

SF 424 (R&R) Form

Start by opening and completing the
SF424 (R&R).

This form populates fields on all other forms.

SF 424 (R&R)

Getting Started (cont)

- Forms Navigation:
 - Click the "Next" tab to move to other pages.
 - Click the "Previous" tab to go back to previous page.
 - Click the "Close Form" tab once the form is completed.

SF424 (R&R) Forms

- Version 1 forms:
 - Funding opportunities posted before June 15, 2006 unless and until such opportunities are reposted
- Version 2 of the application guide is to be used only with funding opportunities using Version 2 of the SF424 (R&R) forms. These funding opportunities are clearly noted with a "Version-2-Forms" in the "Competition ID" field of the forms package.
 - For more details on the transition from Version 1 to Version 2 of the forms, see NIH Guide Notice [NOT-OD-06-078](#).

Submit Save Print Cancel Check Package for Errors



Grant Application Package

Opportunity Title: The Effect Of Racial And Ethnic Discrimination/Bias On Hea

Offering Agency: National Institutes of Health

CFDA Number: []

CFDA Description: []

Opportunity Number: PA-06-348

Competition ID: []

Opportunity Open Date: 05/02/2006

Opportunity Close Date: 01/03/2008

Agency Contact: GrantsInfo
Telephone: (301) 435-0714
Email: GrantsInfo@nih.gov

VERSION 1 FORM

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: [Redacted]

Mandatory Documents

- PHS 398 Research Plan
- PHS 398 Cover Page Supplement
- PHS 398 Checklist
- Research & Related Other Project Information
- Research & Related Senior/Key Person
- Research & Related Project/Performance Site Locations

Move Form to Submission List =>

Move Form to Documents List <=<

Mandatory Completed Documents for Submission

[Empty box for mandatory completed documents]

Open Form

Open Form

Optional Documents

- PHS 398 Cover Letter File
- Research & Related Subaward Budget
- Research & Related Budget
- PHS 398 Modular Budget

Move Form to Submission List =>

Move Form to Documents List <=<

Optional Completed Documents for Submission

[Empty box for optional completed documents]

Open Form

Open Form



Grant Application Package

Opportunity Title: Mechanism for Time-Sensitive Research Opportunities (RC)
Sponsoring Agency: National Institutes of Health
PAR Number:
PAR Description:
Opportunity Number: PAR-06-249
Competition ID: **VERSION-2-FORMS**
Opportunity Open Date: 07/18/2006
Opportunity Close Date: 06/10/2009
Agency Contact: Grants Info
TTY 301.451.0088
E-mail: GrantsInfo@nih.gov

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: ORA_Training_Demo

- Mandatory Documents
- ORA 424 (R&R)
 - Research & Related Other Project Information
 - Research & Related Project/Performance Site Locations
 - Research & Related Senior/Key Person Profile
 - S 398 Cover Page Supplement
 - S 398 Research Plan
 - S 398 Checklist

Move Form to Submission List =>
Move Form to Documents List <=

Mandatory Completed Documents for Submission

Open Form

- Optional Documents
- S 398 Cover Letter File

Move Form to Submission List

Optional Completed Documents for Submission

Submit Save Print Cancel Check Package for Errors

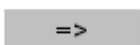
Mandatory Documents

- SF424 (R&R)
- PHS 398 Research Plan
- PHS 398 Cover Page Supplement
- PHS 398 Checklist
- Research & Related Other Project Information
- Research & Related Senior/Key Person
- Research & Related Project/Performance Site Location

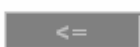
Open Form



Move Form to Submission List



Move Form to Documents List



Mandatory Completed Documents for Submission

Empty box for Mandatory Completed Documents for Submission.

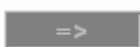
Open Form

Optional Documents

- PHS 398 Cover Letter File
- Research & Related Subaward Budget
- Research & Related Budget
- PHS 398 Modular Budget

Open Form

Move Form to Submission List



Move Form to Documents List



Optional Completed Documents for Submission

Empty box for Optional Completed Documents for Submission.

Open Form

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 "Submit" button will not be functional until the application is complete and saved.

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

SF 424 (R&R) Application (cont)

NOTE: Required Fields are Yellow

- *Item 1: Type of Application*
 - Select the type of application: PreApplication, Application, Changed/Corrected Application
- *Item 2: Date Submitted*
 - Enter the date the application is submitted to the Federal agency
- *Item 3: Leave this item blank*
- *Item 4: Federal Identifier:*
 - NEW PROJECT APPLICATIONS SHOULD LEAVE THIS FIELD BLANK.
 - If this is a continuation, revision, or renewal, enter the assigned award number

SF 424 (R&R) Application (cont)

