**Grant Application Package**

<table>
<thead>
<tr>
<th>Opportunity Title:</th>
<th>Methodology and Measurement in the Behavioral and Social Sciences</th>
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<tbody>
<tr>
<td>Offering Agency:</td>
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<tr>
<td>CFDA Number:</td>
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<td>CFDA Description:</td>
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<td>Opportunity Open Date:</td>
<td>01/05/2018</td>
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<tr>
<td>Opportunity Close Date:</td>
<td>09/07/2019</td>
</tr>
<tr>
<td>Agency Contact:</td>
<td>eRA Service Desk  Monday to Friday 7 am to 8 pm ET</td>
</tr>
</tbody>
</table>

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.

**Select Forms to Complete**

**Mandatory**

- **SF424 (R & R)**
- **PHS 398 Cover Page Supplement**
- **Research And Related Other Project Information**
- **Project/Performance Site Location(s)**
- **Research and Related Senior/Key Person Profile (Expanded)**
- **PHS 398 Research Plan**
- **PHS Human Subjects and Clinical Trials Information**

**Optional**

- [ ] **Research & Related Budget**  UoM projects will always use this type of Budget
- [x] **R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT**  Select if there are subawardees and contact ric-international@unimelb.edu.au for assistance in coordinating mandatory documents
- [ ] **PHS 398 Modular Budget**
- [ ] **PHS Assignment Request Form**  Always recommended - helps get your application to the correct reviewers

**Instructions**

*Show Instructions >>*

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.
### APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

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<th>5. APPLICANT INFORMATION</th>
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<tr>
<td>Street2:</td>
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Person to be contacted on matters involving this application

<table>
<thead>
<tr>
<th>Prefix: Dr</th>
<th>First Name: Adelene</th>
<th>Middle Name:</th>
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<td>Position/Title: Senior Grants Officer, International Grants</td>
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<tr>
<td>Phone Number: +613 90357362</td>
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<tr>
<td>Fax Number:</td>
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</tr>
<tr>
<td>Email: <a href="mailto:ric-international@unimelb.edu.au">ric-international@unimelb.edu.au</a></td>
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**6. EMPLOYER IDENTIFICATION (EIN) or (TIN):** 1900-00-2741-A1 must be typed, not copy and paste

**7. TYPE OF APPLICANT:** W: Non-domestic (non-US) Entity

**Small Business Organization Type:**

- Women Owned
- Socially and Economically Disadvantaged

**8. TYPE OF APPLICATION:**

- See application guide for definitions.
- 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

**9. NAME OF FEDERAL AGENCY:**

National Institutes of Health

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

| TITLE: NIH will assign CFDA post-submission. |

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

Full Title, limit 200 characters including spaces (must be the same title as Pre-Application, if there is one)

**12. PROPOSED PROJECT:**

<table>
<thead>
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<th>Start Date</th>
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<tr>
<td>07/01/2018</td>
<td>06/30/2020</td>
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**13. CONGRESSIONAL DISTRICT OF APPLICANT:**

- Dates must be formatted in USA style with start date: first of the month, end date: last of the month. Example shown
- Start date is an estimate; typically at least nine months after submission. Project period should not exceed what is allowed in announcement.
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof  First Name: Principal  Middle Name:  Last Name: Investigator  PD/PI first/last name should match name on file for Commons ID provided in the Credential field of the R&R Senior/Key Person Profile (Expanded) form.
Position/Title: Head of Department
Organization Name: The University of Melbourne
Department: Physiology  Division:
Street1: Level 4, 161 Barry Street
Street2: 
City: Parkville, Melbourne, 3010
Country: AUS: AUSTRALIA
State:  County / Parish: 
Province: 
ZIP / Postal Code: leave blank
Phone Number: +613 83442931  Fax Number: 
Email: ric-international@unimelb.edu.au

15. ESTIMATED PROJECT FUNDING

Manually enter total figure (direct + indirect costs) from R&R budget in a. and c.

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

The Budget must match the R&R numbers exactly. RIC will review this prior to submission.

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

- a. YES
  - THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
    - DATE: 
- b. NO
  - PROGRAM IS NOT COVERED BY E.O. 12372; OR
  - PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW


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.

