

# Application Information ?

**Tip:**

- Some actions (e.g., Preview Application) are only available from this screen. The Return to Application action can be used to return to this screen.

Summary	R&R Cover	Cover Page Supplement	Other Project Information	Sites	Sr/Key Person Profile	R&R Budget	R&R Subaward Budget	Modular Budget	Research Plan	Human Subjects and Clinical Trials	Assignment Request Form
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## Application Information

Application Identifier:	262141
Application Project Title:	This is the official title of the proposal (Limited to 200 characters including spaces and punctuation)
PD/PI Name:	PI Last Name, PI First Name
Organization:	Louisiana State University and A&M College
Project Period:	07/01/2018 - 06/30/2020
Status:	<span>Work in Progress</span> <span>Submit Application</span>
Status Date:	2018-01-29 03:43:29.000 PM EST



## FOA Information:

FOA Information:	PA-18-603
Opportunity Title:	Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R01 Clinical Trial Optional)
Agency:	National Institutes of Health
CFDA Number:	
Competition ID:	FORMS-E
Competition Title:	Use for due dates on or after January 25, 2018
Opportunity Open Date:	05/05/2018
Opportunity Close Date:	05/07/2021
Agency Contact:	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>

**Closing date should be after submission or will generate Grants.gov error.**

**SAM Registration Expiration Date: 01/10/2019**

An active SAM Registration is required to submit your application to the agency

[Click for SAM Registration Details](#)

# Application Information ?

## Tips:

- Complete this form first. Some information is forward populated to other forms.
- Multi-project applications - For the Overall component, complete the entire form. For other components, you will only be able to complete a subset of fields (Applicant Information, Type of Applicant - optional, Descriptive Title of Applicant's Project and Proposed Project Start/End Dates). Expand All will expose fields available for data entry.

Summary	<b>R&amp;R Cover</b>	Cover Page Supplement	Other Project Information	Sites	Sr/Key Person Profile	R&R Budget	R&R Subaward Budget	Modular Budget	Research Plan	Human Subjects and Clinical Trials	Assignment Request Form
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## Application for Federal Assistance

SF 424 (R&R) v2.0 ?

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

Edit

Expand All \* Required field(s)

### 1. \* TYPE OF SUBMISSION

\* Type of Submission  Pre-Application  Application  Changed/Corrected Application

### 2. DATE SUBMITTED

Date Submitted

Applicant Identifier

### 3. DATE RECEIVED BY STATE

Date Received by State

State Application Identifier

### 4. A. FEDERAL IDENTIFIER / 4. B. AGENCY ROUTING IDENTIFIER / 4. C. PREVIOUS TRACKING IDENTIFIER

Federal Identifier ←

Required for Resubmission and Renewal. This is your NIH proposal number. Example: For proposal 1R01CA123456-01 enter CA123456. If not entered it will generate an eRA Commons error.

Agency Routing Identifier

Previous Grants.gov Tracking ID

### 5. \* APPLICANT INFORMATION

* Organizational DUNS	0750507650000
* Legal Name	Louisiana State University and A&M College
Department	Office of Sponsored Programs
Division	
* Street 1	202 Himes Hall
Street 2	
* City	Baton Rouge
County/Parish	
State	Louisiana
Province	
* Country	UNITED STATES
Zip/Postal Code	708030001

\*Continued on next page

Person to be contacted on matters involving this application

Prefix Mrs.  
\* First Name Darya  
Middle Name  
\* Last Name Courville  
Suffix  
Position/Title Executive Director, Sponsored Programs  
\* Street 1 202 Himes Hall  
Street 2  
\* City Baton Rouge  
County/Parish  
State Louisiana  
Province  
\* Country UNITED STATES  
Zip/Postal Code 708030001  
\* Phone Number 225-578-2760  
Fax Number 225-578-2751  
Email osp@lsu.edu

Generates an Era Commons error if not entered.

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN)

\* Employer Identification 1726000848A1

Unique to NIH. Generates an Era Commons error if not entered correctly.

7. \* TYPE OF APPLICANT

\* Type of Applicant H: Public/State Controlled Institution of Higher Education  
Other (specify)  
Small Business Organization Type  Women Owned  Socially and Economically Disadvantaged

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)

Check Resubmissions or Renewal as appropriate

\* Is this application being submitted to other agencies?  Yes  No

What other Agencies?

