

# **SF-424 (R&R) Instructions for EAC Applications**

The current forms can be typed and printed, but not saved in Adobe. As such, EAC will accept handwritten forms.

These forms cannot be submitted online through Grants.gov, but must be submitted by email to [HAVAfunding@eac.gov](mailto:HAVAfunding@eac.gov) or by postal mail. Please see instructions for mailing on page 14 of the funding notice.

For any questions on these forms, please contact Debbie Chen at [dchen@eac.gov](mailto:dchen@eac.gov), 202-566-2166 or Allison Hood at [ahood@eac.gov](mailto:ahood@eac.gov), 202-566-3124.

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>
<input type="text"/>		<input type="text"/>
<b>1. * TYPE OF SUBMISSION</b>		
<input checked="" type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>
<input type="text"/>		<input type="text"/>
<b>5. APPLICANT INFORMATION</b>		
* Legal Name: <input type="text"/>		* Organizational DUNS: <input type="text"/>
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County / Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* ZIP / Postal Code: <input type="text"/>	
Person to be contacted on matters involving this application		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
Email: <input type="text"/>		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <input type="text"/>		
<b>7. * TYPE OF APPLICANT:</b> <input type="text" value="Please select one of the following"/>		
Other (Specify): <input type="text"/>		
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
<b>8. * TYPE OF APPLICATION:</b>		
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): <input type="text"/>
* Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           What other Agencies? <input type="text"/>		
<b>9. * NAME OF FEDERAL AGENCY:</b>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>
<input type="text" value="National Institutes of Health Stage"/>		TITLE: <input type="text"/>
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<input type="text"/>		
<b>12. PROPOSED PROJECT:</b>		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
* Start Date	* Ending Date	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>		
* Organization Name: <input type="text"/>		
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County / Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* ZIP / Postal Code: <input type="text"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Email: <input type="text"/>		

**1. Type of Submission**

Please check "Application." EAC does not accept Pre-application or Changed/Corrected Applications.

## **2. Date Submitted and Applicant Identifier (optional field)**

Enter the date the application is submitted to Federal agency (or State if applicable). In the applicant Identifier field enter the applicant's control number (if applicable).

Note: The Applicant Identifier field is a control number created by the applicant organization for its own tracking purposes. The Federal agency does not assign the Applicant Identifier.

## **3. Date Received by State and State Application Identifier**

Leave blank

### **4.a. Federal Identifier**

Leave blank

### **4.b. Agency Routing Identifier**

Leave blank

## **5. Applicant Information**

This information refers to the Applicant Organization, not a specific individual.

### Organizational DUNS

Enter the DUNS or DUNS+4 number of the applicant organization. This field is required.

If your organization does not already have a DUNS number, you will need to go to the Dun & Bradstreet website at <http://fedgov.dnb.com/webform> to obtain the number.

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

This information is for the Administrative or Business Official, not the primary Investigator. This person is the individual to be notified if additional information is needed and/or if an award is made.

## **6. Employer Identification**

Enter either TIN or EIN as assigned by the Internal Revenue Service.

## **7. Type of Applicant**

Please indicate whether your organization is a State, Local unit of government, Non-profit, Educational Institution, or For-profit

## **8. Type of Application**

Please check “New.” EAC does not accept other types of applications.

*Is this application being submitted to other agencies?*

Please check “yes” if the same project proposal is being submitted to another agency and include name of the other federal agency.

## **9. Name of Federal Agency**

Please enter the “US Election Assistance Commission”

## **10. Catalog of Federal Domestic Assistance (CFDA) Number and Title (CFDA)**

Please enter “90.403” as the CFDA for all grant applications to the EAC.

## **11. Descriptive Title of Applicant’s Project**

Enter a brief descriptive title of the project. This field is required.

## **12. Proposed Project**

*Start Date:* Enter the proposed start date of the project. This field is required.

*Ending Date:* Enter the proposed ending date of the project. This field is required.

The proposed start and ending dates are estimates of when the project is likely to begin. Start dates are dependent on EAC’s ability to issue the grant award. However, the start and end dates should reflect the total period of time requested on the award, e.g. 4/1/2011-3/31/2012 may be entered if requesting a 12 month project period.