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)

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

19. Authorized Representative

Prefix: Dr  First Name: David  Middle Name: 
Last Name: Robson  Suffix: 
Position/Title: Director, Major Initiatives, Contracts and Grants
Organization: The University of Melbourne
Department: Research, Innovation and Commercialisation
Street1: Level 4, 161 Barry Street
Street2: 
City: Parkville, Melbourne, 3010
Country: AUS: AUSTRALIA
State:  County / Parish: 
Province: 
ZIP / Postal Code: 
Phone Number: +613 83442931  Fax Number: 
Email: ric-international@unimelb.edu.au

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

Authorized Organization Representative (AOR) in Grants.gov must have signature authority for the organization. The electronic signature of the submitting AOR is recorded with submission.

In eRA Commons individuals with signature authority are called Signing Officials (SOs).

Cover letter is posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff. Do not include assignment or review request information in your cover letter (use PHS Assignment Request Form for assignment and review information instead).

20. Pre-application

Submit WORD document s to RIC to avoid submission errors

21. Cover Letter Attachment

Cover letter.pdf

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Generally, there is one PI for USA projects (other researchers are considered "Co-Investigators")
1. Vertebrate Animals Section

Are vertebrate animals euthanized?  
☐ Yes  ☐ No  

Answer required if Vertebrate Animals Used is Yes on the R&R Other Project Information form.

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  
☐ Yes  ☐ No

Indicate appropriate answers

If "No" to AVMA guidelines, describe method and provide scientific justification

Up to 1000 characters.

2. *Program Income Section

*Is program income anticipated during the periods for which the grant support is requested?  
☐ Yes  ☐ No

Indicate appropriate answers

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)

Up to 150 characters.

Form accommodates up to 10 budget periods. The number of program income budget periods must be less than or equal to the number of periods included in the budget form.

3. Human Embryonic Stem Cells Section

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

Indicate appropriate answers

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/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 0004):

Error if provided human embryonic stem cell lines are not listed at http://stemcells.nih.gov/research/registry/ at time of submission. Use NIH Registration Number (e.g., 0004, 0005). Provide up to 200 cell lines.

4. Inventions and Patents Section (for Renewal applications)  
ONLY for renewals

*Inventions and Patents:  
☐ Yes  ☐ No

If "Yes" then answer the following:

*Previously Reported:  
☐ Yes  ☐ No
5. Change of Investigator/Change of Institution Section

[ ] Change of Project Director/Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix: 

*First Name: 

Middle Name: 

*Last Name: 

Suffix: 

[ ] Change of Grantee Institution

*Name of former institution: 

ONLY for existing applications
### RESEARCH & RELATED Other Project Information

**Indicate appropriate answers**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>1. Are Human Subjects Involved?</td>
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<tr>
<td>1.a. If YES to Human Subjects</td>
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<tr>
<td>Is the Project Exempt from Federal regulations?</td>
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<tr>
<td>If yes, check appropriate exemption number:</td>
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<tr>
<td>IRB Approval Date:</td>
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<tr>
<td>Human Subject Assurance Number:</td>
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<td>2. Are Vertebrate Animals Used?</td>
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<td>2.a. If YES to Vertebrate Animals</td>
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<td>Is the IACUC review Pending?</td>
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<td>Animal Welfare Assurance Number:</td>
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<td>3. Is proprietary/privileged information included in the application?</td>
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<td>4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?</td>
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<td>4.b. If yes, please explain:</td>
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<td>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?</td>
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<td>4.d. If yes, please explain:</td>
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<td>5. Is the research performance site designated, or eligible to be designated, as a historic place?</td>
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<td>5.a. If yes, please explain:</td>
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<td>6. Does this project involve activities outside of the United States or partnerships with international collaborators?</td>
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<td>6.a. If yes, identify countries:</td>
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<td>6.b. Optional Explanation:</td>
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<td>7. Project Summary/Abstract</td>
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<td>9. Bibliography &amp; References Cited</td>
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<td>10. Facilities &amp; Other Resources</td>
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<td>Add Attachments</td>
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<td>Only provide Other Attachments when requested in the funding opportunity announcement text or application guide. Field accommodates multiple attachments.</td>
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**NOTE:** specific information for required attachments is included in the scheme specific Funding Opportunity Announcement (FOA) and may vary from one scheme to another.
Project/Performance Site Primary Location

Organization Name: The University of Melbourne
DUNS Number: 7535751170000

* Street1: 
Street2: 
* City: Parkville 3010
* State: Victoria
Province: 
* Country: AUS: AUSTRALIA
* ZIP / Postal Code: 

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.