9. \* NAME OF FEDERAL AGENCY

\* Name of Federal Agency National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

Catalog of Federal Domestic Assistance Number  
Title

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

\* Descriptive Title of Applicant's Project This is the official title of the proposal (Limited to 200 characters including spaces and punctuation)

12. \* PROPOSED PROJECT

\* Start Date 07/01/2018

\* Ending Date 06/30/2020

Make sure dates match the budget pages.

13. \* CONGRESSIONAL DISTRICT OF APPLICANT

\* Congressional District of Applicant LA-006  
(e.g. CA-012, outside the U.S. enter 00-000)

\*Continued on next page

13. \* CONGRESSIONAL DISTRICT OF APPLICANT

\* Congressional District of Applicant (e.g. CA-012, outside the U.S. enter 00-000) LA-006

14. \* PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

The PD/PI Contact Information on the SF 424 (R&R) Cover is populated from the PROFILE - Project Director/Principal Investigator on the Research and Related Senior/Key Person Profile (Expanded) form. If you wish to change these items, please do so on the Research and Related Senior/Key Person Profile (Expanded) form; you will not be able to edit the response here.

Prefix Dr.  
\* First Name PI First Name  
Middle Name  
\* Last Name PI Last Name  
Suffix  
\* Position/Title PI Title  
\* Organization Name LOUISIANA STATE UNIVERSITY A&M COLLEGE  
Department  
Division  
\* Street 1 PI Address  
Street 2  
\* City BATON ROUGE  
County/Parish  
\* State Louisiana  
Province  
\* Country UNITED STATES  
\* Zip/Postal Code 708030001  
\* Phone Number PI Phone Number  
Fax Number PI Fax Number  
\* Email PI\_email@lsu.edu

15. \* ESTIMATED PROJECT FUNDING

* a. Total Federal Funds Requested	400,000.00
* b. Total Non-Federal Funds	0.00
* c. Total Federal & Non-Federal Funds	400,000.00
* d. Estimated Program Income	0.00

Should match Total Direct + Indirect Costs on cumulative budget.

\*Continued on next page

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

- a. \* Yes  This pre-application/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

See FOA requirements. If not applicable, answer "Program is Not Covered..." If applicable, answer "Program has not been selected..."

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 218, Section 1001)

\* I agree

\* 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.

18. SFLL (DISCLOSURE OF LOBBYING ACTIVITIES) OR OTHER EXPLANATORY DOCUMENTATION

SFLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

[View Attachment](#)

19. \* AUTHORIZED REPRESENTATIVE

Prefix Mrs.

\* First Name Darya

Middle Name

\* Last Name Courville

Suffix

\* Position/Title Executive Director, Sponsored Programs

\* Organization Louisiana State University and A&M College

Department Office of Sponsored Programs

Division

\* Street 1 202 Himes Hall

Street 2

\* City Baton Rouge

County/Parish

\* State Louisiana

Province

\* Country UNITED STATES

\* Zip/Postal Code 708030001

\* Phone Number 225-578-2760

Fax Number 225-578-2751

\* Email osp@lsu.edu

\* Signature of Authorized Representative Completed on submission to Grants.gov

\* Date Signed 01/29/2018

20. PRE-APPLICATION

Pre-application

[View Attachment](#)

21. COVER LETTER ATTACHMENT

Cover Letter Attachment

[View Attachment](#)

Required for some FOAs. Use optional Assignment Request Form to request assignment to a particular institute and/or Study Section, provide reviewer conflicts or interest, etc.

# Application Information ?

## Tip:

- Multi-project applications - In the Overall component, repeat any Human Embryonic Stem Cell lines from other components in the cell line table. For other components, enter Human Embryonic Stem Cells used for the component.

Summary R&R Cover **Cover Page Supplement** Other Project Information Sites Sr/Key Person Profile R&R Budget R&R Subaward Budget Modular Budget Research Plan Human Subjects and Clinical Trials Assignment Request Form

## PHS 398 Cover Page Supplement

PHS398 CoverPageSupplement v4.0 ?

OMB Number: 0925-0001  
Expiration Date: 03/31/2020

Edit

View Burden Statement

\* Required field(s)

### 1. Vertebrate Animals Section

Are vertebrate animals euthanized?  Yes  No

If "Yes" to euthanasia

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

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

**Must answer if animal research is involved. Will generate an eRA commons error if not done.**

### 2. \* Program Income Section

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

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)
1		

### 3. Human Embryonic Stem Cells Section

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

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)

### 4. Inventions and Patents Section (for Renewal applications)

\* 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

# Application Information ?

## Tips:

For Multi Project Applications:

- Human Subjects: Answer only the 'Are Human Subjects Involved?' and 'Is the Project Exempt from Federal regulations?' questions for non-Overall components.
- Vertebrate Animals: Answer only the 'Are Vertebrate Animals Used?' question for non-Overall components.
- Project Narrative: Required for Overall component. Check FOA instructions for all other components.

