**Grant Application Package**

<table>
<thead>
<tr>
<th>Opportunity Title:</th>
<th>NIH Research Project Grant (Parent R01)</th>
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<td>Offering Agency:</td>
<td>National Institutes of Health</td>
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<tr>
<td>CFDA Number:</td>
<td></td>
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<td>CFDA Description:</td>
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<td>Opportunity Number:</td>
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<td>FORMS-D</td>
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<td>Opportunity Open Date:</td>
<td>04/17/2016</td>
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<tr>
<td>Opportunity Close Date:</td>
<td>05/07/2019</td>
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<td>Agency Contact:</td>
<td>eRA Service Desk Monday to Friday 7 am to 8 pm ET [<a href="http://grants.nih.gov/support/">http://grants.nih.gov/support/</a>]</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

**Optional**
- [x] Research & Related Budget
- [x] PHS 398 Modular Budget
- [ ] R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT
- [ ] PHS 398 Inclusion Enrollment Report
- [ ] PHS Assignment Request Form

**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)**

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

2. **DATE SUBMITTED**

3. **DATE RECEIVED BY STATE**

4. **a. Federal Identifier**

5. **b. Agency Routing Identifier**

6. **c. Previous Grants.gov Tracking ID**

5. **APPLICANT INFORMATION**

   **Legal Name:** Joan & Sanford I Weill Medical College of Cornell University
   
   **Department:** Office of Sponsored Research
   
   **Division:** Sponsored Research Admin.
   
   **Street1:** 1300 York Avenue
   
   **Street2:** Box 89
   
   **City:** New York
   
   **State:** NY: New York
   
   **County / Parish:**
   
   **Province:**
   
   **Country:** USA: UNITED STATES
   
   **ZIP / Postal Code:** 10065-4805

   **Person to be contacted on matters involving this application**
   
   **Prefix:** Ms.
   
   **First Name:** Aleta
   
   **Middle Name:**
   
   **Last Name:** Gunsul
   
   **Suffix:** MPA
   
   **Position/Title:** Director, Office of Sponsored Research Admin.
   
   **Phone Number:** 646-962-8290
   
   **Fax Number:** 646-962-0531
   
   **Email:** grantsandcontracts@med.cornell.edu
   
6. **EMPLOYER IDENTIFICATION (EIN) or (TIN):**

7. **TYPE OF APPLICANT:**
   - [ ] O: Private Institution of Higher Education
   - [ ] Small Business Organization Type
     - [ ] Women Owned
     - [ ] Socially and Economically Disadvantaged
   - [ ] Other (Specify):

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):

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

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

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

12. **PROPOSED PROJECT:**

   **Start Date**
   
   **Ending Date**

13. **CONGRESSIONAL DISTRICT OF APPLICANT**

   **NY-012**
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: ___ First Name: ___ Middle Name: ___ Last Name: ___ Suffix: ___
Position/Title: ___ Organization Name: Joan & Sanford I Weill Medical College of Cornell University
Department: ___ Division: ___ Street1: 1300 York Avenue Street2: Box 89 City: New York County / Parish: ___ Province: ___ State: NY: New York Country: USA: UNITED STATES ZIP / Postal Code: 10065-4805 Phone Number: ___ Fax Number: ___ Email: ___

15. ESTIMATED PROJECT FUNDING
a. Total Federal Funds Requested
b. Total Non-Federal Funds
c. Total Federal & Non-Federal Funds
d. Estimated Program Income

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

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: Ms. First Name: Aleta Middle Name: R. Last Name: Gunsul Suffix: MPA Position/Title: Director, Office of Sponsored Research Admin. Organization: Joan & Sanford I Weill Medical College of Cornell University Department: Office of Sponsored Research Division: Sponsored Research Admin. Street1: 1300 York Avenue Street2: Box 89 City: New York County / Parish: ___ Province: ___ State: NY: New York Country: USA: UNITED STATES ZIP / Postal Code: 10065-4805 Phone Number: 646-962-8290 Fax Number: 646-962-0531 Email: grantsandcontracts@med.cornell.edu
Signature of Authorized Representative: ___ Date Signed: ___

20. Pre-application

21. Cover Letter Attachment

*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.
1. Human Subjects Section

Clinical Trial?  
*Agency-Defined Phase III Clinical Trial?

