



BROWN

NIH – FELLOWSHIP GUIDE RUTH L. KIRSCHSTEIN NATIONAL SERVICE AWARDS (NRSA) IN COEUS

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I. ABOUT THE NIH FELLOWSHIP GUIDE

This document is intended to help you complete proposal submissions for the Ruth Kirschstein National Research Service Awards (NRSA).

This guide highlights the elements that are specific to the NRSA F Series opportunities. It does not give step-by-step instructions on how to complete a proposal in Coeus; therefore it should be used in conjunction with the Coeus Proposal Development User Guides located at:

http://research.brown.edu/osp/coeus/Training/User_Guides.html

In addition, for detailed instructions specific to the Ruth Kirschstein National Research Service Awards (NRSA), please refer to the Funding Opportunity Announcement and the Individual Fellowship Application Guide SF424 (R&R) located at: http://grants1.nih.gov/grants/funding/424/SF424_RR_Guide_Fellowship_VerB.pdf

II. COEUS SPECIFIC ELEMENTS TO NRSA FELLOWSHIP OPPORTUNITIES

o PROPOSAL DETAILS TAB

In the Proposal Details Tab, be sure to select the appropriate **Activity Type** and **Anticipated Award Type**.

1. For NRSA Fellowship Opportunities, from the **Activity Type** drop-down, please select **Fellowship/Training Grants (Individual)**. Selecting this will ensure that Coeus Budget will automatically apply a **0% F&A Rate**.

The screenshot shows the 'Proposal Details - 00003909' window. The 'Activity Type' dropdown menu is open, showing options: 'Fellowship/Training Grants (Institutional Training Grants)', 'Fellowship/Training Grants (Individuals)', 'Public Service', 'Student Services', 'Other', 'Construction', and 'Template'. A red arrow points to 'Fellowship/Training Grants (Individuals)', which is highlighted by a hand cursor. Other fields visible include 'Proposal No: 00003909', 'Status: In Progress', 'Lead Unit: 000001:Brown University', 'Title: Fellowship Testing', 'Start Date: 01-Sep-2011', 'End Date: 31-Aug-2015', 'Award No:', 'NSF Code:', 'Sponsor: NATIONAL INSTITUTE OF HEALTH', 'Prime Sponsor:', 'Sponsor Proposal No:', 'Program Title: Ruth Kirschstein National Research Service Awards (NRSA) for Individual Postdoctoral Fellows (Parent F32)', and 'Original Proposal:'.

2. For NRSA Fellowship Opportunities, from the **Anticipated Award Type** drop-down, please select **Fellowship**.

The screenshot shows the 'Anticipated Award Type' dropdown menu open, with 'Fellowship' selected and highlighted by a hand cursor. A red arrow points to this selection. Other fields visible include 'Proposal Type: New', 'Activity Type: Fellowship/Training Grants (Institutional Training Grants)', 'Award No:', 'NSF Code:', 'Sponsor: NATIONAL INSTITUTE OF HEALTH', 'Prime Sponsor:', 'Sponsor Proposal No:', 'Program Title: Ruth Kirschstein National Research Service Awards (NRSA) for Individual Postdoctoral Fellows (Parent F32)', and 'Original Proposal:'.

○ INVESTIGATOR TAB

In the Investigator Tab, be sure to ONLY include the individual applying for the Fellowship with the appropriate **Effort %**. Fellowship Applicant must have the **PI check box checked**.

Person Name	PI	Multi PI	Faculty	Effort %	Academic Year Effort	Summer Year Effort	Calendar Year Effort
Szulc, Katarzyna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100.00	.00	.00	.00

○ KEY PERSON TAB

Sponsors, Co-Sponsors, Collaborators and/or Doctoral Dissertations Advisors should be included in the Key Person Tab, with the appropriate **Effort % is applicable**. Make sure that the appropriate role for each individual is entered in the **Role field (e.g. Sponsor)**.

Name	Role	% Effort	Faculty
Quinn, Jennifer L.	Sponsor	.00	<input type="checkbox"/>
Carroll, Patrice A.	Co-Sponsor	.00	<input type="checkbox"/>

○ PROPOSAL PERSONNEL SECTION

In this section you can arrange the order of Key Personnel, must designate the citizenship status of the Fellow applicant and you can add an Alternate Phone Number for the applicant as well.


1. To navigate to the **Proposal Personnel Section**, select **Edit → Proposal Personnel** from the menu bar - . The Proposal Personnel window will open.

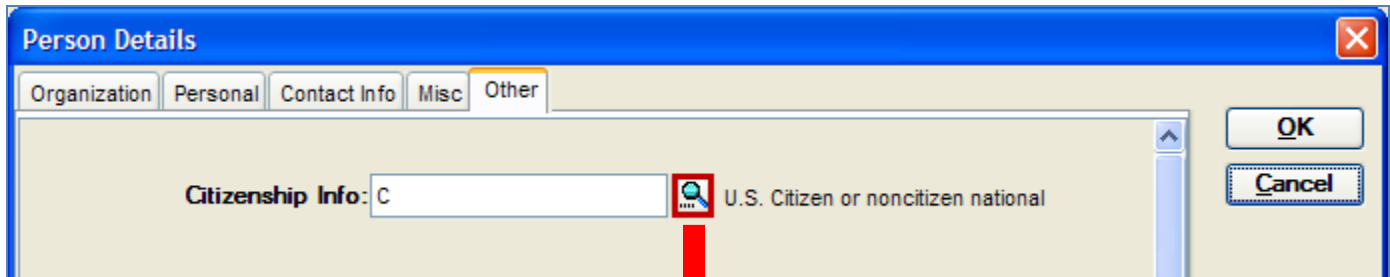
➤ Determining the Order for Senior/Key Personnel

1. To sort the order of the personnel select **Edit → Move Down** or use the **blue up and down arrows** on the lowest Icon Toolbar of the **Proposal Personnel Section**.

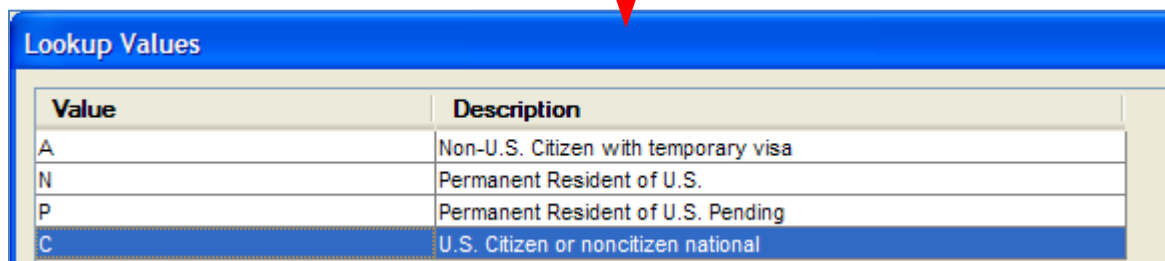
Full Name	Title
Szulc, Katarzyna	Administrator
Quinn, Jennifer L.	Manager
Carroll, Patrice A.	Director

➤ **Designating Citizenship Status for the Fellowship Applicant**

1. In the **Proposal Personnel Section** select the Fellowship Applicant and click select **Edit → Person Detail** from the menu bar -  or double click on the Fellowship Applicant to open the Person Details Window.
2. In the Person Details Window in the Other Tab, select the appropriate citizenship status of the applicant by clicking on the Search Icon -  to open the Lookup Values window.




