

Completing the Application

The Cover Page

Enter a name for the application in the **Application Filing Name** field.

NOTE: There is 43 character limit. Enter as much of the title as you can.

This application can be completed in its entirety offline. You can save your application at any time by clicking the "Save" button at the top of your screen.

The screenshot shows a web browser window with the URL <http://apply.grants.gov/opportunities/packages/oppPAR-06-091-cfda93.213.xfd>. The browser's address bar and search bar are visible. Below the browser window, the Grants.gov application package page is displayed. At the top of the page, there are buttons for "Submit", "Save", "Print", "Cancel", and "Check Package for Errors". The main content area is titled "Grant Application Package" and features the Grants.gov logo. The form contains the following fields:

Opportunity Title:	NCCAM Exploratory/Developmental Grant for Clinical Stuc
Offering Agency:	National Institutes of Health
CFDA Number:	93.213
CFDA Description:	Research and Training in Complementary and Alternative
Opportunity Number:	PAR-06-091
Competition ID:	
Opportunity Open Date:	05/02/2006
Opportunity Close Date:	07/02/2006
Agency Contact:	GrantsInfo Telephone: (301) 435-0714 Email: GrantsInfo@nih.gov

To the right of the form is a blue warning box with the following text:

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.

Below the form, a note states: "This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization." A yellow highlight is present under the "Application Filing Name" field, which contains the text "New Pharmaceutical Capabilities in Asia".

At the bottom of the page, there are two sections: "Mandatory Documents" and "Mandatory Completed Documents for Submission". The "Mandatory Documents" section lists the following items:

- SF424 (R&R)
- PHS 398 Research Plan
- PHS 398 Cover Page Supplement
- PHS 398 Checklist
- Research & Related Other Project Information
- Research & Related Senior/Key Person
- Research & Related Senior/Performance Site Location

There are two buttons between these sections: "Move Form to Submission List" (with a right-pointing arrow) and "Move Form to Documents List" (with a left-pointing arrow). The "Mandatory Completed Documents for Submission" section is currently empty.

The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Micro..., Office Of Rese..., http://apply..., NIH_Ggov_man..., Document2 - Mi...), and the system tray with the time 9:17 AM.

The "Submit" button will not be functional until the application is complete and saved. **Only ORSP is authorized to submit the application.**

