



United States
Department of
Agriculture

National Institute
of Food
and Agriculture

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The logo for the National Institute of Food and Agriculture (NIFA), featuring the letters "NIFA" in a large, white, sans-serif font. The letters are set against a background of a stylized landscape with rolling hills in shades of orange and yellow, and a dark silhouette of a tree or structure on the right side.

NIFA-22-001

National Institute of Food and Agriculture Grants Application Guide

NIFA Office of Grants and Financial Management

JULY 2021

Disclaimer: The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

Summary of Recent Changes

Change included in version dated July 2021

Contacts and hyperlinks have been updated throughout the document.

Part I 3.1-3.4 Added grant types and requirements and matching vs. non-matching sections

Part I 4.3 Updated contact information for NIFA and Grants.gov helpline

Part II Added Part II and instructions for finding a funding opportunity and RFA

Part III Added instructions and links for SAM and DUNS registration

Part V 1-14 Combined two forms sections into one section with all applicable forms. Added links for where applicants can locate the forms and instructions in grants.gov. Added preambles for each form to explain the purpose and who should complete them.

Part V 7.2 – 7.X Removed FY 2021 Budget Pilot instructions and SF-424a for institutions participating in FY 2021 Capacity budget pilot

Change included in version dated August 24, 2020

Change included in version dated July 17, 2019

Part V 7.1 - 7.14. Removed SF 424R&R budget instructions.

Part V 7.1 Added an explanation about required matching information for capacity applications

Change included in version dated August 15, 2018

Part V 4.12 Deleted the felony and tax requirements from Other Attachments of Other ProjectInformation Form.

Part V 7.9 Minor modifications to the indirect cost language.

Part VI Added Form AD-3030, Representations Regarding Felony Conviction and TaxDelinquent Status for Corporate Applicants, as an individual form.

Changes included in versions dated March

2, 2018 Parts IV and V To update the numbering of subsections.

Part V 8. R&R Subaward Budget Attachment(s) Form. Reduced submission requirements for subrecipients.

Changes included in versions dated December 1, 2017

This version includes updates to information throughout the document in order to move to newer versions of Grants.gov forms and to address Grants.gov's move to the use of Workspace.

Changes included in versions dated**April 27, 2016**

Part V 2.18 Modified the certification language.

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

Change included in versions dated September 23 and**Oct 8, 2015**

Part V 7.9 Included additional indirect cost information.

Change included in version dated June 17, 2015

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

Changes included in version dated March 30, 2015

This version includes updates to links throughout the document.

Part IV 1.9 Included additional information about late applications.

Part V 7.9 Updated the indirect cost language.

Changes 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

From the Policy Guide:

This Application Guide combines the various provisions and their applicability (i.e., whether it applies to all awards (**ALL AWARDS**), Competitive (**COMPETITIVE AWARDS**), or Capacity Awards (**CAPACITY AWARDS**) when applying to a Request for Application (RFA).

Key Terms:

- **Request for Applications (RFA)**: A type of solicitation notice in which an organization announces that grant funding is available. An RFA informs researchers and other organizations that they may present bids on how the funding could be used. An RFA will include an outline of the project in question and how applications will be evaluated. It will include program contacts.

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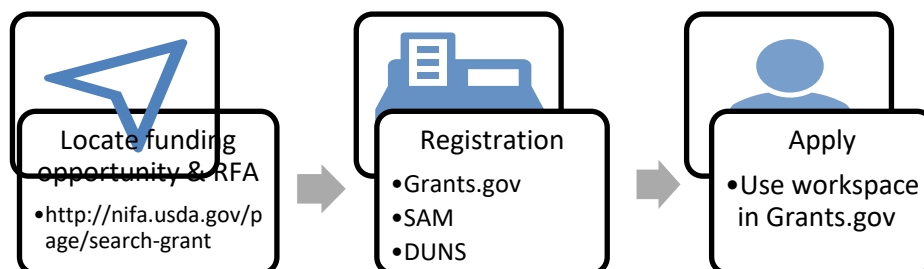
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I. INTRODUCTION

1. Purpose and Scope

This Application Guide will help you prepare and submit Grant applications to NIFA through Grants.gov. Where appropriate, relevant sections of the Grants.gov User Guide & NIFA Policy guide have been incorporated by reference.

2. Application Process Overview



3. Grant Types and Requirements Overview

3.1 Competitive

Compete for limited grant finances, subject to rigorous review process. More information can be found [here](#).

3.2 Non-Competitive

Grants that Congress directs to provide support to specific institutions of education, research and extension

3.3 Capacity

Formerly known as Formula Grants, intended for land-grant institutions, schools of forestry, and schools of veterinary medicine to fund research and extension activities. The amount of funds provided to each institution is determined by a formula, often statutorily defined.

3.4 Matching/Non-Matching Requirements

Some grant types may have a requirement for grantees to match federal funding. For more information please refer to: <https://nifa.usda.gov/matching-requirement>. The RFA should state if the grant has a matching requirement.

4. Application Process Administration & Help

4.1 Software Requirements

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. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader.

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

Grants.gov Adobe Software Compatibility: <https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html>.

4.2 Grants.gov Contact Center

If you need help with the Grants.gov registration process, downloading or navigating Adobe forms and/orWorkspace, 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/web/grants/support.html>) contains useful information including answers to frequentlyasked questions (FAQs).

For assistance contact 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) of your organization 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 documentationof an electronic issues associated with your application.

4.3 NIFA Help

If you still need assistance after reviewing the NIFA Grants.gov Application Guide, [the NIFA Policy guide](#) and the applicable RFA, contact: (Please note, the RFA supersedes the Policy and Application guides)

- General questions with the application process: grantapplicationquestions@usda.gov
- Questions with the associated funding opportunity program, email the contact stated in the RFA.
- Business hours: Monday through Friday, 7:00 am – 5:00 pm Eastern Time, excluding Federal holidays.

II. Locate Funding Opportunity and RFA

1. Locate funding opportunity at <http://nifa.usda.gov/page/search-grant> or <https://www.grants.gov/web/grants/search-grants.html>

1.1 In NIFA, search by keyword, Funding Opportunity number or CFDA number

Search for a Funding Opportunity

Search the NIFA website for all competitive Request for Applications (RFAs).