The 'Person Details' window is shown with the 'Other' tab selected. The 'Citizenship Info' field contains the letter 'C'. To the right of the field is a search icon (magnifying glass over a grid). To the right of the search icon is the text 'U.S. Citizen or noncitizen national'. There are 'OK' and 'Cancel' buttons on the right side of the window.

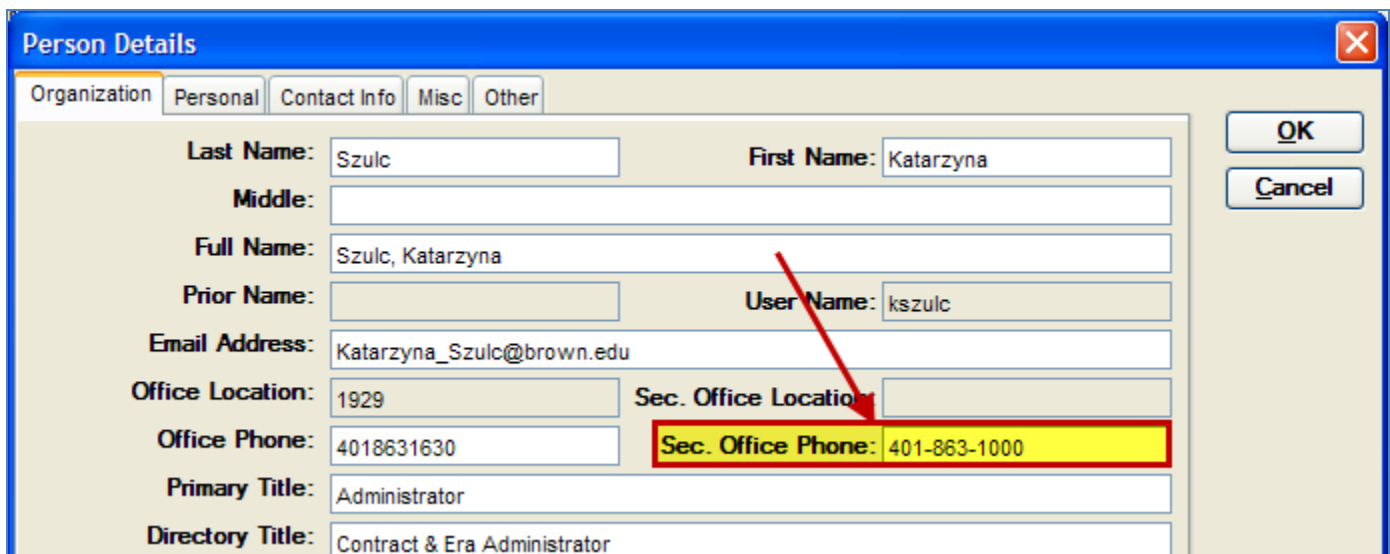


The 'Lookup Values' window displays a table with two columns: 'Value' and 'Description'. The table contains four rows of data. The row with 'C' in the 'Value' column is highlighted in blue.

Value	Description
A	Non-U.S. Citizen with temporary visa
N	Permanent Resident of U.S.
P	Permanent Resident of U.S. Pending
C	U.S. Citizen or noncitizen national

➤ **Adding Alternate Phone Number for the Fellowship Applicant**

1. In the **Proposal Personnel Section** select the Fellowship Applicant and click select **Edit → Person Detail** from the menu bar -  or double click on the Fellowship Applicant to open the Person Details Window.
2. In the Person Details Window in the Organization Tab, enter the alternate number in the **Sec. Office Phone field** for the applicant.



The 'Person Details' window is shown with the 'Organization' tab selected. The form contains various fields for personal and organizational information. The 'Sec. Office Phone' field is highlighted in yellow and contains the number '401-863-1000'. A red arrow points to this field from the 'Sec. Office Location' field.

Person Details

Organization | Personal | Contact Info | Misc | Other

Last Name: Szulc First Name: Katarzyna

Middle:

Full Name: Szulc, Katarzyna

Prior Name: User Name: kszulc

Email Address: Katarzyna_Szulc@brown.edu

Office Location: 1929 Sec. Office Location:

Office Phone: 4018631630 **Sec. Office Phone: 401-863-1000**

Primary Title: Administrator

Directory Title: Contract & Era Administrator

○ BUDGET SECTION

➤ Entering Your Budget Information

When entering the budget information, make sure to use the Cost Elements that begin with **f)** to build your fellowship budget; these are appropriately programmed to map to the PHS Fellowship Supplemental form. (To view the listing of all the Cost Elements available, please see the Coeus Cost Element/Subcode Spreadsheet located at:

http://research.brown.edu/osp/coeus/PD_Documents/4.4.3_Coeus_CostElements_Subcodes_3_1_11.pdf)

f) Trainee/Participants							
Cost Element	Description	Sub Code	Category on Grnats.gov Forms	F&A Applied		Inflation Type	Fringe Benefits
F015130	f) Health Fee (Fellow/Trainee)	5130	Participant Tuition	Exclusion	TDC	Health Fees	N/A
F035370	f) Health Insurance (Fellow/Trainee)	5370	Participant Other	MTDC	TDC	Health Insurance	N/A
F139000	f) Institutional Allowance (Fellow)		Participant Other	MTDC	TDC	N/A	N/A
F219999	f) Travel (Fellow/Trainee)		Participant Travel	MTDC	TDC	Travel	N/A
F195120	f) Tuition/Fees – Other (Fellow/Trainee)	5120	Participant Tuition	Exclusion	TDC	Graduate Tuition	N/A
F185120	f) Tuition/Fees – Post Doc Degree(Fellow/Trainee)	5120	Participant Tuition	Exclusion	TDC	Graduate Tuition	N/A
F175120	f) Tuition/Fees – Post Doc Non Degree (Fellow/Trainee)	5120	Participant Tuition	Exclusion	TDC	Graduate Tuition	N/A
F155120	f) Tuition/Fees – Pre Doc Dual Degree (Fellow/Trainee)	5120	Participant Tuition	Exclusion	TDC	Graduate Tuition	N/A
F165120	f) Tuition/Fees – Pre Doc Single Degree (Fellow/Trainee)	5120	Participant Tuition	Exclusion	TDC	Graduate Tuition	N/A
F025120	f) Tuition/Fees – Undergraduate (Fellow/Trainee)	5120	Participant Tuition	Exclusion	TDC	Graduate Tuition	N/A
F075210	f) Stipend – Post Doc (Fellow/Trainee)	5210	Participant Stipend	MTDC	TDC	N/A	N/A
F045110	f) Stipend – Pre Doc (Fellow/Trainee)	5110	Participant Stipend	MTDC	TDC	N/A	N/A
F085320	f) Stipend – Undergrad (Fellow/Trainee)	5320	Participant Stipend	MTDC	TDC	N/A	N/A
F235110	f) Stipend – Senior Fellow (Fellowship Only) 	5110	Senior Personnel	MTDC	TDC	N/A	N/A
F055320	f) Stipend – Other (Fellow/Trainee)	5320	Participant Stipend	MTDC	TDC	N/A	N/A
F209000	f) Training Related Expenses (Trainee)		Participant Other	MTDC	TDC	N/A	N/A
F065240	f) Post Doc Medical Suppl. (Fellow/Trainee)	5240	Participant Other	MTDC	TDC	Health Insurance	N/A

