

Instructions for Completing SF424R&R for NIH NRSA Individual Fellowship Funding Opportunities

Following are detailed instructions to guide you as you complete the SF424R&R form. Information from this form will be used to pre-populate other forms, so complete it first!

Please note: This is NOT a substitution for reviewing the instructions in the program announcement or agency application instructions!

Section No. and Name	Information to Enter
1. Type of Submission	<ul style="list-style-type: none"> • Pre-application - instructed not to use unless specifically noted in FOA • Application - use this for all new applications • Changed/Corrected Application - To be used only when correcting a NEW application that failed system validations at the sponsor level. This is NOT a resubmission (amendment).
2. Date Submitted	This will automatically populate when the application is submitted to the federal agency or state if applicable
Applicant Identifier	Leave this field blank.
3. Date Received by State	Leave this field blank. This date will be assigned by the State, if applicable.
State Applicant Identifier	Leave this field blank. This date will be assigned by the State, if applicable.
4. a. Federal Identifier	<ul style="list-style-type: none"> • New: Leave blank. • Changed/Corrected “New” Application: Enter the Grants.gov Tracking Number; if you can’t recall it, enter “N/A” • New following Pre-application: Enter the agency-assigned pre-application number • Continuation, Revision, or Renewal to an existing award: Enter previously assigned Federal Award Identifier (even if submitting a “changed/corrected application). <p>If “Type of Application” is “Renewal” or “Resubmission,” enter the Institute or Center (IC) and serial number of the prior application/award number (e.g. CA123456). For these types of applications, do not change the Federal Identifier field when submitting Changed/Corrected applications.</p> <p>Check the instructions for detailed definitions on New, Resubmission, Renewal, Continuation, and Revision.</p> <p>Note: Renewals are very rare in fellowship programs, Continuations generally do not apply and Revisions will not be used.</p>
b. Agency Routing Identifier	Leave Blank

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Section No. and Name	Information to Enter
5. Applicant Information	<p>This section contains information about Stanford University and the PI</p> <ul style="list-style-type: none"> • DUNS Number Enter this DUNS number in this format: 009214214 • Legal Name Must be entered exact: “Board of Trustees of the Leland Stanford Junior University” • Department Use name and address as specified below: <ul style="list-style-type: none"> ○ School of Medicine Use: Research Management Group (RMG) 3172 Porter Drive Palo Alto, CA 94304-1212 ○ All Other Schools Use: Office of Sponsored Research (OSR) 3160 Porter Drive Palo Alto, Santa Clara County, CA 94304-8445 (4-digit ID Mail Code) • Division Enter your school affiliation; (e.g.: School of Medicine, School of Engineering, School of Education, etc.) <p>-----</p> <ul style="list-style-type: none"> • Person to be contacted on matters involving this application – This is your Institutional Representative. <ul style="list-style-type: none"> ○ School of Medicine: Debra Porzio, 650-736-0767, dporzio@stanford.edu ○ All Other Schools: Use a Contract & Grant Officer from your area http://doresearch.stanford.edu/research-offices/sponsored-research-osr/pre-award-operations
6. Employer Identification (this is our Federal Taxpayer Identification Number)	<ul style="list-style-type: none"> • Use: 1941156365A1
7. Type of Applicant	<p>Always choose Private Institution of Higher Education (often choice O. on the dropdown, but may be different)</p> <p>Note: The Other (specify) section will not highlight and you cannot choose “Woman Owned” or “Socially and Economically Disadvantaged”</p>

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8. Type of Application	<ul style="list-style-type: none"> • New An application being submitted to an agency for the first time • Resubmission An application that has been previously submitted, but was not funded, and is being submitted 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: 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>Check the instructions for detailed definitions on New, Resubmission, Renewal, Continuation, and Revision.</p> <p>Note: Renewals are very rare in fellowship programs, Continuations generally do not apply and Revisions will not be used.</p> <p>-----</p> <p>Is this application being submitted to other agencies Answer "YES" or "NO" If you answer yes, a box will open and you must list the other agencies (not much room, so use acronyms) This applies to federal agencies.</p>																
9. Name of Federal Agency	This will pre-populate based on the FOA																
10. Catalog of Federal Domestic Assistance Number	This is the CFDA and will pre-populate based on the FOA																
11. Descriptive Title of Applicant's Project	Enter a brief descriptive title of the project. Although there is room for 240 characters in the field, NIH limits you to 81 characters, including the spaces between words and punctuation. Be sure to only use standard characters in the descriptive title: A through Z, a through z, 0 through 9, hyphen (-), and underscore (_).																
12. Proposed Project Start and End Dates	<p>Enter the Start and End dates of the project (Note: NRSA support is limited to 5 years for predoctoral trainees, and 3 years for postdoctoral fellows.)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th style="background-color: #e0f2f1;">Cycle I</th> <th style="background-color: #ffe0b2;">Cycle II</th> <th style="background-color: #e0f2f1;">Cycle III</th> </tr> </thead> <tbody> <tr> <td>Scientific Merit Review</td> <td>June - July</td> <td>Oct-Novr</td> <td>Feb- March</td> </tr> <tr> <td>Advisory Council Review</td> <td>Sept - Oct</td> <td>Jan - Feb</td> <td>May - June</td> </tr> <tr> <td>Earliest Project Start Date</td> <td>December</td> <td>April</td> <td>July</td> </tr> </tbody> </table> <p>Example: Start Date: July 1, 2014 / End Date: June 30, 2017 (PostDoc) Start Date: July 1, 2014 / End Date: June 30, 2019 (PreDoc)</p>		Cycle I	Cycle II	Cycle III	Scientific Merit Review	June - July	Oct-Novr	Feb- March	Advisory Council Review	Sept - Oct	Jan - Feb	May - June	Earliest Project Start Date	December	April	July
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Section No. and Name	Information to Enter
13. Congressional District of Applicant	CA-018
14. Project Director/ Principal Investigator Contact Information	These fields will be populated by information entered in Section 5 above. Change Institution Name to “Stanford University” and all other PI information to match NIH eCommons Profile. Remember, Division will ALWAYS be your School Affiliation.
15. Estimated Project Funding	<p>a. Total Federal Funds Requested: Enter the federal funds requested for this application; include all project periods: refer to the NIH/OER Research Training Website (http://grants.nih.gov/training/extramural.htm) for current Stipend and other budgetary levels, and enter the total amount being requested for the entire period of support. This amount includes the applicable stipend amount, the actual tuition and fees, and the standard institutional allowance.</p> <p>b. Total Non-Federal Funds: Enter “0.00”</p> <p>c. Total Federal & Non-Federal Funds: This will be the same as box (15a)</p> <p>d. Estimated Program Income: Not applicable to Fellowships - enter “0.00”</p>
16. Is Application Subject to Review by SEO 12372 Process?	Select “b. NO - Program is not covered by E.Q.12372”
17. By signing this...	These are the certifications and assurances. The box must be checked.
18. SFLLL Or Other Explanatory Doc	Not applicable – leave blank
19. Authorized Representative	These fields will be populated by information entered in Section 5 above. Modify as necessary (e.g., type in the Institutional Representative’s name, phone, etc.) – this is the same as the person in box 5 above.
20. Pre-application	Not applicable – leave blank