This checklist serves as a reference guide for Medical School departments/units when reviewing NIH research grants (in FORMS-E) prior to routing for approval. This document provides a quick reference to address the most common mistakes in proposal preparation. Research Administrators are encouraged to review NIH research proposal submissions using this tool in order to make the Medical School’s sponsored project review process more efficient. Using this checklist should reduce review questions during routing.

Questions & comments are welcome. Please email to the Grant Review & Analysis Office (msgrants@umich.edu). Future iterations based on feedback are expected.

Check here for updates!
Use of the document is most effective after the project team has completed the entire NIH 424 research application and PAF and is using the information to review the packet prior to routing. This is not intended to be a replacement of the sponsor directions and specific sponsor requirements for all sections of the application.

Using the Checklist

Symbols
In this document, you will find text bubbles in two colors:

- Medical School will review for accuracy and data integrity as part of the routing process
- Departments/units are responsible to ensure accuracy and will not be re-reviewed by the school. Departments may also wish to review yellow bubbles are to ensure fewer questions about the form content in the routing and review process.

- indicating useful information (included in green boxes); and
- Helpful tips (included in gray boxes)

Abbreviations
- GR&A = Grant Review & Analysis, the Dean’s Office Review step.
- Dept = Any administrative home department / unit / center

Suggested Steps
- You may wish to compare the review application side by side with this document.
  - Open 424 application in eRPM. Click on Edit/View Grant Application in the left panel.
  - Align this checklist next to the application so that the two windows are side by side.
- Compare the reviewed page to the corresponding page in this checklist. At a minimum, verify all the fields with blue bubbles are correctly filled out.
- Repeat with the fields of the Proposal Approval Form (PAF) and PAF Summary in eRPM.

You may wish to keep the 424 application window open. Some fields in the PAF will be compared against those in the application.
### SF424 R&R Cover Page - Page 1

**1. Type of Submission:** Application

**4. a. Federal Identifier:** AR123456

**Applicant Identifier:** 18-PAF00082

**State Application Identifier:** 123-45678

**5. APPLICANT IDENTIFICATION**

- **Organizational DUNS:** 073133571
- **Department:** Regents of the University of Michigan
- **Street 1:** 3003 S. State St
- **City:** Ann Arbor
- **State:** MI
- **Country:** USA
- **Zip/Postal Code:** 48109-1234
- **Phone Number:** 734-647-5000

**Person to be contacted on matters involving this application**

- **Position/Title:** Project Rep.
- **Street 2:**
- **City:**
- **State:**
- **Country:** USA
- **Phone Number:** 734-647-5000

**6. EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):** 38-6006309

**8. TYPE OF APPLICATION:** Renewal/Resubmission/Revision

- **Previous Grants.gov ID:** Dept: Leave blank.

**Previous Grants.gov ID:** GR&A will complete if application is submitted >1x.

**Applicant Identifier = PAF #:** do not leave out leading 0s.

**Previous NIH grant #:** Use Previous NIH grant # -> 2 letters + 6 numbers

- **New application:** blank

**Always Application** when first routed by Dept. GR&A will change if application is submitted >1x.

**Previous Grants.gov ID:** Dept: Leave blank. GR&A will complete if application is submitted >1x.

**Verification Required:***

- Confirm this is no earlier than the **earliest start date allowed by NIH.**
- **Start dates** must be in the future or the Grants.gov system will error.
- **For Renewals:** Confirm no date overlap with current grant.

**Verify Complete.** Refer to NIH Glossary for definitions.

---

**12. PROPOSED PROJECT:**

- **Start Date:** 9/1/2018
- **End Date:** 8/31/2023

**13. CONGRESSIONAL DISTRICTS OF APPLICANT:** MI-012

**14. PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

- **Name:** M.
- **Last Name:** Offhaus
- **Suffix:**
- **Street 1:**
- **City:**
- **State:** MI
- **Zip/Postal Code:**
- **Phone:** 734-763-4272

**Verify**

**Confirm PI information is the same as shown in the PAF.**

---

**Questions?** msgarants@umich.edu
### SF424 R&R Cover Page - Page 2

**Total must match the sum on R&R BUDGET—Cumulative Budget page, Section K.**

- **a** Total Federal Funds: $1,975,090.00
- **b** Total Non-Federal Funds: $0.00
- **c** Total Federal & Non-Federal Funds: $1,975,090.00
- **d** Estimated Program Income: $0.00

**Unless the federal program requires a specific match, don’t enter cost sharing amount.**

**Make sure the total equals line a + b.**

**Make sure the box is checked. If non-faculty PI, assurance statement should also be signed an uploaded to the PAF.**

**The contact is automatically populated. Verify it is completed.**

**GR&A manually replaces the ORSP email address with GR&A if they will submit.**

**NOT-OD-16-008:** Requests for assignment should not be included in Cover Letter. Use Assignment Request Form instead.

**What can be included:** Refer to SF424 guide for most up-to-date information.

Frequently required proposal documents and data can be found on the [ORSP website](https://orosp.umich.edu).
R&R Project/Performance Site Location(s)

Project/Performance Site Location(s)

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Street 1</th>
<th>City</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michigan State University</td>
<td>123 Life Sciences</td>
<td>East Lansing</td>
<td>48824-1234</td>
</tr>
</tbody>
</table>

Additional Locations(s)

List all other participating organizations, sites, or contributing entities (subcontracts, VA, etc.) here.