Summary	R&R Cover	Cover Page Supplement	<b>Other Project Information</b>	Sites	Sr/Key Person Profile	R&R Budget	R&R Subaward Budget	Modular Budget	Research Plan	Human Subjects and Clinical Trials	Assignment Request Form
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## Research & Related Other Project Information

R&R OtherProjectInfo v1.4 ?

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

[Edit](#)

\* Required field(s)

### 1. \* Are Human Subjects Involved

Yes  No

#### 1.a If YES to Human Subjects

Is the project exempt from Federal regulations?

Yes  No

If exemption is "yes" must check exemption # box 6

If yes, check the appropriate exemption number.

1  2  3  4  5  6  7  8

If no, is the IRB review Pending?

Yes  No

If answer is "No" then you must enter IRB approval date and Human Subjects Assurance #. If "Yes" then you must enter Human Subject Assurance #. If not complete will generate eRA Commons error.

IRB Approval Date

00003892

Human Subjects 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

D16-00372

Animal Welfare Assurance Number

Will generate eRA Commons error if #2 is checked "Yes" and this is blank

### 3. \* Is proprietary/privileged information included in the application?

Yes  No

If "Yes", refer to instructions on how to label proprietary information

#### 4.a. \* Does this project have an actual or potential impact - positive or negative - on the environment?

Yes  No

#### 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

#### 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

Project\_Summary.pdf

Limited to 30 lines of text. If exceed it will generate an eRA commons error.

[View Attachment](#)

### 8. \* Project Narrative

Project\_Narrative.pdf

Limited to 2-3 sentences. If exceed it will generate an eRA commons error.

[View Attachment](#)

### 9. Bibliography & References Cited

Literature\_Cited.pdf

[View Attachment](#)

### 10. Facilities & Other Resources

Facilities\_Resources.pdf

[View Attachment](#)

### 11. Equipment

Equipment\_Available.pdf

[View Attachment](#)

### 12. Other Attachments

Attachment File Name

[View Attachment](#)

Nothing found to display.

All attachments must be in PDF. Use one space (not two or more) between words or characters. Avoid use of ampersand (&) in file name. File name should be 50 characters or less.

# Application Information ?

All editable fields marked with \* must be entered in order to Save this form. Please gather these data before beginning your data entry.

Summary	R&R Cover	Cover Page Supplement	Other Project Information	<b>Sites</b>	Sr/Key Person Profile	R&R Budget	R&R Subaward Budget	Modular Budget	Research Plan	Human Subjects and Clinical Trials
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Assignment Request Form

[Project/Performance Site Locations Summary](#)

## Project/Performance Site Location(s)

PerformanceSite v2.0 ?

OMB Number: 4040-0010  
Expiration Date: 10/31/2019

Edit

\* Required field(s)

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

Do not check, it will generate eRA Commons error

## Project Performance Site Primary Location

Populate from R&R Cover

Organization Name	Louisiana State University and A&M College
DUNS Number (e.g. 123456789 or 1234567891234)	0750507650000 <span>← Generates eRA Commons error if not entered</span>
* Street 1	PI address
Street 2	
* City	Baton Rouge
County/Parish	
State	Louisiana <span>▼</span>
Province	
* Country	UNITED STATES <span>▼</span>
Zip/Postal Code	708030001

Project/Performance Site Congressional District  
(e.g. CA-012, outside the U.S. enter 00-000)

LA-006

Edit

\* Required field(s)

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

Do not check, it will generate eRA Commons error

### Project Performance Site Location 1

Populate from R&R Cover

Organization Name: Subrecipient organization name

DUNS Number (e.g. 123456789 or 1234567891234): 0000000000000 ← Enter Subrecipient's DUNS #

\* Street 1: Subrecipient address

Street 2:

\* City: Subrecipient city

County/Parish: 1

State: Louisiana

Province:

\* Country: UNITED STATES

Zip/Postal Code: 00000000

Project/Performance Site Congressional District: LA-006 ← Enter Subrecipient's congressional district  
(e.g. CA-012, outside the U.S. enter 00-000)

### Application Information ?

Tips:

- For Multi Project Applications:
- For the Overall component, enter the Primary Site only.
  - For other components, list all performance sites that are part of the component.