DUNS required and enforced by NIH. Must be 9 or 13 digits; no letters or special characters.

Include all locations including subaward(s) locations

Project/Performance Site Location

Organization Name: 
DUNS Number: Optional for non-primary sites. Helps facilitate application processing, so include if you have it.

* Street1: 
Street2: 
* City: 
* State: 
Province: 
* Country: USA: UNITED STATES
* ZIP / Postal Code:  

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.

List all performance sites, including any foreign sites. Provide a list of resources available from each site in the Facilities and Resources attachment on the R&R Other Project Information form. Describe any consortium/contractual arrangements in the Consortium/Contractual Arrangements attachment on the PHS 398 Research Plan form or equivalent form.

Additional Location(s)

Add Attachment  Delete Attachment  View Attachment

Form accommodates up to 300 sites. Use the Additional Locations attachment to include any sites over 300. See Additional Performance Site Format page at: https://grants.nih.gov/grants/forms/additional-performance-site.htm
### RESEARCH & RELATED Senior/Key Person Profile (Expanded)

#### PROFESSOR - Project Director/Principal Investigator

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<tr>
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#### Degree Information

- **Degree Type**: PhD
- **Degree Year**: 2007

#### Biographical Sketches

- **Biosketch_LeadInvestigator.pdf**

#### Support

- **Attach Current & Pending Support**

---

#### PROFESSOR - Senior/Key Person 1

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<td>Co-Investigator</td>
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#### Degree Information

- **Degree Type**: PhD
- **Degree Year**: 2012

#### Biographical Sketches

- **Biosketch_SecondInvestigator.pdf**

#### Support

- **Attach Current & Pending Support**

---

For multiple PD/PI applications, you must use the PD/PI role and provide the eRA Commons username in the Credential field for all PD/PIs. If multiple PD/PIs are included, the Multiple PD/PI Leadership Plan on the PHS 398 Research Plan form is required.
Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved? [ ] Yes [ ] No

Is the Project Exempt from Federal regulations? [ ] Yes [ ] No


If No to Human Subjects

Does the proposed research involve human specimens and/or data? [ ] Yes [ ] No

If Yes, provide an explanation of why the application does not involve human subjects research.

Add Attachment | Delete Attachment | View Attachment

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting ‘Add New Study’ or ‘Add New Delayed Onset Study’ as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

Check Application Guide and opportunity instructions to determine if attachment is needed.

Click here to extract the Human Subject Study Record Attachment

Other Requested Information

Study Title

Anticipated Clinical Trial?

Required if Yes to human specimens/data question.

Add Attachment | Delete Attachment | View Attachment

Justification

Add Attachment | Delete Attachment | View Attachment

Required and system enforced for each delayed onset study. Up to 600 characters. Study title must be unique within the application. First 150 characters of title will show in application bookmark.

1) Please attach Human Subject Study 1

Add Attachment | Delete Attachment | View Attachment

Required and system enforced for each delayed onset study. Up to 600 characters. Study title must be unique within the application. First 150 characters of title will show in application bookmark.

If Anticipated Clinical Trial box is checked, funding opportunity announcement must allow clinical trials. When multiple studies are included in the same delayed onset record, select Yes if it is anticipated that any study will be a clinical trial.

Updated: October 16, 2017

FORMS-E Series

Page 11 of 36
Study Record: PHS Human Subjects and Clinical Trials Information

* Always required field

Section 1 - Basic Information

1.1. * Study Title (each study title must be unique)

Required and system enforced. Up to 600 characters. Study title must be unique within the application. First 150 characters of title will show in application bookmark.

1.2. * Is this Study Exempt from Federal Regulations?