Project/Performance Site Other Location

Work with subcontract organization(s) to ensure accuracy.
### R&R Other Project Information

#### 1. Are Human Subjects Involved?
- **Yes**
- **No**
- **Clear**

**Questions?**
- **msgrants@umich.edu**

- Is the Project Exempt from Federal regulations?
  - **Yes**
  - **No**

- If yes, check appropriate exemption number.

- If no, is the IRB review Pending?
  - **Yes**
  - **No**

- IRB Approval Date:

- Human Subject Assurance Number:

#### 2. Are Vertebrate Animals Used?
- **Yes**
- **No**
- **Clear**

**Questions?**
- **msgrants@umich.edu**

- Is the IACUC review Pending?

- IACUC Approval Date:

- Animal Welfare Assurance Number:

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

#### 4. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?

- **Yes**
- **No**
- **Clear**

**Questions?**
- **msgrants@umich.edu**

#### 5. In the Research performance sites designated, or eligible to be designated, as a site for the project?

- **Yes**
- **No**
- **Clear**

**Questions?**
- **msgrants@umich.edu**

#### 6. Does this project involve activities in the United States or partnerships with international collaborators?

- **Yes**
- **No**
- **Clear**

**Questions?**
- **msgrants@umich.edu**

#### 7. **Include PMCID in citations.**

#### 8. **Abstract:** 30 lines or less

#### 9. **Narrative:** 2 to 3 sentences

#### 10. **Facilities and Equipment** available at all performance sites should be included.

**Scenarios in sections 3, 4, 5 are unusual. Contact the GR&A Office for help!**

---

**TIPS**

If “Human Subjects” is “Yes”, this standard # is required.

If “Vertebrate Animals” is “Yes”, this standard # is required.

If international collaboration, all countries should be listed.

If Yes: Upload a document titled Foreign Justification.

Abstract: 30 lines or less

Facilities and Equipment available at all performance sites should be included.
## R&R Senior/Key Person Profile

**Research & Related Senior/Key Person (with Expanded) Profile**

**PROFILE - Project Director/Principal Investigator**

- **Prefix:** Ms.
- **First Name:**
- **Middle Name:**
- **Last Name:** Offhaus
- **Suffix:**
- **Position/Title:**
- **Department:** Research
- **Street 1:** NCRC 520-3173
- **Street 2:**
- **City:** Ann Arbor
- **State:** MI, Michigan
- **Country:** USA, UNITED STATES
- **County/Parish:**
- **Zip/Postal Code:** 48109-2800
- **Phone Number:** 734-763-4272
- **Fax Number:**
- **Credential:** e.g., agency login:
- **Project Role:** PD/PI
- **Degree Type:**
- **Degree Year:**

**Attach Biographical Sketch:** Biosketch Offhaus.pdf(0.01)

**Attach Current & Pending Support:**

### PROFILE(S) Senior/Key Person 1-99

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Position/Title</th>
<th>Project Role</th>
<th>Display Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goff</td>
<td>Research Office</td>
<td>PD/PI</td>
<td></td>
</tr>
<tr>
<td>Robin</td>
<td>Contract &amp; Grant Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martin</td>
<td>Physiology</td>
<td>Associate Professor</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td></td>
<td>Co-Investigator</td>
<td></td>
</tr>
</tbody>
</table>

**Mandatory for all PD/PI(s) — Verify login name on ORSP website. Typos may cause submission failure. Verify institutional affiliation and role.**

**No effort may be reflected in the Research Support section. Click here for format, instructions and samples.**

**Use Display Order function to assign a specific order, so that:**
- all PD/Pls are first, followed by
- others in alphabetical order of last name.
### R&R Senior/Key Person Profile, Continued

#### RESEARCH & RELATED Senior/Key Person (with Expanded) Profile

**PROFILE - Project Director/Principal Investigator**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Ms.</td>
<td>*First Name: Robin *Middle Name: Nicole *Last Name: Goff Suffix:</td>
</tr>
<tr>
<td>Position/Title: Contract &amp; Grant Specialist</td>
<td>Organization: Regents of the University of Michigan</td>
</tr>
<tr>
<td>Department: Research Office</td>
<td>Division: Medical School</td>
</tr>
<tr>
<td>Street1: 2800 Plymouth Rd NCRC 520-3175C</td>
<td>Street2:</td>
</tr>
<tr>
<td>City: Ann Arbor County/Parish:</td>
<td>State: MI; Michigan Zip/Postal Code: 48109-2800</td>
</tr>
<tr>
<td>Country: USA; UNITED STATES</td>
<td>Phone Number: 734-763-4272 Fax Number:</td>
</tr>
<tr>
<td>Credential, e.g., agency login: mioses</td>
<td>Other Project Role Category:</td>
</tr>
<tr>
<td>Project Role: PD/PI</td>
<td>No effort may be reflected in the Research Support section. Click <a href="#">here</a> for format, instructions and samples.</td>
</tr>
<tr>
<td>Degree Type:</td>
<td>Degree Year:</td>
</tr>
<tr>
<td>Attach Biographical Sketch:</td>
<td>Biosketch Goff.pdf(0.01)</td>
</tr>
<tr>
<td>Attach Current &amp; Pending Support:</td>
<td></td>
</tr>
</tbody>
</table>