Filter by keyword

Funding Opportunity (FO) number

Catalog of Federal Domestic Assistance (CFDA) number

Status

Open ▾

SEARCH

RESET

1.2 In Grants.gov, search under “Search Grants” dropdown

2. Once an opportunity has been found through the NIFA search, click on it and you will be directed to a new page with the RFA and the “Apply For Grant” button

Funding Opportunity Title	Due Date
NSF - NIFA Plant Biotic Interactions Program	2022-09-30
<h2 style="text-align: center;">NSF - NIFA Plant Biotic Interactions Program</h2> <p>Program: Agriculture and Food Research Initiative (AFRI)</p> <p>The Plant Biotic Interactions (PBI) program supports research on the processes that mediate beneficial and antagonistic interactions between plants and their viral, bacterial, oomycete, fungal, plant, and invertebrate symbionts, pathogens and pests. This joint NSF-NIFA program supports projects focused on current and emerging model and non-model systems and agriculturally relevant plants.</p> <div style="display: flex; justify-content: center; gap: 20px;"> APPLY FOR GRANT  VIEW RFA  </div>	

III. Registration Instructions

1. Registration Process

Before you begin your Grant application you must register at the following websites:

- 1) Register in [Grants.gov](#) & create institutional profile
- 2) Register and Obtain a DUNS number: <https://www.dnb.com/duns-number/get-a-duns.html>
- 3) Register in SAM: https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf
- 4) Obtain and use an EIN number from www.irs.gov

Before using Grants.gov for the first time, each organization must register to create an institutional profile. Once registered, your organization may apply for any government grant you qualify for, including NIFA, 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: <https://www.grants.gov/web/grants/applicants/registration.html>.

The registration process includes obtaining a [Data Universal Numbering System \(DUNS\) number](#) and [registering with the System for Awards Management \(SAM\)](#). 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 SAM. Each entity that applies and does not have an exemption under [Sec. 25.110 of 2 CFR](#) must: (1) Register in SAM 4-6 weeks prior to submitting an application or plan; (2) Maintain an active SAM 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 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 SAM registration (applicants with expired SAM registrations will be rejected).

IV. GRANT APPLICATION PACKAGE INSTRUCTIONS

A Grant Application Package is part of a funding opportunity. The following is information about the package and information about obtaining the necessary forms. The forms will be managed in Workspace; Workspace is the standard way for organizations or individuals to apply for federal grants in Grants.gov. Part II, 3. of this Guide contains Workspace resources. For further information about Workspace, refer to the information below as appropriate.

1. Grants.gov Workspace

[Grants.gov Workspace overview](#) exists to make applying for a federal grant as convenient as possible. By leveraging a range of user roles and access levels, applicants can control access to forms, create a custom workflow and savetime on their application.

The application process consists of several main steps. Below is a summary of the process with links to detailed instructions on completing each step to apply for grants on Grants.gov.

1. Select Option 1: Apply Now Using Workspace in the **Package** tab on the **View Grant Opportunity** page. If you are not familiar with Workspace, read the [What Is Workspace?](#) help article.
2. [Complete an Application with Workspace](#) - To complete an application, you will need to complete all the required forms and attach all the required elements. Access the help article for instructions on completing online forms and submitting your application using Workspace.
3. Submit a Workspace Package - Once all the required forms and attachments are completed, you can check for errors and submit the application package.

For more information about Grants.gov Workspace, visit the following Workspace resources:

- [Grants.gov Workspace Overview](#)
- [Grants.gov Workspace Training Video Series](#)
- [Grants.gov Community Blog articles on Workspace](#)
- [Grants.gov Online User Guide](#)

2. Accessing the Grant Application Package

The information below will show you how to access the documents and information associated with the grant you are applying to.

VIEW GRANT OPPORTUNITY



[← Back | Link](#)

[Login to Subscribe](#)

SYNOPSIS
VERSION HISTORY
RELATED DOCUMENTS
PACKAGE

[Print Package List](#) ?

Select Grant Opportunity Package

READ BELOW BEFORE YOU APPLY FOR THIS GRANT!
 Before you can view and complete an application package, you **MUST** have Adobe Reader installed. Packages are posted in Adobe Reader format. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader. If more than one person is working on the application package, ALL applicants must be using the same software version. [Click for more information on Adobe Reader Compatibility.](#)

OPPORTUNITY PACKAGE(S) CURRENTLY AVAILABLE FOR THIS FUNDING OPPORTUNITY:

CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	Closing Date	Workspace Compatible	Actions
10.200			PKG00006366	09/18/2009	12/31/2020	Yes	Preview Apply

If you are not logged into Grants.gov, a “Login to Subscribe” block will be visible. We suggest you login at

this time using your Grants.gov credentials. Once logged in, a “Subscribe to Opportunity” block will appear providing you the opportunity to subscribe to receive any notices (e.g., modifications) sent regarding the funding opportunity.

Click “Apply” to open the Grant Application Package.

3. Verify Grant Application Package

Verify the required information corresponds to the grant to which you are applying. Grants.gov will auto-populate the following information:

- Opportunity Package ID
- Catalog of Federal Domestic Assistance (CFDA) Number
- CFDA Description
- 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



Click the button to “Create Workspace.” Also see 1. above for further information. Note: you will only be able to create and manage a workspace if you are designated as an Authorized Representative for your organization.

- The “New Workspace” box will be pre-filled.
- 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.

4. 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., 2.1) **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.

4.1 Attachments (Required to be in pdf)

- Format of Contents:** Attachments to an application are to 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.
- File Format:** NIFA requires that attachments be in .pdf. Using pdf format allows applicants to preserve the formatting of their documents.
- 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 filename.
- 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 1 THROUGH 4 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.

4.2 Mandatory and Optional Documents

Complete all of the documents listed as “Mandatory.” Complete the SF-424 (R&R) first. Data on the SF-424 (R&R) will populate other mandatory and optional forms where possible. The package will also contain optional forms that may need to be submitted. If any conflict exists between the RFA and this guide, the RFA will take precedence.

Application Package Forms - Users are encouraged to follow antivirus best practices when Downloading Instructions and Forms: Download Instructions » ?						
Include in Package	Form Name (Click to Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	AFRI PROJECT TYPE [V1.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	NIFA Supplemental Information [V1.2]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Project/Performance Site Location(s) [V2.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Research & Related Budget [V1.4]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Research & Related Personal Data [V1.2]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Research And Related Other Project Information [V1.4]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Research and Related Senior/Key Person Profile (Expanded) [V2.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	SBIR/STTR Information [V1.2]	Mandatory	---	---	---	Lock Download Upload Reuse
<input type="checkbox"/>	R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT [V1.4] <small>MANAGE SUBFORMS: 0</small>	Optional	---	---	---	Lock Download Upload Reuse Webform

Under the “Actions” column, click on the desired selection as appropriate. See item 1. above for further information about the noted options.

4.3 Categories of Forms

There are three categories of forms the R&R Family of forms, the NIFA Specific and the Cross-Agency forms. All 3 types of forms are discussed in section V.

4.4 Submitting an Electronic Application to a Funding Opportunity

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

- 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 determine whether the application was received by Grants.gov before the deadline, which is 5:00 p.m. Eastern Time (ET) on the date identified in the applicable RFA. An application submitted or resubmitted after the deadline is late (an application is considered on time at 5:00.59 pm ET but it is late at 5:01 pm ET). 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 (in 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. Also see <http://nifa.usda.gov/resource/late-application-consideration>).

