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Introduction

# I. INTRODUCTION

# 1. Background

The National Institute of Food and Agriculture (NIFA) is an agency within the U.S. Department of Agriculture (USDA), part of the executive branch of the Federal Government. Congress created NIFA through the Food, Conservation, and Energy Act of 2008. NIFA replaced the former Cooperative State Research, Education, and Extension Service (CSREES), which had been in existence since 1994.

# 2. Purpose and Scope

This instruction document is intended to assist applicants in the preparation and submission of applications to NIFA. It is also the primary document for use in preparation of applications via Grants.gov. Where appropriate, relevant sections of the Grants.gov User Guide have been incorporated by reference.

# 3. Intended Audience

Individuals, organizations, etc. that meet the eligibility requirements of a NIFA funding opportunity and are interested in submitting an application to NIFA in response to a funding opportunity.

# 4. Document Symbols

The following symbols are used throughout this document to highlight information that is of particular interest or importance:



This symbol indicates NIFA-specific instructions.

This symbol represents a link to an important reference material.

### \*

This symbol represents a required field. Required fields in application forms are further indicated by a yellow highlight.

# 5. Referenced Documents

## 5.1 NIFA Funding Opportunity

A NIFA Funding Opportunity (e.g., request for applications) provides information specific to an opportunity for funding through NIFA. A request for applications (RFA) includes, among other things, eligibility information and guidance for the preparation of applications for submission to NIFA. NIFA makes active funding opportunities available via Grants.gov (





# III. NIFA-SPECIFIC INSTRUCTIONS FOR SUBMISSION VIA GRANTS.GOV

## 1. Comments on NIFA Instructions

To submit comments to NIFA regarding the content of the NIFA Grants.gov Application Guide send an e-mail to: <u>RFP-OEP@nifa.usda.gov</u> (this e-mail address is intended only for receiving comments). Please include "NIFA Grants.gov Application Guide" in the subject line of the e-mail and detailed information regarding the comment.

# 2. Components of a NIFA Application

The documents listed in Table 1 are components that may be part of a NIFA application. The Grants.gov Application Package for the funding opportunity will identify which forms are required (must be submitted to NIFA as part of the application) and which one(s), if any, are optional (may, as necessary, be submitted to NIFA as part of the application). Detailed instructions for completing the documents can be found on the page indicated in the table.

Document	Instructions
R&R SF424 Cover Sheet	See Part V.
R&R Project/Performance Site Location(s)	See Part V.
R&R Other Project Information	See Part V.
R&R Personal Data	See Part V.
R&R Budget (Fed/Non-Fed)	See Part V.
R&R Subaward Budget (Fed/Non-Fed) Attachment	See Part V.
Supplemental Information	See Part VI.
NRI Proposal Type Form	See Part VI.
SBIR/STTR Information	See Part VI.

Table 1: Components of a NIFA Application

## 3. Conformance with Application Preparation Requirements

It is imperative that all applications conform to the application preparation and submission instructions. All attachments to an application **must** comply with NIFA font, spacing and margin requirements **and MUST be in pdf** (portable document format) (see Part III., 3.1) **otherwise the application is at risk of being excluded from NIFA consideration or handled otherwise.** Please note that a NIFA RFA may include specific requirements; therefore, it is critical to pay particular attention to any related language in the RFA. NIFA may exclude from consideration applications that are not consistent with these instructions or those included in the applicable RFA.



### 3.1 Attachments (Required to be in pdf)

- A. Attachments to an application should be a typed or word processed document using no type smaller than 12 point font regardless of line spacing with at least one-inch margins. Each page of an attachment should be numbered sequentially. These specifications apply unless noted otherwise in a request for applications (RFA). If a page limitation applies to a specific attachment it too will be noted in this Guide or the RFA.
- B. For attachments to electronic applications NIFA **REQUIRES** the attachments to be in **portable document format (pdf)**. Using pdf format allows applicants to preserve the formatting of their documents. In order to save a document as a pdf, the applicant will need to use pdf generator software. Grants.gov has published the following web page on tools and software that the applicant can use:

Tools and software the applicant can use for portable document format:

http://www.grants.gov/help/download\_software.jsp#pdf\_conversion\_programs

## ANY APPLICATIONS NIFA RECEIVES CONTAINING NON-PDF DOCUMENTS ATTACHED ARE AT RISK OF BEING EXCLUDED FROM NIFA CONSIDERATION. Partial applications will be excluded from consideration.

ATTENTION: There is a paper clip icon on the left side of the page in every application. Do NOT attach documents with this function. If you attach documents under this function your application will be incomplete and cause errors.

## 4. Submission of Same Application to Multiple Agencies

Concurrent submission of an application to other organizations for simultaneous consideration will not prejudice its review.