**Mandatory for all PD/PI(s) — Verify login name on ORSP website. Typos may cause submission failure. Verify institutional affiliation and role.**

---

**View: SF424RRKeyPerson_KeyPersonProfileDataTyp...**

**PROFILE - Project Director/Principal Investigator**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
<td>*First Name: Jane *Middle Name: *Last Name: Martin Suffix:</td>
</tr>
<tr>
<td>Position/Title: Associate Professor</td>
<td>Organization:</td>
</tr>
<tr>
<td>Department: Physiology</td>
<td>Division:</td>
</tr>
<tr>
<td>Street1: 123 Life Sciences</td>
<td>State: MI; Michigan Zip/Postal Code: 48824-1234</td>
</tr>
<tr>
<td>City: East Lansing County/Parish:</td>
<td>Phone Number: 517-555-0000 Fax Number:</td>
</tr>
<tr>
<td>Country: USA; UNITED STATES</td>
<td>Email:</td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td>Other Project Role Category:</td>
</tr>
<tr>
<td>Project Role: Co-Investigator</td>
<td>No effort may be reflected in the Research Support section. Click <a href="#">here</a> for format, instructions and samples.</td>
</tr>
<tr>
<td>Degree Type:</td>
<td>Degree Year:</td>
</tr>
<tr>
<td>Attach Biographical Sketch:</td>
<td>Biosketch Martin.pdf(0.01)</td>
</tr>
<tr>
<td>Attach Current &amp; Pending Support:</td>
<td></td>
</tr>
</tbody>
</table>

**Not mandatory for non-PD/PI. Not recommended to include for non-PD/PI as it may cause Grants.gov system errors.**

---

No effort may be reflected in the Research Support section. Click [here](#) for format, instructions and samples.
If "Vertebrate Animals" is "Yes" on R&R Other Project Information form, this section must be answered.

1. Are vertebrate animals euthanized? (Yes, No, Clear)
   - If "Yes" to euthanasia
     - Is method consistent with American Veterinary Medical Association (AVMA) guidelines? (Yes, No, Clear)
     - If "No" to AVMA guidelines, describe method and provide scientific justification

Program Income Section

1. * Is program income anticipated during the periods for which the grant support is requested? (Yes, No, Clear)
   - Yes = Uncommon! If you think you may have income, contact the GR&A Office.
   - If income is expected, complete SF424 Cover Page, p2 #15d

Human Embryonic Stem Cells Section

1. * Does the proposed project involve human embryonic stem cells? (Yes, No, Clear)
   - 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.
   - If Yes: Cell line code should be listed. It is composed of 4 numbers (eg., 0004).
**Inventions and Patents Section (for Renewal applications)**

1. **Inventions And Patents:**
   - Yes [ ]
   - No [ ]
   - Clear [ ]

   If "Yes", then answer the following:

   **Previously Reported:**

   **Answer this section ONLY when Type 2 Submission, i.e.**
   - Renewal, or
   - Resubmission of renewal.

**Change of Investigator/Change of Institution Section**

1. **Change of Project Director/Principal Investigator:**
   - Yes [ ]

   **Name of former Project Director/Principal Investigator:**
   - Prefix:
   - First Name:
   - Middle Name:
   - Last Name:
   - Suffix:

   **Complete this item only when changing the PD/PI during a proposal submission (not common).**

2. **Change of Grantee Institution:**
   - Name of former institution:

   **Complete this item only when transferring a grant to UM from another organization (more common).**
**R&R Budget - Section A & B**

**RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1**

- **Organizational DUNS:** 073153571
- **Project:** Project
- **Name of Organization:** Regents of the University of Michigan
- **Number of Budget Periods:**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/2018</td>
<td>8/31/2019</td>
</tr>
</tbody>
</table>

- **Start Date** is the same as that in R&R Cover Page 1, item 12.

- **Only the primary applicant organization selects Project.**

- **The Month field must be > 0 or Grants.gov will error. If truly no effort, use 0.01 CM.**

### A. Senior/Key Person

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Project Role</th>
<th>Base Salary ($)</th>
<th>Cal Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>Req. Salary ($)</th>
<th>Fringe Ben. ($)</th>
<th>Funds Req. ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather</td>
<td></td>
<td>Offhaus</td>
<td></td>
<td>PD/PI</td>
<td>$120,000.00</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robin</td>
<td></td>
<td>Goff</td>
<td></td>
<td>PD/PI</td>
<td>$187,000.00</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **List only UM personnel with effort on this page.**

- **Project Role** must EXACTLY match that in R&R Senior/Key Person Profile form.

- **Base Salary:** must match University institutional base salary (not full-time rate) or NIH salary cap; OR you may leave the field blank.