[ ] Yes  [ ] No

Answer required and system enforced.

1.3. Exemption Number

1 2 3 4 5 6 7 8

If Study Exempt is Yes, must provide exemption number.

1.4. * Clinical Trial Questionnaire

If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.

1.4.a. Does the study involve human participants?  [ ] Yes  [ ] No
1.4.b. Are the participants prospectively assigned to an intervention?  [ ] Yes  [ ] No
1.4.c. Is the study designed to evaluate the effect of the intervention on the participants?  [ ] Yes  [ ] No
1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome?  [ ] Yes  [ ] No

1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable

Optional, provide NCT# if available. Newly proposed studies do not need to be entered in ClinicalTrials.gov at time of application.

Section 2 - Study Population Characteristics

2.1. Conditions or Focus of Study

Required and system enforced unless study is exemption 4. Up to 20 conditions at 255 characters each.

2.2. Eligibility Criteria

Required and system enforced unless study is exemption 4 or otherwise noted in opportunity.

Age limits are required and system enforced unless study is exemption 4 or otherwise noted in opportunity.

2.3. Age Limits

Minimum Age

Maximum Age

2.4. Inclusion of Women, Minorities, and Children

Required and system enforced unless study is exemption 4.

1.4.a=No, or otherwise noted in opportunity.

2.5. Recruitment and Retention Plan

Required and system enforced unless study is exemption 4.

1.4.a=No, or otherwise noted in opportunity.

2.6. Recruitment Status

Required and system enforced unless study is exemption 4.

1.4.a=No, or otherwise noted in opportunity.

2.7. Study Timeline

Required and system enforced unless study is exemption 4.

1.4.a=No, or otherwise noted in opportunity.

2.8. Enrollment of First Subject

Inclusion Enrollment Report(s)

Inclusion Enrollment Reports required and system enforced unless study is exemption 4 or otherwise noted in opportunity.

Date: MM/DD/YYYY

Required and system enforced unless study is exemption 4.

1.4.a=No, or otherwise noted in opportunity.

Add Inclusion Enrollment Report

Up to 20 Inclusion Enrollment Reports can be added.

* Fellowship (F) and Career Development (K) applications to FOAs that do not allow clinical trials cannot propose independent clinical trial studies led by applicant PD/PI. However, proposing studies under the leadership of a sponsor/mentor that allows for clinical trials research experience is encouraged. Such studies must include HS information, but will receive a system error if information is included in CT study fields in sections 4 or 5 of form.
Inclusion Enrollment Report

1. * Using an Existing Dataset or Resource
   □ Yes □ No Answer required and system enforced.

2. * Enrollment Location Type
   □ Domestic □ Foreign Answer required and system enforced. Do not mix domestic and foreign enrollment data on the same inclusion enrollment report.

3. Enrollment Country(ies)
   Multi-select from list of countries:

4. Enrollment Location(s)

5. Comments
   Up to 500 characters.

Planned enrollment information is required and system enforced when answer to "Using an Existing Dataset or Resource" question is No. System enforcement relaxed if Comment is provided.

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<th>Ethnic Categories</th>
<th>Total</th>
</tr>
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<tbody>
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<td></td>
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<td>Male</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
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</tr>
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<td></td>
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<tr>
<td></td>
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<tr>
<td>Black or African American</td>
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<tr>
<td>More than One Race</td>
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<td>Racial Categories</td>
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<tr>
<td></td>
<td>Not Hispanic or Latino</td>
<td>Hispanic or Latino</td>
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<td></td>
<td>Female</td>
<td>Male</td>
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<td>White</td>
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<tr>
<td>More than One Race</td>
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<td>0</td>
</tr>
<tr>
<td>Unknown or Not Reported</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

Required and system enforced.

Add Attachment Delete Attachment View Attachment

3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?

☐ Yes ☐ No ☐ N/A

Answer required and system enforced. "N/A" is only a valid option for an application or if exemption 4.

If yes, describe the single IRB plan

Required and system enforced if Yes. Can attach same plan (unique filenames) in multiple studies.

Add Attachment Delete Attachment View Attachment

3.3. Data and Safety Monitoring Plan

Required and system enforced for CT study. Optional for HS study.

Add Attachment Delete Attachment View Attachment

3.4. Will a Data and Safety Monitoring Board be appointed for this study?

☐ Yes ☐ No

Answer required and system enforced for CT study unless otherwise noted in opportunity. Optional for HS study.

3.5. Overall Structure of the Study Team

Optional.

Add Attachment Delete Attachment View Attachment

Section 4 - Protocol Synopsis

You are not allowed to complete fields in Section 4 (i.e., will receive system error) if FOA does not allow clinical trials and/or you answered No to one of the Clinical Trial Questionnaire questions in Section 1.

4.1. Brief Summary

Up to 5000 characters. Required and system enforced for CT studies unless otherwise noted in opportunity.

4.2. Study Design

All Study Design fields (4.2.a thru 4.2.g) are required and system enforced for CT studies unless otherwise noted in opportunity.

4.2.a. Narrative Study Description

Up to 32,000 characters.

4.2.b. Primary Purpose

Dropdown list: Treatment; Prevention; Diagnostics; Supportive Care; Screening; Health Services Research; Basic Science; and Device Feasibility

4.2.c. Interventions

Up to 20 Interventions allowed.

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to 200 characters.</td>
<td>Up to 1,000 characters.</td>
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</table>

Dropdown list: Drug (including placebo); Device (including sham); Biological/Vaccine; Procedure/Surgery; Radiation; Behavioral (e.g., Psychotherapy, Lifestyle Counseling); Genetic (including gene transfer, stem cell and recombinant DNA); and Dietary Supplement (e.g., vitamins, minerals)

4.2.d. Study Phase

Dropdown list: Early Phase 1 (or Phase 0); Phase 1; Phase 1/2; Phase 2; Phase 2/3; Phase 3; Phase 4; and Other

Is this an NIH-defined Phase III clinical trial?

☐ Yes ☐ No

4.2.e. Intervention Model

Dropdown list: Single Group; Parallel; Cross-Over; Factorial; Sequential; and Other.

If Masking is Yes, you must select at least 1 of the Participant/Care Provider/Investigator/Outcomes Assessor check boxes.

4.2.f. Masking

☐ Yes ☐ No

☐ Participant ☐ Care Provider ☐ Investigator ☐ Outcomes Assessor

Updated: October 16, 2017
4.2.g. Allocation

Dropdown list: N/A, Randomized; and Non-randomized

4.3. Outcome Measures

At least one Outcome Measure required and system enforced for CT studies unless otherwise noted in opportunity. Up to 50 Outcome Measures allowed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Up to 255 characters.</th>
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<tbody>
<tr>
<td>Type</td>
<td>Dropdown list: Primary; Secondary; and Other</td>
</tr>
<tr>
<td>Time Frame</td>
<td>Up to 255 characters.</td>
</tr>
<tr>
<td>Brief Description</td>
<td>Up to 999 characters.</td>
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</tbody>
</table>

4.4. Statistical Design and Power

Required and system enforced for CT study unless otherwise noted in opportunity.

4.5. Subject Participation Duration

Up to 255 characters. Required and system enforced for CT studies unless otherwise noted in opportunity.

4.6. Will the study use an FDA-regulated intervention?

☐ Yes  ☐ No  Answer required and system enforced for CT study unless otherwise noted in opportunity.

4.6.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status

Required and system enforced if Yes.

4.7. Dissemination Plan

Required and system enforced for CT study. Generally one Dissemination Plan per application is sufficient. Can attach same plan (unique filenames) in multiple studies.

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments

Form supports up to 10 attachments. Attachments only allowed for CT studies. Only include attachments requested in opportunity.
PHS Assignment Request Form

The PHS Assignment Request Form will be posted as a separate document in eRA Commons and is not part of the assembled application image. Content is only made available to select agency staff.

Funding Opportunity Number: [Pre-populated from announcement information.]
Funding Opportunity Title: [Pre-populated from announcement information.]

Awarding Component Assignment Request (optional)

If you have a preference for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation and enter it below. All requests will be considered; however, assignment requests cannot always be honored.

Awarding Components: https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents

Assign to Awarding Component: [First Choice] [Second Choice] [Third Choice]
Do Not Assign to Awarding Component: [First Choice] [Second Choice] [Third Choice]

Study Section Assignment Request (optional)

If you have a preference for study section assignment, use the link below to identify the appropriate study section (e.g., NIH Scientific Review Group or Special Emphasis Panel) and enter it below. Remove all hyphens, parentheses, and spaces. All requests will be considered; however, assignment requests cannot always be honored.

Study Sections: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

Assign to Study Section: [First Choice] [Second Choice] [Third Choice]
Only 20 characters allowed
Do Not Assign to Study Section: [First Choice] [Second Choice] [Third Choice]
Only 20 characters allowed
### PHS Assignment Request Form

**List individuals who should not review your application and why (optional)**

Only 1000 characters allowed

<p>| | | | | |</p>
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**Identify scientific areas of expertise needed to review your application (optional)**

*Note: Please do not provide names of individuals*

Expertise: Only 40 characters allowed

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</table>
Provide DUNS for the organization whose budget is reflected on this form.

**ORGANIZATIONAL DUNS:** 7535794170000

**Enter name of Organization:** The University of Melbourne

**Budget Type:**
- [X] Project
- [ ] Subaward/Consortium

**Budget Period:** 1

**Start Date:** 09/01/2018
**End Date:** 08/30/2021

**Prefix** | **First** | **Middle** | **Last** | **Suffix** | **Base Salary ($)** | **Cal. Acad. Sum.** | **Requested Salary ($)** | **Fringe Benefits ($)** | **Funds Requested ($)**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Prof | Lead | Investigator | 183,300.00 | 2.40 | 36,660.00 | 5,316.00 | 41,976.00

**Project Role:** PD/PI

**PD/PI must be listed as a Sr/Key with measurable effort in every budget period.**

**Every Sr/Key listed must have measurable effort in either Calendar Months**

**Additional Senior Key Persons:**

**If more than 8 Sr/Key, use attachment and enter total funds requested for additional Sr/Key persons.**

**B. Other Personnel**

**Aggregate information should be provided in section B and explained in Budget Justification.**

**This is just an example for your reference**

**Number of Personnel** | **Project Role** | **Cal. Months** | **Acad. Months** | **Sum. Months** | **Requested Salary ($)** | **Fringe Benefits ($)** | **Funds Requested ($)**
--- | --- | --- | --- | --- | --- | --- | ---
1 | Post Doctoral Associates | 6.00 | | | 44,139.00 | 6,400.00 | 50,539.00

You can name up to 6 additional Project Role categories. Once data for the first user-defined Project Role is entered, you will have the option to add another. If you run out of additional categories combine categories in a single row and explain what was included in the Budget Justification.

**Total Number Other Personnel**

**Total Other Personnel**

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

---

**Updated: October 16, 2017**

**FORMS-E Series**

**Page 20 of 36**
C. Equipment Description

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

<table>
<thead>
<tr>
<th>Equipment item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Additional Equipment:

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)
   - Funds Requested ($)

2. Foreign Travel Costs
   - Funds Requested ($)

Total Travel Cost

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance
   - Funds Requested ($)

2. Stipends
   - Funds Requested ($)

3. Travel
   - Funds Requested ($)

4. Subsistence
   - Funds Requested ($)

5. Other
   - Funds Requested ($)

Number of Participants/Trainees

Total Participant/Trainee Support Costs

Ensure that each piece of equipment is explained in the Budget Justification document.

Items with unit price over $5,000; everything else is listed under “Materials and Supplies”.
### 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

"Other Expenses" is a common description for minor costs that do not justify a line item.

### G. Direct Costs

Total Other Direct Costs

### H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
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</thead>
<tbody>
<tr>
<td>F&amp;A rate allowable to Foreign Institutions</td>
<td>8.00</td>
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</table>

Cognizant Federal Agency

(agency name, POC name, and POC phone number)

Subawards submit separate Budget Justifications and attach to the respective Budget Period 1 document.

Entities with negotiated rate agreement (NICRA) will need to complete this section on their budget form.