## 5. Submission of an Application for NIFA Review

An application may be submitted only once to NIFA. The submission of duplicate or substantially similar applications concurrently for review by more than one program will result in the exclusion of the redundant applications from NIFA consideration.

## 6. Application Status

### 6.1 Grants.gov Application Status

Within two days of submitting a grant application, Grants.gov will send two email messages to the applicant:

- The first will confirm receipt of the application by the Grants.gov system.
- The second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency OR has been rejected due to errors.
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### 7.3 Application File Update – Post Submission

Applications submitted through Grants.gov are considered official submissions to the Federal government. Applicants wishing to change or correct a previously submitted application should immediately contact the appropriate NIFA agency contact that is identified in the applicable RFA.



# **IV. GRANT APPLICATION PACKAGE INSTRUCTIONS**

# 1. Grant Application Package

A Grant Application Package is tied to a particular funding opportunity. Applications prepared using the Grant Application Package may ONLY be submitted to the particular funding opportunity to which the Grant Application is associated. In other words, an application prepared using a Grant Application Package **may not** be submitted to a different funding opportunity; one must access the Grant Application Package associated with said funding opportunity and prepare and submit the application to that funding opportunity.

### 1.1 Verify Grant Information

Verify that the information shown corresponds to the grant for which the applicant wishes to apply. Grants.gov will auto-populate the following information:

- Opportunity Title
- Offering Agency
- Catalog of Federal Domestic Assistance (CFDA) Number
- CFDA Description
- Opportunity Number

• Competition ID (NIFA does not utilize this field, therefore, no information will be pre-populated in the field; the field will be blank. Do not enter any information in the field.

- Opportunity Open Date
- Opportunity Close Date

Application Da

Agency Contact

Opportunity Titie: Offering Agency: CFDA Number: CFDA Description: Opportunity Number: Competition ID: Opportunity Open Date: Opportunity Close Date: Agency Contact:		GRANTS.GOV         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 referenced here.         If the Federal funding opportunity listed is not the opportunity for which you want to apply.         Two grants apply for the specific Federal funding opportunity listed is not the opportunity for which you want to apply.         Two grants apply for the specific Federal funding opportunity listed is not the opportunity for which you want to apply.         Two grants apply for the specific Federal funding opportunity listed is not the opportunity for which you want to apply.         Two grants apply for the specific Federal funding opportunity listed is not the opportunity for which you want to apply.         Two grants apply for the specific Federal funding opportunity for which you want to apply.         Two grants apply for the specific Federal funding opportunity for which you want to apply.         The specific Federal funding opportunity for the specific Federa for the specific Federa for the specific Fe
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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.

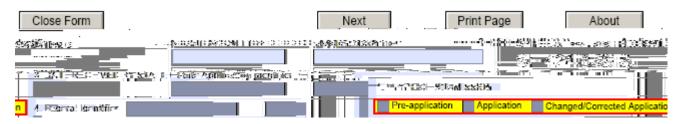
An application may only be submitted in response to the Federal funding opportunity from which it is obtained. For example, you may NOT utilize a grant application package downloaded for a



funding opportunity in one fiscal year to submit an application to another funding opportunity in the following year even if it is the same program.

### **1.2** Enter a Name for the Application





Once the "Next" button has been clicked, the applicant will be taken to the next page of the form/document where they may complete the rest of the form.



To go back to the first page of the form/document, simply click on the "Previous" button. Once all the relevant fields have been completed, the applicant may click on the "Close Form" button to return to the Grant Application Package screen and the list of Mandatory and Optional Documents. When a form/document is closed the completed data is captured in the application package but the form/document is not saved. The application package must be saved from the Grant Application Package screen. More information on saving the application package is available in Section 1.7, Saving the Application.

On the R&R Budget (Fed/Non-Fed) form/document, the applicant may enter up to 5 budget periods. To add a new budget period, the applicant must first complete Budget Period 1 including attaching a budget narrative. The "Next Period" button on page 3 of the R&R Budget (Fed/Non-Fed) form/document will become active once all the required fields in Budget Period 1 are completed.



Many of the forms/documents in the application package require the applicant to attach files. As stated in Section 3.1, Portable Document Format (pdf), NIFA REQUIRES that ALL attachments be submitted in pdf format. All attachments also must have a unique name to identify the attachment. Attachment file names should indicate the file contents (e.g., Project Summary).

### 1.6 Accessing Help Tips

To access help tips scroll over a field on the form/document to reveal the help text for that field. Not every field has a help tip.

### **1.7** Saving the Application

The application package can only be saved from the Grant Application Package screen. It is recommended that after the applicant completes each form/document that they click on the "Close Form" button to close the form and then save the application package by clicking on the "Save" button at the top of the Grant Application Package Screen. It is important to note that the application package will be saved to the last active directorvSr6dk497 TD-o( di



### 1.8 Check Package for Errors

To initiate the Grants.gov edit check process, simply click on the "Check Package for Errors" button at the top of the screen.

