**Icon

Description automatically generated with low confidence**

**Collaborative Grant Application Instructions and Forms**

**2023 – 2024 Project Period**

**Application Deadline: March 1, 2023, 5:00 P.M.**

**SUBMISSION**

A complete OK-INBRE Collaborative Grant application includes the sections outlined below. All forms and sections must be completed according to the NIH [guidelines](https://grants.nih.gov/grants/how-to-apply-application-guide/forms-g/research-forms-g.pdf) for “R” series grant applications. Applications should be submitted as a single PDF file to the OK-INBRE Grant Manager at [dawn-hammon@ouhsc.edu](mailto:dawn-hammon@ouhsc.edu) by 5:00 P.M. on March 1, 2023.

**FONTS AND MARGINS**

Applications should be prepared using a font size that is 11 points or larger, single spaced, with minimum 0.5-inch margins. Figures may utilize a smaller font provided all text is easily legible.

**FACE PAGE**

The NIH Face Page form is located at the end of these application instructions. This form is required for NIH project approval and must be filled out in its entirety and signed by an authorized institutional official. Be sure to indicate whether the project proposes to use vertebrate animals, human subjects, biohazardous organisms, or reagents.

**PROJECT SUMMARY, RELEVANCE, SITE, KEY PERSONNEL (NIH Form Page 2)**

The NIH Form Page 2 provides sections for the project summary, relevance, performance site and key personnel. The form is located at the end of these application instructions following the Face Page. This form is required for NIH project approval and must be filled out in its entirety. Be sure to indicate whether the project proposes use of human embryonic stem cells.

**RESEARCH PLAN**

1. **Specific Aims (One-page maximum):** describe the goals of the proposed research and expected outcomes, including the impact that the results of the proposed research will have on the research field(s) involved.
2. **Research Strategy (Four-page maximum):** The Research Strategy includes three sections:
3. **Significance**: the importance of the problem or critical barrier to progress that the proposed project addresses.
4. **Innovation:** novel concepts, approaches or methodologies and any advantage over existing practices.
5. **Approach/Experimental Plan**: the overall strategy, methodology and analyses to be used to accomplish the specific aims.

**PROGRESS RESULTING FROM PRIOR OK-INBRE FUNDING**

**There is a one-page limit for this section.** If the applicant has received prior OK-INBRE research funding (not including SMaRT or Travel Grants), briefly describe the progress and outcomes achieved from data generated through OK-INBRE support, including manuscripts that have been submitted or published, grant applications, and grant awards. Also describe how the additional funding will be crucial for publication, proposal submission or new collaborations.

**BIBLIOGRAPHY AND REFENCES CITED**

There is no page limit for this section. The references should be limited to relevant and current literature.

**FACILITIES AND OTHER RESOURCES**

**There is a two-page limit for this section.** Describe how the scientific environment in which the research will be done contributes to the probability of success (e.g., institutional support, physical resources). Include resources for both the investigator and collaborator.

**VETERBRATE ANIMALS AND HUMAN SUBJECT RESEARCH**

Skip this section if there are no proposed studies involving vertebrate animals or human subjects.

Human and Animal Use Approvals are not required at the time of submission, but they must be in place before the project can be submitted to the NIH for approval and work on the project can begin.

**If the project involves vertebrate animals**, provide the following in your proposal: 1) a description of procedures; 2) justification for model used; 3) address minimization of pain and distress; and 4) method of euthanasia. See the [NIH guidance on the Vertebrate Animals Section](https://olaw.nih.gov/guidance/vertebrate-animal-section.htm) for more information.

**For research involving human subjects**, provide a description of the protection of human subjects for each of the following sections: 1) Risks to Human Subjects; 2) Adequacy of Protection against Risks; 3) Potential Benefits of the Proposed Research to Research Participants and Others; 4) Importance of the Knowledge to be Gained. See the [NIH research guide on Protection and Monitoring](https://grants.nih.gov/grants/how-to-apply-application-guide/forms-g/research-forms-g.pdf) Plans for more information (page R-118).

**SELECT AGENT RESEARCH**

Identify any [select agents](https://grants.nih.gov/grants/glossary.htm#S7) (see glossary of terms) to be used in the proposed research. Select agents are hazardous biological agents and toxins that HHS or USDA have identified as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. CDC maintains a list of [HHS and USDA Select Agents and Toxins.](http://www.cdc.gov/od/sap/docs/salist.pdf)

**DATA SHARING PLAN**

It is NIH policy that the results and accomplishments of the activities that it funds should be made available to the public.  NIH researchers are required to prospectively submit a plan outlining how scientific data from their research will be managed and shared. See the NIH guidelines on [writing a Data Management and Sharing Plan](https://sharing.nih.gov/data-management-and-sharing-policy/planning-and-budgeting-DMS/writing-a-data-management-and-sharing-plan).