*****Please Note ***** Health Insurance is programmed to inflate at 4.5%. If you do not want to inflate insurance you must turn off inflation in the Budget Line Item Details Window. (Double click line item to open the window and uncheck the Apply Inflation checkbox).

Budget - Line Item Detail

Category: Trainee/Participant Costs - Other On Campus Off Campus

Cost Elm: F035370 f) Health Insurance (Fellow/Trainee)

Start Date: 01-Sep-2011 End Date: 31-Aug-2012

Description:

Cost: \$5,000.00 Quantity: .00 **Apply Inflation:** ☐

OK Cancel Justify

➤ Budgeting for Senior Fellows

If the proposal is a **Senior Fellowship Application**, you will need to include Budget Information for the Senior Fellow in the Coeus Budget (Please Coeus Proposal Development User Guides for detailed instructions on Budgeting for Personnel).

Just like budgeting for other personnel salaries, you will need to:

1. Complete the Budget Person Window indicating the **Appointment Type**, the **Base Salary** and the **Effective Date** for the base salary for the Senior Fellow.

Budget Persons

Proposal Number: 00003909 Version: 2

Name	Job Code	Appointment Type	Eff Date	Calc Base
Szulc, Katarzyna	X	REG EMPLOYEE	01-Sep-2011	\$50,000.00

OK Cancel

2. Add the **Stipend – Senior Fellow (Fellowship Only)** line item to the Period Tab.

Modify Budget for Proposal 00003909, Version 4

Summary Period 1 Total

Start Date: 01-Sep-2011 End Date: 31-Aug-2012 Cost Limit: \$0.00 No. of Months: 12.0

Total Cost: \$0.00 Direct Cost: \$0.00 Indirect Cost: \$0.00

Underrecovery: \$0.00 Cost Sharing: \$0.00 Direct Cost Limit: \$0.00

Line	CE	Cost Element Description	Description	Qty	Cost	Start Date	End Date
1	F235110	f) Stipend - Senior Fellow (Fellowship Only)		0.00	\$0.00	01-Sep-2011	31-Aug-2012

3. Add the **Personnel Budget Details** for the Stipend – Senior Fellow (Fellowship Only) line item.

Personnel Budget Details

Cost Elm.: F235110 f) Stipend - Senior Fellow (Fellowship Only) Start Date: 01-Sep-2011 End Date: 31-Aug-2012

Desc.:

Cost: \$50,000.00 Underrecovery: \$0.00 Cost Share: \$0.00 Quantity: 1.00

Name	Job Code	Start Date	End Date	Period	% Charged	% Effort	Salary
Szulc, Katarzyna	X	01-Sep-2011	31-Aug-2012	Calendar	100.00	100.00	\$50,000.00

OK Cancel Add Delete Details Calculate

*****Please Note***** Stipend – Senior Fellow (Fellowship Only) line item is NOT programmed to automatically inflate in the out years of the proposal, therefore, it will need to be handled as a Manual Inflation Line Item. Please refer to the [Budget Development Guide, Section III. Entering Personnel Line Items – Anniversary Date Inflation \(Manual Inflation\)](#), for detailed instructions.

Also, this is the only Stipend line item that uses the Personnel Line Items procedure for budgeting.

➤ **Sample Budget in Coeus**

Modify Budget for Proposal 00002374, Version 1

Summary | Period 1 | Period 2 | Period 3 | Total

Start Date: 01-Sep-2011	End Date: 31-Aug-2012	Cost Limit: \$0.00	No. of Months: 12.0
Total Cost: \$79,930.00	Direct Cost: \$79,930.00	Indirect Cost: \$0.00	
Underrecovery: \$0.00	Cost Sharing: \$0.00	Direct Cost Limit: \$0.00	

Line	CE	Cost Element Description	Description	Qty	Cost	Start Date	End Date
1	F015130	f) Health Fee (Fellow/Trainee)		0.00	\$1,000.00	01-Sep-2011	31-Aug-2012
2	F035370	f) Health Insurance (Fellow/Trainee)		0.00	\$5,000.00	01-Sep-2011	31-Aug-2012
3	F139000	f) Institutional Allowance (Fellow)		0.00	\$2,750.00	01-Sep-2011	31-Aug-2012
4	F235110	f) Stipend - Senior Fellow (Fellowship Only)	Senior Fellow	1.00	\$50,000.00	01-Sep-2011	31-Aug-2012
5	F045110	f) Stipend - Pre Doc (Fellow/Trainee)		0.00	\$21,180.00	01-Sep-2011	31-Aug-2012

○ NARRATIVE FOR PROPOSAL SECTION

➤ Uploading Attachments

There are specific narrative types that map to the appropriate fields on the PHS Fellowship Supplemental form. They are as follows (these are not listed in alphabetical order in Coeus):