This process will identify all mandatory fields that have not been completed by the applicant. These errors will be displayed one at a time.

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No checks against NIFA business rules will take place at this time (e.g., no checks will occur to ensure compliance with the pdf attachment requirement, formatting requirements).

ATTENTION: There is a paper clip icon on the left side of the page in every application. Do NOT attach documents with this function. If you attach documents under this function your application will be incomplete and cause errors.

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# Close Form Next Print Page About

# 2. SF-424 (R&R) (Cover Sheet)

## 2.1 Enter a Type of Submission (Field 1 on the Form)

Select a type of submission. If this submission is to change or correct a previously submitted "New" application, click the Changed/Corrected Application box and enter the Grants.gov tracking number in the Federal Identifier field. If this submission is to change or correct a "r







should **not** be submitted to NIFA.

### 2.2 Enter Date Submitted and Applicant Identifier (Field 2 on the Form)

Enter the date the application is submitted to Federal agency (or State if applicable). Please use mm/dd/yyyy format (e.g., 08/13/2009). Enter the Applicant's control number (if applicable) in the *Applicant Identifier* field.

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The Applicant Identifier field is for use when an institution has their own system for tracking applications. This field allows the applicant to enter their application identifier on the application, if applicable.

### 2.3 Enter Date Received by State and State Application Identifier (Field 3 on the Form)

Enter the date received by state (if applicable). Enter the state application identifier (if applicable) in the *State Application Identifier* 



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Province	Enter the Province.
*Country	Select the country for the applicant address. This field is required.
*Zip Code	Enter the Postal Code (e.g., ZIP code) of applicant. This field is required if the applicant is located in the United States. This field is required if a State is selected; optional for Province.

Person to be contacted on matters involv.24 reo.24 r-ngpl9rs@n48 6 6599.46 99.4224.03 666.78 Tm0599.46 89/Im4.03 666.787







### 2.14 Enter Congressional Districts (Field 14 on the Form)

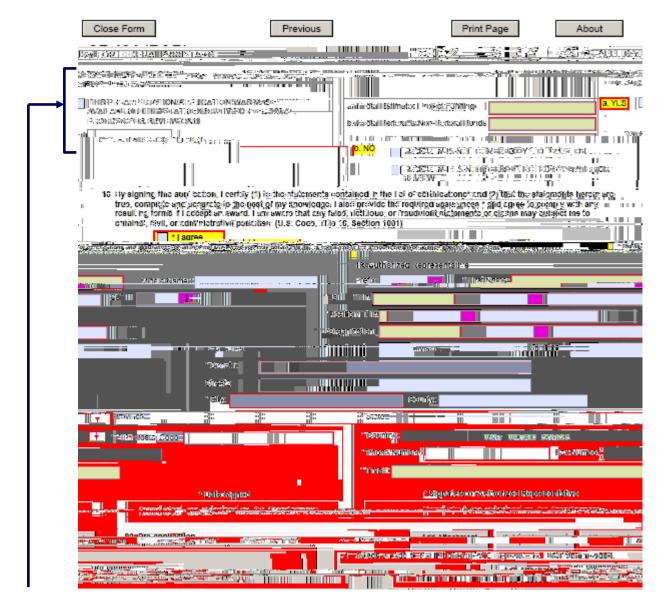
\* **Applicant** - Enter the applicant's Congressional District. Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. This field is required.

\* **Project** – Enter the project's Congressional District. Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Attach an additional list of Project Congressional Districts on page 2, if needed. This field is required.

### 2.15 Enter Project Director/Principal Investigator Contact Information (Field 15 on the Form)

Field Name	Input
Prefix	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Project Director/Principal Investigator (PD/PI).
*First Name	Enter first name of the PD/PI. This field is required.
Middle Name	Enter the middle name of the PD/PI.
*Last Name	Enter the last (family) name of the PD/PI. This field is required.
Suffix	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.
Position/Title	Enter the title of the PD/PI.
*Organization Name	Enter the name of organization for the PD/PI. This field is required.
Department	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI.
Division	Enter the name of primary organizational division, office, or major subdivision of the PD/PI.
*Street 1	Enter first line of the street address for the PD/PI in the "Street1" field. This field is required.
Street 2	Enter second line of the street address for the PD/PI in "Street2" field. This field is optional.
*City	Enter the City for address of the PD/PI. This field is required.
County	Enter the county for address of the PD/PI.
*State	Enter (select) the State where the PD/PI is located. This field is required if the PD/PI is located in the United States.
Province	Enter the Province.
*Country	Select the country for PD/PI address.
*Zip Code	Enter the Postal Code (e.g., ZIP code) of PD/PI. This field is required if the PD/PI is located in the United States. This field is required if a State is selected; optional for Province.
*Phone Number	Enter the daytime phone number for the PD/PI. This field is required.
Fax Number	Enter the fax number for the PD/PI.