**PLAN FOR AUTHENTICATION OF KEY BIOLOGICAL AND/OR CHEMICAL RESOURCES**

Describe the methods/procedures for validating the identity of significant biological/chemical agents used. Key biological and/or chemical resources refers to established reagents or resources that will be used in the proposed research. These include, but are not limited to, cell lines, specialty chemicals, antibodies, and other biologics. Standard laboratory reagents that are not expected to vary do not need to be included in the plan. For help, visit the [Authentication of Key Biological and/or Chemical Resources Notice](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-068.html) on this topic.

**BIOGRAPHICAL SKETCH**

Include a NIH biosketch (non-fellowship) for both the Principal Investigator, Collaborator, and any other Key Personnel. Be sure to utilize the current [NIH biosketch format](https://grants.nih.gov/grants/forms/biosketch.htm).

**GRANT APPLICATIONS**

Provide a list of grant applications submitted by the investigator in the past three years and funding outcome(s).

**SUPPORT LETTERS**

A letter of support from the research collaborator(s) is required. The letter should address the role of the collaborator(s) and how the collaboration, equipment or resources at the collaborating institution will further the proposed research.

For non-tenure track or consecutive-term faculty, a letter of support or justification from the Departmental Chair is required. The letter must indicate that the institution has provided resources (e.g., startup funding, independent lab space, protected time for research) for the faculty member to successfully carry out the OK-INBRE project, and that the institution is committed to support the faculty member in their position for the foreseeable future so that the faculty member may continue to develop their research program and apply for external grant funding.

**APPENDIX**

An appendix containing other materials, data or other information is NOT ALLOWED.

**BUDGET**

Sample budget pages are located at the end of these application instructions, or you may download and use the [NIH Detailed Budget Page.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fgrants.nih.gov%2Fgrants%2Ffunding%2Fphs398%2F398_fp4.docx&wdOrigin=BROWSELINK)

Provide separate budget pages and justifications for the investigator and the collaborator.

The budget period is 5/1/2023 – 4/30/2024.

Maximum direct cost for the project (investigator and collaborator combined) is $50,000.

Total direct costs for the collaborating investigator cannot exceed 49% of the direct costs proposed for the project.

Salary and fringe for the Principal Investigator is limited to $15,000 (salary and fringe combined). Salary and wages for students, technicians, research assistants, etc., do not count towards this limit.

Travel costs are limited to $2,000 for the project period.

Adjunct replacement costs are not allowed.

**FORMS FOR THE COLLABORATIVE GRANT APPLICATION BEGIN ON THE FOLLOWING PAGE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form Approved Through 02/28/2023 OMB No. 0925-0001 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department of Health and Human Services Public Health Services Grant Application Do not exceed character length restrictions indicated. | | | | | | | | | | | | **LEAVE BLANK—FOR PHS USE ONLY**. | | | | | | | | | | | | | | | |
| Type | | | | | Activity | | | | | Number | | | | | |
| Review Group | | | | | | | | | | Formerly | | | | | |
| Council/Board (Month, Year) | | | | | | | | | | Date Received | | | | | |
| 1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION  NO  YES  *(If “Yes,” state number and title)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number: | | P20GM103447 | | | Title: | | **OK-INBRE Collaborative Grant** | | | | | | | | | | | | | | | | | | | | |
| **3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3a. NAME (Last, first, middle) | | | | | | | | | | | | 3b. DEGREE(S) | | | | | | | | | 3h. eRA Commons User Name | | | | | | |
|  | | | | | | | | | | | |  | | |  | | | |  | |  | | | | | | |
| 3c. POSITION TITLE | | | | | | | | | | | | 3d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | | | | | | | | | | | |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | | | | | | | |
| 3f. MAJOR SUBDIVISION | | | | | | | | | | | |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | | | | | | | E-MAIL ADDRESS: | | | | | | | | | | | | | | | |
| TEL: |  | | | | | FAX: | |  | | | |  | | | | | | | | | | | | | | | |
| 4. HUMAN SUBJECTS RESEARCH | | | | | | | | | 4a. Research Exempt | | | If “Yes,” Exemption No. | | | | | | | | | | | | | | | |
| No  Yes | | | | | | | | | No  Yes | | |  | | | | | | | | | | | | | | | |
| 4b. Federal-Wide Assurance No. | | | | | | | | | 4c. Clinical Trial | | | | | | | | | 4d. NIH-defined Phase III Clinical Trial | | | | | | | | | |
|  | | | | | | | | | No  Yes | | | | | | | | | No  Yes | | | | | | | | | |
| 5. VERTEBRATE ANIMALS  No  Yes | | | | | | | | | | | | 5a. Animal Welfare Assurance No. | | | | | | | | | |  | | | | | |
| 6. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | | | | | | | | 7. COSTS REQUESTED FOR INITIAL  BUDGET PERIOD | | | | | | | | | 8. COSTS REQUESTED FOR PROPOSED  PERIOD OF SUPPORT | | | | | | | |
| From | | | | Through | | | | | | | 7a. Direct Costs ($) | 7b. Total Costs ($) | | | | | | | | 8a. Direct Costs ($) | | | | 8b. Total Costs ($) | | | |
|  | | | |  | | | | | | |  |  | | | | | | | |  | | | |  | | | |
| 9. APPLICANT ORGANIZATION | | | | | | | | | | | | 10. TYPE OF ORGANIZATION | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | Public: **→**  Federal  State  Local | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | Private: **→**  Private Nonprofit | | | | | | | | | | | | | | | |
| For-profit: **→**  General  Small Business  Woman-owned  Socially and Economically Disadvantaged | | | | | | | | | | | | | | | |
| 11. ENTITY IDENTIFICATION NUMBER | | | | | | | | | | | | | | | |
| DUNS NO. | | | |  | | | | | Cong. District | | | | |  | |
| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | | | | | | | | | | | | 13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | Name | |  | | | | | | | | | | | | | |
| Title | | |  | | | | | | | | | Title | |  | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| Tel: |  | | | | | | FAX: | | |  | | Tel: |  | | | | | | | | | | FAX: | |  | | |
| E-Mail: | | |  | | | | | | | | | E-Mail: | |  | | | | | | | | | | | | | |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | | | | | | | | | | | | SIGNATURE OF OFFICIAL NAMED IN 13.  *(In ink. “Per” signature not acceptable.)* | | | | | | | | | | | | | | | DATE |

