

Opportunity Title:	Critical Illness and Injury in Aging (R21)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-10-044
Competition ID:	ADOBE-FORMS-B
Opportunity Open Date:	01/16/2010
Opportunity Close Date:	01/07/2013
Agency Contact:	Grants Info Grants Information E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

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

Research And Related Other Project Information
Research And Related Senior/Key Person Profile
PHS 398 Cover Page Supplement
PHS 398 Research Plan
PHS 398 Checklist

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

SF424 (R & R)
Project/Performance Site Location(s)

Optional Documents

PHS Cover Letter
R & R Subaward Budget Attachment(s) Form
Research & Related Budget

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

PHS 398 Modular Budget

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; click on the "Save & Submit" button to begin the application submission process.
 - 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)**

3. DATE RECEIVED BY STATE	State Application Identifier

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

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION * Organizational DUNS: 057588857

* Legal Name: University of Louisville Research Foundation, Inc.

Department: Office of Grants Management Division:

* Street1: 501 E. Broadway, Suite 315 if HSC or Jouett Hall if BC
Street2:

* City: Louisville County / Parish:

* State: KY: Kentucky Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 40202-2042

Person to be contacted on matters involving this application

Prefix: Mr. * First Name: GMS Reviewing Grant Middle Name:

* Last Name: GMS Reviewing Grant Suffix:

* Phone Number: 502-852-3788 (or 8367 BC) Fax Number: 502-852-2594 (or 8375 BC)

Email: grntmgmt@louisville.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1611029626A1

7. * TYPE OF APPLICANT: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es):
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY:
National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sample

12. PROPOSED PROJECT:

* Start Date: 07/01/2010 * Ending Date: 06/30/2015

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**
03

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Sample Middle Name:

* Last Name: Sample Suffix:

Position/Title: Title

* Organization Name: University of Louisville Research Foundation, Inc.

Department: PI Department Division:

* Street1: PI Address
Street2:

* City: Louisville County / Parish:

* State: KY: Kentucky Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 40202-2042

* Phone Number: 502-852- Fax Number:

* Email: PRemail@louisville.edu

<p>15. ESTIMATED PROJECT FUNDING</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Total Federal Funds Requested</td> <td style="border: 1px solid black; padding: 2px;">1,875,000.00</td> </tr> <tr> <td>b. Total Non-Federal Funds</td> <td style="border: 1px solid black; padding: 2px;">0.00</td> </tr> <tr> <td>c. Total Federal & Non-Federal Funds</td> <td style="border: 1px solid black; padding: 2px;">1,875,000.00</td> </tr> <tr> <td>d. Estimated Program Income</td> <td style="border: 1px solid black; padding: 2px;">0.00</td> </tr> </table>	a. Total Federal Funds Requested	1,875,000.00	b. Total Non-Federal Funds	0.00	c. Total Federal & Non-Federal Funds	1,875,000.00	d. Estimated Program Income	0.00	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
a. Total Federal Funds Requested	1,875,000.00								
b. Total Non-Federal Funds	0.00								
c. Total Federal & Non-Federal Funds	1,875,000.00								
d. Estimated Program Income	0.00								
<p>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)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> * I agree</p> <p style="font-size: small; text-align: center;">* 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.</p>									
<p>18. SFLLL or other Explanatory Documentation</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Add Attachment Delete Attachment View Attachment </div>									
<p>19. Authorized Representative</p> <p>Prefix: <input style="width: 50px;" type="text"/> * First Name: <input style="width: 200px;" type="text" value="Catherine if HSC or Barbara if BC"/> Middle Name: <input style="width: 150px;" type="text" value="J. if HSC or F. if BC"/></p> <p>* Last Name: <input style="width: 300px;" type="text" value="Clevinger if HSC or Sells if BC"/> Suffix: <input style="width: 80px;" type="text"/></p> <p>* Position/Title: <input style="width: 300px;" type="text" value="Sr. Grants Management Specialist"/></p> <p>* Organization: <input style="width: 400px;" type="text" value="University of Louisville Research Foundation, Inc."/></p> <p>Department: <input style="width: 150px;" type="text" value="Office of Grants Management"/> Division: <input style="width: 150px;" type="text"/></p> <p>* Street1: <input style="width: 300px;" type="text" value="501 E. Broadway, Suite 315 if HSC or Jouett Hall if BC"/></p> <p>Street2: <input style="width: 300px;" type="text"/></p> <p>* City: <input style="width: 150px;" type="text" value="Louisville"/> County / Parish: <input style="width: 150px;" type="text"/></p> <p>* State: <input style="width: 150px;" type="text" value="KY: Kentucky"/> Province: <input style="width: 150px;" type="text"/></p> <p>* Country: <input style="width: 150px;" type="text" value="USA: UNITED STATES"/> * ZIP / Postal Code: <input style="width: 150px;" type="text" value="40202-2042 or 40292-0001"/></p> <p>* Phone Number: <input style="width: 100px;" type="text" value="502-852-3788"/> Fax Number: <input style="width: 100px;" type="text" value="502-852-2594"/></p> <p>* Email: <input style="width: 200px;" type="text" value="c.clevinger@louisville.edu"/></p> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:50%; text-align: center; vertical-align: top;"> <p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div> </td> <td style="width:50%; text-align: center; vertical-align: top;"> <p>* Date Signed</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div> </td> </tr> </table>		<p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>	<p>* Date Signed</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>						
<p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>	<p>* Date Signed</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>								
<p>20. Pre-application</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Add Attachment Delete Attachment View Attachment </div>									