## **13. Congressional District of Applicant**

Enter the Congressional District in the format: 2 character State Abbreviation – 3 character District Number. Examples: CA-005 for California’s 5th district, CA-012 for California’s 12th district.

To locate your congressional district, visit the Grants.gov web site.

For States and U.S. territories with only a single congressional district enter “001” for the district code. For jurisdictions with no representative, enter “099”. For jurisdictions with a nonvoting delegate, enter “098” for the district number. Example: DC-098, PR-098.

## **14. Program Director/Principal Investigator (PD/PI) Contact Information**

The PD/PI refers to the primary individual who will be responsible for the performance of the project.

<b>15. ESTIMATED PROJECT FUNDING</b>		<b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Total Federal Funds Requested <input type="text"/>	<input checked="" type="checkbox"/> <b>a. YES</b>	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Total Non-Federal Funds <input type="text"/>	<input type="checkbox"/> <b>b. NO</b>	DATE: <input type="text"/>	
c. Total Federal & Non-Federal Funds <input type="text"/>	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Estimated Program Income <input type="text"/>			
<p>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)</p> <p><input checked="" type="checkbox"/> * I agree</p> <p><small>* 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.</small></p>			
<b>18. SFLLL or other Explanatory Documentation</b>			
<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>			
<b>19. Authorized Representative</b>			
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	Suffix: <input type="text"/>		
* Position/Title: <input type="text"/>			
* Organization: <input type="text"/>			
Department: <input type="text"/>	Division: <input type="text"/>		
* Street1: <input type="text"/>			
Street2: <input type="text"/>			
* City: <input type="text"/>	County / Parish: <input type="text"/>		
* State: <input type="text"/>	Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>	* ZIP / Postal Code: <input type="text"/>		
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>		
* Email: <input type="text"/>			
* Signature of Authorized Representative		* Date Signed	
<input type="text" value="Completed on submission to Grants.gov"/>		<input type="text" value="Completed on submission to Grants.gov"/>	
<b>20. Pre-application</b>			
<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>			

**15. Estimated Project Funding**

Field Name	Instructions
a. Total Federal Funds Requested	Enter total Federal funds requested for the entire project period. This field is required.
b. Total Non-Federal Funds	Enter total non-Federal funds (or matching funds) proposed for the entire project period. EAC does not require match on their discretionary grant programs.
c. Total Federal & Non-Federal Funds	Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. This is required information.



Field Name	Instructions
d. Estimated Program Income	Identify any Program Income estimated for this project period if applicable. This field is required.

**16. Is Application Subject to Review by State Executive Order 12372 Process?**

Please check “no” as EAC applications are not subject to review by the State Executive Order 12372 Process.

**17. Certification**

Check “I agree” to provide the required certifications and assurances. This field is required. The list of certifications and assurances is posted on the EAC website at:

[http://www.eac.gov/payments\\_and\\_grants/federal\\_standard\\_forms.aspx](http://www.eac.gov/payments_and_grants/federal_standard_forms.aspx)

The following forms should also be submitted for this application:

[SF-424 B: Assurances - Non-Construction Programs](#)

**18. SFLLL (Standard Form LLL, Disclosure of Lobbying Activities) or Other Explanatory Documentation**

The Certification regarding Lobbying can be found at the EAC website listed in question 17 above:

[Certification Regarding Lobbying](#)

**19. Authorized Representative**

The Authorized Representative or Signing Official is the individual who can sign on behalf of the organization. This individual has the authority to enter the organization into agreements with the Federal Government.

\*\*EAC applicants can sign over the block that says “Completed on submission to Grants.gov” in pen. EAC does not participate in the online submission process through Grants.gov.\*\*

**20. Pre-Application**

EAC does not accept pre-applications, so no action is required on this item.

# Project/Performance Site Locations Component

OMB Number: 4040-0010  
Expiration Date: 08/31/2011

**Project/Performance Site Location(s)**

**Project/Performance Site Primary Location**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

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**Project/Performance Site Location 1**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

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**Additional Location(s)**

Indicate the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the blocks provided. Please submit as many copies of the form as needed to capture all of the performance sites for the project.