Successful Grants.gov validation: The Grants.gov system performs a limited check of the application (see Section 2.1 above), and Grants.gov will notify you of the outcome of the initial review. The registration process includes obtaining a Data Universal Numbering System (DUNS) number and registering with the System for Awards Management (SAM).

- 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.

5. Grant Application Package Management, Status & Awards

5.1 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 "TrackMy Application" tool under the Applicants section of Grants.gov. This does not require a username or password. The second way is to "Check Application Status" under Applicant Login located

under the Applicants section of Grants.gov. This tool requires a username 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.

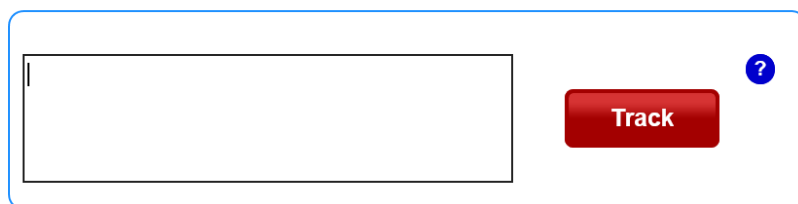
OPTION 1 – Check status of application

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 My Application(s) button. The system will display general information about the status of each application in a chart format as shown below.

Track and check the status of your submitted applications

To track Grants.gov submissions, enter up to five Grants.gov tracking numbers, one per line and click the "Track" button. (Example format: GRANT99999999)



This only confirms that an application was successfully retrieved by the awarding agency. Thereafter in the process, the awarding agency reviews and processes the applications independent of Grants.gov, and they do not report the status to Grants.gov

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

Check Grants.gov Application Status on the Track Application Status Page

<https://apply07.grants.gov/apply/login.faces?cleanSession=1&userType=agency&loggedout=true>

Once logged in using the above link you will be in the Applicant Center where you should select the “Check 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, Actions. You may view the list of particular application’s file(s) and attachment(s) (i.e., the manifest) by selecting the link in the Actions column for that application and selecting either the Details or Download Link.

Grant Tracking Number	DUNS	Funding Opportunity Number	CFDA	Competition ID	Opportunity Package ID	Date/Time Received	Status	Status Date/Time	Submission Method	Actions
GRANT00677772	00000000000000	USDA-NIFA-SRGP-001930	10.200		PKG00006366	Aug 23, 2017 09:06:59 AM EDT	Received by Agency	Aug 31, 2017 11:10:39 AM EDT	Workspace	Details Download
GRANT00677771	00000000000000	USDA-NIFA-SRGP-001930	10.200		PKG00006366	Aug 23, 2017 09:06:41 AM EDT	Received by Agency	Sep 18, 2017 12:20:20 PM EDT	Workspace	Details Download

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 IV Section 5.1 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 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, 1.5 of this Guide). You **MUST** notify the Agency Contact (identified in 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.

5.2 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.

5.3 Application File Update – Post Submission and Awards

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. For questions with awards email: awards@usda.gov for competitive grants or capacitygrantquestions@usda.gov for capacity grants and include award number. Information regarding the administration of NIFA awards, including relevant award conditions, is available on the NIFA web site: <http://nifa.usda.gov/regulations-and-guidelines>.

V. FORMS AND INSTRUCTIONS

Research and Related (R&R) Forms

This section contains both the SF-424 (R&R) instructions and any applicable NIFA-specific instructions. 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. These forms can be found in grants.gov under R&R Family of forms. <https://www.grants.gov/web/grants/forms/r-r-family.html> There are also instructions listed in this link to supplement the below instructions. The following SF 424 (R&R) forms are mandatory (unless otherwise stated) as part of the application package:

- SF 424 (R&R) Cover Sheet;
- Project Performance Site Locations;
- Research and Related Other Project Information;
- Research and Related Senior/Key Person Profile (Expanded);
- Research and Related Personal Data
- Research and Related Budget – Non-matching applications
- Research and Related Subaward Fed/Non-Fed Budget Attachment form – optional, should only be submitted when appropriate:

Detailed instructions for other forms that may be part of the application package may be included in the RFA.

You must complete and submit the following forms in conjunction with the SF-424 (R&R) forms included in this application package. These forms can also be found in grants.gov under R&R Family of forms.

<https://www.grants.gov/web/grants/forms/r-r-family.html>

NIFA Specific Forms

- NIFA Supplemental Information Form

Cross Agency Forms

The following forms are used by other federal agencies when awarding a grant and may be mandatory depending on the grant, please refer to the RFA:

- AD_3030 Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants
 - This form is only for Corporate applicants.
- AFRI Project Type Form
 - This form is only required for applications submitted to the Agriculture and Food Research Initiative (AFRI) program
- SBIR/STTR Information
 - Use this form ONLY if you are submitting to the NIFA Small Business Innovation Research Grants Program (SBIR).
- Key Contacts
- Attachments
 - The attachments form is an optional form that NIFA will use in limited circumstances. Use the form following instructions in the RFA. See Part IV Section 5.1 of this guide for NIFA attachment specifications.

The following sections contain detailed instructions for each of the application forms.

***Document Symbols**

- ! This symbol is found throughout the forms section to highlight important information or instructions.

1. **SF-424 (R&R) (Cover Sheet)**

This form is used in all grant applications. This form collects basic information including type of submission, applicant information, type of applicant, and proposed project dates.

View Burden Statement		OMB Number: 4040-0001 Expiration Date: 12/31/2022	
APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
1. TYPE OF SUBMISSION <input checked="" type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. a. Federal Identifier <input type="text"/>	
2. DATE SUBMITTED <input type="text"/>		b. Agency Routing Identifier <input type="text"/>	
Applicant Identifier <input type="text"/>		c. Previous Grants.gov Tracking ID <input type="text"/>	
6. APPLICANT INFORMATION			
Legal Name: <input type="text"/>		Organizational DUNS: <input type="text"/>	
Department: <input type="text"/>		Division: <input type="text"/>	
Street1: <input type="text"/>			
Street2: <input type="text"/>			
City: <input type="text"/>		County / Parish: <input type="text"/>	
State: <input type="text"/>		Province: <input type="text"/>	
Country: <input type="text"/>		ZIP / Postal Code: <input type="text"/>	
Person to be contacted on matters involving this application			
Prefix: <input type="text"/>		First Name: <input type="text"/>	
		Middle Name: <input type="text"/>	
Last Name: <input type="text"/>		Suffix: <input type="text"/>	
Position/Title: <input type="text"/>			
Street1: <input type="text"/>			
Street2: <input type="text"/>			
City: <input type="text"/>		County / Parish: <input type="text"/>	
State: <input type="text"/>		Province: <input type="text"/>	
Country: <input type="text"/>		ZIP / Postal Code: <input type="text"/>	
Phone Number: <input type="text"/>		Fax Number: <input type="text"/>	
Email: <input type="text"/>			
8. EMPLOYER IDENTIFICATION (EIN) or (TN): <input type="text"/>			
7. TYPE OF APPLICANT: <input type="text"/> Please select one of the following			
Other (Specify): <input type="text"/>			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): <input type="text"/>	
Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What other Agencies? <input type="text"/>			
9. NAME OF FEDERAL AGENCY: <input type="text"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <input type="text"/>	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <input type="text"/>			
12. PROPOSED PROJECT: Start Date: <input type="text"/> Ending Date: <input type="text"/>		13. CONGRESSIONAL DISTRICT OF APPLICANT <input type="text"/>	

Field 1 Enter 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 maynot 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 hasbeen 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. Only submit a pre-application if specifically required by a NIFA RFA.