Summary | R&R Cover | Cover Page Supplement | Other Project Information | **Sites** | Sr/Key Person Profile | R&R Budget | R&R Subaward Budget | Modular Budget | Research Plan | Human Subjects and Clinical Trials | Assignment Request Form

Project/Performance Site Locations Summary

Example of what you see after you have entered all the information above and saved it.

#### Primary Performance Site ?

Organization Name	DUNS	Address	Action
Louisiana State University and A&M College	0750507650000	PI address Baton Rouge, LA 708030001 UNITED STATES	<a href="#">Edit</a> <a href="#">View</a>

#### Project/Performance Site Location(s) [Add Site](#)

One item found.

Entry #	Organization Name	DUNS	Address	Action
1	Subrecipient organization name	0000000000000	Subrecipient address Subrecipient city, LA 000000000 UNITED STATES	<a href="#">Edit</a> <a href="#">Remove</a> <a href="#">View</a>

# Application Information ?

All editable fields marked with \* must be entered in order to Save this form. Please gather these data before beginning your data entry.

Summary	R&R Cover	Cover Page Supplement	Other Project Information	Sites	<b>Sr/Key Person Profile</b>	R&R Budget	R&R Subaward Budget	Modular Budget	Research Plan	Human Subjects and Clinical Trials
Assignment Request Form										

[Sr/Key Person Summary](#)

## Research & Related Senior/Key Person Profile (Expanded)

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

### R&R Key Person Expanded v2.0 ?

Edit

\* Required field(s)

#### PROFILE - Project Director/Principal Investigator

Credential, e.g., agency login	<input type="text" value="Plusername"/>	<input type="button" value="Populate fields from Credentials"/>
Prefix	<input type="text" value="Dr."/> <input type="button" value="v"/>	
* First Name	<input type="text" value="PI First Name"/>	
Middle Name	<input type="text"/>	
* Last Name	<input type="text" value="PI Last Name"/>	
Suffix	<input type="text" value="--- Select Suffix ---"/> <input type="button" value="v"/>	
Position/Title	<input type="text" value="PI Title"/>	
Department	<input type="text"/>	

Click this after entering username to populate fields.

PI eRA Commons username is required.

\*Continued on next page

Organization Name

Division

\* Street 1

Street 2

\* City

County/Parish

State  ▼

Province

\* Country  ▼

\* Zip/Postal Code

\* Phone Number

Fax Number

\* E-Mail

\* Project Role  ▼

Other Project Role Category

Degree Type

Degree Year

Attach Biographical Sketch  [Replace Attachment](#) [Delete Attachment](#) [View Attachment](#)

Attach Current & Pending Support  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**If the degree does not match the PI's eRA Commons personal profile, this may generate eRA Commons warning.**



If additional Senior/Key Personnel: **Or Other Significant Contributors**

### PROFILE - Senior/Key Person 1

Credential, e.g., agency login  [Populate fields from Credentials](#)

Prefix

\* First Name

Middle Name

\* Last Name

Suffix

Position/Title

Department

Organization Name

**Organization name for all senior personnel is required**

Division

\* Street 1

Street 2

\* City

County/Parish

State

Province

\* Country

\* Zip/Postal Code

**Other Significant Contributors (OSC) should be listed with Project Role: Other (Specify) and Other Project Role Category: Other Significant Contributor OSC should be listed last after all Senior/Key Personnel.**

\* Phone Number

Fax Number

\* E-Mail

\* Project Role

**The role of "Co-PI/Co-PD" is not appropriate for multi-PI submissions. Will generate eRA Commons warning. For multi-PI submission, use role of "PD/PI" and include eRA Commons username in Credential field. Also include Multiple PI Leadership Plan on PHS 398 Research Plan Form. When non-LSU PI's are included, need email certifications from the non-LSU PI as required under NIH NOT-OD-06-054. We secure these certifications in SPS for LSU PI's.**

Other Project Role Category

Degree Type

Degree Year

**Bio Sketch is limited to 5 pages. If exceed it will generate an eRA Commons error.**

Attach Biographical Sketch  [Replace Attachment](#) [Delete Attachment](#) [View Attachment](#)

Attach Current & Pending Support  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

[Save and Keep Lock](#) [Save and Release Lock](#) [Save and Add](#) [Cancel and Release Lock](#)

# Application Information ?

## Tips:

For Multi Project Applications:

- In the Overall component, only enter the PD/PI and any multi-PD/PIs for the entire application and use the PD/PI role for each.
- For other components, enter all Sr/Key for that component and use roles other than PD/PI.
- Each Sr/Key person gets one biosketch covering their involvement for the entire application. It does not matter which component is chosen to include the single biosketch.
- A system-generated Summary of Sr/Key persons and their biosketches will appear with the Overall component when the application is assembled. Biosketches will not be included in component previews.