# Other Project Information Component

**RESEARCH & RELATED Other Project Information**

1. \* Are Human Subjects Involved?  Yes  No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations?  Yes  No

If yes, check appropriate exemption number.  1  2  3  4  5  6

If no, is the IRB review Pending?  Yes  No

IRB Approval Date:

Human Subject Assurance Number:

2. \* Are Vertebrate Animals Used?  Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

IACUC Approval Date:

Animal Welfare Assurance Number

3. \* Is proprietary/privileged information included in the application?  Yes  No

4.a. \* Does this project have an actual or potential impact on the environment?  Yes  No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?  Yes  No

4.d. If yes, please explain:

5. \* Is the research performance site designated, or eligible to be designated, as a historic place?  Yes  No

5.a. If yes, please explain:

6. \* Does this project involve activities outside of the United States or partnerships with international collaborators?  Yes  No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. \* Project Summary/Abstract

8. \* Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

## 1. Are Human Subjects Involved?

If activities involving human subjects are planned at any time during the proposed project at any performance site, check yes. Check yes even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Please see the website below for the definitions of Human Subjects Research and the exemptions:

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

If activities involving human subjects are not planned at any time during the proposed project at any performance site, select no and skip the rest of block 1. This field is required.

### 1.a. If YES to Human Subjects

*Is the Project Exempt from Federal Regulations? Yes/No*

*Yes:* If the project is exempt from Federal regulations, check Yes.

*No:* If the project is not exempt from Federal regulations, check No.

***If yes, check appropriate exemption number 1, 2, 3, 4, 5, 6***

Select the appropriate exemption number from 1, 2, 3, 4, 5, 6.

If human subject activities are exempt from Federal regulations, provide the exemption numbers corresponding to one or more of the exemption categories.

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

If IRB review is pending, check Yes. If IRB review is not pending, check No.

**IRB Approval Date**

Enter the latest Institutional Review Board (IRB) approval date (if available). Leave blank if Pending.

**Human Subject Assurance Number**

Enter the approved Federal Wide Assurance (FWA) that the applicant has on file with the Office for Human Research Protections, if available. If the applicant has a FWA number, enter the 8-digit number. Do not enter the FWA before the number.

**2. Are Vertebrate Animals Used?**

If activities involving vertebrate animals are planned at any time during the proposed project at any performance site, check yes. If no, skip the rest of block 2.

**2.a. If YES to Vertebrate Animals**

**Is the IACUC review Pending?**

Indicate if an Institutional Animal Care and Use Committee (IACUC) review is pending.

*Yes:* Indicate if an Institutional Animal Care and Use Committee (IACUC) review is pending.

*No:* Indicate if an Institutional Animal Care and User Committee (IACUC) review is pending. Click **No**, if no review is pending.

**IACUC Approval Date**

Enter the latest IACUC approval date (if available). Leave blank if Pending.

**Animal Welfare Assurance Number**

Enter the Federally approved assurance number, if available.

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

Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in applications only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check yes and clearly mark each line or paragraph on the pages containing the proprietary/privileged information with a legend similar to: "The following contains proprietary/privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation. " This field is required.

**4. Environmental Questions**

Most grants are not expected to individually or cumulatively have a significant effect on the environment, However, if an applicant expects that the proposed project will have an actual or potential impact on the environment, "yes" should be checked.

**4.a. Does this project have an actual or potential impact on the environment?**

Indicate if this project has an actual or potential impact on the environment? Click **No** here if this is not the case. This field is required.

**4.b. If yes, please explain**

Explanation of the actual or potential impact on the environment.

**4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an Environmental Assessment (EA) or an Environmental Impact Statement (EIS) been performed?**

If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? - Check yes or no.

**4.d. If yes, please explain**

Enter additional details about the EA or EIS. If desired, you can provide the information in a separate file, and attach by clicking **Add Attachments** located to the right of Step 11 - Other Attachments.

**5. Is the research performance site designated, or eligible to be designated, as a historic place?**

**Yes/No**

If any research performance site is designated, or eligible to be designated, as a historic place, if Yes, check the Yes box and then provide an explanation in the box provided in 5.a. Otherwise, check the No box. This field is required.

**5.a. If yes, please explain:**

If you checked the Yes box indicating any performance site is designated, or eligible to be designated, as a historic place, provide the explanation here.

**6. Does this project involve activities outside of the United States or partnerships with International Collaborators?**

Indicate whether this project involves activities outside of the United States or partnerships with international collaborators. Check yes or no. This field is required.