<i>Narrative Type in Coeus</i>	<i>PHS Fellowship Supplemental Form field</i>
<i>PHS_Fellow_ActivitiesPlanned</i>	<u>Section C. Field 8.</u> Activities Planned Under this Award
<i>PHS_Fellow_Appendix</i>	<u>Section E.</u> Appendix
<i>PHS_Fellow_ConcurrentSupport</i>	<u>Section C. Field 6.</u> Applications for Concurrent Support
<i>PHS_Fellow_DocDissertOtherResExpereince</i>	<u>Section C. Field 9.</u> Doctoral Dissertation and Other Research Experience
<i>PHS_Fellow_Goals_FellowshipTrainingCareer</i>	<u>Section C. Field 7.</u> Goals for Fellowship Training and Career
<i>PHS_Fellow_InclusionEnrollmentRpt</i>	<u>Section B. Field 4.</u> Inclusion Enrollment Report (for RENEWAL applications only)
<i>PHS_Fellow_InclusionOfChildren</i>	<u>Section B. Field 12.</u> Inclusion of Children
<i>PHS_Fellow_InclusionOfWomenAndMinorities</i>	<u>Section B. Field 10.</u> Inclusion of Women and Minorities
<i>PHS_Fellow_IntroductionToApplication</i>	<u>Section B. Field 1.</u> Introduction to Application (for RESUBMISSION applications only)
<i>PHS_Fellow_ProgressReport_PubList</i>	<u>Section B. Field 5.</u> Progress Report Publication List (for RENEWAL applications only)
<i>PHS_Fellow_ProtectionOfHumanSubjects</i>	<u>Section B. Field 9.</u> Protection of Human Subjects
<i>PHS_Fellow_ResearchStrategy</i>	<u>Section B. Field 3.</u> Research Strategy
<i>PHS_Fellow_ResourceSharingPlan</i>	<u>Section B. Field 16.</u> Resource Sharing Plan
<i>PHS_Fellow_RespectiveContributions</i>	<u>Section B. Field 17.</u> Respective Contributions
<i>PHS_Fellow_ResponsibleConductResearch</i>	<u>Section B. Field 19.</u> Responsible Conduct of Research
<i>PHS_Fellow_SelectAgentResearch</i>	<u>Section B. Field 15.</u> Select Agent Research
<i>PHS_Fellow_SelectionSponsorInsitution</i>	<u>Section B. Field 18.</u> Selection of Sponsor and Institution
<i>PHS_Fellow_SpecificAims</i>	<u>Section B. Field 2.</u> Specific Aims
<i>PHS_Fellow_Sponsor_CoSponsor_Info</i> 	<u>Section D.</u> Sponsor(s) and Co-Sponsor(s) Information
<i>PHS_Fellow_TargetedPlannedEnrollment</i>	<u>Section B. Field 11.</u> Targeted/Planned Enrollment
<i>PHS_Fellow_VertebrateAnimals</i>	<u>Section B. Field 14.</u> Vertebrate Animals

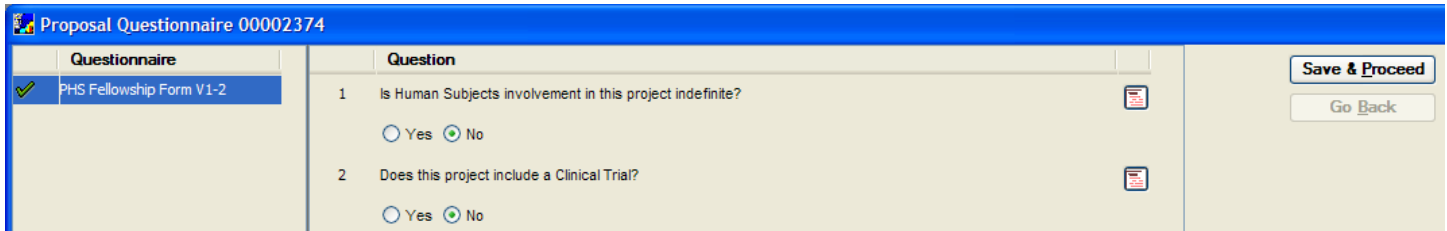
○ QUESTIONNAIRE SECTION

➤ *Completing the Questionnaire*

To answer some of the questions that appear on the *PHS Fellowship Supplemental Form*, you must complete the Questionnaire in Coeus. The questionnaire is a NEW function in Coeus Proposal Development to assist with the creation of your proposals. It is mapped to the sponsor form and directly populates the form based on the answers provided. All sets of questions within a questionnaire must be answered in order to pass validation checks prior to submission. You will receive a Grants.gov error message that prompts you to the questionnaire if it is needed.

To Navigate to the Questionnaire:

1. Select **Edit → Questionnaire** from the menu bar. The Proposal Questionnaire Window will open.



Select the PHS Fellowship Form V1-2 Questionnaire. You will be prompted to answer a series of questions. As you complete each section, click the **[Save & Proceed]** button to move onto the next screen of questions.

When completing this questionnaire, there is the option to **Print Previous Answers, Modify Answers and Start Over.**

These links are on top of the questionnaire screen. The Questionnaire must be completed in full before any modifications can be made. All data will be lost if you try to go back and modify previous answers before it is saved.

For detailed instructions, please refer to the [Proposal Finalization and Approval User Guide, Section II. Completing the Questionnaire.](#)

*****Note***** Completing YNQ questions Section is still required in addition to answering the Questionnaire questions!

○ CERTIFICATION PROCESS

➤ *Completing the Investigator Certification*

Fellows sign off on the proposal, just as Brown faculty members do. They should complete the Investigator Certification questions located in the Investigator tab and then print and sign the required form.

The **Mentor** does NOT need to certify and sign off on the proposal, UNLESS, they are a Co-PI or CO-I.

Proposal Details - 00002374

Proposal Organization Mailing Info **Investigator** Key Person Special Review Science Code Other

Person Name	PI	Multi PI	Faculty	Effort %	Academic Year Effort	Summer Year Effort	Calendar Year Effort
Quinn, Jennifer L.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100.0	.00	.00	.00

Certify for Quinn, Jennifer L.

Proposal Number: 00002374
Sponsor: 000471:NATIONAL INSTITUTE OF HEALTH

Code	Question	Answer
P1	Have you filed the annual Assurance of Compliance Form and, if necessary, a disclosure as required by the University's Conflict of Interest policy for Officers of Instruction and Research?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
P2	Do you have a Significant Financial Interest, as defined by the University's Conflict of Interest Policy for Officers of Instruction and Research that may, in any way, present a perceived,	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
P3	Do you agree if an award is made as a result of this application, to accept responsibility for the scientific and technical conduct of this project, to provide the required technical reports, and to	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
P4	Are you or anyone proposed to work on this project, to the best of their knowledge, excluded from participation in Federally funded activities as a result of government-wide suspension or	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
P5	I certify that the information contained in this proposal application is true, complete, and accurate to the best of my knowledge and belief and that any false, fictitious, or fraudulent	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
H4	Have lobbying activities been conducted regarding this proposal?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A

OK Cancel More

If the Fellow does not have access to Coeus, they should complete the **Investigator Disclosures and Assurances Form** located in the **Print Proposal Section**. To access the **Print Proposal Section**, select **File → Print** menu.

Print Proposal : 00002374

Select a package to print

Brown Custom Forms	Print Close
NIH PHS 398 Forms - (Rev. 6/09)	

Select page[s] to print Print all pages ☐

Proposal Summary Form
Investigator Disclosures & Assurances Form
Department Head / Designee Approval Form
Additional NRSA Fellow Certification Form

➤ **Completing the Additional NRSA Fellow Certification**

Both the **Fellow** and **Mentor** need to complete the NRSA Fellow Certification as required by PHS. The form is located in the **Print Proposal Section** of Coeus. To access the **Print Proposal Section**, select **File → Print** menu. Select the **Additional NRSA Fellow Certification Form** and click the **[Print]** button. The original signed forms must be submitted to OSP.