PHS 398 (Rev. 03/2020) Face Page Form Page 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| PROJECT SUMMARY (See NIH instructions): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| RELEVANCE (See NIH instructions): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page) | | | | | | | | | | | | | | |
| **Project/Performance Site Primary Location** | | | | | | | | | | | | | | |
| Organizational Name: | | | |  | | | | | | | | | | |
| DUNS: | |  | | | | | | | | | | | | |
| Street 1: | |  | | | | | | | | Street 2: |  | | | |
| City: |  | | | | | | | County: | |  | | | State: |  |
| Province: | | |  | | Country: | |  | | | | | Zip/Postal Code: | |  |
| Project/Performance Site Congressional Districts: | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Additional Project/Performance Site Location** | | | | | | | | | | | | | | |
| Organizational Name: | | | |  | | | | | | | | | | |
| DUNS: | |  | | | | | | | | | | | | |
| Street 1: | |  | | | | | | | | Street 2: |  | | | |
| City: |  | | | | | | | County: | |  | | | State: |  |
| Province: | | |  | | Country: | |  | | | | | Zip/Postal Code: | |  |
| Project/Performance Site Congressional Districts: | | | | | |  | | | | | | | | |

PHS 398 (Rev. 03/2020 Approved Through 02/28/2023) OMB No. 0925-0001 Page 2 Form Page 2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): | | | |  | | | | |
|  | | | | | | | | |
| SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.  Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first. | | | | | | | | |
| Name | | eRA Commons User Name | | | Organization | | Role on Project |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
| OTHER SIGNIFICANT CONTRIBUTORS | | | | | | | | |
| Name | | | Organization | | | Role on Project | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
| **Human Embryonic Stem Cells** | **No** | | **Yes** | | | | | |
| **If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:** <https://grants.nih.gov/stem_cells/registry/current.htm>. *Use continuation pages as needed.*  If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used. | | | | | | | | |
| **Cell Line** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

PHS 398 (Rev. 03/2020 Approved Through 02/28/2023) OMB No. 0925-0001  
 Page 3 Form Page 2-continued

**BUDGET - PRINCIPAL INVESTIGATOR INSTITUTION**

**PERSONNEL**

Fringe

Name and Role on Project % Effort Salary Benefits Total

**MATERIALS AND SUPPLIES**

**TRAVEL**

**OTHER COSTS** (include animal per diem and housing costs, if applicable):

**BUDGET JUSTIFICATION**

Use the budget justification to provide additional information for the items requested in each category above and any other information to support the budget request.

**BUDGET - COLLABORATOR INSTITUTION**

Name of Collaborator:

Collaborator Institution:

**PERSONNEL**

Fringe

Name and Role on Project % Effort Salary Benefits Total

**MATERIALS AND SUPPLIES**

**OTHER COSTS** (include animal per diem and housing costs, if applicable):

**BUDGET JUSTIFICATION**

Use the budget justification to provide additional information for the items requested in each category above and any other information to support the budget request.