Completing the SF 424 (R&R) Cover Form

As you navigate through the SF 424 (R&R) Cover Form or any other Grants.gov form, required fields are highlighted in yellow and outlined in red; however, some fields required by NIH are not highlighted and appear in white. Review the application instructions and the funding opportunity announcement to ensure you have completed all necessary fields in this form and others in the application.

Before you enter information into the SF 424 (R&R) Cover Form, review the current *SF424 (R&R) Application Guide for NIH and Other PHS Agencies* for thorough information on completing the form and refer to the application guide as you have questions. You can download the most recent *SF424 (R&R) Application Guide for NIH and Other PHS Agencies* from the "SF424 (R&R) Application and Electronic Submission Information" webpage (http://grants2.nih.gov/grants/funding/424/index.htm) or from the funding opportunity listing at Grants.gov.

The funding opportunity announcement may also contain instructions specific to your application. Review the announcement to ensure you have addressed all required fields. In an announcement, this information is generally found in Section IV.2, "Content and Form of Application Submission".

The electronic application's help feature displays brief field-specific help if your cursor hovers over a field.

If you still have a question, contact Lee Smith, ACHRI Research Administrator, at 364-3581 or SmithLee@uams.edu.

Please note the following to avoid errors and warnings for the application submission:

- Complete **Fields 5, 6, and 7** with the provided ACHRI information as shown. You must use the "+4" ZIP code. Use the USPS' ZIP Code Lookup tool (http://zip4.usps.com/zip4/welcome.jsp) to find a ZIP+4.

- NIH will complete the CFDA number; leave **Field 10** blank.

- The project title should be descriptive and no longer than 81 characters (including spaces and punctuation). NIH suggests that **Field 11** match the title on the main page of the application.

- For **Field 13**, enter our congressional district, "AR-002".*

- The PI's name and address in **Field 14** must match the information found in the PI employment section in NIH Commons. ACHRI's street address has changed to "13 Children's Way"; update this address in NIH Commons if necessary. A ZIP+4 must be used with any address throughout the application.

- The project funding amounts in **Field 15** must match the amounts in the completed budget forms.

- Enter the provided Authorized Representative information in **Field 19** as shown.

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* If you need congressional district information for off-site collaborators elsewhere in the application, use the "Find Your Representative" search box at the US House of Representatives website (http://www.house.gov/). The format NIH uses for congressional districts is the two-character state abbreviation followed by a dash followed by 3-digit district (e.g., MD-008); for sites outside the US, use 00-000.

About those buttons on the first page of the grant application package

Save   Save & Submit   Check Package for Errors

Once you have properly completed all required documents and attached any required or optional documentation, click on the **Check Package for Errors** button to ensure that you have successfully completed all required data fields. If any of the fields required by Grants.gov are not completed you will receive an error notice which will indicate where revision is needed within your package. Correct any errors, or if none are found, **Save** the application package.

The **Save & Submit** button will now become active, and clicking this button will begin the application submission process. Only after the package has been saved with no errors will the **Save & Submit** button become active. The application package must then be saved once more before the submission process begins. Only an Authorized Organizational Representative (AOR) will be able to perform the submit action. Attach the application to an email to Lee Smith, ACHRI Research Administrator, at SmithLee@uams.edu. As an AOR for the Institute, he will submit the grant application package on behalf of ACHRI to Grants.gov.

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier

1. TYPE OF SUBMISSION

[ ] Pre-application [X] Application [ ] Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED   Applicant Identifier

c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION   Organizational DUNS: 002593692

Legal Name: Arkansas Children's Hosptial Research Institute

Department: Division:

Street1: 13 Children's Way

Street2:

City: Little Rock   County / Parish: Pulaski

State: AR: Arkansas   Province:

Country: USA: UNITED STATES   ZIP / Postal Code: 72202-3591

Person to be contacted on matters involving this application

Prefix: Mr.   First Name: Lee   Middle Name:

Last Name: Smith   Suffix:

Position/Title: Research Administrator

Street1: 13 Children's Way

Street2:

City: Little Rock   County / Parish: Pulaski

State: AR: Arkansas   Province:

Country: USA: UNITED STATES   ZIP / Postal Code: 72202-3591

Phone Number: 501-364-3581   Fax Number: 501-364-2705

Email: smithlee@uams.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 710694931

7. TYPE OF APPLICANT: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify):

Small Business Organization Type   [ ] Women Owned   [ ] Socially and Economically Disadvantaged

8. TYPE OF APPLICATION: If Revision, mark appropriate box(es).

[X] New   [ ] Resubmission   [ ] A. Increase Award [ ] B. Decrease Award [ ] C. Increase Duration [ ] D. Decrease Duration

[ ] Renewal [ ] Continuation [ ] Revision   [ ] E. Other (specify):

Is this application being submitted to other agencies?   Yes [ ]   No [X]   What other Agencies?

9. NAME OF FEDERAL AGENCY:
National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Descriptive Project Title (<82 characters/spaces)

12. PROPOSED PROJECT:
Start Date | Ending Date
07/01/2015 | 06/30/2020

13. CONGRESSIONAL DISTRICT OF APPLICANT
AR-002

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr.   First Name: Jane   Middle Name: Q.

Last Name: Doe   Suffix: M.D.

Position/Title: Professor

Organization Name: Arkansas Children's Hospital Research Institute

Department: Pediatrics   Division: Neurology

Street1: 13 Children's Way

Street2:

City: Little Rock   County / Parish: Pulaski

State: AR: Arkansas   Province:

Country: USA: UNITED STATES   ZIP / Postal Code: 72202-3591

Phone Number: 501-555-1234   Fax Number: 501-555-5678

Email: DoeJaneQ@uams.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested: 2,000,000.00

b. Total Non-Federal Funds: 0.00

c. Total Federal & Non-Federal Funds: 2,000,000.00

d. Estimated Program Income: 0.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17.

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious. or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ I agree

*The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

[Add Attachment] [Delete Attachment] [View Attachment]

19. Authorized Representative

Prefix: Mr.   First Name: Lee   Middle Name:

Last Name: Smith   Suffix:

Position/Title: Research Administrator

Organization: Arkansas Children's Hosptial Research Institute

Department: Division:

Street1: 13 Children's Way

Street2:

City: Little Rock   County / Parish: Pulaski

State: AR: Arkansas   Province:

Country: USA: UNITED STATES   ZIP / Postal Code: 72202-3591

Phone Number: 501-364-3581   Fax Number: 501-364-2705

Email: smithlee@uams.edu

Signature of Authorized Representative: Completed on submission to Grants.gov

Date Signed: Completed on submission to Grants.gov

20. Pre-application
[Add Attachment] [Delete Attachment] [View Attachment]

21. Cover Letter Attachment
[Add Attachment] [Delete Attachment] [View Attachment]