Summary R&R Cover Cover Page Supplement Other Project Information Sites **Sr/Key Person Profile** R&R Budget R&R Subaward Budget Modular Budget Research Plan Human Subjects and Clinical Trials Assignment Request Form

### Sr/Key Person Summary

#### PROFILE - Project Director/Principal Investigator ?

This should only be completed for Senior/Key Personnel and Other Significant Contributors. eRA Commons usernames can be included for everyone, but are only required for individuals with a role of PD/PI.

PD/PI Name	Project Role	Action
Dr. PI First Name PI Last Name	PD/PI	<a href="#">Edit</a> <a href="#">View</a>

#### PROFILE - Senior/Key Person(s) [Add Sr/Key](#)

One item found.

Entry #	Sr/Key Person	Project Role	Action
1	Dr. Co-I first name Co-I last name	Co-Investigator	<a href="#">Edit</a> <a href="#">Remove</a> <a href="#">View</a>

# Application Information ?

Summary R&R Cover Cover Page Supplement Other Project Information Sites Sr/Key Person Profile **R&R Budget** R&R Subaward Budget Modular Budget Research Plan Human Subjects and Clinical Trials Assignment Request Form

Period 1 Period 2 Period 3 Period 4 Cumulative

#### Research and Related Budget - Period 1

#### R&R Budget v1.4 ?

To be used when Direct Cost less Consortium F&A are >\$250k in any year (of if required by FOA)

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

[Edit](#)

Expand All \* Required field(s)

The Organizational DUNS and Enter Name of Organization on the Project Budget are populated from the Applicant Organization Information on the SF 424 (R&R) Cover. If you wish to change these items, please do so on the SF 424 (R&R) Cover; you will not be able to edit the response here.

\* Organizational DUNS 0750507650000  
(e.g. 123456789 or 1234567891234)

\* Enter Name of Organization Louisiana State University and A&M College

\* Budget Type  Project  Subaward/Consortium

Budget Period: 1

\* Start Date 07/01/2018

\* End Date 06/30/2019

Make sure dates match SF 424 (R&R)

#### A. \* Senior/Key Person / B. Other Personnel

##### A. Senior/Key Person

Person Name	Project Role	Base Salary (\$)	Cal.	Months Acad.	Sum.	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
Dr. PI First Name PI Last Name Ph.D	PD/PI	90,000.00	0.00	0.00	2.00	20,000.00	8,800.00	28,800.00
Dr. Co-I First Name Co-I Last Name	Co-Investigator	72,000.00	0.00	0.00	0.50	4,000.00	1,760.00	5,760.00

Effort greater than zero is required for ALL senior personnel per NIH guidelines. Fiscal year employee effort should be under Cal. Months. Academic year employee effort should be under Acad. and/or Sum Months. Generates eRA Commons error if effort is zero.

\*Continued on next page

Additional Senior/Key Persons

[View Attachment](#)

Total Funds requested for all Senior/Key Persons in the attached file \$

Total Senior/Key Person \$ 34,560.00

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal	Acad.	Sum.			
1	Post Doctoral Associates	12.00	0.00	0.00	35,000.00	15,400.00	50,400.00
2	Graduate Students	12.00	0.00	0.00	40,000.00	0.00	40,000.00
	Undergraduate Students						
	Secretarial/Clerical						
3	Total Number Other Personnel						
	Total Other Personnel				\$	90,400.00	
	Total Salary, Wages and Fringe Benefits (A+B)				\$	124,960.00	

C. Equipment Description

Equipment Item	Funds Requested (\$)
Nothing found to display.	

Additional Equipment

[View Attachment](#)

Total funds requested for all equipment listed in the attached file \$

Total Equipment \$ 0.00

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	\$ 2,000.00
2. Foreign Travel Costs	\$
Total Travel Costs	\$ 2,000.00

\*Continued on next page

E. Participant/Trainee Support Costs

Unless specifically stated in the FOA, NIH applicants should leave blank.