2. Vertebrate Animals Section

Are vertebrate animals euthanized?  
If "Yes" to euthanasia
Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  
If "No" to AVMA guidelines, describe method and provide scientific justification

3. Program Income Section

*Is program income anticipated during the periods for which the grant support is requested?  
*Anticipated Amount ($) *Budget Period *Source(s)

4. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells?  
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, please check the box indicating that one from the registry will be used:

Cell Line(s) (Example: 0004):
5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents:  Yes [ ]  No [ ]

If "Yes" then answer the following:

*Previously Reported:  Yes [ ]  No [ ]

6. 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: 


1. Are Human Subjects Involved?  
   Yes  
   No

1.a. If YES to Human Subjects
   
   Is the Project Exempt from Federal regulations?  
   Yes  
   No
   
   If yes, check appropriate exemption number.  
   1  
   2  
   3  
   4  
   5  
   6
   
   If no, is the IRB review Pending?  
   Yes  
   No
   
   IRB Approval Date: 
   
   Human Subject Assurance Number: 

2. Are Vertebrate Animals Used?  
   Yes  
   No

2.a. If YES to Vertebrate Animals
   
   Is the IACUC review Pending?  
   Yes  
   No
   
   IACUC Approval Date: 
   
   Animal Welfare Assurance Number: 

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

4. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?  
   Yes  
   No

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?
   
   If yes, please explain:

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
   
   If yes, please explain:

4.d. If yes, please explain:

5. Is the research performance site designated, or eligible to be designated, as a historic place?  
   Yes  
   No

5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators?  
   Yes  
   No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments
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: Joan & Sanford I Weill Medical College of Cornell University

DUNS Number: 0602175020000

* Street1: 

Street2: 

* City: County: 

* State: 

Province: 

* Country: USA: UNITED STATES

* ZIP / Postal Code: 

* Project/Performance Site Congressional District: NY-012

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: 

DUNS Number: 

* Street1: 

Street2: 

* City: County: 

* State: 

Province: 

* Country: USA: UNITED STATES

* ZIP / Postal Code: 

* Project/Performance Site Congressional District: 

Additional Location(s) 

[Add Attachment] [Delete Attachment] [View Attachment]
### PROJECT - Project Director/Principal Investigator

Prefix:  
* First Name:  
Middle Name:  
* Last Name:  
Suffix:  
Position/Title:  
Department:  
Organization Name: Joan & Sanford I Weill Medical College of Cornell University  
Division:  
* Street1: 1300 York Avenue  
Street2: Box 89  
* City: New York  
County/Parish:  
* State: NY: New York  
* Country: USA: UNITED STATES  
* Zip / Postal Code: 10065-4805  
* Phone Number:  
Fax Number:  
* E-Mail:  
Credential, e.g., agency login:  
* Project Role: PD/PI  
Other Project Role Category:  
Degree Type:  
Degree Year:  
*Attach Biographical Sketch  
Attach Current & Pending Support

### PROJECT - Senior/Key Person 1

Prefix:  
* First Name:  
Middle Name:  
* Last Name:  
Suffix:  
Position/Title:  
Department:  
Organization Name:  
Division:  
* Street1:  
Street2:  
* City:  
County/Parish:  
* State:  
* Country: USA: UNITED STATES  
* Zip / Postal Code:  
* Phone Number:  
Fax Number:  
* E-Mail:  
Credential, e.g., agency login:  
* Project Role:  
Other Project Role Category:  
Degree Type:  
Degree Year:  
*Attach Biographical Sketch  
Attach Current & Pending Support

To ensure proper performance of this form; after adding 20 additional Senior/Key Persons; please save your application, close the Adobe Reader, and reopen it.
# PHS 398 Research Plan

## Introduction

1. Introduction to Application (Resubmission and Revision)

## Research Plan Section

2. Specific Aims

3. Research Strategy

4. Progress Report Publication List

## Human Subjects Section

5. Protection of Human Subjects

6. Data Safety Monitoring Plan

7. Inclusion of Women and Minorities

8. Inclusion of Children

## Other Research Plan Section

9. Vertebrate Animals

10. Select Agent Research

11. Multiple PD/PI Leadership Plan

12. Consortium/Contractual Arrangements

13. Letters of Support

14. Resource Sharing Plan(s)

15. Authentication of Key Biological and/or Chemical Resources

## Appendix

16. Appendix
**A. Senior/Key Person**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Base Salary ($)</th>
<th>Months</th>
<th>Cal. Acad. Sum.</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
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Project Role: **PD/PI**

