

OMB Number: 0925-0001 Expiration Date: TBD

Introduction	Update to OMB approval Expiration Date.							
Introduction to Application	Add Attachment Delete Attachment View Attachment							
(for Resubmission applications)								
Candidate Section Section renamed	on renamed. Previously called "Fellowship Applicant Section."							
2. * Goals, Preparedness, and Potential  Attachment renamed. Previously called "Applicants Background and Goals for Fellowship Training."  Delete Attachment View Attachment								
Research Training Plan								
3. * Training Activities and Timeline	Add Attachment Delete Attachment View Attachment							
4. * Research Training Project Specific Aims	Research Training Plan attachments   Wiew Attachment							
5. * Research Training Project Strategy	replaced. Previously included "Specific Aims", "Research Strategy", "Respective ment View Attachment							
Progress Report Publication List (for Renewal applications)	Contributions", and "Selection of Sponsor and Institution"							
7. * Training in the Responsible Conduct of Research	Add Attachment Delete Attachment View Attachment							
	Section renamed Previously called "Sponsor(s) Collaborator(s)							
Section renamed. Previously called "Sponsor(s), Collaborator(s), and Consultant(s) Section."								
8. Sponsor(s) Commitment	Attachment renamed. Previously called "Sponsor and Co-Sponsor Statements."							
Letters of Support from Collaborators,     Contributors, and Consultants	Add Attachment Delete Attachment View Attachment							
Description of Candidate's Contribution to Program Goals	Attachment relocated into this section.  Add Attachment  Delete Attachment  View Attachment							
"Institutional Environment and Commitment to Training Section" removed including the								
Other Research Training Plan Section  "Description of Institutional Environment and Commitment to Training" attachment.								
Vertebrate Animals								
The following item is taken from the Rebe made on the Research & Related C	search & Related Other Project Information form and repeated here for your reference. Any change to this item must ther Project Information form.							
	Are Vertebrate Animals Used?  Yes No							
11. Are vertebrate animals euthanized?	Yes No							
If <b>"Yes</b> " to euthanasia								
Is method consistent with American Veter Association (AVMA) guidelines?	inary Medical Yes No							
If "No" to AVMA guidelines, describe methor scientific justification	and provide							
12. Vertebrate Animals	Add Attachment Delete Attachment View Attachment							

## PHS Fellowship Supplemental Form

Other Research Training Plan Information								
13. Select Agent Research	Add Attachment Delete Attachment View Attachment							
14. Resource Sharing Plan	Add Attachment Delete Attachment View Attachment							
15. Other Plan(s)	Add Attachment Delete Attachment View Attachment							
16. Authentication of Key Biological and/or Chemical Resources	Add Attachment Delete Attachment View Attachment							
Additional Information Section								
17. Human Embryonic Stem Cells	_							
* 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: <a href="https://grants.nih.gov/stem_cells/registry/current.htm">https://grants.nih.gov/stem_cells/registry/current.htm</a> . 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:								
Specific stem cell line cannot be referenced at this time. One from the regist	try will be used.							
Cell Line(s):								
18. Alternate Phone Number:								
19. Degree Sought During Proposed Award:	", indicate Expected Completion Date							
Degree: degree	type: (MM/YYYY):							
Reset Entry								
20. * Field of Training for Current Proposal:								
21. * Current or Prior Kirschstein-NRSA Support?								
If yes, identify current and prior Kirschstein-NRSA support below:								
* Level * Type Start Date (if known) End Date (if known)	Grant Number (if known)							
	Reset Entry							
22. * Applications for Concurrent Support Yes No								
If yes, describe in an attached file:	Add Attachment Delete Attachment View Attachment							
23. * Citizenship:  U.S. Citizen U.S. Citizen or Non-Citizen National?  Yes No	<del>-</del>							
Non-U.S.Citizen With a Permanent U.S. Resident Vi	ïsa							
With a Temporary U.S. Visa								
If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent re	esidency status, and expect to be granted a permanent							
resident visa by the start date of the award, check here:								