Field 2 Enter Date Submitted and Applicant Identifier

Enter the date the application is submitted to Federal agency (or State if applicable). Please use mm/dd/yyyy format (e.g., 12/13/2017). 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.

Field 3 Enter Date Received by State and State Application Identifier

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

Field 4 Federal Identifier

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. If it is a new application, see instructions below.
Agency Routing Identifier	NIFA does not use the Agency Routing Identifier field; it may be left blank.
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).

Field 5 Enter Applicant Information

Enter the DUNS or DUNS+4 number of the applicant organization in the *Organizational DUNS field. This fieldis 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 III), the Organizational DUNS field will prepopulate. Fields that are self-explanatory have been excluded from the instructions below.

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.
*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. These fields are self-explanatory.

Field 6 Enter Employer Identification (EIN) or (TIN)

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. If you do not have an EIN, you can create one on IRS.gov

Field 7 Enter Type of Applicant

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).

Field 8 Select Type of Application - Required

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.

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

If Revision, mark appropriate box(es).

- A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
- E. Other (specify): _____

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 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.

Field 9 Name of Federal Agency 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.

Field 10 Catalog of Federal Domestic Assistance Number and Title

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.

Field 11 Enter Descriptive Title of Applicant's Project

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.”

Field 12 Enter Proposed Project

- * **Start Date** – Enter the proposed start date of the project. This field is required. Please use mm/dd/yyyy format (e.g., 08/13/2018).
- * **Ending Date** – Enter the proposed end date of the project. This field is required. Please use mm/dd/yyyy format (e.g., 08/13/2020).

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.

Field 13 Enter Congressional Districts

- * **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](https://www.grants.gov) web site. This field is required.

Field 14 Enter Project Director/Principal Investigator Contact Information

The fields on this section are self-explanatory.

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

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: <input type="text"/> First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> Position/Title: <input type="text"/> Organization Name: <input type="text"/> Department: <input type="text"/> Division: <input type="text"/> Street1: <input type="text"/> Street2: <input type="text"/> City: <input type="text"/> County / Parish: <input type="text"/> State: <input type="text"/> Province: <input type="text"/> Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text"/> Phone Number: <input type="text"/> Fax Number: <input type="text"/> Email: <input type="text"/>	
15. ESTIMATED PROJECT FUNDING a. Total Federal Funds Requested <input type="text"/> b. Total Non-Federal Funds <input type="text"/> c. Total Federal & Non-Federal Funds <input type="text"/> d. Estimated Program Income <input type="text"/>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> 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) <input type="checkbox"/> I agree <small>*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.</small>	
18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
19. Authorized Representative Prefix: <input type="text"/> First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> Position/Title: <input type="text"/> Organization: <input type="text"/> Department: <input type="text"/> Division: <input type="text"/> Street1: <input type="text"/> Street2: <input type="text"/> City: <input type="text"/> County / Parish: <input type="text"/> State: <input type="text"/> Province: <input type="text"/> Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text"/> Phone Number: <input type="text"/> Fax Number: <input type="text"/> Email: <input type="text"/> Signature of Authorized Representative <input type="text"/> Date Signed <input type="text"/>	
20. Pre-application <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. Cover Letter Attachment <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Field 15 Enter Estimated Project Funding

Field Name	Input
* Total Federal FundsRequested	Enter total Federal funds requested for the entire project period. This field is required.
*Total Non-FederalFunds	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 ProgramIncome	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.

Field 16 Is Application Subject to Review by State Executive Order 12372 Process?

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 finalRule-related Notice to 7 CFR Part 3015, Subpart V (48 FR 29114, June 24, 1983)).

Field 17 Complete Certification

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.

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

The applicable certifications and representations can be located on the NIFA website. See <https://nifa.usda.gov/certifications-and-representations> before signing the application. For this application, by submitting the application you are also providing the required assurances regarding the protection of human subjects, providing humane treatment of animals, and monitoring the use of recombinant DNA. 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 SAM prior to submitting an application or plan (registration may take 4-6 weeks); (2) Maintain an active SAM 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 SAM registration (applicants with expired SAM registrations will be rejected).

The System for Award Management conducts the SAM 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.

Field 18 Enter SFLLL (Disclosure of Lobbying Activities) or Other Explanatory Documentation

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

See Part IV Section 5.1 of this Guide for NIFA attachment specifications.

Field 19 Enter Authorized Representative

Fields that are self-explanatory have been excluded from the instructions below.

Field Name	Input
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.

Field 20 Enter Pre-Application

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.

Field 21 Enter Cover Letter Attachment

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

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

This form is used for all grant applications. It is used to report the primary location and any other locations at which the project will be performed.

[View Burden Statement](#)

OMB Number: 4040-0010
 Expiration Date: 12/31/2022

Project/Performance Site Location(s)

Project/Performance Site Primary Location 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.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Field 1 Enter Project/Performance Site Primary Location

Fields that are self-explanatory have been excluded from the instructions below.

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 FormSet).
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).
* Project/ Performance Site Congressional District	<p>Enter the Congressional District in the format: 2-characterState abbreviation – 3-character District Number. Examples: CA-005 for California’s 5th district, CA-012 for California’s 12th district.</p> <p>If all districts in a state are affected, enter “all” for the districtnumber. Example: MD-all for all congressional districts in Maryland.</p> <p>If nationwide (all districts in all states) enter US-all.</p> <p>If the program/project is outside the US, enter 00-000.</p> <p>To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the “Congressional Districts of Applicant” field provided elsewhere in this application.</p>

Field 2 Project/Performance Site Location 1

Project/Performance Site Location 1 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.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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.

Field 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)

3. R&R Other Project Information

This form is used for all grant applications. This form includes questions on the use of human subjects, vertebrate animals, and environmental impact. This form also has fields to upload an abstract, project narrative, references, information on facilities, and equipment lists.