### 2.16 Enter Estimated Project Funding (Field 16 on the Form)

Field Name	Input
* Total Estimated	Enter total Federal funds requested for the entire project period. This field is required.
Project Funding	
*Total Federal & Non-	Enter total estimated funds for the entire project period, including both Federal and non-Federal
Federal Funds	funds. If using the Funds Requested Budget Component, item 16b will be the same as 16a. This
	field is required information.
*Estimated Program	Identify any Program Income estimated for this project period if applicable. This field is required.
Income	

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Estimated program income is estimated gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award.

### 2.17 Is Application Subject to Review by State Executive Order 12372 Process? (Field 17 on the Form)

If yes, check box. If the announcement indicates that the program is covered under Executive Order 12372, applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372. If no, check appropriate box. This field is required.





Fax Number	Enter the fax number for the Authorized Representative.
*Email	Enter the e-mail address for the Authorized Representative. This field is required.
Signature of	It is the organization's responsibility to assure that only properly authorized individuals submit the
Authorized	application to Grants.gov. This field is completed on submission to Grants.gov.
Representative	
Date Signed	This field is completed on submission to Grants.gov.

### 2.20 Enter Pre-Application (Field 20 on the Form)

If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency-specific instructions and attach here.



Infrequently, a NIFA funding opportunity will require or request submission of a preliminary application in advance of submission of a full application. The two predominant reasons for requiring submission of a preliminary application are to:

- Reduce the applicant's unnecessary effort in application preparation when the chance of success is very small. This is particularly true of exploratory initiatives where the community senses that a major new direction is being identified, or competitions that will result in a small number of actual awards; and
- Increase the overall quality of the full submission.

The NIFA RFA will specify the content and submission requirements in Section V.A of the RFA when preliminary applications are to be utilized. Note that a pre-application is not the same as a Letter of Intent which NIFA, in some cases, may utilize. The RFA will state when a pre-application or a Letter of Intent is to be submitted, if appropriate; the RFA will remain silent if the items are not utilized.

# 2.21 Attach an Additional List of Project Congressional Districts if needed (Field 21 on the Form)

Attach a file using the appropriate buttons.

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See Part III Section 3.1 of this Guide for NIFA attachment specifications.

# 3. R&R Project/Performance Site Location(s)

### RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name:

\* Street1:

Street2:

\* City:

County:

\* State:

• State:

• Province:

\* County:

USA:

UNITED

\* ZIP / Postal Code:



Field Name	Input
Organization Name	Indicate the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided.
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location. This field is required.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location. This field is optional.
*City	Enter the City for address of the primary performance site location. This field is required.



County	Select the county for the performance site location.	
	Enter the State where the primary performance site location	
*State	is located. This field is required if the Project Performance	
	Site is located in the United States.	
Province	Enter the Province where the primary performance site	
FIOVILLE	location is located.	
	Enter the Postal Code (e.g., ZIP code) of the primary	
*Zip Code	performance site location. This field is required if the Project	
	Performance Site is located in the United States.	
Country	Select the name of the country for the primary project	
Country	performance site	

### 3.2 Project/Performance Site Location 1

Project/Performance Site Location 1	
Organization Name:	
* Street1:	
Street2:	
* CIRC - Country	
* XI #/ Pastal Case: * Country:	USA: UNICED SCADES.

Enter for the Project/Performance Site Location 1 the information required for the Project/Performance Site Primary Location. If it is necessary to enter information for additional sites, click on the "Next Site" button.

### 3.3 Additional Locations

If more than 8 performance site locations are proposed, provide the requested information in a separate file and attach.

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under subsection 3.3 of the SBIR Program Solicitation). See Part III Section 3.1 of this Guide for NIFA attachment specifications.

### 4.8 Attach Bibliography & References Cited (Field 8 on the Form)

Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the same sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers, and year of publication. Include only bibliographic citations. Proposers should

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# 5. R&R Senior/Key Person Profile (Expanded)



Beginning with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement, Senior/Key Personnel are defined as all individuals who contribute in a substantive, measurable way to the scientific development or execution of the project whether or not salaries are requested.

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About

NIFA-Specific Instructions for Submission via Grants.gov

## 6. R&R Personal Data





RESEARCH & BELATED PERSONAL DATA

Firojectilli rector/Firincipallinet stigetor ans@to-MojentHitentor(s)Ala-Frincipal Investigator(s)-

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	* Last Name:		Suffi		
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litesting	A.m.:risa	American Indianer-Alex&57Natives			
Visual	A&an				
I Mobility/Srthonedic Impairment	BlackCor	Záriczn-Americzn			
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RtDnm		i na ser a ser			
	White-				
nones		+e7⇔vki <del>≷ar anaron ar</del>	···.		