Additional Senior Key Persons: 

**B. Other Personnel**

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<th>Number of Personnel</th>
<th>Project Role</th>
<th>Months</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
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<td>Graduate Students</td>
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<td>Undergraduate Students</td>
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<td>Total Number Other Personnel</td>
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Total Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)
C. Equipment Description

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

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<tr>
<th>Equipment item</th>
<th>Funds Requested ($)</th>
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Additional Equipment: [Add Attachment] [Delete Attachment] [View Attachment]

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)
2. Foreign Travel Costs

Total Travel Cost

<table>
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E. Participant/Trainee Support Costs

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

Number of Participants/Trainees Total Participant/Trainee Support Costs

<table>
<thead>
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<th>Funds Requested ($)</th>
<th>Number of Participants/Trainees</th>
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### F. Other Direct Costs

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<th>Item</th>
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<td>1. Materials and Supplies</td>
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<tr>
<td>2. Publication Costs</td>
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</tr>
<tr>
<td>3. Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
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</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
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<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
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<tr>
<td>7. Alterations and Renovations</td>
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<td>8.</td>
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<tr>
<td>9.</td>
<td></td>
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<td>10.</td>
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### G. Direct Costs

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<th>Total Direct Costs (A thru F)</th>
<th>Funds Requested ($)</th>
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### H. Indirect Costs

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### I. Total Direct and Indirect Costs

<table>
<thead>
<tr>
<th>Total Direct and Indirect Institutional Costs (G + H)</th>
<th>Funds Requested ($)</th>
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### J. Fee

<table>
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### K. Budget Justification

(Only attach one file.)

[Add Attachment] [Delete Attachment] [View Attachment]
# RESEARCH & RELATED BUDGET - Cumulative Budget

<table>
<thead>
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<tr>
<td>Section B, Other Personnel</td>
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<tr>
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<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
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<td>Section C, Equipment</td>
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<tr>
<td>Section D, Travel</td>
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<td></td>
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<tr>
<td>1. Domestic</td>
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<td>2. Foreign</td>
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<td>Section E, Participant/Trainee Support Costs</td>
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<tr>
<td>1. Tuition/Fees/Health Insurance</td>
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<td>2. Stipends</td>
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<td>4. Subsistence</td>
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<td>5. Other</td>
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<td>6. Number of Participants/Trainees</td>
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<td>Section F, Other Direct Costs</td>
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<td>2. Publication Costs</td>
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<td>Section H, Indirect Costs</td>
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<td>Section J, Fee</td>
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### A. Direct Costs

<table>
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<td>Direct Cost less Consortium Indirect (F&amp;A)</td>
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<td>Consortium Indirect (F&amp;A)</td>
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<td>Total Direct Costs</td>
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### B. Indirect (F&A) Costs

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
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#### Cognizant Agency (Agency Name, POC Name and Phone Number)

Department of Health & Human Services, Louis Martillotti, 212-264-0918

#### Indirect (F&A) Rate Agreement Date

11/19/2015

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

<table>
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### Cumulative Budget Information

#### 1. Total Costs, Entire Project Period

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<th>Funds Requested ($)</th>
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</thead>
<tbody>
<tr>
<td>Section A, Total Direct Cost less Consortium Indirect (F&amp;A) for Entire Project Period</td>
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</tr>
<tr>
<td>Section A, Total Consortium Indirect (F&amp;A) for Entire Project Period</td>
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</tr>
<tr>
<td>Section A, Total Direct Costs for Entire Project Period</td>
<td>0.00</td>
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<tr>
<td>Section B, Total Indirect (F&amp;A) Costs for Entire Project Period</td>
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</tr>
<tr>
<td>Section C, Total Direct and Indirect (F&amp;A) Costs (A+B) for Entire Project Period</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### 2. Budget Justifications

- Personnel Justification
- Consortium Justification
- Additional Narrative Justification