Print Proposal : 00002374

Select a package to print

Brown Custom Forms

NIH PHS 398 Forms - (Rev. 6/09)

Print

Close

Select page[s] to print

Print all pages ☐

Proposal Summary Form

Investigator Disclosures & Assurances Form

Department Head / Designee Approval Form

Additional NRSA Fellow Certification Form

APPENDIX A: MAPPING OF THE PHS FELLOWSHIP SUPPLEMENTAL FORM

*****NOTE ***** This form can NOT be printed from Coeus until the Questionnaire section is complete and all the required attachments are uploaded in Coeus.

PHS Fellowship Supplemental Form		OMB Number: 0925-0002
A. Application Type: <p>From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.</p> <div style="border: 2px solid red; padding: 5px; display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div>		
B. Research Training Plan <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1. Introduction to Application <i>(for RESUBMISSION applications only)</i></p> <p>2. * Specific Aims</p> <p>3. * Research Strategy</p> <p>4. Inclusion Enrollment Report <i>(for RENEWAL applications only)</i></p> <p>5. Progress Report Publication List <i>(for RENEWAL applications only)</i></p> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div> </div>		

Box #	Adobe Forms Version B Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
A	Type of Submission	Proposal Details	Proposal Tab	Proposal Type	Select from the list: New, Resubmission, Renewal, Continuation, or Revision.
B. Research Training Plan	1. Introduction to Application	Narrative for Proposal Section		Narrative Type: PHS_Fellow_IntroductionTo Application	For Resubmissions only. Users must prepare a document containing the required information and upload it as a pdf file. Limited to ONE page unless specified in the FOA.
	2. Specific Aims	Narrative for Proposal Section		Narrative Type: PHS_Fellow_Specific Aims	Users must prepare a document containing the required information and upload it as a pdf file. Limited to ONE page.
	3. Research Strategy	Narrative for Proposal Section		Narrative Type: PHS_Fellow_Research Strategy	Users must prepare a document containing the required information and upload it as a pdf file. Organize in the following order: Significance, Innovation, and Approach. Limited to SIX pages.
	4. Inclusion Enrollment Report	Narrative for Proposal Section		Narrative Type: PHS_Fellow_InclusionEnroll mentReport	For Renewal applications only. Users must prepare a document containing the required information and upload it as a pdf file. <i>NOTE: If the renewal application involves clinical research, then you must report on the enrollment of research subjects and their distribution by ethnicity/race and sex/gender.</i>
	5. Progress Report Publication List	Narrative for Proposal Section		Narrative Type: PHS_Fellow_ProgressRepor tPublicationList	For Renewal Applications only. Users must prepare a document containing the required information and upload it as a pdf file.

Human Subjects

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Human Subjects Involved?

☐ Yes

☐ No

6. Human Subjects Involvement Indefinite? ☐ Yes ☐ No

7. Clinical Trial? ☐ Yes ☐ No

8. Agency-Defined Phase III Clinical Trial? ☐ Yes ☐ No

Box #	Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
B. RESEARCH TRAINING PLAN	Are Human Subjects Involved?	Proposal Details	Special Review Tab	Review Type: Human Research Participants	If Human Subjects Special Review is added in COEUS, the YES box will be checked on the Grants.gov form.
	6. Human Subjects Involvement Indefinite?	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question 1	A YES or NO answer is required. Please see below.
	<p>If at the time of application, plans to involve human subjects are unknown, please check YES. In rare situations, applications are submitted with the knowledge that human subject will be involved during the period of support, but plans are indefinite that it is not possible to describe the involvement of human subject in the applications. The kinds of activities that lack definite plans are often institutional awards where the selection of specific projects is the institution's responsibility, research training grants, and projects in which the involvement of human subjects depends upon completion of instruments, animal studies, or purification of compounds. The protection of Human Subjects attachment is still required.</p> <p>Policy: NIH Office of Extramural research Human Subjects website. This site provides, in one place, DHHS and NIH requirements and resources for the external community involved in human subject research http://grants.nih.gov/grants/policy/hs/index.htm</p>				
	7. Clinical Trial?	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question 2	A YES or NO answer is required. Please see below.
	<p>The NIH defines a clinical trial as a prospective biomedical or behavioral research study of human subjects that is designed to answer specific questions about biomedical or behavioral interventions (drugs, treatments, devices, or new ways of using known drugs, treatments, or devices). Clinical Trials are used to determine whether new biomedical or behavioral interventions are safe, efficacious, and effective. Behavioral human subject research involving an intervention to modify behavior (diet, physical activity, cognitive therapy, etc.) fits this definition of a clinical trial. Human subject research to develop or evaluate clinical laboratory testes (e.g. imaging or molecular diagnostic tests) might be considered to be a clinical trial if the test will be used for medical decision making for the subject or the test itself imposes more than minimal risk for the subject.</p> <p>Policy: Clinical Trials registration in ClinicalTrials.gov (Pub Law 110-85): Competing Applications and Non-Competing Progress Reports NOT-OD-08-023 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-023.html</p>				
	8. Agency Defined Phase III Clinical Trial?	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question 1	If you answer YES to the Clinical Trial question and hit "Save & Proceed", this question will appear. If you answer NO to the Clinical Trial question and hit "Save & Proceed", this question will NOT appear.
<p>An NIH-defined Phase III clinical trial is a broadly based prospective Phase III clinical investigation, usually involving several hundred or more human subjects, for the purpose of either evaluating an experimental intervention in comparison with a standard or control intervention or of comparing two or more existing treatments. Often the aim of such investigation is to provide evidence leading to a scientific basis for consideration of a change in health policy or standard of care. The definition includes pharmacologic, non-pharmacologic, and behavioral interventions given for disease prevention, prophylaxis, diagnosis, or therapy. Community trials and other population-based intervention trials are also included.</p> <p>Policy: Clinical Trials registration in ClinicalTrials.gov (Pub Law 110-85): Competing Applications and Non-Competing Progress Reports NOT-OD-08-023 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-023.html</p>					

9. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Targeted/Planned Enrollment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Box #	Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
B. RESEARCH TRAINING PLAN	Human Subjects	9. Protection of Human Subjects		Narrative Type: PHS_Fellow_ProtectionOf HumanSubjects	Users must prepare a document containing the required information and upload it as a pdf file. <i>This section is required for applicants answering "yes" to the question "Are human subjects involved?" on the R&R Other Project Information form.</i> If the answer is "No" to the question but the proposed research involves human specimens and/or data from subjects, applicants must provide a justification in this section for the claim that no human subjects are involved.
		10. Inclusion of Women and Minorities		Narrative Type: PHS_Fellow_InclusionOfW omenAndMinorities	Users must prepare a document containing the required information and upload it as a pdf file. <i>This section is required for applicants answering "yes" to the question "Are human subjects involved?" on the R&R Other Project Information form and the research does not fall under Exemption 4.</i>
		11. Targeted/Planned Enrollment		Narrative Type: PHS_Fellow_TargetedPlan nedEnrollmentTable	Users must prepare a document containing the required information and upload it as a pdf file. <i>This section is required for applicants answering "yes" to the question "Are human subjects involved?" on the R&R Other Project Information form and the research does not fall under Exemption 4.</i>
		12. Inclusion of Children		Narrative Type: PHS_Fellow_InclusionOfC hildren	Users must prepare a document containing the required information and upload it as a pdf file. <i>This section is required for applicants answering "yes" to the question "Are human subjects involved?" on the R&R Other Project Information form and the research does not fall under Exemption 4.</i>

Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Vertebrate Animals Used? ☐ Yes ☐ No

13. Vertebrate Animals Use Indefinite? ☐ Yes ☐ No

14. Vertebrate Animals [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

15. Select Agent Research [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

16. Resource Sharing Plan [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

17. * Respective Contributions [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

18. * Selection of Sponsor and Institution [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

19. * Responsible Conduct of Research [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Box #	Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
B. RESEARCH TRAINING PLAN	Are Vertebrate Animals Used?	Proposal Details	Special Review Tab	Review Type: Laboratory Animal Care	If Laboratory Animal Care Special Review is added in COEUS, the YES box will be checked on the Grants.gov form.
	13. Vertebrate Animals Used indefinite?	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question 1	This question will appear after you answer all the questions that pertain to Human Subjects. <i>If animal involvement is anticipated within the period of award but plans are indefinite and it is not possible to describe the use of animals, check YES and in the research Training Plan: Vertebrate Animals narrative, provide an explanation and indicate when it is anticipated that animals will be used.</i> Policy: Refer to PHS Policy on Human Care and Use of Laboratory Animals.
	14. Vertebrate Animals	Narrative for Proposal		Narrative Type: PHS_Fellow_VertebrateAnimals	Users must prepare a document containing the required information and upload it as a pdf file. <i>This section is required for applicants answering “yes” to the question “Are vertebrate animals used?” on the R&R Other Project Information form.</i>
	15. Selected Agent Research	Narrative for Proposal		Narrative Type: PHS_Fellow_SelectedAgentResearch	Users must prepare a document containing the required information and upload it as a pdf file. <i>Select Agents are hazardous biological agents and toxins that have been identified by DHHS or USDA as having the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. CDC maintains a list of these agents. See http://www.cdc.gov/od/sap/docs/salist.pdf.</i>
	16. Resource Sharing Plan	Narrative for Proposal		Narrative Type: PHS_Fellow_Resource SharingPlan	Users must prepare a document containing the required information and upload it as a pdf file. <i>NIH considers the sharing of unique research resources developed through NIH-sponsored research an important means to enhance the value and further the advancement of the research. When resources have been developed with NIH funds and the associated research findings published or provided to NIH, it is important that they be made readily available for research purposes to qualified individuals within the scientific community. (Data Sharing Plan, Sharing Model Organisms, Genome Wide Association Studies)</i>
	17. Respective Contributions	Narrative for Proposal		Narrative Type: PHS_Fellow_RespectiveContributions	Users must prepare a document containing the required information and upload it as a pdf file. Describe the collaborative process between you and your sponsor/co-sponsor in the development, review, and editing of this research training plan. Discuss the respective roles in accomplishing the proposed research. Limited to ONE page.
	18. Selection of Sponsor and Institution	Narrative for Proposal		Narrative Type: PHS_fellow_SelectionSponsorInstitution	Users must prepare a document containing the required information and upload it as a pdf file. Describe the rationale/justification for the selection of the sponsor and institution. Limited to ONE page.
	19. Responsible Conduct of Research	Narrative for Proposal		Narrative Type: PHS_Fellow_ResponsibleConductResearch	Users must prepare a document containing the required information and upload it as a pdf file. Note: No award will be made if an application lacks this component. Every fellow must receive instruction in the responsible conduct of research (http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-019.html) appropriate to the career stage of the applicant.

C. Additional Information

Human Embryonic Stem Cells

1. * Does the proposed project involve human embryonic stem cells?

☐ Yes ☐ No

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, please 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.

Cell Line(s):

Box #		Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
C. ADDITIONAL INFORMATION	Human Embryonic Stem Cells	1. Does the project involve human embryonic stem cells?	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question 2	This question will appear after you answer all the questions that pertain to Human Subjects. A YES or NO answer is required. See http://stemcells.nih.gov/index.asp for a definition of human embryonic stem cells. See http://stemcells.nih.gov/policy/guidelines.asp for Policy & guidelines on federally funded stem cell research.
		Specific Stem Cell line cannot be referenced at this time. One from the registry will be used.	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question 1 Can a specific cell line be referenced at this time?	This question will appear after you answer all the questions that pertain to Vertebrates Animals and Human Embryonic Stem Cells. A YES or NO answer is required. A “NO” answer affirms that an undefined registry cell line will be used. A “YES” answer will require entering the cell IDs in the next question. See: http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp
		Cell Line(s)	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question 1 List the registration numbers of the specific cell line(s) from the stem cell registry.	If you answer YES to the “Can a specific cell line be referenced at this time?” question and hit “Save & Proceed”, this question will appear. If you answer NO to that question and hit “Save & Proceed, this question will NOT appear.
		List the registration numbers of the cell lines in the spaces provided. The maximum allowed length of each registration number is four (4) Policy: See the stem cell registry found at: http://stemcells.nih.gov/registry/index.asp				

Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

Degree:

If "other", please
indicate degree type:

Expected Completion Date
(month/year):

Reset Entry

4. * Field of Training for Current Proposal:

Box #	Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
C. ADDITIONAL INFORMATION	Fellowship Applicant	2. Alternative Phone Number	Person Details window	Organization Tab	Sec. Office Phone
		3. Degree Sought During Proposed Award: Degree	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	<p>Question 1 <i>Are you seeking a degree during the proposed Award?</i></p> <p>Question 2 <i>Please select the type of degree sought during the proposed award...</i></p> <p>This question will appear after you answer "YES" to "Are you seeking a degree during the proposed Award?" question. A YES or NO answer is required. A "YES" answer will bring you to the set of questions that ask about the degree type and the expected date of completion. If "YES", please select the type of degree sought from the list of options provided. If the degree does not appear on the list, please select "Other" from the list of options provided and then once you hit "Save & Proceed" please enter the Specific "Other Degree" type in the field provided. A "NO" answer will bring you to the field of training for current proposal question.</p>
		If "other", please indicate degree type			<p>Question 1 <i>Please provide the specific "Other" degree type here</i></p> <p>This question will appear after you answer all the questions that pertain to degree sought and expected completion date. If the degree does not appear on the list, please select "Other" from the list of options provided and then once you hit "Save & Proceed" please enter the Specific "Other Degree" type in the field provided.</p>
		Expected Completion Date			<p>Question 1 <i>For the degree sought during the proposed award, what is the expected completion date</i></p> <p>This question will appear after you answer "YES" to "Are you seeking a degree during the proposed Award?" question. Enter the date of the expected completion date in the following format: MM/DD/YYYY. The specific day of the month is not important. The month and year will be formatted to meet NIH requirements.</p>
		4. Field of Training for Current Proposal	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	<p>Question 1 <i>Select the field of training that best applies to the proposed award from the sub category list</i></p> <p>This question will appear after you answer all the questions that pertain to the degree. Indicate the proposed area of research training according to the Fields of Training (FOT) codes listed in the drop down menu. Provide the FOT code that best describes the proposed area of research training from the FOT codes listed in the instructions. Select the subcategory descriptor, unless the broader category (in bold uppercase) fits best. If the FOT listing does not provide a good descriptor, select "Other." (This information is used for reporting purposes only and is not used for study section assignments.) Do NOT use one of the broader category descriptions, unless it is truly the best fit. Select a broad category for the field of training is a subcategory could not be found (this is discouraged by the sponsor)</p>

5. * Current Or Prior Kirschstein-NRSA Support? ☐ Yes ☐ No

If yes, please identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>

6. * Applications for Concurrent Support? ☐ Yes ☐ No

If yes, please describe in an attached file:

Box #	Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
C. ADDITIONAL INFORMATION	Fellowship Applicant	5. Current or Prior Kirschstein- NRSA support?	PHS Fellowship Supplemental Form	Question 1 <i>If you have current or previous Kirschstein-NRSA support, check "yes" and provide details on the support in the following questions.</i>	This question will appear after you answer all the questions that pertain to the field of training for current proposal questions. A YES or NO answer is required. A "YES" answer will bring you to the set of questions that ask you to identify the support. A "NO" answer will bring you to the questions that asks if the application was submitted previously by a different institution.
				Question 1 <i>Predoctoral or Postdoctoral?</i>	This question will appear after you answer "YES" to if you have current or previous Kirschstein-NRSA support. Select from the list: Predoctoral or Postdoctoral
				Question 2 <i>Individual or Institutional?</i>	This question will appear after you answer "YES" to if you have current or previous Kirschstein-NRSA support. Select from the list: Individual or Institutional
				Question 3 <i>Do you know the START date of this current or previous support?</i>	This question will appear after you answer "YES" to if you have current or previous Kirschstein-NRSA support. A YES or NO answer is required. If YES , enter the start date in the following format: MM/DD/YYYY.
				Question <i>Do you know the END date of this current or prior support?</i>	This question will appear after you answer the STRAT date questions. A YES or NO answer is required. If YES , enter the start date in the following format: MM/DD/YYYY.
				Question <i>Do you know the NIH grant number of this prior support?</i>	This question will appear after you answer the END date questions. A YES or NO answer is required. If YES , enter the grant number
		Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	After you answer the above question, COEUS will ask the following: "Do you have another current or prior Kirschstein-NRSA supported award to report? Answer yes to record another award, maximum of 4 allowed on this form." Answer YES to the question if you want to report more and follow the instructions above to complete the information. If you have no other Kirschstein-NRSA support to record, answer NO .	
				6. Applications for Concurrent Support?	Are there applications for other concurrent support for this candidate? If YES , upload the Concurrent Support narrative
				If yes, please describe in an attached file:	Users must prepare a document containing the required information and upload it as a pdf file. Limited to one page. The fellowship applicant must promptly report to the NIH IC to which this application is assigned, or AHRQ, any support resulting from other such applications.
				Narrative for Proposal	

7. * Goals for Fellowship Training and Career	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8. * Activities Planned Under This Award	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9. Doctoral Dissertation and Other Research Experience	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10. * Citizenship:	<input type="checkbox"/> U.S. Citizen or noncitizen national <input type="checkbox"/> Permanent Resident of U.S. Pending <input type="checkbox"/> Permanent Resident of U.S. <i>(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)</i> <input type="checkbox"/> Non-U.S. Citizen with temporary U.S. visa			

Box #	Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
C. ADDITIONAL INFORMATION	Fellowship Applicant	7. Goals for Fellowship Training and Career	Narrative for Proposal	Narrative Type: PHS_Fellow_Goals_FellowshipTrainingCareer	The fellowship applicant must describe his/her overall career goals, and explain how the proposed research training will enable the attainment of these goals. Identify the skills, theories, conceptual approaches, etc. to be learned or enhanced during the award. Limited to one page.
		8. Activities Planned Under this Award	Narrative for Proposal	Narrative Type: PHS_Fellow_ActivitiesPlanned	The fellowship applicant must describe by year the activities he/she will be involved in under the proposed award and estimate the percentage of time to be devoted to each activity. For postdoctoral fellowships (F32), do not exceed three years. For senior fellowships (F33) do not exceed two years. Predoctoral fellowships (F31), including fellowship applicants for the M.D./Ph.D. (F30) program may reflect up to six years if allowed by the applicable FOA. Limited to one page
		9. Doctoral Dissertation and Other Research Experience	Narrative for Proposal	Narrative Type: PHS_Fellow_DocDissertationResearchExperience	Summarize your research experience (limited to 2 pages) in chronological order. Advanced graduate students, must also include a narrative of their doctoral dissertation (may be preliminary). If you have no research experience, list other scientific experience. Do not list academic courses. Postdoctoral and Senior Fellowship applicants should include the areas studied and conclusions drawn. Postdoctoral fellowship applicants should also specify which areas of research were part of their thesis or dissertation and which, if any, were part of a previous postdoctoral project. Limited to two pages.
		10. Citizenship	Person Details Screen	Other Tab	Citizens Info Field A: Non-U.S. Citizen with Temporary Visa C: U.S. Citizen or noncitizen national N: Permanent resident of the U.S. P: Permanent resident of the U.S. – PENDING
	<p>To be eligible for a Kirschstein-NRSA Individual Fellowship (F30, F31, F32, F33), the fellowship applicant must be a <i>U.S. citizen, a non-citizen national, or have been lawfully admitted to the U.S. for permanent residence before the award is issued. Individuals on temporary student visas are not eligible for NRSA support.</i></p> <p>*If the fellowship applicant has been <i>lawfully admitted for permanent residence</i>, i.e., is in possession of a Permanent Resident Card (USCIS Form I-551) or other legal verification of such status, the fellowship applicant should check the "Permanent Resident of U.S." box.</p> <p>*If the fellowship applicant is a <i>non-citizen of the U.S. who has applied for, but not yet been granted legal admission to the U.S. as a permanent resident</i>, the applicant should check the "Permanent Resident of U.S. Pending" box.</p> <p>*If the fellowship applicant is applying for a <i>non-NRSA fellowship program</i> supported by the NIH, for which citizenship or permanent residency is not required (e.g., Fogarty International Center programs), the fellowship applicant must have in his/her possession a valid visa allowing him/her to remain in the U.S. (or in a foreign research training setting, if applicable) long enough to be productive on the proposed fellowship project. It is the responsibility of the sponsoring institution to determine and retain documentation indicating that the individual fellowship applicant's visa will allow him/her to reside in the proposed research training setting for the period of time necessary to complete the proposed fellowship. The fellowship applicant should check the "Non-U.S. Citizen with temporary U.S. visa" box.</p>				