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*Last Name	Pre-populated from SF-424 R&R. The last (family) name of the PD/PI. This field is required.				
Suffix	Pre-populated from SF-424 R&R. Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.				
Date of Birth	Enter the date of birth. Leave blank if you do not wish to provide.				
Social Security Number	The Social Security Number serves as a helpful identifier. However, submission of this data element is voluntary. Leave blank if you do not wish to provide it.				

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Do **NOT** enter a social security number. NIFA no longer collects or utilizes this information.

Field Name	Input
Gender	Select one.
Race (check all that apply)	Choose one or more: American Indian or Alaska Native - A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment. Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.) Black or African American - A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa. Do Not Wish to Provide
Ethnicity	Choose one: <i>Hispanic or Latino</i> - A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. <i>Not Hispanic or Latino</i> <i>Do not wish to provide</i>
Disability Status (check all that apply)	Select one or more: Hearing Visual Mobility/Orthopedic Impairment Other None Do Not Wish to Provide
Citizenship	Select one: U.S. Citizen Permanent Resident Other non-U.S. Citizen Do Not Wish to Provide

### 6.2 Enter Co-Project Director/Co-Principal Investigator Information

Click on the "Next Person" button to advance to the next person's record.

To enter the Co-Project Director/Co-Principal Investigator information, complete the same information noted in Section 6.1.



# 7. R&R Budget (Fed/Non-Fed)

Close Form			Next		Print Page	About
	RESEARCH	& RELATED BUDG	ET (TOTAL FED +	NON-FED) - SECTIO	ON A, BUDGET PERIOD 1	
* ORGANIZATIONAL DUN	S:					
* Budget Type: Proj	ect Subaward/Co	nsortium				
Enter name of Ornanization	wn•			، معد من الله م		
			Dele	e Entry * Start Rold	* reliciós	2.19.885-t -945-st - 1
			A. Sonio	Koy bonson		
			1. Prefix	" First Name		liddle Name " Last N
ame		Suffix	1. Preix	Fifst Name		
			Prole	ct Role		
			PD/PI			
Total (Sal & FB)				Cal.		;
End	THE REAL PROPERTY (		<u>ing na su</u> n desta			AND
						II
" Last Name			Sumx	2. Prefix	" First Name	Middle Name
				<u></u>		
				* Project Role		
r Tabel (Oal A CD)						
	K.a. Acats (6) Months Tableins Add	the welcq senary s	ning inder der d	0:4 :	())	
firsí name	- Mississi - Mississi - Katala		silver			
						* Project Role
Cal. Acad. Sum. Months Months Month		* Fringe Ben. (\$)	" Total (Sal & FB) (Fed + Non-Fed)(S)	* Federal (\$)	" Non- Federal (\$)	Base Salary (\$)
	s rieq. salary (s)	Finge ben. (a)		receiar(a)	Noir- Federal (4)	
		-11			[	
First Name	Middle Name	* La	st Name		Suffix	4. Prefix
						* Project Role
						Project Note
Cal. Acad. Sum.			" Total (Sal & FB)			
Months Months Month						
Month's Month's Month		* Fringe Ben. (\$)	(Fed + Non-Fed)(\$)	* Federal (\$)	" Non- Federal (\$)	Base Salary (\$)

7.1 Enter Budget Information and the R&R Subaward Budget (Fed/Non-Fed) Attachment Form





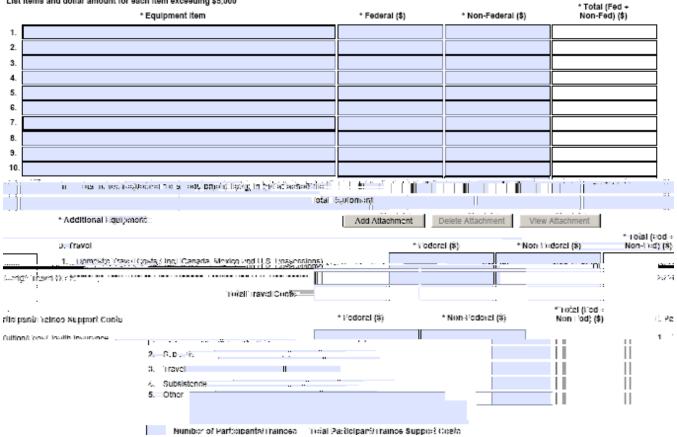


may be appropriate may be found at: <u>http://www.whitehouse.gov/omb/circulars/a021/a21\_2004.html#exc</u>. The circumstances for requiring direct charging of these services must be clearly described in the budget justification.

USDA If appropriate, a zero may be included in any of the fields where a dollar amount is to be entered.

#### C. Equipment Description

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



### 7.4 Enter Equipment Description (Field C on the Form)

Equipment is defined as an item of property that has an acquisition cost of \$5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year.

*Equipment item* - List each item of equipment separately and justify each in the budget justification section.