- **Headcount of people in each category.**

### B. Other Personnel

<table>
<thead>
<tr>
<th>Num Personnel</th>
<th>Project Role</th>
<th>Cal Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>Req. Salary ($)</th>
<th>Fringe Ben. ($)</th>
<th>Funds Req. ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Doctoral Associates</td>
<td>12</td>
<td></td>
<td></td>
<td>$45,000.00</td>
<td>$13,500.00</td>
<td>$58,500.00</td>
</tr>
<tr>
<td>2</td>
<td>Graduate Students</td>
<td>6</td>
<td></td>
<td></td>
<td>$25,000.00</td>
<td>$14,000.00</td>
<td>$39,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Undergraduate Students</td>
<td>6</td>
<td></td>
<td></td>
<td>$10,000.00</td>
<td>$7,000.00</td>
<td>$17,000.00</td>
</tr>
</tbody>
</table>

- **Any listing in Budget Justification of effort must match.**

**Total Number Other Personnel:**

- **Total Other Personnel:** $36,800.00
- **Total Salary, Wages and Fringe Benefits (A+B):** $125,710.00

---

Click [here](#) for examples of calendar month calculation.

OR call the GR&A office for help with partial appointments.
### R&R Budget - Section C, D & E

**RESEARCH & RELATED BUDGET - SECTION C, D & E, BUDGET PERIOD 1**

<table>
<thead>
<tr>
<th>Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leica Fluorescence Microscope</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Additional Equipment</td>
<td></td>
</tr>
<tr>
<td>Total Equipment</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>D. Travel</td>
<td></td>
</tr>
<tr>
<td>1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>2. Foreign Travel Costs</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>E. Participant Trainee Support Costs</td>
<td></td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Stipends</td>
<td></td>
</tr>
<tr>
<td>3. Travel</td>
<td></td>
</tr>
<tr>
<td>4. Subsistence</td>
<td></td>
</tr>
<tr>
<td>5. Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Equipment definition:** > 1-yr lifetime AND cost ≥ $5K

- Be careful to specify by category (domestic vs. foreign) in budget categories and **Budget Justification**.

**Participants** are trainees from *outside* UM. Click [here](#) for full definition.
- This section is NOT for subject fees or any costs related to U-M affiliated personnel.
- Generally, this section will only be used if specified listed in the Request for Application (RFA) and will be used in the Medial School infrequently.
- GR&A is happy to answer questions as budgets are developed.
### R&R Budget - Section F - L

**RESEARCH & RELATED BUDGET - SECTION F-L, BUDGET PERIOD 1**

- **Organizational DUNS:** 073133571
- **Budget Type:** Project
- **Name of Organization:** Regents of the University of Michigan
- **Number of Budget Periods:** 5

**Start Date:** 9/1/2018 **End Date:** 8/31/2019

<table>
<thead>
<tr>
<th>F. Other Direct Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td>$48,750.00</td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8. Subject Renumeration</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>9. Graduate Student Tuition</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>10.</td>
<td>Total Other Direct Costs: $146,750.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Direct Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Direct Costs (A thru F): $280,460.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Indirect Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect Cost Type</td>
<td>Indirect Cost Rate (%)</td>
</tr>
<tr>
<td>MTDC</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Total Direct and Indirect Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$410,218.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J. Fee</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested ($)</td>
<td>$410,218.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K. Total Costs and Fee</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested ($)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L. Budget Justification</th>
<th>Budget Justification - UM.pdf(0.01)</th>
</tr>
</thead>
</table>

- **Cognizant Federal Agency (Agency Name, POC [if applicable], department):** Department of Health and Human Services, Jackie Garner, 312-886-6432

---

**Review Best practice:** Start with justification and be able to:
- generate budget details, OR
- be “directionally correct” if there are no details.

---

*This # must be manually entered. See Sub-contract Section, for the text bubble next to Section I, for calculation instructions.*

*Graduate tuition should be entered here in Other, not in Section E.*

*See the next page for sample calculations.*

*Make sure these two #s are correctly reflected on PAF, 3. Budget, Budget and Time Period, item 3.7.*

*Budget should reflect details in the Budget Justification.*

*Make sure #s in Budget Justification are consistent with those in this budget form.*

*In modular budget, include Additional Narrative Justification if there are variations in # of modules requested.*

---

Questions? msgrants@umich.edu
How to Calculate Modified Total Direct Costs (Indirect Cost Base)

For EACH subcontract, locate the $ in R&R BUDGET, SUBAWARD, BUDGET PERIOD 1, Section I.

- If ≤ $25K, use “$0” as you have not yet met the excluded amount.
- If > $25K, calculate “$$ - $25K” and use the $$ difference as your excluded amount.
- Add up the excluded $$ across ALL subcontracts. Plug the sum to the formula above.

If you do not reach $25K for any given subcontract, instead start excluding in a subsequent year when the cumulative total costs reach $25K.

Let’s Take the Application in Year 1 as an Example

- Total Direct Cost: $280,460
- Total Subcontract (after 1st $25K): $5,000
- Renovations: $0
- Research Patient Care costs (Recruitment/retention fees are NOT eligible.): $20,000
- Equipment: $48,750
- Participant Support: $25,000
- Tuition: $0
- Lease: $0

Total Direct Cost - Equipment - Participant Support - Each SubK (> $25K) - Renovations - Tuition - Research Patient Care - Lease

$280,460 - $5,000 - $0 - ($48,750 - $25,000) - $0 - $20,000 - $0 - $0 = $231,710
# R&R Budget - Cumulative Budget

