

<p>TSNRP Research Fellowship Award Application <i>(To be completed by applicant – follow PHS 416-1 instructions)</i></p>	<p>NAME OF APPLICANT <i>(Last, first, middle initial)</i></p>												
<p>16. APPLICANT'S EDUCATION</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">DEGREE</th> <th style="width: 25%;">MONTH / YEAR</th> <th style="width: 20%;">FIELD</th> <th style="width: 25%;">INSTITUTION</th> <th style="width: 15%;">MENTOR</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		DEGREE	MONTH / YEAR	FIELD	INSTITUTION	MENTOR							
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<p>17. APPLICANT'S TRAINING/EMPLOYMENT <i>(After college)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">ACTIVITY/OCCUPATION</th> <th style="width: 10%;">BEGINNING DATE (mm/yy)</th> <th style="width: 10%;">ENDING DATE (mm/yy)</th> <th style="width: 15%;">FIELD</th> <th style="width: 25%;">INSTITUTION/COMPANY</th> <th style="width: 25%;">SUPERVISOR/ EMPLOYER</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		ACTIVITY/OCCUPATION	BEGINNING DATE (mm/yy)	ENDING DATE (mm/yy)	FIELD	INSTITUTION/COMPANY	SUPERVISOR/ EMPLOYER						
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<p>18. GOALS FOR TSNRP FELLOWSHIP TRAINING AND CAREER</p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"> </div>													
<p>19. NAME AND DEGREE(S)</p>													
<p>20. POSITION/RANK</p>													
<p>21. RESEARCH INTERESTS/AREAS</p>													
<p>22. DESCRIPTION (Do not exceed space provided)</p> <div style="border: 1px solid black; height: 200px; margin-top: 5px;"> </div>													

Page Numbers

(Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 6a, 6b.)

Section 1 — Applicant

Face Page (Items 1-8, 15), Page 2 (Items 16-18, 22), and Table of Contents (Form Page 3) ...	1 - 3
Scholastic Performance (Form Page 4).....	4
Background (Form Page 5)	5
Research Experience (Form Page 6)	
a. Summary.....	_____
b. Doctoral Dissertation	_____
c. Publications	_____
Revised Application	_____
Research Training Plan	_____
a. Activities Under Award.....	_____
b. Research Training Proposal	_____
(1) Specific Aims.....	} <i>(Not to exceed 10 pages)</i>
(2) Background/Significance	
(3) Research Design and Methods.....	
(4) Literature Cited	_____
(5) Human Subjects Research <i>(Required if Item 9 on the Face Page is marked "Yes")</i>	_____
(6) Data and Safety Monitoring Plan <i>(Required if Item 9c on the Face Page is marked "Yes" and a Phase I, II, or III clinical trial is proposed)</i>	_____
(7) Vertebrate Animals <i>(Required if Item 10a on the Face Page is marked "Yes")</i>	_____
c. Respective Contributions.....	_____
d. Selection of Sponsor and Institution	_____
e. Responsible Conduct of Research	_____

Section 2 — Sponsor

Biographical Sketch (Form Page 7).....	_____
Research and Training Support/Previous Trainees (Form Page 8)	_____
Facilities and Commitment Statement (Form Page 8).....	_____
Training Plan, Environment, Research Facilities.....	_____
Number of Fellows/Trainees to be Supervised	_____
Applicant's Qualifications and Potential	_____
Human Subjects	_____
Vertebrate Animals	_____
Checklist (Form Page 9)	_____

Section 3 — References *(Minimum of 3)*

(See instructions for submission of references.)

List full name, institution, and department of individuals submitting reference letters.

Other Items *(list)*:

Personal Data Page for Fellowship Applicants

Section 4 — Appendix

(3 collated sets. No page numbering necessary. Not to exceed 3 publications; 2 for predoctoral candidates.)

Check if Appendix is included

**TSNRP Research Fellowship Award Application
Background**

(To be completed by applicant – follow PHS 416-1 instructions.)

NAME OF APPLICANT (Last, first, middle initial)

24. PRIOR AND/OR CURRENT TSNRP Support. List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers.

25a. ACADEMIC AND PROFESSIONAL HONORS. Include all scholarships, traineeships, fellowships, and development awards. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

25b. TITLE(S) OF THESIS/DISSERTATION(S)

26. NAME OF DISSERTATION ADVISOR OR CHIEF OF SERVICE
(If reference report not included, explain why not.)

TITLE, DEPARTMENT, AND INSTITUTION

27. APPLICATION FOR CONCURRENT SUPPORT

NO YES

Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:

Dates:

Source:

Amount:

Type:

Dates:

Source:

Amount:

Type:

Dates:

Source:

Amount:

Type:

Dates:

Source:

Amount:

Type:

Dates:

Source:

Amount:

**TSNRP Research Fellowship Award Application
Research**

(To be completed by applicant – follow PHS 416-1 instructions.)