National Institute of Food and Agriculture, USDA Grants.Gov Application Guide A Guide for Preparation and Submission of NIFA Applications via Grants.gov October 23, 2009



NIFA-Specific Instructions for Submission via Grants.gov



See Part III Section 3.1 of this Guide for CSREES attachment specifications. Total Equipment





F. Other Direct Costs			· East ites	A Mary Frankrat (A)	A Table (Ford - Non /	and the
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	L					
					10.	
	Total Other Direct Costs					
	Total Direct Costs (A thru F)	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)	G. Direct Costs	

### 7.7 Enter Other Direct Costs (Field F on the Form)

**1.** *Materials and Supplies* - List total funds requested for materials and supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1,000 are not required to be itemized.

### USDA

The types of expendable materials and supplies required should be indicated in general terms with estimated costs.

2. Publication Costs - List the total publication funds requestLiNIF to b.p 497 TDe10.29(t)-2he tts requ[(eal fund)2.7(s)]



### <u>USD</u>A

Costs of preparing and publishing the results of a project conducted under the award, including costs of reports, reprints, page charges or other journal costs, and necessary illustrations, may be included.

**3. Consultant Services** - List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

**USD**A

Applicants normally are expected to utilize the services of their own staff to the maximum extent possible in managing and performing the activities supported by awards. If the need for consultant services is anticipated, the "Other Attachments" (Field 11. of the SF-424 R&R Other Project Information) should provide a justification for the use of such services, a statement of work to be performed, and a resume or curriculum vita for each consultant. The proposal budget should indicate the amount of funds required for this purpose. The budget narrative should list the name(s) of the consultant(s), the name(s) of their organization(s), and a breakdown of the amount being charged to the award (e.g., number of days of service, rate of pay, travel, per diem). If this information is not available at the time of award, funds for this purpose will be withheld until the information is provided to and approved by CSREES.

**4. ADP/Computer Services** - List total funds requested for ADP/Computer Services. The cost of computer services, including computer-based retrieval of scientific, technical and education information may be requested. In the budget justification, include the established computer service rates at the proposing organization if applicable.

**5. Subawards/Consortium/Contractual Costs** - List total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.

**6. Equipment or Facility Rental/User Fees** - List total funds requested for Equipment or Facility Rental/User Fees. In the budget justification, identify each rental/user fee and justify.

**7. Alterations and Renovations** - List total funds requested for Alterations & Renovations. In the budget justification, itemize by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.

**8. through 10. Other (specify)** - Add text to describe any "other" Direct Costs not requested above. Use the budget justification to further itemize and justify.

*Federal (\$)	List total Federal funds proposed for each budget item under other direct costs. This field is required if funds are proposed for a budget item under other direct costs.
*Non-Federal (\$)	Enter Non-Federal funds proposed for each budget item under other direct costs. This field is
	required if funds are proposed for a budget item under other direct costs.
*Total (Fed +	Total estimated cost (Total Fed + Non-Fed) for other direct costs. This field is required if funds
Non-Fed)(\$)	are proposed for a budget item under other direct costs. The total will auto-calculate.

*Total Other Direct Costs* – Total Funds requested for all other direct costs. This total will auto-calculate.

### 7.8 Verify Total Direct Costs (Field G on the Form)

Total Direct Costs (A-F) – Total Funds requested for all direct costs. This total will auto-calculate.



#### H. Indirect Costs

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	2.						
	3.						
	<b>4</b> .						
						Total Indirect Costs	
Name, and Phone Number)	Cog	nizant Agenc	cy 🛛				(Agency Name, POC

### 7.9 Enter Indirect Costs (Field H on the Form)

*Indirect Cost Type* - Indicate the type of base; e.g., Salary & Wages, Modified Total Direct Costs, Other (explain). Also indicate if Off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect rate(s) approved by a Federal agency, indicate, "None--will negotiate" and include information for a proposed rate. Use the budget justification if additional space is needed.

**Indirect Cost Rate (%)** - Indicate the most recent Indirect Cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.

Indirect Cost Base - Enter the amount of the base for each indirect cost type.

\* Funds Requested (\$) - Enter funds requested for each indirect cost type. This field is required.

### 7.10 Verify Total Indirect Costs

Total Indirect Costs - Total Funds requested for indirect costs. This total will auto-calculate.

**Cognizant Federal Agency** - Enter the name of the cognizant Federal agency, name and phone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter "None".

### <u>USD</u>A

Many CSREES programs have statutory limits on the amount of F&A/indirect cost recovery. This limitation flows down to subcontracts. Check Part IV, D. of the request for applications (RFA) for the limitations, if any, on F&A/indirect costs (for the Small Business Innovation Research program (SBIR) indirect cost information is specified under subsection 3.3 of the SBIR Program Solicitation).

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include any remaining subaward budget(s) under Field K. "Budget Justification", incorporating them as part of the required PDF attachment.