<table>
<thead>
<tr>
<th>RESEARCH &amp; RELATED BUDGET - Cumulative Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Senior/Key Person</td>
</tr>
<tr>
<td>Section B, Other Personnel</td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
</tr>
<tr>
<td>Section C, Equipment</td>
</tr>
<tr>
<td>Section D, Travel</td>
</tr>
<tr>
<td>1. Domestic</td>
</tr>
<tr>
<td>2. Foreign</td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
</tr>
<tr>
<td>2. Stipends</td>
</tr>
<tr>
<td>3. Travel</td>
</tr>
<tr>
<td>4. Subsistence</td>
</tr>
<tr>
<td>5. Other</td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
</tr>
<tr>
<td>Section F, Other Direct Costs</td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
</tr>
<tr>
<td>2. Publication Costs</td>
</tr>
<tr>
<td>3. Consultant Costs</td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
</tr>
<tr>
<td>6. Equipment of Facility Rental/User Fees</td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
</tr>
<tr>
<td>8. Other 1</td>
</tr>
<tr>
<td>9. Other 2</td>
</tr>
<tr>
<td>10. Other 3</td>
</tr>
<tr>
<td>Section G, Direct Costs (A thru F)</td>
</tr>
<tr>
<td>Section H, Indirect Costs</td>
</tr>
<tr>
<td>Section I, Total Direct and Indirect Costs</td>
</tr>
<tr>
<td>Section J, Fee</td>
</tr>
<tr>
<td>Section K, Total Costs and Fee (+J)</td>
</tr>
</tbody>
</table>

Make sure these #s are correctly reflected on PAF, 3. Budget, Budget and Time Period Page, item 3.7.

Make sure this # is correctly reflected on R&R Cover Page 2, item 15a.

Numbers on this page are automatically calculated. If individual budgets are correct, the cumulative budget is correct.
R&R Budget, **Subaward** - Section A & B

**RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION A & B: BUDGET PERIOD 1**

- **Organizational DUNS:** 193247145
- **Budget Type:** Subaward/Consortium
- **Name of Organization:** Michigan State University
- **Number of Budget Periods:** 5

**Start Date:** 9/1/2019  **End Date:** 9/30/2019

**Make sure correct Budget Type is selected.**

**Make sure each Subaward budget period matches the UM project’s.**

Only Senior/Key Persons from the subcontract organization should be listed on the subaward pages.

### A. Senior/Key Person

<table>
<thead>
<tr>
<th>Pre. First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Project Role</th>
<th>Base Salary ($)</th>
<th>Cal. Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>Req. Salary ($)</th>
<th>Fringe Ben. ($)</th>
<th>Funds Req. ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Martin</td>
<td></td>
<td></td>
<td>Co-Investigator</td>
<td>$125,000.00</td>
<td>2.4</td>
<td></td>
<td></td>
<td>$26,000.00</td>
<td>$6,250.00</td>
<td>$31,250.00</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total Senior/Key Person:** $31,250.00

### B. Other Personnel

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Doctoral</td>
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<td>$0.00</td>
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<tr>
<td></td>
<td>Associates</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
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<tr>
<td></td>
<td>Graduate Students</td>
<td></td>
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<td>$0.00</td>
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<tr>
<td></td>
<td>Undergraduate</td>
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</tr>
<tr>
<td></td>
<td>Students</td>
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<td></td>
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<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>Secretarial/Clerical</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
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<td>$0.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total Number Other Personnel:** 0

**Total Other Personnel:** $0.00

**Total Salary, Wages and Fringe Benefits (A+B):** $31,250.00
### R&R Budget, Subaward - Section C, D & E

#### RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION C, D & E, BUDGET PERIOD 1

* Organizational DUNS: 193247145  
* Budget Type: Subaward/Consortium  
* Name of Organization: Michigan State University  
* Number of Budget Periods: 5  

Start Date: 9/1/2018  
End Date: 8/31/2019

### C. Equipment Description
List items and dollar amount for each item

<table>
<thead>
<tr>
<th>Equipment Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

#### HELPFUL TIPS
- Subcontracts have similar budget issues to UM. They need reviewed, but remember:
  - Other institutions have different financial rules than UM.  
  - Their institutional official signs off to ensure their budget follows local requirements.  
  - Usually you are reviewing for $$ accuracy (do 2 trips @ $500 each = $1,000?) v. how cost items are treated (Should they recover F&A on travel?).  

If anything raises a red flag, ask the institutional contact!

### D. Travel

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)  
2. Foreign Travel Costs

Total Travel Costs:

### E. Participant Trainee Support Costs

1. Tuition/Fees/Health Insurance  
2. Stipends  
3. Travel  
4. Subsistence  
5. Other:

<table>
<thead>
<tr>
<th>Number of Participants/Trainees</th>
<th>Total Participant/Trainee Support Costs:</th>
</tr>
</thead>
</table>

Additional Equipment:

**Total Equipment:**

Funds Requested ($)

---

**Questions? msgrants@umich.edu**
R&R Budget, Subaward - Section F - L

**RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION F-L, BUDGET PERIOD 1**

- **Organizational DUNS:** 193247145
- **Budget Type:** Subaward/Consortium
- **Name of Organization:** Michigan State University
- **Number of Budget Periods:** 5

**Start Date:** 9/1/2018 **End Date:** 8/31/2019

### F. Other Direct Costs

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Funds Requested ($)</th>
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<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td></td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
</tbody>
</table>