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	\$
2. Stipends	\$
3. Travel	\$
4. Subsistence	\$
5. Other	\$
Number of Participants/Trainees	
Total Participant/Trainee Support Costs	\$ 0.00

F. Other Direct Costs

If Direct Costs less Consortium F&A are <\$250k each year, then you should use the NIH Modular Budget and not this budget.

	Funds Requested (\$)
1. Materials and Supplies	\$ 27,664.00
2. Publication Costs	\$ 3,000.00
3. Consultant Services	\$
4. ADP/Computer Services	\$
5. Subawards/Consortium/ Contractual Costs	\$ 32,503.00
6. Equipment or Facility Rental/User Fees	\$
7. Alterations and Renovations	\$
8. Other: Histology, Mice Housing, & Service Contracts	\$ 54,000.00
9.	\$
10.	\$
Total Other Direct Costs	\$ 117,167.00

If Direct Costs less Consortium F&A are equal to or > \$500,000 in any year of the project, PI must include prior approval from NIH in the Cover Letter attachment. NOT-OD-17-005

G. Direct Costs

Total Direct Costs (A thru F)	\$ 244,127.00
-------------------------------	---------------

H. Indirect Costs

Total Direct Cost less equipment, tuition remission, participation support costs, and subawards in excess of \$25,000 each.

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Modified Total Direct Costs - MTDC	48.00	332,373.00	159,539.00
Total Indirect Costs		\$	159,539.00

Cognizant Federal Agency DHHS, Arif Karim, 214-767-3261  
(Agency Name, POC Name and POC Phone Number)

I. Total Direct and Indirect Costs

Check FOA for any program specific restrictions on total requested funds.

Total Direct and Indirect Institutional Costs (G + H)	\$ 403,666.00
-------------------------------------------------------	---------------

J. Fee

Funds Requested	\$
-----------------	----

K. Total Costs and Fee

Funds Requested	\$ 403,666.00
-----------------	---------------

L \* Budget Justification

\* (Only attach one file)

Cormier\_Budget\_Justification\_AI90059\_FINAL.pdf

[View Attachment](#)

# Application Information ?

- Summary
- R&R Cover
- Cover Page Supplement
- Other Project Information
- Sites
- Sr/Key Person Profile
- R&R Budget
- R&R Subaward Budget**
- Modular Budget
- Research Plan
- Human Subjects and Clinical Trials
- Assignment Request Form

## Research and Related Subaward Budget ?

OMB Number: 4040-0001

Prepare the subawardee budget(s) online within ASSIST or download, complete and attach the subaward budget form(s).

- Add New Subaward
- Remove All Subawards
- Download Subaward Form
- Attach Subaward Form

Subaward	Organization	Action
Nothing found to display.		

Required for proposals that include subrecipients when the R&R Budget is used. Download subaward form and send to Subrecipient to complete & return. Then attach subaward form.

# Application Information ?

- Summary
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- R&R Subaward Budget
- Modular Budget**
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- Assignment Request Form

- Period 1
- Period 2
- Cumulative
- Add Period

## PHS 398 Modular Budget - Period 1

PHS 398 Modular Budget v1.2 ?

To add Modular Budget, click on Optional Forms in Left Menu.

To be used when Direct Cost less Consortium F&A are <\$250k in each year.

OMB Number: 0925-0001  
Expiration Date: 03/31/2020

- Edit
- View Burden Statement

\* Required field(s)

\* Start Date

\* End Date

Make sure dates match SF 424 (R&R)

If Direct Costs less consortium F&A is >\$250k in any year of the project, then the R&R Budget should be used.

Direct Cost less Consortium Indirect(F&A)	Funds Requested (\$)
Consortium Indirect(F&A)	<input type="text" value="250,000.00"/>
Total Direct Costs	<input type="text" value="22,500.00"/>
	<input type="text" value="272,500.00"/>

### B. Indirect (F&A) Costs

Indirect (F&A) Type	Indirect (F&A) Rate (%)	Indirect (F&A) Base (\$)	Funds Requested (\$)	Action
MTDC	48.00	20,000.00	96,000.00	<a href="#">Edit</a> <a href="#">Remove</a>

Add Additional Indirect Cost

Total Indirect (F&A) Costs

Cognizant Agency (Agency Name, POC Name and Phone Number)

DHHS, Arif Karim, 214-767-3261

Indirect (F&A) Rate Agreement Date

C. Total Direct and Indirect (F&A) Costs (A + B) Funds Requested (\$)

### Budget Justifications

Personnel Justification  [Replace Attachment](#) [Delete Attachment](#) [View Attachment](#)

Consortium Justification  [Replace Attachment](#) [Delete Attachment](#) [View Attachment](#)

Additional Narrative Justification  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Only needed if the number of modules requested for each year varies.