NOTE: Required Fields are Yellow

- **Item 5: APPLICANT INFORMATION** –
 - this for the Applicant Organization, not the PD/PI
 - **Legal Name:** Johns Hopkins University
 - **Organizational DUNS:** 0019107770000 (add 4 zeros to current DUNS number)
 - **Department:** Research Administration
 - **Division:** School of Medicine
 - **Street 1:** 733 N. Broadway
 - **Street 2:** Suite 117
 - **City, State, Zip:** Baltimore, Maryland 21205; **Country:** USA
- **Item 6: Employer Identification** - 520595110 (Nine digits only)
- **Item 7: Type of Applicant** –
 - L: Private Institution of Higher Education (Version 1 Form) OR
 - O: Private Institution of Higher Education (Version 2 Form)

SF 424 (R&R) Application (cont)

NOTE: Required Fields are Yellow

■ Item 8: Type of Application

- New, Resubmission, Renewal, Continuation, Revision
- New
 - An application that is being submitted to an agency for the FIRST TIME
- Resubmission
 - An application that has been previously submitted, BUT WAS NOT FUNDED, and is being RESUBMITTED FOR NEW consideration
- Continuation
 - A non-competing application for an additional funding/budget period within a previously approved project
- Revision
 - An application that proposes a change

SF 424 (R&R) Application (cont)

NOTE: Required Fields are Yellow

- **Item 9: Name of Federal Agency** - This field is pre-filled.
- **Item 10: CFDA Number**
 - When field is blank, leave it blank. (Field may be blank if you are applying to an opportunity that references multiple CFDA numbers.)
- **Item 11: Descriptive TITLE of your Project**
 - Enter a brief descriptive title of the project.
- **Item 12: Areas Affected By Project**

List only the largest political entities affected by the project OR enter "N/A" for not applicable.
- **Item 13: Proposal Project - Start Date and Ending Date**
 - Enter the beginning and end date of your project.

SF 424 (R&R) Application

NOTE: Required Fields are Yellow

- **Item 14: Congressional Districts of**

- Enter the Congressional District of the primary site where the project will be performed.
- Format: 2 character State abbreviation and 3 character District – **MD-007**.

- **Item 15: PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

- This is information about the principal investigator.

- **Item 16: ESTIMATED PROJECT FUNDING**

- Total Estimated Project Funding
- Total Federal & Non-Federal Funds
- Estimated Program Income

- **Item 17:**

- Check the FOA
- For NIH and other PHS agencies, check "No, Program is not covered by E.O. 12372".

- **Item 18:**

- Check the I agree box to provide the required certification by Project Director/Principal Investigator

SF 424 (R&R) Application (cont)

NOTE: Required Fields are Yellow

■ Item 19: **AUTHORIZED REPRESENTATIVE**

- See signature authority list for the type of grant mechanism to which you are applying:

<http://www.hopkinsmedicine.org/Research/ora/handbook/appendixg.html>

■ Item 20: **Pre-application**

- Do not check pre-application box unless specifically noted in FOA
- NIH and other PHS agencies do not use Pre-applications.



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About

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

Version 2 Fo

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

Applicant Identifier

State Application Identifier

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS:

* Legal Name:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

ORA Rep: <http://www.hopkinsmedicine.org/Research/ora/handbook/appendixa.html>

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:

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

Women Owned Socially and Economically Disadvantaged





Address <http://apply.grants.gov/opportunities/packages/oppPAR-06-249-cidVERSION-2-FORMS.xfd>

Go Links



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About

If Revision, mark appropriate box(es).

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

D. Decrease Duration E. Other (specify)

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

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Title of your project

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Areas affected by project

13. PROPOSED PROJECT:

* Start Date * Ending Date

07/01/2007 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

MD-007 MD-007

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

PD/PI First Name PD/PI Last Name

Position/Title: Your title * Organization Name: Johns Hopkins University

Department: Name of your Department Division: School of Medicine

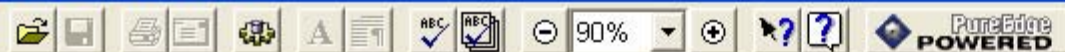
* Street1: Your street address Street2: Your building/room number

* City: Baltimore County: * State: MD

Province: * Country: USA * ZIP / Postal Code: 21205

* Phone Number: Your telephone number Fax Number: Your fax number * Email: youremailaddress@jhmi.edu





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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

**Complete this section after
budget pages are completed**

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

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

DATE:

b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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:

* Position/Title: Title of ORA Rep in SOM

* Organization: JOHNS HOPKINS UNIVERSITY

Department: School of Medicine

Division: Research Administration

* Street1: 733 N. Broadway

Street2: Suite 117

* City: Baltimore

County:

* State: MD

* ZIP Code: 21205

* Country: USA

* Phone Number: Phone # of ORA Rep in SOM

Fax Number: 410-502-7832

* Email: ORA Rep in SOM email @jhmi.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

Find your Rep in SOM
<http://www.hopkinsmedicine.org/Research/ra/handbook/appen.html>