GRANTS.GOV™

Grant Application Package

Opportunity Title:	Food Protection Task Force Conference (R13)
Offering Agency:	Food & Drug Administration
CFDA Number:	93.103
CFDA Description:	Food and Drug Administration_Research
Opportunity Number:	PAR-09-123
Competition ID:	ADOBE-FORMS-A
Opportunity Open Date:	03/22/2009
Opportunity Close Date:	03/30/2012
Agency Contact:	Gladys Melendez Bohler Division of Acquisition Support and Grants 5630 Fishers Lane, Rm. 2105 Rockville, MD 20857 Telephone: (301) 827-7168 Fax: 301-827-7101

> This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.
>
> If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

SF424 (R & R)
Research & Related Senior/Key Person Profile (E:
Research & Related Other Project Information
Research & Related Project/Performance Site Loc:
Research & Related Budget
PHS 398 Cover Page Supplement
PHS 398 Research Plan

Optional Documents

PHS 398 Cover Letter File
R & R Subaward Budget Attachment(s) Form

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

1 **Enter a name for the application in the Application Filing Name field.**

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 **Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 **Click the "Save & Submit" button to submit your application to Grants.gov.**

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active. This will save and submit your application to Grants.gov.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	**State Application Identifier**

1. * TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS:

* Legal Name:

Department: | Division:

* Street1:

Street2:

* City: | County:

* State: | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: | * First Name: | Middle Name:

* Last Name: | Suffix:

* Phone Number: | Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT: Please select one of the following

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☐ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

* Is this application being submitted to other agencies? ☐ Yes ☐ No What other Agencies?

9. * NAME OF FEDERAL AGENCY:	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.103
Food & Drug Administration	TITLE: Food and Drug Administration_Research

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)	13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
	* Start Date	* Ending Date	a. * Applicant	b. * Project

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: | * First Name: | Middle Name:

* Last Name: | Suffix:

Position/Title:

* Organization Name:

Department: | Division:

* Street1:

Street2:

* City: | County:

* State: | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code:

* Phone Number: | Fax Number:

* Email:

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

16. ESTIMATED PROJECT FUNDING	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. * Total Estimated Project Funding	**a. YES** ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	DATE:
c. * Estimated Program Income	**b. NO** ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
	☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.

19. Authorized Representative

Prefix: | * First Name: | Middle Name:

* Last Name: | Suffix:

* Position/Title:

* Organization:

Department: | Division:

* Street1:

Street2:

* City: | County:

* State: | Province:

* Country: | USA: UNITED STATES | * ZIP / Postal Code:

* Phone Number: | Fax Number:

* Email:

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

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

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix:	* First Name:	Middle Name:
* Last Name:		Suffix:

Position/Title: Department:

Organization Name: Division:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: USA: UNITED STATES   * Zip / Postal Code:

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

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

*Attach Biographical Sketch   [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support   [Add Attachment] [Delete Attachment] [View Attachment]

PROFILE - Senior/Key Person 1

Prefix:	* First Name:	Middle Name:
* Last Name:		Suffix:

Position/Title: Department:

Organization Name: Division:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: USA: UNITED STATES   * Zip / Postal Code:

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

* **Project Role:**   **Other Project Role Category:**

*Attach Biographical Sketch   [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support   [Add Attachment] [Delete Attachment] [View Attachment]

[Next Person]

RESEARCH & RELATED Other Project Information

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

  1.a   If YES to Human Subjects

     Is the IRB review Pending? ☐ Yes ☐ No

     IRB Approval Date: _____

     Exemption Number: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

     Human Subject Assurance Number: _____

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

  2.a.   If YES to Vertebrate Animals

     Is the IACUC review Pending? ☐ Yes ☐ No

     IACUC Approval Date: _____

     Animal Welfare Assurance Number _____

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

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

4.b. If yes, please explain: _____

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

4.d. If yes, please explain: _____

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

5.b. If yes, identify countries: _____

5.c. Optional Explanation: _____

6. * Project Summary/Abstract _____ [Add Attachment] [Delete Attachment] [View Attachment]

7. * Project Narrative _____ [Add Attachment] [Delete Attachment] [View Attachment]

8. Bibliography & References Cited _____ [Add Attachment] [Delete Attachment] [View Attachment]

9. Facilities & Other Resources _____ [Add Attachment] [Delete Attachment] [View Attachment]

10. Equipment _____ [Add Attachment] [Delete Attachment] [View Attachment]

11. Other Attachments [Add Attachments] [Delete Attachments] [View Attachments] ☐

OMB Number: 4040-0001
Expiration Date: 04/30/2008

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: [   ]

* Street1: [   ]

Street2: [   ]

* City: [   ]   County: [   ]

* State: [   ]   Province: [   ]

* Country: [USA: UNITED STATES]   * ZIP / Postal Code: [   ]

Project/Performance Site Location 1

Organization Name: [   ]

* Street1: [   ]

Street2: [   ]

* City: [   ]   County: [   ]

* State: [   ]   Province: [   ]

* Country: [USA: UNITED STATES]   * ZIP / Postal Code: [   ]

Additional Location(s) [   ]   [Add Attachment]   [Delete Attachment]   [View Attachment]

OMB Number: 4040-0001
Expiration Date: 04/30/2008

This is only a Sample Application to show which fields are required to be completed.