**6.a. If yes, identify countries**

Enter the countries with which international cooperative activities are involved.

**6.b. Optional Explanation**

Enter an explanation for involvement with outside entities (optional).

**7. Project Summary/Abstract**

The Project Summary/Abstract should be completed as a separate word processing document. The summary is limited to 3000 characters (not including spaces); one image is allowed. The purpose of the image should be to clarify and not to circumvent the character limit. The application must be typed and double-spaced in Times New Roman, 12-point font size with one-inch margins. A Project Abstract which exceeds this allowable length may be found out of compliance and not reviewed.

Applications should clearly indicate which type of application, Logic and Accuracy, Post-election audit, or blended in the project summary.

## **8. Project Narrative**

The Project Summary should be completed as a separate word processing document and attached to the application. The maximum combined length for the Program Design, Organizational Capacity, and Budget/Cost Effectiveness is 25,000 characters (not including spaces) for text-only applications. For applications that include images, applications are limited to 18 double spaces pages. The Project Summary must be typed and double-spaced in Times New Roman, 12-point font size with one-inch margins. Applications that are incomplete or exceed the mandatory character count limitations will be found out of compliance and will not be reviewed for this competition.

## **9. Facilities & Other Resources**

Not applicable for EAC applications

## **10. Facilities & Other Resources**

Not applicable for EAC applications

## **11. Equipment**

Not applicable for EAC applications

## **12. Other Attachments**

EAC is not accepting Appendix materials for its applications at the time of submission. Should questions arise during the review process, EAC will contact the applicant for additional information.

# Senior/Key Person Profile (Expanded) Component

OMB Number: 4040-0001  
Expiration Date: 06/30/2011

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

PROFILE - Project Director/Principal Investigator		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>	Department: <input type="text"/>	
Organization Name: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County/ Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* E-Mail: <input type="text"/>		
Credential, e.g., agency login: <input type="text"/>		
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>	
Degree Type: <input type="text"/>		
Degree Year: <input type="text"/>		
*Attach Biographical Sketch <input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>	Department: <input type="text"/>	
Organization Name: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County/ Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: <input type="text"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* E-Mail: <input type="text"/>		
Credential, e.g., agency login: <input type="text"/>		
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>	
Degree Type: <input type="text"/>		
Degree Year: <input type="text"/>		
*Attach Biographical Sketch <input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

Senior/Key Personnel are defined as all individuals who contribute in a substantive, meaningful way to the scientific development or execution of the project, whether or not salaries are requested. Consultants should be included if they meet this definition. The applicant determines who should be included in this list. At a minimum, a single individual should be identified as the Project Director/Principle Investigator, who is responsible for the performance of the project. The applicant should print or complete as many pages of the R&R Senior/Key Person Profile as needed to complete the application. Only highlighted items are required fields.

### Profile

The following lists directions for selected fields on the page:

Field Name	Instructions
Credential, e.g., agency login	Not applicable for EAC applications.
Project Role	Indicate if the individual is the Program Director/Principal Investigator for this project. Otherwise, indicate Other and enter description in the "Other Project Role Category" as described in the box below.
Other Project Role Category	Complete if you selected "Other Professional" or "Other" as a project role; e.g., Engineer, Chemist.
Attach Biographical Sketch	Provide a biographical sketch for each the PD/PI listed on the page. Suggested information includes: Education and Training, Professional Experience, Collaborators and Affiliations, Publications and Synergistic Activities. This information should be completed in a word processing document and submitted with the application.
Attach Current & Pending Support	Not applicable for EAC applications.

## 4.7.1 Section A and B

OMB Number: 4040-0001  
 Expiration Date: 06/30/2011

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

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period 1

**A. Senior/Key Person**

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PD/PI	<input type="text"/>	<input type="text"/>	<input type="text"/>				
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	Total Funds requested for all Senior Key Persons in the attached file											<input type="text"/>
												Total Senior/Key Person <input type="text"/>

Additional Senior Key Persons:

**B. Other Personnel**

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
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<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Delete Entry**

Not applicable

**Start Date**

Enter the requested/proposed start date of each budget period. The date entered in this field should be an estimate of when the project will be awarded. For instance, 4/1/2011 (start) to 3/31/2012 (end) for a 12 month project period; 4/1/2011 (start) to 3/31/2013 (end) for a 24 month project period. This field is required.