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 12/31/2022

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 [] 7 [] 8

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 []

Field 1 Are Human Subjects Involved?

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 Field 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 7 8

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 eight categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects which USDA implements through [7 CFR part 1c.104](#). These regulations can be found at: https://www.ecfr.gov/cgi-bin/text-idx?SID=bb104dd4c1fdaeb817293bca892ae711&mc=true&node=se7.1.1c_1104&rgn=div8

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., 08/13/2017). 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.

2. Are Vertebrate Animals Used?

Yes No

Field 2 Are Vertebrate Animals Used?

If activities involving vertebrate animals are planned at any time during the proposed project at any performancesite, 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.

Is the IACUC review Pending? Check yes or no. This field is required is yes is checked to the question "Arevertebrate animals used?"

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?

Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

Indicate an Institutional Animal Care and Use Committee (IACUC) review is pending.

IACUC Approval Date – Enter the latest Institutional Animal Care and Use Committee (IACUC) approval date (ifavailable). Please use mm/dd/yyyy format (e.g., 08/13/2017). 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".

Field 3 Is Proprietary/Privileged Information Included in the Application?

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 legendsimilar 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 Field 12, Other Attachments. While NIFA will make every effort to prevent unauthorized access to such material, we are not responsible or in any way liable for the releaseof such material.

Field 4 Does this Project Have an Actual or Potential Impact on the Environment?

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - 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.

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

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?

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 <https://www.ecfr.gov/cgi-bin/text-idx?SID=5db969d513d951eed0ba2387dc360a17&mc=true&node=pt7.15.3407&rqn=div5>), then the explanation should include the specific exemption code.

Note: Department of Agriculture Categorical Exclusions (found at 7 CFR 1b.3 and restated at 7 CFR 3407.6(a)(1)(i) through (vii))

Exemption Code	Description
(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, and 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

Field 5 Is the Research Performance Site Designated, or Eligible to be Designated, as a Historic Place?

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.

Field 6 Does this Project Involve Activities Outside the U.S. or Partnership with International Collaborators?

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).

Field 7 Attach Project Summary/Abstract

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”.

Suggested application support templates for the Project Summary/Abstract is available at: <http://nifa.usda.gov/resource/application-support-templates>. 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 IV Section 5.1 of this guide for NIFA attachment specifications.**

Field 8 Attach Project Narrative

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 AFRI the guidelines may be specified under Part IV.C. and for SBIR the guidelines are specified under subsection 2.3.2. of the SBIR Program Solicitation). See Part IV Section 5.1 of this guide for NIFA attachment specifications.

Field 9 Attach Bibliography & References Cited

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 IV Section 5.1 of this guide for NIFA attachment specifications.

Field 10 Attach Facilities & Other Resources

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 IV Section 5.1 of this guide for NIFA attachment specifications.

Field 11 Attach Equipment

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 IV Section 5.1 of this guide for NIFA attachment specifications. If you plan to request funds to purchase items of nonexpendable equipment necessary to conduct and successfully complete the proposed project, refer to Field C. of the R&R Budget for information about including those items in the budget.

Field 12 Add Other Attachments

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 IV Section 5.1 of this guide for NIFA attachment specifications. Multiple files may be attached. Include the following items in Other Attachments as appropriate.

- (1) **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.
- (2) **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.
- (3) **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.

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

This form is used for all grant applications and allows the collection of data for all senior/key persons associated with the project. Some information for the PD/PI may be pre-populated from the SF424 (R&R) form.

OMB Number: 4040-0001
Expiration Date: 12/31/2022

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	Suffix: <input type="text"/>		
Position/Title: <input type="text"/>	Department: <input type="text"/>		
Organization Name: <input type="text"/>	Division: <input type="text"/>		
* Street1: <input type="text"/>			
Street2: <input type="text"/>			
* City: <input type="text"/>	County/ Parish: <input type="text"/>		
* State: <input type="text"/>	Province: <input type="text"/>		
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>		
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>		
* E-Mail: <input type="text"/>			
Credential, e.g., agency login: <input type="text"/>			
* Project Role: PD/PI	Other Project Role Category: <input type="text"/>		
Degree Type: <input type="text"/>			
Degree Year: <input type="text"/>			
* Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment View Attachment

PROFILE - Senior/Key Person 1			
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	Suffix: <input type="text"/>		
Position/Title: <input type="text"/>	Department: <input type="text"/>		
Organization Name: <input type="text"/>	Division: <input type="text"/>		
* Street1: <input type="text"/>			
Street2: <input type="text"/>			
* City: <input type="text"/>	County/ Parish: <input type="text"/>		
* State: <input type="text"/>	Province: <input type="text"/>		
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>		
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>		
* E-Mail: <input type="text"/>			
Credential, e.g., agency login: <input type="text"/>			
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>		
Degree Type: <input type="text"/>			
Degree Year: <input type="text"/>			
Attach Biographical Sketch	<input type="text"/>	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support	<input type="text"/>	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 the R&R for Senior/Key Person Profile 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.

Field 1 Enter Profile – Project Director/Principal Investigator

Most fields should be pre-populated from SF 424 (R&R)

Field Name	Input
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 RoleCategory	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.

Field 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 IV Section 5.1 of this Guide for NIFA attachment specifications.**

Field 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://nifa.usda.gov/resource/application-support-templates>. 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 IV Section 5.1 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:				

Field 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 2.14) 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.

5. R&R Personal Data

This form is used 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.

OMB Number: 4040-0001
Expiration Date: 12/31/2022

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:

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 applicants 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, we 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.

Field 1 Enter Project Director/Principal Investigator

Disclaimer: The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

Some fields should be pre-populated from SF 424 (R&R). Complete remaining fields that are not pre-populated.

Field 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.

6. R&R Budget – Non-Matching

Line 6a. Personnel: Enter estimated Federal funds for personnel for the program. Personnel refers to wages and salaries paid to employees of your institution who are directly involved in grant implementation. This line does not include personnel hired by subgrantees; those costs are included in the “contractual” line.

Line 6b Fringe Benefits: Enter the estimated total Federal funds for fringe benefits for the program. Fringe benefits refer to the cost of benefits paid to the personnel on the grant, including the cost of an employer's share of FICA, health insurance, workers' compensation, vacation, and supplies.

Line 6c Travel: Enter the estimated Federal funds required for travel for the program. Travel refers to travel costs of personnel that are reasonable and necessary to effectively manage and carry out grant activities; provide oversight; or measure program effectiveness. Travel must be in accordance with institution policies and procedures as well as 2CFR 200.

Line 6d Equipment: Enter the estimated Federal funds required for purchase of equipment to support the program. Equipment is defined as non-expendable personal property that has a useful life of more than one year and a per-unit cost of \$5000 or more. Equipment included here and supported in the budget justification with the current templates/required information attached, will receive prior approval when you receive your Notice of Award.