Required for budgets with Subrecipients

PHS 398 Research Plan

PHS398 Research Plan v4.0 ?

OMB Number: 0925-0001  
Expiration Date: 03/31/2020

Edit

View Burden Statement

\* Required field(s)

Introduction

1. Introduction to Application  
(for Resubmission and Revision applications)

Required for Resubmission applications only, limited to 1 page. Will generate eRA Commons error if not included.

View Attachment

Research Plan Section

2. Specific Aims

Specific\_Aims.pdf

Limited to 1 page. If exceeded it will generate eRA Commons error.

View Attachment

\* 3. Research Strategy

Research\_Strategy.pdf

See FOA for page limitations. Will generate eRA Commons error if file exceeds pg. limit.

View Attachment

4. Progress Report Publication List

Required for Renewal applications

View Attachment

Other Research Plan Section

5. Vertebrate Animals

Vertebrate\_Animals.pdf

Attachment #5 is required if #2 on Research & Related Other Project Information Form is checked "yes". If it is not attached it will generate eRA Commons error.

View Attachment

6. Select Agent Research

View Attachment

7. Multiple PD/PI Leadership Plan

Leadership\_Plan.pdf

Attachment #7 is only required if more than one individual is listed with Project Role of PD/PI on Research & Related Senior/Key Person Profile. Will generate an eRA Commons error if included for single PI submission or if not included for multi-PI submission. When non-LSU PI's are included, need email certifications per NIH NOT-OD-06-54. We secure these certifications in SPS for LSU PI's.

View Attachment

8. Consortium / Contractual Arrangements

View Attachment

9. Letters of Support

View Attachment

10. Resource Sharing Plan(s)

View Attachment

11. Authentication of Key Biological and/or Chemical Resources

Limited to 1 page. Include if using key biological and/or chemical resources.

View Attachment

Appendix

12. Appendix

Attachment File Name

View Attachment

Nothing found to display.

All attachments must be in PDF. Use one space (not two or more) between words or characters. Avoid use of ampersand (&) in the name. File name should be 50 characters or less.

PHS Human Subjects and Clinical Trials Information

PHS Human Subjects and Clinical Trials Information v1.0 ?

OMB Number: 0925-0001 and 0925-0002  
Expiration Date: 03/31/2020

Edit View Burden Statement

\* Required field(s)

Click "Edit" in order to add information to section

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

Exemption number:  1  2  3  4  5  6  7  8

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study'.

In some cases a study cannot have defined plans for human subject involvement per agency policies on Delayed Onset Studies. In these cases, select 'Add New Delayed Onset Study' to provide the study name and justification for omission of human subjects study information.

Other Requested Information  Add Attachment Delete Attachment View Attachment

Study Record(s)

Attach human subject study records using unique filenames.

Add New Study Download Study Upload Study

Entry #	Study Title	Clinical Trial?	Action
Nothing found to display.			

Click to add new "Study Record" information. The following pages show what populates when you click "Add New Study".

Delayed Onset Study(ies)

Add New Delayed Onset Study

Entry #	Study Title	Anticipated Clinical Trial?	Justification	Delete on Save	Add/Update Attachment	View Attachment
Nothing found to display.						

Save and Keep Lock Save and Release Lock Cancel and Release Lock

## PHS Human Subjects and Clinical Trials Information - Study Record 1

OMB Number: 0925-0001 and 0925-0002

Expiration Date: 03/31/2020

### PHS Human Subjects and Clinical Trials Information v1.0 ?

Edit

Expand All \* Required field(s)

#### SECTION 1 - BASIC INFORMATION ▲

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

\* 1.2. Is this Study Exempt from Federal Regulations?

Yes  No

1.3. Exemption Number

1  2  3  4  5  6  7  8

\* 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

Click the Populate button to retrieve data from ClinicalTrials.gov registration once Identifier is entered.

Populate

## 2.1. Conditions or Focus of Study

Action

Nothing found to display

[Add New Condition](#)

## 2.2. Eligibility Criteria

Enter up to 15000 characters

Characters Remaining: 15000

## 2.3. Age Limits

Minimum Age

  ▼

Maximum Age

  ▼2.4. Inclusion of  
Women, Minorities,  
and Children[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)2.5. Recruitment and  
Retention Plan[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

## 2.6. Recruitment Status

 ▼

## 2.7. Study Timeline

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)2.8. Enrollment of First  
Subject   ▼

## Inclusion Enrollment Report(s)

[Add New Inclusion Enrollment Report](#)

Entry #	Enrollment Location Type	Enrollment Location	Action
Nothing found to display.			