NAME OF APPLICANT (Last, first, middle initial)

28. RESEARCH EXPERIENCE

- a. Summary
- b. Doctoral Dissertation
- c. Publications (published, accepted, submitted, or in preparation)

29. REVISED APPLICATION

30. RESEARCH TRAINING PLAN

- a. Approximate percentage of proposed award time in activities identified below. (See instructions.)

Year	Research	Course Work	Teaching	Clinical
First				
Second				
Third				

- b. Research Training Proposal
- c. Respective Contributions
- d. Selection of Sponsor and Institution
- e. Responsible Conduct of Research

**TSNRP Research Fellowship Award Application
Facilities and Commitment**

(To be completed by sponsor – follow PHS 416-1 instructions.)

NAME OF APPLICANT *(Last, first, middle initial)*

32. Identify the research and research training support available to the sponsor and the applicant during period of proposed award.

33. SPONSOR'S PREVIOUS FELLOWS/TRAINEES

Give total number of pre- and postdoctoral individuals and provide information on a representative five. List their present employing organizations and position titles or occupations.

FACILITIES AND COMMITMENT STATEMENT

In the space below and on continuation pages, complete the following items. Identify each item by number and title.

- 34. Training Plan, Environment, Research Facilities.
Describe the research training plan for the applicant, Include such items as classes, seminars, and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewing groups evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to the applicant's career. Describe the skills, techniques, etc., that the applicant will learn and relate these to the applicant's career goals.
- 35. Number of Fellows/Trainees to be Supervised During the Fellowship. Indicate Pre-or Postdoctoral.
- 36. Applicant's Qualifications and Potential for a Research Career.
- 37. Human Subjects/Vertebrate Animals Use and Description.

38. CERTIFICATION: We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

NEW application. (This application is being submitted to the PHS for the first time.)

REVISION of application number: _____
(This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)

COMPETING CONTINUATION of grant number: _____
(This application is to extend a funded grant beyond its current project period.)

SUPPLEMENT to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)

CHANGE of principal investigator/program director.

Name of former principal investigator/program director: _____

CHANGE of Grantee Institution. Name of former institution: _____

FOREIGN application Domestic Grant with foreign involvement List Country(ies) Involved: _____

SBIR Phase I SBIR Phase II: SBIR Phase I Grant No. _____

STTR Phase I STTR Phase II: STTR Phase I Grant No. _____

INVENTIONS AND PATENTS
(Competing continuation appl. and Phase II only)

No Previously reported
 Yes. If "Yes," Not previously reported

SBIR Fast Track

STTR Fast Track

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

- Human Subjects; •Research Using Human Embryonic Stem Cells• •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy• Vertebrate Animals•

- Debarment and Suspension; •Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying; •Non-Delinquency on Federal Debt; •Research Misconduct; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA Research, Including Human Gene Transfer Research; •Financial Conflict of Interest (except Phase I SBIR/STTR); •Smoke Free Workplace; •Prohibited Research; •Select Agents
- STTR ONLY: Certification of Research Institution Participation.

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

DHHS Agreement dated: _____ No Facilities And Administrative Costs Requested.

DHHS Agreement being negotiated with _____ Regional Office.

No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
TOTAL F&A Costs				\$

*Check appropriate box(es):

Salary and wages base Modified total direct cost base Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.): _____

Principal Investigator/Program Director (Last, First, Middle):

Place this form at the end of the signed original copy of the application.
Do not duplicate.

PERSONAL DATA ON PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator/program director.

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests the last four digits of the Social Security Number for accurate identification, referral, and review of applications and for management of PHS grant programs. Although the provision of this portion of the Social Security Number is voluntary, providing this information may improve both the accuracy and speed of processing the application. Please be aware that no individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose this section of the Social Security Number. The PHS requests the last four digits of the Social Security Number under Sections 301(a) and 487 of the PHS Acts as amended (42 U.S.C 241a and U.S.C. 288). All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)	SEX/GENDER
SOCIAL SECURITY NUMBER (last 4 digits only) XXX-XX-	<input type="checkbox"/> Female <input type="checkbox"/> Male

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- Hispanic or Latino**
- Not Hispanic or Latino**

RACE

2. What race do you consider yourself to be? Select one or more of the following.

- 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. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."
- 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.
- Check here if you do not wish to provide some or all of the above information.