Line 6e Supplies: Enter the estimated Federal funds required for supplies for the program. Supplies are consumable materials costing less than \$5000 per unit. Supplies include computing devices as well as items such as copy paper, pens, materials needed to conduct training; etc. Refer to the Uniform Guidance 2 CFR 200 Subpart E and the award terms and conditions for unallowable costs (for example, promotional items, t-shirts, etc.) and cost limitations.

Line 6f Contractual: Enter the estimated Federal funds to be spent for contractual costs. Contractual costs include the cost of any contract or subgrant agreement.

Line 6g Construction: Enter the estimated Federal funds to be spent on construction. If not applicable, leave blank. Construction requires prior approval from NIFA. Provide additional information in the Budget Justification so that NIFA may provide prior approval upon award. NOTE: Construction is UNALLOWABLE for all capacity programs EXCEPT Hatch and Evans-Allen.

Line 6h Other: Enter the estimated amount of Federal funds for other costs. Other costs are direct costs that do not fit in any of the above categories, such as rent for buildings to conduct grant activities, leased equipment, transportation expenses, publications, outreach materials; etc. Refer to the Uniform Guidance 2 CFR 200 Subpart E and the award terms and conditions for unallowable costs and cost limitations.

Line 6i Total Direct Charges: This is auto calculated and is the sum of lines

6a-6h. Line 6j Indirect Charges: NOT APPLICABLE – leave blank.

Line 6k TOTALS: Auto calculated. This total amount will equal Line 1(c) plus 1(e).

Line 7 Program Income: Enter the estimated amount of program income, if any, expected to be generated during theyear. Program income is defined as income earned by the Non-Federal entity that is directly generated by a supportedactivity or earned as a result of the Federal award during the period of performance. If you have reported programincome on your SF 425, use past amounts to estimate program income for the upcoming fiscal year. For more information on program income, please review 200.307.

7. Section C – Non-Federal Resources

Fill in Line 8 with appropriate capacity program name from Box 1a. You will only fill in Line 8(a) – (e).

SECTION C - NON-FEDERAL RESOURCES					
	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Line 8(a) Grant Program: Enter the grant program from line 1(a).

Line 8(b) Applicant: Enter the amount of matching funds (Non-Federal share) provided by the applicant.

Line 8(c) State – Enter the amount of matching funds (Non-Federal share) provided by the state.

Line 8(d) Other Sources – Enter the amount of matching funds (Non-Federal share) provided by other sources. If anumber is entered in this box, please list the other sources in Line 23, remarks and include the sources for “Other” inthe budget justification.

Line 8(e) Totals – Auto calculated. This total will be the required Non-Federal funds for the upcoming year (e.g. FY2021).

7.1 Section D Forecasted Cash Needs

NOT APPLICABLE – LEAVE BLANK.

7.2 Section E – Budget Estimates of Federal Funds Needed for Balance of the Project –

NOT APPLICABLE. LEAVE BLANK

7.3 Section F – Other Budget information.

Enter text information in these fields per the above instructions or instructions in the RFA. Indirect charges field is NOT APPLICABLE and will remain blank.

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Line 21 Direct Charges: Use this space to explain amounts for individual direct object class categories that may appear to be out of the ordinary or to explain details as required in the RFA. Costs you may list include publication costs, consultant services, ADP/computer services; alterations and renovations; and facility rental/user fees.

Line 22 Indirect Charges: NOT APPLICABLE; LEAVE BLANK.

Line 23 Remarks: If you have listed an amount in 8(d) for matching from other sources, please list the sources. Please refer to the RFA for other required information.

7.4 Attach Budget Justification (Field L on the Form)

Use the budget justification to provide the additional information requested in each of the 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, fringe, equipment, supplies, travel, contractual, other direct cost categories. Only one file may be attached. See Part IV Section 5.1 of this guide for NIFA attachment specifications.

8. R&R Budget – Complete this form for Non-Matching applications

RESEARCH & RELATED BUDGET - Budget Period 1

Delete Period

OMB Number: 4040-0001
Expiration Date: 12/31/2022

ORGANIZATIONAL DUNS: Enter name of Organization:

Budget Type: Project Subaward/Consortium Budget Period: 1 Start Date: End Date:

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
X											
Project Role: <input type="text" value="PD/PI"/>											
<input type="button" value="Add Additional Key Person"/>											
Additional Senior Key Persons: <input type="text"/>					<input type="button" value="Add Attachment"/>			<input type="button" value="Delete Attachment"/>			<input type="button" value="View Attachment"/>
										Total Funds requested for all Senior Key Persons in the attached file <input type="text"/>	
										Total Senior/Key Person <input type="text"/>	

Field 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.

Sub contractual 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 sub awardee/consortium organization(s). Note, separate budgets are required only for sub awardee/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.

Field A Enter Senior/Key Person

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
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 IV Section 5.1 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 IV Section 3.1 of this guide for NIFA attachment specifications.

Field B Enter Other Personnel

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add Additional Other Personnel							
<input type="text"/>	Total Number Other Personnel				Total Other Personnel		<input type="text"/>
Total Salary, Wages and Fringe Benefits (A+B)							<input type="text"/>

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.

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 (\$)
<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Equipment"/>	
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Total funds requested for all equipment listed in the attached file <input type="text"/>	
Total Equipment <input type="text"/>	

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text"/>

Field C Enter Equipment Description

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 in the appropriate block of this section.

! **See Part IV Section 5.1 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).

Field D Enter Travel

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. Note that [2 CFR Part 200.474](#) is applicable to air travel.

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

Field E Enter Participant/Trainee Support Costs

! Participant costs are the costs associated with conference, workshop, or symposium attendees who are not employees of the applicant or a sub awardee. 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.	<input type="text"/>		
9.	<input type="text"/>		
10.	<input type="text"/>		
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 (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add Additional Indirect Cost			
Total Indirect Costs			

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

Field F Enter Other Direct Costs

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.

Field G Verify Total Direct Costs

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

Field H Enter Indirect Costs

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. You should use the current negotiated indirect cost rate(s) established by your cognizant Federal agency (the agency that provides the most funds). If awarded, you will be required to produce a negotiated indirect cost rate(s) agreement from the cognizant agency in order to recover indirect costs. You 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 agreement from your cognizant agency, you are not permitted indirect cost reimbursement (you may only be reimbursed for allowable direct cost) unless you are eligible for the 10% de minimis. 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. Also see 10% de minimis information in this section.