<u>USD</u>A

Annual budget(s) including a budget justification and a cumulative budget are required for each subcontractual arrangement.

USDA

To extract or download, fill and attach additional R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form, simply follow these steps:

1. On the R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form, press the "Click here to extract the R&R Subaward Budget (Fed/Non-Fed) Attachment" button to download the form.

Click here to extract the R&R Budget (Fed/Non-Fed) Attachment

2. Save the subawardee budget file(s) with the name of the subawardee organization. Each file name attached to the R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form must be unique.

3. Open the form that you have just saved.

4. Enter your subawardee organization information in this supplemental form. Complete the subawardee budget(s) in accordance with the R&R Budget (Fed/Non-Fed3(d)-.7(lative Tc0 Tw[( 72 5 441.42 Tm-0001 Tc-.0025 Tw[(4 )]TJ-38.6.2(o]T





### VI. NIFA-SPECIFIC AND CROSS®



### 1.1 Funding Opportunity (Field 1 on the Form)

\**Funding Opportunity Name* – Pre-populated from the opportunity package. Verify the accuracy of the funding opportunity name. This field is required.

\**Funding Opportunity Number* – Pre-populated from the opportunity package. Verify the accuracy of the funding opportunity number. This field is required.

### 1.2 Program to which you are applying (Field 2 on the Form)

\* **Program Code Name** – Enter the name of the program to which you are applying exactly as instructed in the full announcement. This field is required.

\* **Program Code** – Enter the program code to which you are applying exactly as instructed in the full announcement. This code is used to route an application within the agency. This field is required.

### **1.3** Type of Applicant (Field 3 on the Form)

Pre-populated from the SF-424 R&R. Field 3 describes the legal applicant that is identified in Field 5 of the SF-424 R&R. Field 4 (see 1.4) further describes the legal applicant.

### 1.4 Additional Applicant Types (Field 4 on the form)

Select one of the following options if it is applicable to the legal applicant of this application. The following are a few examples to illustrate how fields 3 and 4 might be completed.

a. If the applicant is an 1862 Land-grant University, the **type of applicant** is "Public/State Controlled Institution of Higher Education" and the **additional applicant type** is "1862 Land-Grant University."

b. If the applicant is an 1890 Land-grant University, the **type of applicant** is "Public/State Controlled Institution of Higher Education" and the **additional applicant type** is "1890 Land-Grant University."

c. If the applicant is an 1994 Land-grant University, the **type of applicant** is "Public/State Controlled Institution of Higher Education" and the **additional applicant type** is "1994 Land-Grant University."

d. If the applicant is a USDA Agency, the **type of applicant** is "Other" and the **additional applicant type** is "USDA Agency."

### 1.5 Supplemental Applicant Types (Field 5 on the Form)

Select any of the listed options that are applicable to the legal applicant of the application.

### **1.6 HHS Account Information (Field 6 on the Form)**

\* D<u>oes the legal applicant have a Department of Health and Human Services' Payment Manadement System (DHHS-PMS) Payee</u>

If the legal applicant has an HHS account select yes. If it does not select no. This field is required.

### \* Milhat is the DUUS\_DMS RIN to be readily the substantian of the average.

Enter the DHHS-PMS PIN to be used in the event of an award. This field is to be completed if yes is selected as answer to previous question.

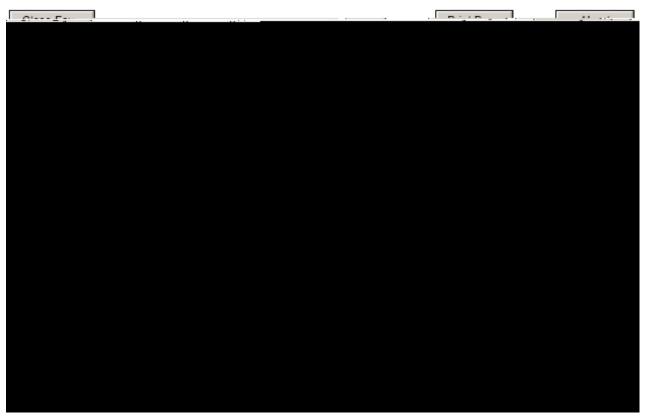
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### 1.8 Conflict of Interest List (Field 8 on the Form)

Prepare the Conflict of Interest list(s) following the instructions and format below. A suggested template for the Conflict of Interest List is located at <u>http://www.nifa.usda.gov/funding/templates/conflict of interest.doc</u>. Attach a single conflict of interest





### 2.1 Integrated Project Proposal

If the project involves any combination of research, education, and extension activities, with the provision that the project include at least two of the three stated components, then check "Integrated Project Proposal."

### 2.2 Research Project Proposal

If the project is to involve fundamental or mission-linked research that is conducted by individual investigator(s) within the same discipline or multidisciplinary teams, as appropriate, check "Research Project Proposal."