C. Additional Information (continued)

Institution

11. ☐ Change of Sponsoring Institution

Name of Former Institution:

D. Sponsor(s) and Co-Sponsor(s)

* Sponsor(s) and Co-Sponsor(s) Information

Add Attachment

Delete Attachment

View Attachment

E. Budget

All Fellowship Applicants:

1. * Tuition and Fees:

☐ None Requested

☐ Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

Total Funds Requested:

Box #		Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
C. ADDITIONAL INFORMATION	Institution	11. Change of Sponsoring Institution	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question <i>Has the application been previously submitted by a different institution?</i>	A YES or NO answer is required. Check YES , is this application reflects a change in grantee institution from that indicated on a previous application.
		Name of Former institution				This field will appear after you answer YES to the previous question. Enter the name of the former institution.
		NOTE: This is not generally applicable to a “NEW” application. If you check YES, you will be prompted to provide the name in a follow-up question.				
D. SPONSOR(s) AND Co- SPONSOR(s)		Sponsor(s) and Co- Sponsor(s) Information	Narrative for Proposal		Narrative Type: PHS_Fellow_Spons or_Co- Sponsor_Info	For applications using the Adobe B-1 package only. Refer to SF424 (R&R) Individual Fellowship Application guide and the Program Announcement for detailed instructions. Limited to SIX pages.
E. BUDGET	All Fellowship Applicants	Tuition and Fees	Budget for Proposal Screen	Period Tab	Total of all Cost fields for every Tuition/Fees – (Fellow/Trainee) Line Item	If tuition is budgeted using the parameterized cost element, the form will populate the yearly funds requested. If Tuition is not budgeted, the NONE REQUESTED box will be checked. Note: If tuition is <u>incorrectly</u> budgeted (i.e. wrong cost element used), the NONE REQUESTED box will be checked.
		Total Funds Requested	Budget for Proposal Screen	Total Tab	Total of all Cost fields for every Tuition/Fees – (Fellow/Trainee) Line Item	COEUS Auto-calculates this by adding all the Tuition/Fees – (Fellow/Trainee) lines items for each period requested.

Senior Fellowship Applicants Only:

	Amount	Academic Period	Number of Months	
2. Present Institutional Base Salary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
3. Stipends/Salary During First Year of Proposed Fellowship:				
a. Federal Stipend Requested:	Amount	Number of Months		
	<input type="text"/>	<input type="text"/>		
b. Supplementation from other sources:	Amount	Number of Months		
	<input type="text"/>	<input type="text"/>		
	Type (sabbatical leave, salary, etc.)			
	<input type="text"/>			
	Source			
	<input type="text"/>			

Source: Please enter the source of supplementation, in the space provided.

F. Appendix

Box #	Adobe Forms Version B1 Field Location	COEUS Section	COEUS Tab	COEUS Field Name	Instructions/Notes
E. BUDGET	2. Present Institutional Base Salary Amount	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question Please enter the dollar amount of your present institutional base salary.	This field will appear if you answer YES to the question: "Is this is Senior Fellowship Application?" If you answer NO to that question you will get a message stating that the questionnaire is complete. Please enter the dollar amount o your present institutional base salary. When entering the salary, do not use commas or decimal points.
	Academic Period			Question Please select the academic period of time on which the salary is determined.	Select from the drop down list the period of time on which the salary is determined (i.e. academic appointment).
	Number of Months			Question Please select the number of months you will receive the salary in the first year of the proposed fellowship.	Enter the number of months you will receive the salary. Fractions of months (using two decimal places) may be expressed.
	a. Federal Stipend Requested – Amount	Budget for Proposal Screen	Period 1 Tab	Stipend – Senior Fellow (Fellowship Only) Line Item	Applicants must insert the stipend being requested for the initial period of support and the number or months (cannot exceed 12 months). Please use the correct cost elements [Stipend – Senior Fellow (Fellowship Only)]. This line item needs to be budgeted as Personnel.
	Federal Stipend Requested – Number of Months	Budget for Proposal Screen	Period 1 Tab	Stipend – Senior Fellow (Fellowship Only) Line Item <u>Start and End Date fields</u>	Adjust the start and end dates to reflect the correct number of months you are requesting the stipend for. The total cannot exceed 12 months so if you have multiple item lines for stipend make sure that the TOTAL number of months for all of them is ≤ 12 months. If the total number of months is > 12 you will receive an error once you try to print the Grants.gov form.

		b. Supplementation from Other Sources – Amount	Questionnaire Section (Edit → Questionnaire)	PHS Fellowship Supplemental Form	Question <i>What is the supplemental funding amount?</i>	This field will appear if you answer YES to the question: “Are you receiving any supplementation from other sources?” If you answer NO to that question you will get a message stating that the questionnaire is complete. Enter the supplemental funding amount anticipated for the first year of the proposed fellowship. Enter a numeric value only, no commas or non-numeric characters.
		Supplementation from Other Sources – Number of Months			Question <i>Enter the number of months receiving the supplemental funds in the first year of the proposed fellowship.</i>	Enter the number of months receiving the supplemental funds. The number may not exceed 12 months, but may include a decimal indicating partial months. Fractions of months (using two decimal places) may be expressed.
		Supplementation from Other Sources – Type			Question <i>Enter the type of supplemental funding.</i>	Enter the type of supplemental funding (sabbatical leave, salary, etc.)
		Supplementation from Other Sources – Source			Question <i>What is the source of the supplemental funding?</i>	Enter the source of supplemental funding.
F . APPENDIX	Appendix	Narrative for Proposal		Narrative Type: PHS_Fellow_Appendix	Users must prepare a document containing the required information and upload it as a pdf file. The Narrative Type requires Description Title in the “Module Title” Field. (Do NOT use any special characters or spaces in make you type in COEUS) Combine all the appendix items and upload the attachment in COUES. <i>A maximum of 10 PDF attachments is allowed in the Appendix. If more than 10 appendix attachments are needed, combine the remaining information into attachment #10. Note that this is the total number of appendix items, not the total number of publications. A summary sheet listing all of the items included in the appendix is encouraged but not required. When including a summary sheet, it should be included in the first appendix attachment.</i>	