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:

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:

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

Additional Location(s)

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Budget Period: 1				
	Start Date: <input style="width: 80%;" type="text" value="07/01/2010"/>	End Date: <input style="width: 80%;" type="text" value="06/30/2011"/>		
A. Direct Costs			* Funds Requested (\$)	
			* Direct Cost less Consortium F&A	<input style="width: 100%;" type="text" value="250,000.00"/>
			Consortium F&A	<input style="width: 100%;" type="text"/>
			* Total Direct Costs	<input style="width: 100%;" type="text" value="250,000.00"/>
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 95%;" type="text" value="MTDC"/>	<input style="width: 80%;" type="text" value="49"/>	<input style="width: 80%;" type="text" value="250,000.00"/>	<input style="width: 80%;" type="text" value="122,500.00"/>
2.	<input style="width: 95%;" type="text"/>			
3.	<input style="width: 95%;" type="text"/>			
4.	<input style="width: 95%;" type="text"/>			
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 95%;" type="text" value="DHHS, Arif Karim, 202-401-2808"/>		
Indirect Cost Rate Agreement Date <input style="width: 80%;" type="text" value="09/21/2009"/>		Total Indirect Costs		<input style="width: 80%;" type="text" value="122,500.00"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$)	
			<input style="width: 100%;" type="text" value="372,500.00"/>	
Budget Period: 2				
	Start Date: <input style="width: 80%;" type="text" value="07/01/2011"/>	End Date: <input style="width: 80%;" type="text" value="06/30/2012"/>		
A. Direct Costs			* Funds Requested (\$)	
			* Direct Cost less Consortium F&A	<input style="width: 100%;" type="text" value="250,000.00"/>
			Consortium F&A	<input style="width: 100%;" type="text" value="11,250.00"/>
			* Total Direct Costs	<input style="width: 100%;" type="text" value="261,250.00"/>
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 95%;" type="text" value="MTDC"/>	<input style="width: 80%;" type="text" value="49"/>	<input style="width: 80%;" type="text" value="238,750.00"/>	<input style="width: 80%;" type="text" value="116,988.00"/>
2.	<input style="width: 95%;" type="text"/>			
3.	<input style="width: 95%;" type="text"/>			
4.	<input style="width: 95%;" type="text"/>			
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 95%;" type="text" value="DHHS, Arif Karim, 202-401-2808"/>		
Indirect Cost Rate Agreement Date <input style="width: 80%;" type="text" value="09/21/2009"/>		Total Indirect Costs		<input style="width: 80%;" type="text" value="116,988.00"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$)	
			<input style="width: 100%;" type="text" value="378,238.00"/>	

PHS 398 Modular Budget, Periods 3 and 4

Budget Period: 3			
Start Date: <input style="width: 100%;" type="text" value="07/01/2012"/>	End Date: <input style="width: 100%;" type="text" value="06/30/2013"/>		
A. Direct Costs			* Funds Requested (\$)
* Direct Cost less Consortium F&A			<input style="width: 100%;" type="text" value="250,000.00"/>
Consortium F&A			<input style="width: 100%;" type="text"/>
* Total Direct Costs			<input style="width: 100%;" type="text" value="250,000.00"/>
B. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1. <input style="width: 95%;" type="text" value="MTDC"/>	50	250,000.00	<input style="width: 100%;" type="text" value="125,000.00"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 100%;" type="text" value="DHHS, Arif Karim, 202-401-2808"/>	
Indirect Cost Rate Agreement Date	<input style="width: 100%;" type="text" value="09/21/2009"/>	Total Indirect Costs	<input style="width: 100%;" type="text" value="125,000.00"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$) <input style="width: 100%;" type="text" value="375,000.00"/>
Budget Period: 4			
Start Date: <input style="width: 100%;" type="text" value="07/01/2013"/>	End Date: <input style="width: 100%;" type="text" value="06/30/2014"/>		
A. Direct Costs			* Funds Requested (\$)
* Direct Cost less Consortium F&A			<input style="width: 100%;" type="text" value="250,000.00"/>
Consortium F&A			<input style="width: 100%;" type="text"/>
* Total Direct Costs			<input style="width: 100%;" type="text" value="250,000.00"/>
B. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1. <input style="width: 95%;" type="text" value="MTDC"/>	50	250,000.00	<input style="width: 100%;" type="text" value="125,000.00"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 100%;" type="text" value="DHHS, Arif Karim, 202-401-2808"/>	
Indirect Cost Rate Agreement Date	<input style="width: 100%;" type="text" value="09/21/2009"/>	Total Indirect Costs	<input style="width: 100%;" type="text" value="125,000.00"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$) <input style="width: 100%;" type="text" value="375,000.00"/>

PHS 398 Modular Budget, Periods 5 and Cumulative

Budget Period: 5

Start Date:

End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	250,000.00
Consortium F&A	<input type="text"/>
* Total Direct Costs	250,000.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	50	250,000.00	125,000.00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Cumulative Budget Information

1. Total Costs, Entire Project Period

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input type="text" value="1,250,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input type="text" value="11,250.00"/>
*Section A, Total Direct Costs for Entire Project Period	\$ <input type="text" value="1,261,250.00"/>
*Section B, Total Indirect Costs for Entire Project Period	\$ <input type="text" value="614,488.00"/>
*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text" value="1,875,738.00"/>

2. Budget Justifications

Personnel Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>