Click to add new "New Inclusion Enrollment Report" information. The following pages show what populates when you click this button.

## Inclusion Enrollment Report 1

### PHS Human Subjects and Clinical Trials Information v1.0

Edit

\* 1. Using an Existing Dataset or Resource

Yes  No

\* 2. Enrollment Location Type

Domestic  Foreign

3. Enrollment Country(ies)

None selected 

4. Enrollment Location(s)

Enter up to 255 characters

Characters Remaining: 255

5. Comments

Enter up to 500 characters

Characters Remaining: 500

### Planned

Racial Categories	Ethnic Categories				Total
	Not Hispanic or Latino		Hispanic or Latino		
	Female	Male	Female	Male	
American Indian/Alaska Native	<input type="text" value="0"/>				
Asian	<input type="text" value="0"/>				
Native Hawaiian or Other Pacific Islander	<input type="text" value="0"/>				
Black or African American	<input type="text" value="0"/>				
White	<input type="text" value="0"/>				
More than One Race	<input type="text" value="0"/>				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Cumulative (Actual)

Racial Categories	Ethnic Categories									Total
	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			
	Female	Male	Unknown/N ot Reported	Female	Male	Unknown/N ot Reported	Female	Male	Unknown/N ot Reported	
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

Click "Save and Add" once you have completed this section. Once then saved and added you can finish the "Study Record" information.

SECTION 3 - PROTECTION AND MONITORING PLANS

3.1. Protection of Human Subjects

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

If yes, describe the single IRB plan

3.3. Data and Safety Monitoring Plan

3.4. Will a Data and Safety Monitoring Board be appointed for this study?  Yes  No

3.5. Overall Structure of the Study Team

SECTION 4 - PROTOCOL SYNOPSIS

4.1. Brief Summary   
 Characters Remaining: 5000

4.2. Study Design

4.2.a. Narrative Study Description   
 Characters Remaining: 32000

4.2.b. Primary Purpose

4.2.c. Interventions

Intervention Type	Name	Description	Action
<input type="text" value=""/>	Enter up to 200 Characters	Enter up to 1000 Characters	Delete

Add New Intervention

4.2.d. Study Phase

Is this an NIH-defined Phase III clinical trial?  Yes  No

4.2.e. Intervention Model

4.2.f. Masking

Yes  No

Participant  Care Provider  Investigator  Outcomes Assessor

4.2.g. Allocation

4.3. Outcome Measures

Type	Name	Time Frame	Brief Description	Action
<input type="text" value=""/>	Enter up to 255 Characters	Enter up to 255 Characters	Enter up to 999 Characters	Delete

Add New Outcome

4.4. Statistical Design and Power

Add Attachment

Delete Attachment

View Attachment

4.5. Subject Participation Duration

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

Yes  No

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

Add Attachment

Delete Attachment

View Attachment

4.7. Dissemination Plan

Add Attachment

Delete Attachment

View Attachment

Save and Keep Lock

Save and Release Lock

Save and Add

Cancel and Release Lock

Remove Study

Click "Save and Add" once you have completed this section.

Edit

View Burden Statement

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Other Requested Information

Add Attachment

Delete Attachment

View Attachment

Study Record(s)

Attach human subject study records using unique filenames.

Add New Study

Download Study

Upload Study

Entry #	Study Title	Clinical Trial?	Action
! 1		No	<a href="#">Edit</a> <a href="#">View</a>

Delayed Onset Study(ies)

Add New Delayed Onset Study

Click to add a Delayed Onset Study(ies).

Entry #	Study Title	Anticipated Clinical Trial?	Justification	Delete on Save	Add/Update Attachment	View Attachment
Nothing found to display.						

Save and Keep Lock

Save and Release Lock

Cancel and Release Lock

## Delayed Onset Study(ies)

Add New Delayed Onset Study

Entry #	Study Title	Anticipated Clinical Trial?	Justification	Delete on Save	Add/Update Attachment	View Attachment
1	<input type="text"/>	* <input type="radio"/> Yes <input type="radio"/> No *		<input type="checkbox"/>	<input type="button" value="Add"/>	

Save and Keep Lock

Save and Release Lock

Cancel and Release Lock