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**2025 Equipment Grant Application Instructions and Forms**

**Application Deadline: October 31, 2024, 5:00 P.M.**

**SUBMISSION**

A complete OK-INBRE Equipment Grant application includes the sections outlined below. Applications should be submitted as a single PDF file to the OK-INBRE program at [okinbre@ouhsc.edu](mailto:okinbre@ouhsc.edu) by 5:00 P.M. on October 31, 2024.

**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 must be filled out in its entirety and signed by an authorized institutional official.

**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.

**REQUESTED EQUIPMENT**

**There is a two-page limit for this section.** The proposal should focus on how the equipment will benefit the research environment for the investigator as well as other users and students. Describe the justification for choosing the specific equipment, management, scheduling, maintenance, repairs, and warranty.

**QUOTES AND ADDITIONAL INFORMATION**

Quotes are required. Other additional information may be included, if applicable (e.g., institutional commitment, installation costs, maintenance contracts, warranties, operating personnel, supplies). There is a one-page limit for additional information (not including quotes).

**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.

**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).

**BIOGRAPHICAL SKETCH**

Include a NIH biosketch (non-fellowship) for the Principal Investigator 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**

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.

Support letters from other potential users of the equipment are allowable.

Support letters from other funding sources are allowable.

**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)

The budget period is 3/1/2025-2/28/2026

Maximum direct cost for the equipment is $25,000.

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

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| 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 Equipment 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 ($) | | | | 8b. Total Costs ($) | | | |
| 03/01/2025 | | | | 02/28/2026 | | | | | | |  |  | | | | | | | |  | | | |  | | | |
| 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 |

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| Program Director/Principal Investigator (Last, First, Middle): | | | | | | | | |  | | | | | |
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| PROJECT SUMMARY (See NIH instructions): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| RELEVANCE (See NIH instructions): | | | | | | | | | | | | | | |
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| 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: | | | | | |  | | | | | | | | |
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| **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: | | | | | |  | | | | | | | | |

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| Program Director/Principal Investigator (Last, First, Middle): | | | |  | | | | |
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| 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 |
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| OTHER SIGNIFICANT CONTRIBUTORS | | | | | | | | |
| Name | | | Organization | | | Role on Project | | |
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| **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** | | | | | | | | |
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**BUDGET - PRINCIPAL INVESTIGATOR INSTITUTION**

**EQUIPMENT COST**

Provide the cost and type of equipment requested.

**BUDGET JUSTIFICATION**

Use the budget justification to provide additional information for the equipment requested and any other information to support the budget request.