The **de minimis** indirect cost rate is applied to Modified Total Direct Costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000.

Summary:

Direct cost minus Equipment, minus Subawards total & add $25,000 from each subaward (value is added manually)

Department and RIC offices will review this section H

Click "Add Period" button to enter budget costs for Budget Period 2, 3 and so forth. Enter the appropriate "start/end date" for the respective Budget Periods.

---

Updated: October 16, 2017
# RESEARCH & RELATED BUDGET - Cumulative Budget

Cumulative Budget is system generated based on budget period data provided.

<table>
<thead>
<tr>
<th>Section A, Senior/Key Person</th>
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<tbody>
<tr>
<td>Total Number Other Personnel</td>
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<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
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</tbody>
</table>

| Section C, Equipment |   |

<table>
<thead>
<tr>
<th>Section D, Travel</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Domestic</td>
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</tr>
<tr>
<td>Foreign</td>
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<table>
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<tr>
<th>Section E, Participant/Trainee Support Costs</th>
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<tbody>
<tr>
<td>Tuition/Fees/Health Insurance</td>
<td></td>
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<tr>
<td>Stipends</td>
<td></td>
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<tr>
<td>Travel</td>
<td></td>
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<td>Subsistence</td>
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<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Number of Participants/Trainees</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Section F, Other Direct Costs</th>
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</thead>
<tbody>
<tr>
<td>Materials and Supplies</td>
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<tr>
<td>Publication Costs</td>
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<tr>
<td>Consultant Services</td>
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<tr>
<td>Equipment or Facility Rental/User Fees</td>
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<tr>
<td>Alterations and Renovations</td>
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<tr>
<td>Other 1</td>
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<td>Other 2</td>
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<td>Other 3</td>
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</table>

## Totals ($)

| Section G, Direct Costs (A thru F) |   |

| Section H, Indirect Costs |   |

| Section I, Total Direct and Indirect Costs (G + H) |   |

| Section J, Fee |   |

| Section K, Total Costs and Fee (I + J) |   |
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.

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

Always retrieve and circulate subaward budget template from the respective FOA provided.

Completed Subaward R&R Budget and Budget Justification provided by subawardee is to be attached separately for each Subawardee.

Do not include the Subaward Budget Attachment form with applications that use the PHS 398 Modular Budget form.
Introduction
1. Introduction to Application (for Resubmission and Revision applications)

Limited to 1 page (except R25 Resubmission can be 3 pages).

Research Plan Section
2. Specific Aims
Specific Aims.pdf

Required attachment. Limited to 1 page.

3. *Research Strategy
Research Strategy.pdf

Adhere to page limits specified in Application Guide and/or FOA. Typically 6 or 12 pages; a small number of FOAs will specify 30 pages.

4. Progress Report Publication List

Other Research Plan Section
5. Vertebrate Animals
Vertebrate Animals.pdf

Required for all apps. (except S10), if Vertebrate Animals is Yes on the Other Project Information form.

6. Select Agent Research

Add Attachment  Delete Attachment  View Attachment

7. Multiple PD/PI Leadership Plan
Multiple PD/PI Plan.pdf

Required if more than one PD/PI is specified on R&R Sr/Key Person Profile form.

8. Consortium/Contractual Arrangements

Add Attachment  Delete Attachment  View Attachment

9. Letters of Support
Letters of Support.pdf

Required for applications.

10. Resource Sharing Plan(s)
Resource Sharing Plans.pdf

Add Attachment  Delete Attachment  View Attachment

11. Authentication of Key Biological and/or Chemical Resources
Biological Resources.pdf

Required if project involves key biological and/or chemical resources. Recommend 1 page.

Appendix
12. Appendix

Add Attachments  Delete Attachments  View Attachments

DO NOT use Appendix attachments to circumvent page limits in other sections of the application. Applications will be withdrawn and not reviewed if they are submitted with appendix material that are not specifically listed in notice NOT-OD-17-098 or the FOA as allowed or required.

Allows for up to 10 appendices. See Application Guide and announcement for restrictions.

Appendices are stored separately in the eRA Commons (not as part of the application image) and are accessible to appropriate agency staff and peer reviewers.