Select one of the three types of Research Project Proposals: Standard Research Project, Conference, or Agricultural Research Enhancement Award. The AREA award types are the same as those described in the request for applications for the Food and Agricultural Science Enhancement (FASE) awards.

- Standard Research Project is one that is for fundamental or mission-linked research that is conducted by individual investigator(s) within the same discipline or multidisciplinary teams.
- Conference is a project that is for scientific meetings that bring together scientists to identify research needs, update information, or advance an area of research that is recognized as integral parts of research efforts.
- Agricultural Research Enhancement Award (AREA) or Food and Agricultural Science Enhancement (FASE) awards are designed to help institutions develop competitive research programs and to



- Postdoctoral Fellowship is for individuals who have recently received or will soon receive their doctoral degree.
- New Investigator is one who is beginning his/her research career, does not have an extensive research publication record, has less than five years postgraduate, career-track research experience, and has not received competitively awarded Federal research funds beyond pre- or postdoctoral research awards.<sup>2</sup>
- Strengthening category consists of four categories: Standard Strengthening, Equipment, Seed Grant, and Career Enhancement.

If the Area Research Enhancement Award (AREA) or Food and Agricultural Science Enhancement (FASE) award is a New Investigator and a Strengthening then the AREA category, Standard Strengthening, should be completed.

If the Area Research Enhancement Award (AREA) or Food and Agricultural Science Enhancement (FASE) award is a Strengthening, then check whether the application is a Standard Strengthening, Equipment, Seed Grant, or Career Enhancement.

- Standard Strengthening is a project that provides an opportunity for faculty to enhance their research capabilities by funding sabbatical leaves.<sup>2</sup>
- Equipment is a request for funds that will be designated for equipment to strengthen the research capacity of the institution.<sup>2</sup>
- Seed Grant is a request for funds to enable investigators to collect preliminary data in preparation for applying for a Standard Research Grant.<sup>2</sup>
- Career Enhancement is a request for funds to provide an opportunity for faculty at institutions meeting specific criteria to enhance their research capabilities by funding sabbatical leave.<sup>2</sup>

<sup>2</sup>See full request for applications for further information.

### 3. SBIR/STTR Information

This form is ONLY for use by applicants submitting to the NIFA Small Business Innovation Research Grants Program (SBIR).



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### 2.1 Program Type (select only one)

If you are applying under the SBIR program, check the SBIR box. If you are applying under the STTR program, check the STTR box. If a particular agency allows a single submission for both SBIR and STTR, check the Both box.

### **USD**A

NIFA only has a SBIR program; NIFA does not have a STTR program, therefore, the STTR or Both boxes should not be checked.

### 2.2 SBIR/STTR Type (select only one)

If you are submitting a Phase I application, check the Phase I box. If you are submitting a Phase II application, check the Phase II box. When submitting a Phase II application, please include the Phase I SBIR/STTR grant number in item #4 (Federal Identifier) on the SF-424 (R&R) Cover Component. If you are submitting a Fast-Track application, check the Fast-Track box.

<u>USD</u>A

NIFA does not participate in Fast-Track; therefore, do not check the Fast-Track box.

2.3 Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement? (Question 1.)



If you certify that at the time of award, your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement, check the Yes box. Otherwise, check the No box.



ا clitposals(ibilded. O1ck)6e, المسلما المانورية ال Government agencies? (Question 2.)

If this application includes subcontracts with Federal laboratories or any other Federal Government agencies, check the Yes box and insert the name of the Federal laboratories/agencies in the space provided. Otherwise, check the No box.



If yes, insert the names of the Federal laboratories/agencies.

2.5 Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov. (Question 3.)

If you are located in a HUBZone check the MEBUBZOOUTER AND To ALT -. nf-PUBZonm0 Tc564.3



2.9 Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.

**USD**A

See Part III Section 3.1 of this Guide for NIFA attachment specifications.

Close Form	Previous SBIR/STTR Inform	Print Page	About OMB Number: 0925-0001
SBIR-Specific Questions: Questions 8 and 9 apply only to SBIR question 10.	applications. If you are submitting <u>ONLY</u> an s	STTR application, leave questions	Expiration Date: 09/30/2007 8 and 9 blank and proceed to
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# 2.10 Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.

If you have received SBIR Phase II awards from the Federal Government then check the Yes box and use the Add Attachment button below, to attach a company commercialization history in accordance with agency-specific instructions. Otherwise, check the No box.



## 2.11 Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

If the Project Director/Principal Investigator will have his/her primary employment with the small business at the time of award then check the Yes box. Otherwise, check the No box.



### 2.12 STTR-Specific Questions

Questions 10 and 11 apply only to STTR applications. NIFA does not have a STTR program, therefore, leave questions 10 and 11 blank.

### VII. ADMINISTRATION OF AWARDS