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 you do not have a negotiated rate(s) agreement, and NIFA is the cognizant agency, you must calculate an indirect cost rate(s) in order to request indirect costs. NIFA's indirect cost website provides several sample indirect cost rate calculations. NIFA's website is found at: <https://nifa.usda.gov/indirect-costs>. During the application process, you are not required to complete the entire indirect cost package identified on NIFA's website. Rather, you need only calculate an indirect cost rate to serve as a basis for requesting indirect costs. If awarded, you will be required to submit a complete Indirect Cost Proposal (ICP) package as explained on NIFA's indirect cost website. Also see 10% de minimis information in this section.
- 10% de minimis indirect cost rate. If you are new to Federal awards, and have never received a negotiated rate, you may elect to forgo calculation of an indirect cost rate and request a 10% de minimis indirect cost rate. The 10% de minimis rate is 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. 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 10% de minimis option is chosen, it must be used consistently for all Federal awards until such time you choose to negotiate for a rate(s), which you may apply to do at any time. NIFA will revisit its cognizant agency responsibilities at that time. If cognizant, NIFA will establish a negotiated rate. The negotiated rate may not be retroactively applied.

Organizations subject to [2 CFR part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, are required to follow provisions in 2 CFR part 200 when claiming indirect costs (IDC) on NIFA awards. Organizations not subject to the requirements of 2 CFR part 200 may recover indirect costs based on IDC rate calculations consisting of costs incurred by the applicant, consistently charged as either direct or indirect costs, and may not double charge.

Direct costs consist of costs incurred by the applicant and can be identified with a particular award. Conversely, indirect costs consist of costs incurred by the applicant and are not readily identifiable with a particular award. Violation of costs accounting principles is not permitted when charging costs to awards. Rather costs incurred by the applicant must be consistently charged as either indirect or direct costs.

Organizations may also waive indirect cost recovery and request only direct research costs. If this option is selected, the organization is required to include in the award budget only those types of costs consistently treated as direct research costs by the organization.

I. Total Direct and Indirect Costs		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		<input type="text"/>
J. Fee		Funds Requested (\$)
		<input type="text"/>
K. Total Costs and Fee		Funds Requested (\$)
Total Costs and Fee (I + J)		<input type="text"/>
L. Budget Justification		
(Only attach one file.)	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Field I Verify Total Direct and Indirect Costs

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

Field J Enter Fee

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.

Field K Verify Total Costs and Fee

Total Costs and Fee (I and J) – Total Direct and Indirect Costs and Fee requested. This total will auto-calculate.

Field L Attach Budget Justification

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 IV Section 3.1 of this guide for NIFA attachment specifications.**

8.14 RESEARCH & RELATED BUDGET - Cumulative Budget

The fields on this form will auto-calculate.

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

This form is used for applications with a subaward or consortium. This form is required only when the prime grantee is submitting an R&R Budget Form and has subaward/consortium budgets.

OMB Number: 4040-0001
 Expiration Date: 12/31/2022

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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

[Click here to extract the R&R Subaward Budget Attachment](#)

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	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

On this form, you will attach the R&R Subaward (Fed/Non-Fed) Budget files for your grant application. **Only subaward (Fed/Non-Fed) budgets are to be attached to this form.** Complete the sub awardee budget(s) in accordance with the R&R (Fed/Non-Fed) 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 IV Section 5.1 of this guide for NIFA attachment specifications.**

The R&R Subaward (Fed/Non-Fed) Budget Attachment(s) Form allows no more than 30 R&R Subaward (Fed/Non-Fed) 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 sub contractual arrangement **ONLY** when: 1) subawards comprise 50 percent or more of an overall award amount (individually or cumulatively); or 2) subawards are directed to Federal agencies.

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

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

[Click here to extract the R&R Budget \(Fed/Non-Fed\) Attachment](#)

2. Save the subawardee budget file(s) with the name of the subawardee organization. Each file name attached to the R&R Subaward (Fed/Non-Fed) 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 (Fed/Non-Fed) 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 (Fed/Non-Fed) 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 (Fed/Non-Fed) 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 (Fed/Non-Fed) 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 **ONLY** when: 1) subawards comprise 50 percent or more of an overall award amount(individually or cumulatively); or 2) subawards are directed to Federal agencies. 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 (Fed/Non-Fed) Budget Attachment(s) Form—to the application by including them in the primary applicant’s budget justification *or* by attaching them to Field 12, Other Attachments, of the R&R Other Project Information form (see Part V., 4).

10. NIFA Supplemental Information Form

This form is used in conjunction with the SF-424 Application for Federal Financial Assistance.

Supplemental Information Form

OMB Number: 0524-0039
Expiration Date: 12/31/2021

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

<p>1. Funding Opportunity</p> <p>Funding Opportunity Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Funding Opportunity Number</p> <div style="border: 1px solid black; height: 20px; width: 80%;"></div>
<p>2. Program to which you are applying</p> <p>Program Code Name</p> <div style="border: 1px solid black; height: 20px; width: 90%;"></div> <p>Program Code</p> <div style="border: 1px solid black; height: 20px; width: 20%;"></div>
<p>3. Type of Applicant</p> <div style="border: 1px solid black; padding: 2px;"> Select one of the following ▼ </div>
<p>4. Additional Applicant Types</p> <div style="border: 1px solid black; height: 20px; width: 90%;"></div>
<p>5. Supplemental Applicant Types (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alaska Native-Serving Institution <input type="checkbox"/> Cooperative Extension Service <input type="checkbox"/> Hispanic-Serving Institution <input type="checkbox"/> Historically Black College or University (other than 1890) <input type="checkbox"/> Minority-Serving Institution <input type="checkbox"/> Native Hawaiian-Serving Institution <input type="checkbox"/> Public Nonprofit Junior or Community College <input type="checkbox"/> Public Secondary School <input type="checkbox"/> School of Forestry <input type="checkbox"/> State Agricultural Experiment Station <input type="checkbox"/> Tribal College (other than 1994) <input type="checkbox"/> Veterinary School or College
<p>6. ASAP Recipient Information</p> <p>Does the legal applicant have an active Automated Standard Application for Payments (ASAP) Recipient Identification Number for NIFA awards?</p> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>What is the ASAP Recipient ID (which corresponds with this applications's DUNS and EIN) to be used in the event of an award?</p> <div style="border: 1px solid black; height: 20px; width: 80%;"></div>
<p>7. Key Words</p> <div style="border: 1px solid black; height: 30px; width: 90%;"></div>
<p>8. Conflict of Interest List</p> <div style="border: 1px solid black; height: 20px; width: 30%;"></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div> </div>

Field 1 Funding Opportunity

- * **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.

Field 2 Program to which you are applying

- * **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.

Field 3 Type of Applicant

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.

Field 4 Additional Applicant Types

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 a 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.”

Field 5 Supplemental Applicant Types

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

Field 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

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.

Field 7 Key Words

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

Field 8 Conflict of Interest List

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://nifa.usda.gov/resource/application-support-templates>. **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 IV Section 5.1 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

11. AD_3030 Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants
This is a self-certification form for corporate applicants to complete.

This form is available electronically.