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project   ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: *** End Date:**   Budget Period 1

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary ($)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary ($)	* Fringe Benefits ($)	* Funds Requested ($)
1.						PD/PI							
2.													
3.													
4.													
5.													
6.													
7.													
8.													

9. **Total Funds requested for all Senior Key Persons in the attached file**

Total Senior/Key Person

Additional Senior Key Persons: [Add Attachment] [Delete Attachment] [View Attachment]

B. Other Personnel

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

Total Number Other Personnel

Total Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)

This is only a Sample Application to show which fields are required to be completed.

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

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

	Equipment item	*** Funds Requested ($)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	Total funds requested for all equipment listed in the attached file	
	Total Equipment	

Additional Equipment: [Add Attachment] [Delete Attachment] [View Attachment]

D. Travel   **Funds Requested ($)**

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

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

1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	

Number of Participants/Trainees Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

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

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project   ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: *** End Date:**   Budget Period 1

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

G. Direct Costs   **Funds Requested ($)**

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	* Funds Requested ($)
1.			
2.			
3.			
4.			
Total Indirect Costs			

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs   **Funds Requested ($)**

Total Direct and Indirect Institutional Costs (G + H)

J. Fee   **Funds Requested ($)**

K. * Budget Justification   Add Attachment   Delete Attachment   View Attachment

(Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals ($)

Section A, Senior/Key Person	
Section B, Other Personnel	
Total Number Other Personnel	
Total Salary, Wages and Fringe Benefits (A+B)	
Section C, Equipment	
Section D, Travel	
1. Domestic	
2. Foreign	
Section E, Participant/Trainee Support Costs	
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
6. Number of Participants/Trainees	
Section F, Other Direct Costs	
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. Other 1	
9. Other 2	
10. Other 3	
Section G, Direct Costs (A thru F)	
Section H, Indirect Costs	
Section I, Total Direct and Indirect Costs (G + H)	
Section J, Fee	

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OMB Number: 0925-0001

1. Project Director / Principal Investigator (PD/PI)

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* New Investigator?   ☐ No   ☐ Yes

Degrees:

2. Human Subjects

Clinical Trial?   ☐ No   ☐ Yes

* Agency-Defined Phase III Clinical Trial?   ☐ No   ☐ Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number:

Fax Number:

Email:

* Title:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code:

PHS 398 Cover Page Supplement

4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?   ☐ No   ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/registry/index.asp. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Cell Line(s):   ☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

OMB Number: 0925-0001

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

☐ New   ☐ Resubmission   ☐ Renewal   ☐ Continuation   ☐ Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application _____ [Add Attachment] [Delete Attachment] [View Attachment]

(for RESUBMISSION or REVISION only)

2. Specific Aims _____ [Add Attachment] [Delete Attachment] [View Attachment]

3. Background and Significance _____ [Add Attachment] [Delete Attachment] [View Attachment]

4. Preliminary Studies / Progress Report _____ [Add Attachment] [Delete Attachment] [View Attachment]

5. Research Design and Methods _____ [Add Attachment] [Delete Attachment] [View Attachment]

6. Inclusion Enrollment Report _____ [Add Attachment] [Delete Attachment] [View Attachment]

7. Progress Report Publication List _____ [Add Attachment] [Delete Attachment] [View Attachment]

Human Subjects Sections

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

8. Protection of Human Subjects _____ [Add Attachment] [Delete Attachment] [View Attachment]

9. Inclusion of Women and Minorities _____ [Add Attachment] [Delete Attachment] [View Attachment]

10. Targeted/Planned Enrollment _____ [Add Attachment] [Delete Attachment] [View Attachment]

11. Inclusion of Children _____ [Add Attachment] [Delete Attachment] [View Attachment]

Other Research Plan Sections

12. Vertebrate Animals _____ [Add Attachment] [Delete Attachment] [View Attachment]

13. Select Agent Research _____ [Add Attachment] [Delete Attachment] [View Attachment]

14. Multiple PI Leadership Plan _____ [Add Attachment] [Delete Attachment] [View Attachment]

15. Consortium/Contractual Arrangements _____ [Add Attachment] [Delete Attachment] [View Attachment]

16. Letters of Support _____ [Add Attachment] [Delete Attachment] [View Attachment]

17. Resource Sharing Plan(s) _____ [Add Attachment] [Delete Attachment] [View Attachment]

18. Appendix   [Add Attachments] [Remove Attachments] [View Attachments]

PHS 398 Checklist

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

☐ New   ☐ Resubmission   ☐ Renewal   ☐ Continuation   ☐ Revision

Federal Identifier: _____

2. Change of Investigator / Change of Institution Questions

☐ Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix: _____
* First Name: _____
Middle Name: _____
* Last Name: _____
Suffix: _____

☐ Change of Grantee Institution

* Name of former institution:

_____

3. Inventions and Patents   (For renewal applications only)

* Inventions and Patents: Yes ☐   No ☐

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes ☐   No ☐

4. * Program Income

Is program income anticipated during the periods for which the grant support is requested?

☐ Yes   ☐ No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period   *Anticipated Amount ($)   *Source(s)

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: http://grants.nih.gov/grants/funding/424

If unable to certify compliance , where applicable, provide an explanation and attach below.

Explanation: [   ]   [Add Attachment]   [Delete Attachment]   [View Attachment]