**Other Direct Costs:** $0.00

### G. Direct Costs (A thru F)

**Funds Requested ($):** $31,250.00

### H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MTDC</td>
<td>56</td>
<td>$31,250.00</td>
<td>$17,500.00</td>
</tr>
</tbody>
</table>

**Total Indirect Costs:** $17,500.00

**Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):**

DHHS, Matthew Dito, 214-767-3261

### I. Total Direct and Indirect Costs

**Total Direct and Indirect Costs (G + H):** $48,750.00

### J. Fee

**Funds Requested ($):**

### K. Total Costs and Fee

**Funds Requested ($):** $48,750.00

### L. Budget Justification

- **Budget Justification:** Budget Justification - MSU.pdf(0.01)
- **Questions?** msgrants@umich.edu

**Notes:**
- Under the Uniform Guidance, each subcontractor SHOULD have a negotiated rate agreement. If they don’t, UM may offer 10%. Contact Grants Office for any questions/deviations.
- **International subaward:** indirect cost rate is limited to 8%.
- Add the $ in **Section K of ALL subawards** (for the corresponding period).
- Enter the sum to **UM Budget page, item F5**.
- Budget should be produced from **Budget Justification**.
- Make sure #s in **Budget Justification** are consistent with those in this budget form.
### R&R Budget, Subaward - Cumulative Budget

<table>
<thead>
<tr>
<th>Section</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Senior/Key Person</td>
<td>$156,250.00</td>
</tr>
<tr>
<td>Section B, Other Personnel</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
<td>0</td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
<td>$156,250.00</td>
</tr>
<tr>
<td>Section C, Equipment</td>
<td>$0.00</td>
</tr>
<tr>
<td>Section D, Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>1. Domestic</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Foreign</td>
<td>$0.00</td>
</tr>
<tr>
<td>Section E, Participant/Trainee Support Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Stipends</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Subsistence</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Other</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
<td>0</td>
</tr>
<tr>
<td>Section F, Other Direct Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. Consultant Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Equipment of Facility Rental/User Fees</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. Other 1</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Other 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Other 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Section G, Direct Costs (A thru F)</td>
<td>$156,250.00</td>
</tr>
<tr>
<td>Section H, Indirect Costs</td>
<td>$87,500.00</td>
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<tr>
<td>Section I, Total Budget</td>
<td>$243,750.00</td>
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<tr>
<td>Section J, Subcontracts</td>
<td>$0.00</td>
</tr>
<tr>
<td>Section K, Total Subcontract</td>
<td>$243,750.00</td>
</tr>
</tbody>
</table>

- Check this # against the **executed** institutional letter of commitment.
- Make sure this # is correctly copied and pasted to **PAF, 3. Budget, 3.11 Subcontracts**, for the corresponding subcontract.

Numbers on this page are automatically calculated. If individual budgets are correct, the cumulative budget is correct.
# PHS 398 Research Plan

## Introduction

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

## Research Plan Section

1. Specific Aims
2. Research Strategy
3. Progress Report Publication List

## Other Research Plan Section

1. Vertebrate Animals
2. Select Agent Research
3. Multiple PD/PI Leadership Plan
4. Consortium/Contractual Arrangements
5. Letters Of Support
6. Resource Sharing Plan(s)
7. Authentication of Key Biological And/or Clinical Resources

## Appendix

1. Appendix

### Appendix: Eligible documents:
- Blank consent forms
- Blank surveys
- FOA-specified items

---

**NOT-OD-17-035:** Applications will be withdrawn and not reviewed if they are submitted with appendix materials that are not specifically listed in this Notice or the FOA as allowed or required.

---

Questions? msgrants@umich.edu
### PHS Assignment Request Form

**FO Number:** Copy & paste the number from the FOA.

**FO Title:** Copy & paste the title from the FOA; do not enter the project’s title.

#### Awarding Component Assignment

If you have a preference for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation and enter it below. All requests will be considered, however, assignment requests cannot always be honored.

**Awarding Components:** [https://grants.nih.gov/grants/phs_assignment_information.html#AwardingComponents](https://grants.nih.gov/grants/phs_assignment_information.html#AwardingComponents)

<table>
<thead>
<tr>
<th>First Choice</th>
<th>Second Choice</th>
<th>Third Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIA</td>
<td>NIMH</td>
<td></td>
</tr>
</tbody>
</table>

#### Study Section Assignment

If you have a preference for study section assignment, use the link below to identify the appropriate study section (e.g., NIH Scientific Review Group or Special Emphasis Panel) and enter it below. Remove all hyphens, parentheses, and spaces. All requests will be considered; however, assignment requests cannot always be honored.

**Study Sections:** [https://grants.nih.gov/grants/phs_assignment_information.html#StudySection](https://grants.nih.gov/grants/phs_assignment_information.html#StudySection)

<table>
<thead>
<tr>
<th>First Choice</th>
<th>Second Choice</th>
<th>Third Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Identify scientific areas of expertise needed to review your application (optional)

**Note:** Please do not provide names of individuals

<table>
<thead>
<tr>
<th>Expertise</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# PHS Human Subjects and Clinical Trials Information

## Research & Related Other Project Information

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.

1. **Are Human Subjects Involved?**  
   - Yes
2. **Is the Project Exempt from Federal regulations?**  
   - No
3. **Exemption Number:**

---

### If No to Human Subjects

1. **Does the proposed research involve human specimens and/or data?**  
   - [ ] Yes  
   - [ ] No  
   - [ ] Clear

If Yes, provide an explanation of why the application does not involve human subjects research.

- [ ] [None]  
- [ ] Upload

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

### If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add' on 'Study Record(s)' or 'Add' on 'Delayed Onset Study(ies)' as appropriate. Delayed onset studies are those for which there is no well-defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide the study name and a justification for omission of human subjects study information.

### Other Requested Information:

- [ ] [None]  
- [ ] Upload

### Study Record(s) - Attach human subject study records using unique Study Titles.

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Display Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging Study</td>
<td>1.00.00</td>
</tr>
</tbody>
</table>

### Delayed Onset Study(ies):

- [ ] [Add]  
- [ ] [Add]

- [ ] Study Title   
- [ ] Anticipated

There are no items to display.

---

**Study Record:** If human subjects are to be involved in the project, create one study record for each study.

**Delayed Onset Study:** Human subjects research is anticipated within the period of award but definite plans for this involvement cannot be described in the application.

---

The information is auto-populated from the R&R Other Project Information form; if editing is needed, go to Other Project Information page.
### Study Record: PHS Human Subjects and Clinical Trials Information

**Section 1**

#### Section 1 - Basic Information

1. **Study Title (each study title must be unique)**
   - **Study Title:** Aging Study

2. **Is this Study Exempt from Federal Regulations?**
   - Yes  
   - No

3. **Exemption Number**

4. **Clinical Trial Questionnaire**
   - If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.
   - **Does the study involve human participants?**
   - **Are the participants prospectively assigned to an intervention?**
   - **Is the study designed to evaluate the effect of the intervention on the participants?**
   - **Is the effect that will be evaluated a health-related, biomedical, or behavioral outcome?**

5. **Provide the ClinicalTrials.gov Identifier (e.g., NCT0054321) for this trial, if applicable**

**Clinical Trial Questionnaire:** If the four answers are all “Yes”, the study is deemed an NIH clinical trial.
### Section 2 - Study Population Characteristics

1. **Conditions or Focus of Study**
   - Study Conditions
     - Dementia in older people

2. **Eligibility Criteria**
   - **Inclusion Narrative:** To merge FORMS-D two inclusion files (Women & Minorities + Children).
   - **Eligibility Criteria:** List inclusion and exclusion criteria as bullet points.

3. **Age Limits**
   - **Minimum Age Limit**
     - 65
   - **Minimum Age Limit Type**
     - Years
   - **Maximum Age**
     - 
   - **Maximum Age Type**
     - 

4. **Inclusion of Women, Minorities, and Children**
   - Inclusion of Women, Minorities, and Children.pdf(0.01)

5. **Recruitment and Retention Plan**
   - Recruitment and Retention Plan.pdf(0.01)

6. **Recruitment Status**
   - Not yet recruiting

7. **Study Timeline**
   - Study Timeline.pdf(0.01)

8. **Enrollment of First Subject Date**
   - 11/1/2018

9. **Enrollment of First Subject Type**
   - Anticipated

10. **Inclusion Enrollment Report(s)**
    - ID | Comments | Enrollment Locations | Enrollment Location Type | Existing Dataset Or Resource
     - ID00000032 | Michigan, Ohio, California Domestic | no
## Study Record: PHS Human Subjects and Clinical Trials Information

### Section 3

<table>
<thead>
<tr>
<th></th>
<th>Protection and Monitoring Plans</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Protection of Human Subjects</td>
</tr>
<tr>
<td>2.</td>
<td>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? <strong>siRB Plan:</strong> Mandatory for domestic sites of multi-site studies where each site will conduct the same protocol involving non-exempt human subjects research funded wholly or in part by NIH (NOT-OD-18-004).</td>
</tr>
<tr>
<td></td>
<td>If yes, describe the single IRB plan</td>
</tr>
<tr>
<td>3.</td>
<td>Data and Safety Monitoring Plan</td>
</tr>
<tr>
<td>4.</td>
<td>Will a Data and Safety Monitoring Board be appointed for this study?</td>
</tr>
<tr>
<td>5.</td>
<td>Overall Structure of the Study Team</td>
</tr>
</tbody>
</table>

**If not clinical trials, you should stop here.**
1. Brief Summary

This study is to evaluate if book reading via a book club slows down the dementia progress.

2. Study Design

Narrative Study Description

Participants diagnosed with Alzheimer’s will be randomly divided into two groups. One group will participate in a book club each week. Reading in advance and discussion are required. The other group will read the same books without discussing them through a book club.

Primary Purpose: Other

Behavioral intervention

Intervention: If applicable, more than one intervention may be added to each study record.

Intervention Type | Intervention Name | Intervention Details
------------------|-------------------|----------------------
Behavioral (e.g., Psychotherapy, Lifestyle Counseling) | Social Engagement (via Book Club) | Social behavior may play a role in neurological disorder. Our hypothesis is that socially engaging older people with dementia will slow down the progress of dementia. We will test this hypothesis by organizing Alzheimer’s patients to read and discuss books via a book club.

Study Phase: Other

If Other, describe

N/A: Trials without phases; behavioral intervention.
Study Record: PHS Human Subjects and Clinical Trials Information

Section 4, Part II

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

Intervention Model

If Other, describe

Masking  ○ Yes  ○ No  Clear

If Yes, select at least 1
- Participant □
- Care Provider □
- Investigator □
- Outcomes Assessor □

Allocation

Randomized

3. Outcomes Measures

<table>
<thead>
<tr>
<th>Outcome Name</th>
<th>Outcome Type</th>
<th>Time Frame</th>
<th>Outcome Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain Imaging</td>
<td>Primary</td>
<td>From 1 month before the book club to 2 months after the book club. The book club will last 6 months.</td>
<td>Brain scans will be performed at the following time points: - 1 month before the study (baseline/start point) - 2 months after the book club (study point 1) - 4 months after the book club (study point 2) - 6 months after the book club (end point) - 2 months after the end of the book club (follow-up point)</td>
</tr>
</tbody>
</table>

4. Statistical Design and Power

Statistical Design and Power.pdf(0.01)  Upload Revision

5. Subject Participation Duration

9 months

6. Will the study use an FDA-regulated intervention?  ○ Yes  ○ No  Clear

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

7. Dissemination Plan

Dissemination Plan.pdf(0.01)  Upload Revision

**Dissemination Plan:** A new document; read the instructions carefully and address all the required points.
### Study Record: PHS Human Subjects and Clinical Trials Information

#### Section 5

**Section 5 - Other Clinical Trial-related Attachments**

1. **Other Clinical Trial-related Attachments**

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are no items to display.

Refer to the FOA for specific instructions.
PAF Summary - Print Version

Make sure Project Long Title EXACTLY matches the title in the application on R&R Cover Page 1, item 11.

Required Med School field. Refer to Medical School’s deadline calculator.

Campus deadline = Sponsor published deadline. If a weekend or holiday, roll to the next work day!

This section must reflect all faculty PLUS for sponsors following Financial Conflict of Interest (FCOI) requirements all Investigators (any role with the word Investigator, PD/PI, Co-I, Research Investigator, Mentor) & those listed as Key Personnel.

A Proposal Approval Form (PAF) should reflect what is being sent to the sponsor. All information on the PAF should match and reflect what is in the proposal. Even if partially completing the PAF prior to filling out the 424, a cross check back through the PAF is necessary to verify that the final information is represented.
**PAF Summary - Print Version, Continued**

### ADMINISTRATIVE PERSONNEL:

<table>
<thead>
<tr>
<th>Name &amp; Contact Info</th>
<th>Award Type</th>
<th>Permissions</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Li</td>
<td>Pre-award</td>
<td>R&amp;F Edit</td>
<td>Office of Research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SA424 Edit</td>
<td>520 E. Medical Center</td>
</tr>
<tr>
<td></td>
<td>Post-Award</td>
<td>RA Ed Read</td>
<td>3rd floor SPC 2800</td>
</tr>
</tbody>
</table>

Primary Research Administrator: Melissa Li (734-764-9708, melissi@umich.edu)

Primary Post-Award Administrator: Melissa Li (734-764-9708, melissi@umich.edu)

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**Involves students regardless of whether they are receiving compensation.**

**If they are funded in this project, check if this is reflected in the R&R Budget form or Budget Justification.**

---

**Mandatory in Medical School.**

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**Check against the application (R&R Other Project Information, item 1), including Yes/No answers and Approval Date (if applicable).**

---

**Check against Project Summary/Abstract in the application (R&R Other Project Information, item 7).**

---

**Check against the application (R&R Other Project Information form, item 2), including Yes/No answers and Approval Date (if applicable).**

---

**If Yes, make sure Select Agent Research file is uploaded in the application (PHS 398 Research Plan, item 10).**
Click here for Space FAQs.

**Quick Reference for UMHS Space:**
- List space details (building & room) OR List as “Adequate Space” and for each line:
  - Indicate Medical School or Hospital space.
  - If hospital, further list whether Hosp Clinic or Hosp Office.

**Remember** for Hosp/Clinic, CDA must approve (email or sign PAF).

- The IDC rate should be the same for the Project and Budget lines (IDC rate on the 1st day of the project).
- If modular budget, each year’s exclusions should be listed in the Comments field.
- When any resources are listed in the proposal without a financial source and will be covered by UM, they should be listed here, with the exact $ values.
- When any UM resources are listed in the proposal without a specific $ value.
- When one or more unit(s) of U-M make(s) a commitment to provide a resource if the project is funded, but the arrangement is not referenced in the proposal and has not been shared with the sponsor.
- If any non-UM organizations are listed in the proposal as providing a financial resource.
- All institutionally signed letters of commitment are required prior to routing the PAF for review.

- Check amount against the application R&R BUDGET, SUBAWARD - Cumulative Budget, Section K.
- Also check against the institutional letter of commitment.
- If multiple subawards, the total costs of EACH subaward should be checked.
Not a required School field; but if completed, it must match the application (R&R Budget - SECTION A&B, BUDGET PERIOD 1 form, Section A).

Since the NIH application (unless via ASSIST) is linked to the PAF, proposal documents do not need to be uploaded if already in the SF424. If there are uploads, please be sure to capture the most recent version of the application for consistency purposes.

Make sure PI has signed.
**Review the details of the ORSP instructions.**

**For all DHHS, including NIH, applications, check "Yes".**