OMB No. 0505-0025
Expiration Date: 06/30/2022



**Representations Regarding Felony Conviction
and Tax Delinquent Status for Corporate Applicants**

AD-3030

Note: You only need to complete this form if you are a corporation. A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in § 744 and 745 of the Consolidated Appropriations Act, 2019, Pub. L. 116-6 as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0025. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

PART A - APPLICANT

1. APPLICANT'S NAME	2. APPLICANT'S ADDRESS (Including Zip Code)	3. TAX ID NO. (Last 4 digits)

Field 1 Applicant's Name

Enter the applicant's name. This field is required.

Field 2 Applicant's Address

Enter the applicant's address including the zip code. This field is required.

Field 3 Tax ID No.

Enter the last four digits of the Tax ID Number. This field is required.

4A. Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application? YES NO

4B. Does the Applicant 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? YES NO

Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.

PART B - SIGNATURE		
5A. APPLICANT'S SIGNATURE (BY)	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	5C. DATE SIGNED (MM-DD-YYYY)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

Rev: 02/16

Field 4A Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application?

Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application, check the Yes box. Otherwise, check the No box.

YES NO

Field 4B Does the Applicant 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?

Does the Applicant 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, check the Yes box. Otherwise, check the No box.

YES NO

Field 5A Applicant's Signature

Enter the applicant's signature. This is a required field.

Field 5B Title/Relationship of the Individual if Signing in a Representative Capacity

Enter the title. This field is a required field.

Field 5C Date Signed (MM-DD-YYYY)

Enter the date signed. This field is a required field.

12. AFRI Project Type Form

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

OMB Number: 0524-0039
Expiration Date: 12/31/2021

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	
<input type="checkbox"/>	Research
<input type="checkbox"/>	Education
<input type="checkbox"/>	Extension
<input type="checkbox"/>	Integrated
Grant Type	
<input type="checkbox"/>	Standard Grant
<input type="checkbox"/>	Coordinated Agricultural Project (CAP) Grant
<input type="checkbox"/>	Conference Grant
<input type="checkbox"/>	Other: <input style="width: 400px;" type="text"/>
<input type="checkbox"/>	Food and Agriculture Science Enhancement (FASE) Grant
<input type="checkbox"/>	New Investigator
<input type="checkbox"/>	Postdoctoral Fellowship Grant
<input type="checkbox"/>	Predocctoral Fellowship Grant
<input type="checkbox"/>	Strengthening
	<input type="checkbox"/> Sabbatical
	<input type="checkbox"/> Equipment
	<input type="checkbox"/> Seed
	<input type="checkbox"/> Strengthening Standard
	<input type="checkbox"/> Strengthening CAP
	<input type="checkbox"/> Conference Grant
<input type="checkbox"/>	Other: <input style="width: 400px;" type="text"/>

Field 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.

Field 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.

13. 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: 12/31/2022

* Agency to which you are applying (select only one)

DOE HHS USDA Other:

* SBC Control ID: (This 9 digit code is obtained from the Small Business Administration)

* 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)

* Application Type (select only one)

Phase I Phase II Fast-Track Direct Phase II Phase IIA Phase IIB Phase IIC
 Commercialization Readiness Program (See agency-specific instructions to determine application type participation.)

Phase I Letter of Intent Number:

* Agency Topic/Subtopic:

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

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1d. Is your small business a Faculty or Student-Owned entity?
<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> 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 email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase III Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Field 1 Agency to which you are applying (select only one)

Agency to which you are applying. This field is required. Select USDA.

Field 2 SBC Control ID

Enter the SBC Control ID number. This field is required.

Enter the nine-digit SBC Control ID. This number is obtained through the Login/Register process on the [Small Business Administration \(SBA\)](#) website.

Field 3 Program Type (select only one)

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

Field 4 Application Type (select only one)

See agency-specific instructions to determine application type participation. This field is required. If Phase I is selected, enter the Phase I Letter of Intent Number.

If you are submitting a Phase I application, check the Phase I box. NIFA does not require a Phase I Letter of Intent Number, therefore, N/A should be entered in the applicable field. If you are submitting a Phase II application, check the Phase II box. When submitting a Phase II Application following an awarded Phase I, be sure to include the Phase I SBIR grant number in the "Federal Identifier" in field 4.a. of the SF-424 R&R Cover Page.

Field 5 Agency Topic/Subtopic

NIFA will not be using any information entered in this field; you may include N/A.

Question 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?

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.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Question 1b Anticipated Number of personnel to be employed at your organization at the time of award

Enter the number of personnel anticipated to be employed by the small business at the time of award.

Question 1c Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?

If your small business is majority owned by venture capital operating companies, hedge funds, or private equity firms, check the Yes box. Otherwise, check the No box.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Question 1d Is your small business a Faculty or Student-Owned entity?

If your small business is a faculty or student-owned entity, check the Yes box. Otherwise, check the No box.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

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.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

Question 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>.

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

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.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If no, provide an explanation in an attached file.

Question 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 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.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

Question 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 collaborators, investment)?

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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Question 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.

See Part IV Section 5.1 of this guide for NIFA attachment specifications.

SBIR/STTR Information

SBIR-Specific Questions:	
<i>Questions 8 and 9 apply only to SBIR applications. If you are submitting <u>ONLY</u> an STTR application, leave questions 8 and 9 blank and proceed to question 10.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<i>Questions 10 - 12 apply only to STTR applications. If you are submitting <u>ONLY</u> an SBIR application, leave questions 10 - 12 blank.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
	* 12. Provide DUNS Number of non-profit research partner for STTR. <input type="text"/>

Question 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.

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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Question 9 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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Question 10-12 STTR-Specific Questions

Questions 10 through 12 apply only to STTR applications. NIFA does not have a STTR program therefore, leave these questions blank.

14. Key Contacts Form

The purpose of this form is to identify key contacts that are not the PI/PD. A Key Contact is a user that is designated to be a point of contact for USDA if any questions arise during the application life cycle. Any user associated with the applicant can be a Key Contact. All user roles may be assigned as Key Contacts.

OMB Number: 4040-0010
Expiration Date: 12/31/2022

Key Contacts Form

*** Applicant Organization Name:**

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:**

Prefix:

*** First Name:**

Middle Name:

*** Last Name:**

Suffix:

Title:

Organizational Affiliation:

*** Street1:**

Street2:

*** City:**

County:

*** State:**

Province:

*** Country:**

*** Zip / Postal Code:**

*** Telephone Number:**

Fax:

*** Email:**

Field 1 Applicants Organization Name

Enter the legal name and information of the applicant that will undertake the assistance activity. This field is required. The remaining fields are self-explanatory.

Field 2 Contact 1

Enter the name and information of each contact. Select “**Next Person**” to enter the next contact person entry. Complete the same information for additional contacts.

15. 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	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment