strengthening project by selection one from the list of seven types, as appropriate, types (see RFA for descriptions and the types of Strengthening projects being solicited):
    - Sabbatical;
    - Equipment;
    - Seed;
    - Standard;
    - CAP;
    - Conference; or
    - Other. If Other is the selected, you must include a description.

3. SBIR/STTR Information

Use this form ONLY if you are submitting to the NIFA Small Business Innovation Research Grants Program (SBIR).

SBIR/STTR Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

*** 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	* 1a. 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?
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.
☐ 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

3.1. 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.

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

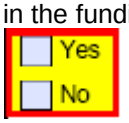
3.2. SBIR/STTR Type (select only one)

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 field 4a, (Federal Identifier) on the SF-424 (R&R) Cover Component. If you are submitting a Fast-Track application, check the Fast-Track box.

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

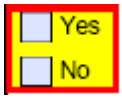
3.3. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? (Question 1.)

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.



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

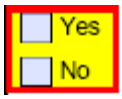
If this application includes subcontracts with Federal laboratories or any other Federal Government agencies, check the Yes box and insert the name of the Federal laboratories/agencies in the space provided. Otherwise, check the No box.



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

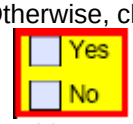
3.5. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov. (Question 3.)

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



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

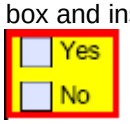
If all research and development on the project will be performed in its entirety in the United States, check the Yes box. Otherwise, check the No box and use the Add Attachment button below to attach an explanation.



If no, provide an explanation in an attached file.

3.7. 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.

3.8. 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.

☐ Yes
☐ No

3.9. 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 NIFA attachment specifications.

SBIR/STTR Information

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?

3.10. 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

3.11. 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

3.12. STTR-Specific Questions

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

4. Key Contacts Form

4.1. Applicants Organization Name

Enter the legal name of the applicant that will undertake the assistance activity. This field is required.

4.2. Contact 1

Field Name	Input
*Project Role	Enter the project role of the contact person (e.g., project manager, fiscal contact). This field is required.
Prefix	Enter the prefix (e.g., Mr., Mrs., Miss, Ms, Rev.).
*First Name	Enter first (given) name. This field is required.
Middle Name	Enter the middle name.
*Last Name	Enter the last (family) name. This field is required.
Suffix	Enter the suffix from the provided list or enter a new suffix not provided on the list (e.g., Jr, Sr, PhD).
Title	Enter the position title.
Organizational Affiliation	Enter the organizational affiliation of the person to contact on matters related to this application.
*Street 1	Enter first line of the street address in “Street1” field. This field is required.
Street 2	Enter second line of the street address in “Street2” field. This field is optional.
*City	Enter the city for address. This field is required.
*State	Enter (select) the State for address. This field is required if individual is located in the United States.
Province	Enter the Province.
*Country	Select the country for the address. This field is required.
*Zip/Postal Code	Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if it is a United States address.
*Phone Number	Enter the daytime phone number for the person. This field is required.
Fax Number	Enter the fax number for the person.
Email	Enter the e-mail address for the person.

Select **“Next Person”** to enter the next contact person entry. Complete the same information noted above for additional contacts.

5. Attachments Form

The attachments form is an optional form that NIFA will use in limited circumstances. Use the form following instructions in the RFA.

See Part III Section 3.1 of this guide for NIFA attachment specifications.

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

VII. APPLICATION PREPARATION CHECKLIST

We strongly recommended that you conduct an administrative review to ensure that the application is responsive to the request for applications (RFA) and this guide prior to its submission. This checklist is not intended to be an all-inclusive repetition of the application preparation instructions nor will each item be applicable to every application. It is, however, meant to bring awareness to items that are often required as a way to assist you in a successful submission of an application.

General:

[ ] Proposal is responsive to the program description/announcement/solicitation.

[ ] If a proposal has been previously declined and is being resubmitted, proposal has been revised to take into account the comments from the prior NIFA review.

[ ] Proposed work is appropriate for funding by NIFA, and is not a duplicate of, or substantially similar to, a proposal already under consideration by NIFA from the same submitter.

[ ] Do all attachments comply with the requirements of Part III, 3.1 (no type smaller than 12 point font, pdf, no file name restrictions, and not password protected)?

[ ] Is a letter of intent requested/required?

Cover Sheet:

[ ] For a previously funded project, is the previous award number entered in Field 4 on the form?

[ ] Is Form SF LLL, Disclosure of Lobbying Activities, attached in Field 18 on the form (if applicable)?

R&R Project/Performance Site Location:

[ ] Are all sites included on the form or in an attachment?

Other Project Information:

[ ] Does the project involve human subjects? If so and the project is exempt, is an exemption number identified? If the project is approved for human subjects, is the approval date and assurance number included?

[ ] Is the project approved for use of vertebrate animals? If so, is the approval date and Animal Welfare Assurance Number included?

[ ] Is proprietary or privileged information identified or included as a separate attachment (if applicable)?

[ ] If the project will have any (negative or positive) actual or potential impact on the environment is an explanation attached? If an exemption has been authorized or an environmental assessment (EA) or environmental impact statement (EIS) has been performed, is an explanation included?

[ ] If the research performance site is designated, or eligible to be designated, as a historic place, is an explanation included?

[ ] If the project will involve activities outside of the United States or partnerships with international collaborators, is an explanation included?

[ ] Project Summary:

> [ ] Is suggested template being used?
>
> [ ] It should be approximately 250 words in size.
>
> [ ] Ensure that it is concise and focuses on overall project goal(s) and supporting objectives, plans to accomplish the goal(s) and relevance of project to the goals of the program.

[ ] Project Narrative:

> [ ] Ensure that it does not exceed the page limitation specified in the request for applications.

[ ] Is a Response to Previous Review included, if applicable?

[ ] Does it include all the components specified in the request for applications?

[ ] If there are references cited in the project narrative, is a bibliography attached and does it include the items specified in this guide?

[ ] Did you include an attachment describing the facilities and other organizational resources available to perform the proposed project?

[ ] Did you include an attachment listing the major items of equipment already available for use in the project along with the equipment's location and capabilities?

[ ] If a cooperative, multi-institutional or multidisciplinary application is being submitted, have you identified each institutional unit contributing to the project and designated the lead institution or institutional unit? Are the the programmatic roles, responsibilities and budget for each institutional partner clearly defined?

[ ] If appendices to the project narrative are included, are they directly germane to the proposed project?

[ ] If formal consulting or collaborative arrangements with others is necessary, are the arrangements fully explained and justified, a vitae or resume provided, and evidence (e.g., letter of support) included that the collaborators have agreed to render the services?

Senior/Key Person:

[ ] Are the biographical sketches each limited to 2 pages?

[ ] Did you attach current and pending support information, if applicable (required for competitive programs)? Is the application being submitted included in the pending support section?

Budget:

[ ] Is a budget included for each subcontract?

[ ] Is a budget justification included for the prime budget and each subcontract?

Supplemental Information Form:

[ ] Is conflict of interest information, if applicable (required for competitive programs), included for each senior/key person?

VIII. ADMINISTRATION OF AWARDS

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