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		2. DATE SUBMITTED <input type="text"/>	Applicant Identifier <input type="text"/>
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
		4. Federal Identifier <input type="text"/>	
5. APPLICANT INFORMATION * Organizational DUNS: <input type="text" value="001912864000"/>			
* Legal Name: <input type="text" value="Rutgers, The State University of New Jersey"/>			
Department: <input type="text" value="Research & Sponsored Programs"/>		Division: <input type="text" value="Research Administration"/>	
* Street1: <input type="text" value="3 Rutgers Plaza"/>		Street2: <input type="text" value="ASB III, 2nd floor"/>	
* City: <input type="text" value="New Brunswick"/>		* State: <input type="text" value="NJ"/>	
* Country: <input type="text" value="USA"/>		* ZIP Code: <input type="text" value="08901"/>	
* County: <input type="text" value="Middlesex"/>			
Person to be contacted on matters involving this application			
Prefix: <input type="text" value="Grant Specialist"/>		Middle Name: <input type="text"/>	
* First Name: <input type="text" value="Grant Specialist"/>		* Last Name: <input type="text" value="Grant Specialist"/>	
Suffix: <input type="text"/>		Suffix: <input type="text"/>	
* Phone Number: <input type="text" value="732-932-0150 ext."/>		Fax Number: <input type="text" value="732-932-0162"/>	
Email: <input type="text" value="SPONPGMS@ORSP.RUTGERS.EDU"/>		Email: <input type="text" value="SPONPGMS@ORSP.RUTGERS.EDU"/>	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text" value="22-6001086"/>		7. * TYPE OF APPLICANT: <input type="text" value="F: State-Controlled Institution of Higher Education"/>	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: <input type="text" value="National Institutes of Health"/>	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="93.213"/>	
What other Agencies?		TITLE: <input type="text" value="Research and Training in Complementary and Alternative Medicine"/>	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <input type="text" value="Pharmaceutical Capabilities in Asia"/>			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) <input type="text" value="National"/>			
13. PROPOSED PROJECT: * Start Date: <input type="text" value="01/01/2007"/> * Ending Date: <input type="text" value="12/31/2010"/>		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: <input type="text" value="6"/> b. * Project: <input type="text" value="6"/>	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: <input type="text" value="Dr."/>		Middle Name: <input type="text" value="T."/>	
* First Name: <input type="text" value="Kermit"/>		* Last Name: <input type="text" value="Frog"/>	
Suffix: <input type="text"/>		Suffix: <input type="text"/>	
Position/Title: <input type="text" value="Professor"/>		* Organization Name: <input type="text" value="Rutgers, The State University of New Jersey"/>	
Department: <input type="text" value="Animal Sciences"/>		Division: <input type="text" value="Research Administration"/>	
* Street1: <input type="text" value="3 Pond Lane"/>		Street2: <input type="text" value="2nd Lilypad"/>	
* City: <input type="text" value="New Brunswick"/>		* State: <input type="text" value="NJ"/>	
* Country: <input type="text" value="USA"/>		* ZIP Code: <input type="text" value="08901"/>	
* Phone Number: <input type="text" value="PI's Phone"/>		Fax Number: <input type="text" value="PI's Fax"/>	
Email: <input type="text" value="PI_Email@rutgers.edu"/>		Email: <input type="text" value="PI_Email@rutgers.edu"/>	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width: 100px;" type="text" value="100,000.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width: 100px;" type="text" value="300,000.00"/></p> <p>c. * Estimated Program Income <input style="width: 100px;" type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____</p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
<p>18. 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 18, Section 1001)</p> <p><input checked="" type="checkbox"/> * I agree</p> <p><small>* 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.</small></p>	
<p>19. Authorized Representative</p> <p>Prefix: <input type="text"/> * First Name: <input style="width: 150px;" type="text" value="Grant Specialist"/> Middle Name: <input type="text"/> * Last Name: <input style="width: 150px;" type="text" value="Grant Specialist"/> Suffix: <input type="text"/></p> <p>* Position/Title: <input style="width: 150px;" type="text" value="Grant Specialist"/> * Organization: <input style="width: 300px;" type="text" value="Rutgers, The State University of New Jersey"/></p> <p>Department: <input style="width: 150px;" type="text" value="Research & Sponsored Programs"/> Division: <input style="width: 150px;" type="text" value="Research Administration"/></p> <p>* Street 1: <input style="width: 150px;" type="text" value="3 Rutgers Plaza"/> Street 2: <input style="width: 150px;" type="text" value="ASB III, 2nd floor"/></p> <p>* City: <input style="width: 100px;" type="text" value="New Brunswick"/> County: <input style="width: 100px;" type="text" value="Middlesex"/> * State: <input style="width: 50px;" type="text" value="NJ"/> * ZIP Code: <input style="width: 50px;" type="text" value="08901"/></p> <p>* Country: <input style="width: 50px;" type="text" value="USA"/></p> <p>* Phone Number: <input style="width: 100px;" type="text" value="732-932-0150"/> Fax Number: <input style="width: 100px;" type="text" value="732-932-0162"/> * Email: <input style="width: 150px;" type="text" value="SPONPGMS@ORSP.RUTGERS.EDU"/></p> <p style="text-align: center;">* Signature of Authorized Representative * Date Signed</p> <p style="text-align: center;">Completed on submission to Grants.gov Completed on submission to Grants.gov</p>	
<p>20. Pre-application <input style="width: 200px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </p>	

Tips for completing the 424 R&R

<p><u>Field 5:</u> Person to be contacted on matters involving this application</p>	<p>Enter in the name and information of your Grant Specialist (http://orsp.rutgers.edu/staff.php).</p>
<p><u>Field 8:</u> Type of Application</p>	<p>Select the type from the following list. Check only one:</p> <ul style="list-style-type: none"> ➤ New: An application that is being submitted to an agency for the first time. ➤ Resubmission: An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration. ➤ Renewal: An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time. ➤ Continuation: A non-competing application for an additional funding/budget period within a previously approved project period. ➤ Revision: An application that proposes a change in <ol style="list-style-type: none"> 1) the Federal Government's financial obligations or contingent liability from an existing obligation, or 2) any other change in the terms and conditions of the existing award.
<p><u>Field 8:</u> If Revision, Enter Appropriate Letter(s) in Box(es)</p>	<p>If application is a revision, check the appropriate box(es):</p> <ol style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other
<p><u>Field 8:</u> Other (Specify)</p>	<p>If <i>E. Other</i> was selected as the Revision, enter text to explain.</p>
<p><u>Field 15:</u> Project Director/Principal Investigator</p>	<p>All information must match the information in the PI's profile in eRA Commons.</p>