## PHS Fellowship Supplemental Form

24. Change of Sponsoring Institution	on Name o	of Former Institution:						
Budget Section								
All Fellowship Applicants:								
25. * Tuition and Fees:	None Requested	F	Funds Req	uested:				
		Year 1						
		Year 2						
		Year 3						
		Year 4						
		Year 5						
		Year 6 (when applicable)						
		Total Funds Requested:	:					
26. * Childcare Costs:	None Requested		Funds Red	quested:				
		Year 1						
		Year 2						
		Year 3						
		Year 4						
		Year 5						
		Year 6 (when applicable)						
		Total Funds Requested	d:					
Senior Fellowship Applicants Only:								
		Amount	A	cademic F	eriod	Number of N	/lonths	5 .5 .
27. Present Institutional Base Salary:								Reset Entry
28. Stipends/Salary During First Year	r of Proposed Fellows	ship:						
a. Federal Stipend Requested:		Amount		lumber of I	Months			
		Amount		Number of I	Months			
b. Supplementation from Other Sources:		, and an	i —	tambor or	vionalo			
		Type (e.g., sabbatical leave, salary)						
		Source						_
Appendix								
29. Appendix	Add Attachmer	nts Delete Attachments	View A	\ttachment	3			
29. Appendix	7 lad 7 litaoriinior	Doloto / ttadomino/ita	V1017	ttaoi ii i oi t				

## **SBIR/STTR Information**



OMB Number: 4040-0001 xpiration Date: 11/30/2025

										Expiration Date: 11/	30/2025
* Agency to		ı are applyi HHS	ng (select								
* SBC Contr	ol ID:			(This 9 digit code is o	btained fi	rom the Small Bu	ısiness	Administra	tion)		
* Program T	• • •										
SBIR SBIR		STTR	tructions to	datarmina whather a n	orticulor	ogonov ollowa o	oinalo :	auhmiaaian	for both SDIE	and STTP)	
				determine whether a p	articular	agency allows a	sirigie	SUDITIISSIOTI	IOI DOUI SEIF	Rand STTR)	
* Application			ne) Fast-Track	Direct Phase II		Phase IIA	Dh	ase IIB	Phase II	C	
				(See agency-specific in		'					
			rogram	(dee agency-specific in	Struction	s to determine ap	opiicati	on type part	тограноп.)		
Phase I Let	tter of Inter	ıt Number:									
* Agency To	opic/Subto	pic:									
Que	stions	1-8 mu:	st be c	ompleted by al	I SBIF	R and STTI	R Ap	plicant	s <i>:</i>		
Yes No		you certify the		me of award your orga	nization v	vill meet the eligil	bility cr	iteria for a s	mall busines	s as defined in the fur	nding
	* 1b. Ant	icipated Nur	nber of per	sonnel to be employed	at your c	organization at the	e time	of award.			
Yes No	* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?										
Yes No	* 1d. ls y	our small bu	ısiness a F	aculty or Student-Owne	ed entity?						
Yes				e subcontracts with Fed		-	ther Fe	ederal Gove	rnment agen	cies?	
No	* If y	es, insert th	e names o	f the Federal laboratorie	es/agenc	ies:					
□ Vas	* 3 Are \	/ou located i	in a HI IB70	one? To find out if your	husines	s is in a HI IR7on	A 115A	the manning	a utility provid	led by the Small Rusir	1888
Yes No				e: http://www.sba.gov	Dusines	3 13 111 a 11002011	c, usc	ше таррт	g dulity provid	ica by the official bush	1033
Yes	* 4 Mill all research and development or the project he professor distinct patients in the United States O										
No			explanatio	n in an attached file.			,			N. A	
Yes		planation:	t and/or Pr	ogram Director/Principa	l Invoctio	Add Attachmo			ttachment	View Attachment	
No				received other Federa					ilially equival	ent work under other	
	* If y	es, insert th	e names o	f the other Federal age	ncies:						
Yes No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?										
Yes No	the agen	cy specific ir	nstructions	e a request of SBIR or s to provide the budget r you to include a reques	equest a	nd justification. (F	Please	answer no			
		l Fast-Track		e following applications es). Include a Commer							
	* ^ ++	ach Eila:									