**End Date**

Enter the requested/proposed end date of each budget period. For projects requesting 12 months, applicants should request a period that encompasses that period. For instance, 4/1/2011 (start) to 3/31/2012 (end) for a 12 month project period; 4/1/2011 (start) to 3/31/2013 (end) for a 24 month project period. This field is required.

**Budget Period**

Since EAC awards grants only one budget period over multiple years, this should reflect the number 1.

**A. Senior/Key Person**

This section should include the names of all Senior/Key Persons at the applicant organization who are involved on the project in a particular budget period. Include all collaborating investigators, and other individuals meeting the Senior/Key Person definition if they are from the applicant organization. Details of collaborators at other institutions will be provided in the Subaward budget for each subaward/consortium organization.

Field Name	Instructions
Project Role	Identify the project role of each Senior/Key Person in this section. This section could also include such roles as Co-PD/PI, Senior Engineer, Technician etc.
Base Salary (\$)	Enter the annual compensation paid by the employer for each Senior/Key Person.
Cal. Months	This is not a required field for EAC applications; however, applicants should indicate the individual's level of effort on the project in the budget justification.
Acad. Months	This is not a required field for EAC applications; however, applicants should indicate the individual's level of effort on the project in the budget justification.
Sum. Months	This is not a required field for EAC applications; however, applicants should indicate the individual's level of effort on the project in the budget justification.
Requested Salary (\$)	Regardless of the number of months/effort being devoted to the project, indicate only the amount of salary being requested for this budget period for each Senior/Key Person. This field is required.

Field Name	Instructions
Fringe Benefits (\$)	Enter applicable fringe benefits, if any, for each Senior/Key Person.
Funds Requested (\$)	Enter the requested salary and fringe benefits for each Senior/Key Person. This field is required.
Total Funds requested for all Senior/Key Persons in the attached file	Enter the total funds requested for all Senior/Key Persons. This is required information.
Total Senior/Key Persons	The total funds requested for all Senior/Key Persons.
Additional Senior/Key Persons	If funds are requested for more than eight Senior/Key Persons, include all pertinent budget information as identified in this section and attach as a file here. Enter the total funds requested for all additional Senior/Key Persons in line 9 of Section A. This attachment is required if funds are entered in line 9 of Section A.

## B. Other Personnel

Field Name	Instructions
Number of Personnel	For each project role category identify the number of personnel proposed. List any additional project role(s) in the blank(s) provided, e.g., Engineer, IT Professionals, etc.
Project Role	Please enter the appropriate project role (for example, Engineer, IT Professional, etc.) in the blanks.
Cal. Months	This is not a required field for EAC applications; however, applicants should indicate the individual's level of effort on the project in the budget justification.
Acad. Months	This is not a required field for EAC applications; however, applicants should indicate the individual's level of effort on the project in the budget justification.
Sum. Months	This is not a required field for EAC applications; however, applicants should indicate the individual's level of effort on the project in the budget justification.
Requested Salary (\$)	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.
Fringe Benefits (\$)	Enter applicable fringe benefits, if any, for this project role category.
Funds Requested	Enter requested salary/wages & fringe benefits for each project role.

Field Name	Instructions
Total Number of Other Personnel	Total Salary, Wages and Fringe Benefits (A+B).
Total Other Personnel	Total Funds requested for all other Personnel.
Total Salary, Wages and Fringe Benefits (A+B)	Total Funds requested for all Senior/Key Persons and all Other Personnel.

## 4.7.2 Sections C through E

<input type="button" value="Close Form"/>	
<b>RESEARCH &amp; RELATED BUDGET - SECTION C, D, &amp; E, BUDGET PERIOD 1</b>	
* ORGANIZATIONAL DUNS: <input type="text"/>	
* Budget Type: <input type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium	
Enter name of Organization: <input type="text"/>	
<input type="button" value="Delete Entry"/>	* Start Date: <input type="text"/> * End Date: <input type="text"/> Budget Period 1
<b>C. Equipment Description</b>	
List items and dollar amount for each item exceeding \$5,000	
<b>Equipment Item</b>	<b>* Funds Requested (\$)</b>
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
11. Total funds requested for all equipment listed in the attached file	<input type="text"/>
Total Equipment	<input type="text"/>
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>D. Travel</b>	
	<b>Funds Requested (\$)</b>
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>
<b>E. Participant/Trainee Support Costs</b>	
	<b>Funds Requested (\$)</b>
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text"/>
RESEARCH & RELATED Budget {C-E} (Funds Requested)	

Please enter the Organizational DUNS, Budget Type, Name of Organization, and Start and End Dates of the applicant or the subaward organization.

### C. Equipment Description

List of items and dollar amount for each item exceeding \$5,000.

Field Name	Instructions
Equipment Item	Equipment is defined as an item of property that has an acquisition cost of \$5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year. List each item of equipment separately and justify each in the budget justification section. Allowable items ordinarily will be limited to research equipment and apparatus not already available for the conduct of the work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research.
Funds Requested	List the estimated cost of each item of equipment including shipping and any maintenance costs and agreements. This is required information.
Total funds requested for all equipment listed in the attached file	Total funds requested for all equipment listed in the attached file. Dollar amount for each item should exceed \$5000.
Total Equipment	Total Funds requested for all equipment.
Additional Equipment	If the space provided cannot accommodate all the equipment proposed, attach a file in the block provided. List each additional item and the funds requested. For all additional items in the attached file, list the total funds requested on line 11 of this section.

### D. Travel

Field Name	Instructions
Domestic Travel Costs (Incl. Canada, Mexico, and US Possessions)	Identify the total funds requested for domestic travel. Domestic travel includes Canada, Mexico, and US possessions. In the budget justification section, include the purpose, destination, dates of travel (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).
Foreign Travel Costs	Enter the total funds requested for foreign travel. Foreign travel includes any travel outside of North America and/or US possessions. In the budget justification section, include the purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).
Total Travel Cost	Total Funds requested for all travel.

### E. Participant/Trainee Support Costs

Not applicable on EAC applications.

## 4.7.3 Sections F through K

<a href="#">Close Form</a>	<b>RESEARCH &amp; RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1</b>	<a href="#">Next Period</a>
* ORGANIZATIONAL DUNS: <input style="width: 100%;" type="text"/>		
* Budget Type: <input type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium		
Enter name of Organization: <input style="width: 100%;" type="text"/>		
<a href="#">Delete Entry</a>	Start Date: <input style="width: 100px;" type="text"/>	* End Date: <input style="width: 100px;" type="text"/> Budget Period 1

  

<b>F. Other Direct Costs</b>	<b>Funds Requested (\$)</b>
1. Materials and Supplies	<input style="width: 100%;" type="text"/>
2. Publication Costs	<input style="width: 100%;" type="text"/>
3. Consultant Services	<input style="width: 100%;" type="text"/>
4. ADP/Computer Services	<input style="width: 100%;" type="text"/>
5. Subawards/Consortium/Contractual Costs	<input style="width: 100%;" type="text"/>
6. Equipment or Facility Rental/User Fees	<input style="width: 100%;" type="text"/>
7. Alterations and Renovations	<input style="width: 100%;" type="text"/>
8. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total Other Direct Costs</b>	<input style="width: 100%;" type="text"/>

  

<b>G. Direct Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct Costs (A thru F)</b>	<input style="width: 100%;" type="text"/>

  

<b>H. Indirect Costs</b>	<b>Indirect Cost Rate (%)</b>	<b>Indirect Cost Base (\$)</b>	<b>* Funds Requested (\$)</b>
<b>Indirect Cost Type</b>			
1. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total Indirect Costs</b>			<input style="width: 100%;" type="text"/>

  

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

  

<b>I. Total Direct and Indirect Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<input style="width: 100%;" type="text"/>

  

<b>J. Fee</b>	<b>Funds Requested (\$)</b>
	<input style="width: 100%;" type="text"/>

  

**K. \* Budget Justification**  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)  
(Only attach one file.)

  

RESEARCH & RELATED Budget {F-K} (Funds Requested)

### F. Other Direct Costs

Field Name	Instructions
1. Materials and Supplies	List total funds requested for materials and supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1,000 are not required to be itemized.
2. Publication Costs	List the total publication funds requested. The proposal budget may request funds for the costs of documenting, preparing, publishing, or otherwise making available to others the findings and products of the work conducted under the award. In the budget justification include supporting information.
3. Consultant Services	List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and the total estimated costs.  Describe the services to be performed.
4. ADP/Computer Services	List total funds requested for ADP/computer services. The cost of computer services, including computer-based retrieval of scientific, technical and education information may be requested. In the budget justification, include the established computer service rates at the proposing organization if applicable.
5. Subawards/Consortium/ Contractual Costs	List total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.  This line item should include both direct and indirect costs for all subaward/consortium organizations.
6. Equipment or Facility Rental/User Fees	List total funds requested for equipment or facility rental/user fees. In the budget justification, identify each rental user fee and justify.
7. Alterations and Renovations	List total funds requested for alterations and renovations. In the budget justification, itemize by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.
8-10 Other	Add text to describe any "other" direct costs not requested above. Use the budget justification to further itemize and justify.  List total funds requested for items 8-10 "Other."
Total Other Direct Costs	Total Funds requested for all other direct costs.

**G. Total Direct Costs (A through F)**

Total Funds requested for all direct costs.

## H. Indirect Costs

Field Name	Instructions
Indirect Cost Type	Indicate the type of cost (e.g., Salary & Wages, Modified Total Direct Costs, or Other [explain]). Also indicate if Off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect rate(s) approved by a Federal agency, indicate, “None—will negotiate” and include information for a proposed rate. Use the budget justification if additional space is needed.
Indirect Cost Rate (%)	Indicate the most recent indirect cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.
Indirect Cost Base (\$)	Enter the amount of the base for each indirect cost type.
Funds Requested	Enter funds requested for each indirect cost type.
Total Indirect Costs	Total Funds requested for indirect costs.
Cognizant Federal Agency	Enter the name of the cognizant Federal Agency, name and phone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter “None.”

## I. Total Direct and Indirect Institutional Costs (G + H)

Total Funds requested for direct and indirect costs.

## J. Fee

Not allowable on EAC applications.

## K. Budget Justification

\*\*The budget justification is a narrative written in a word document that justifies the costs listed in the budget form. There is no character limit on this portion. Costs should be items as needed, e.g. “Supplies – 3 USBs for...” The budget justification should be attached as a separate document in the application package. Depending on the complexity of the subaward budgets, a budget justification may be needed for those as well.\*\*

## 4.7.4 Cumulative Budget

They present the summations of the amounts that you have entered previously, under Sections A through K, for each of the individual budget periods.

**RESEARCH & RELATED BUDGET - Cumulative Budget**

Totals (\$)

<b>Section A, Senior/Key Person</b>		<input type="text"/>
<b>Section B, Other Personnel</b>		<input type="text"/>
Total Number Other Personnel	<input type="text"/>	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		<input type="text"/>
<b>Section C, Equipment</b>		<input type="text"/>
<b>Section D, Travel</b>		<input type="text"/>
1. Domestic	<input type="text"/>	
2. Foreign	<input type="text"/>	
<b>Section E, Participant/Trainee Support Costs</b>		<input type="text"/>
1. Tuition/Fees/Health Insurance	<input type="text"/>	
2. Stipends	<input type="text"/>	
3. Travel	<input type="text"/>	
4. Subsistence	<input type="text"/>	
5. Other	<input type="text"/>	
6. Number of Participants/Trainees	<input type="text"/>	
<b>Section F, Other Direct Costs</b>		<input type="text"/>
1. Materials and Supplies	<input type="text"/>	
2. Publication Costs	<input type="text"/>	
3. Consultant Services	<input type="text"/>	
4. ADP/Computer Services	<input type="text"/>	
5. Subawards/Consortium/Contractual Costs	<input type="text"/>	
6. Equipment or Facility Rental/User Fees	<input type="text"/>	
7. Alterations and Renovations	<input type="text"/>	
8. Other 1	<input type="text"/>	
9. Other 2	<input type="text"/>	
10. Other 3	<input type="text"/>	
<b>Section G, Direct Costs (A thru F)</b>		<input type="text"/>
<b>Section H, Indirect Costs</b>		<input type="text"/>
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		<input type="text"/>
<b>Section J, Fee</b>		<input type="text"/>