NIH R03 Application Checklist

Submission Deadline:

☐ Grant ASSIST access to Research Office (RoPH)

☐ Document Upload Responsibility: ☐ PI ☐ RoPH

☐ Document Sharing Method: ☐ Email ☐ SharePoint folder

☐ NIH Research Security Training Requirement

- Complete **OCP-Research Security Training Requirements for NIH** through **CATS**. **Email the certification** to Ann Clesi (aclesi@lsuhsc.edu) or Jessica Raymond (jraym2@lsuhsc.edu).

☐ Review the **Preview Application document**. The PI is responsible for ensuring the accuracy and completeness of the application.

A. Internal Routing Checklist (at least **10 business days** prior to the sponsor deadline**).**
Due Date:

Item	PI	Research Office OR Business Office
☐ **Project Summary/Abstract (30 lines of text)**	☐	
☐ **Budget**	☐	☐
☐ **Budget Justification**	☐	
☐ **Indirect Cost Waiver Request Form (if applicable)**		☐
☐ **Cost Sharing Approval Form (if applicable)**		☐
☐ **Consortium/Subaward Documents (if applicable)**	☐	☐
☐ **Data Management & Sharing Plan**	☐	

B. Final Submission Package (at least **5 business days** prior to the sponsor deadline**).**
Due Date:

ASSIST Forms:

Item	PI	RoPH
☐ **SF424 (R&R) Cover**		☐
☐ **PHS398 Cover Page Supplement**	☐	☐
☐ **R&R Other Project Information**	☐	☐
☐ **Project/Performance Site Location(s)**	☐	☐
☐ **Senior/Key Person Profile**	☐	☐
☐ **R&R Budget or PHS398 Modular Budget**	☐	☐
☐ **R&R Subaward Budget Attachment(s) when applicable**	☐	☐
☐ **PHS398 Research Plan**	☐	☐
☐ **PHS Human Subjects & Clinical Trials Information**	☐	☐

Attachments:

Item
☐ **Project Summary/Abstract (30 lines of text)**
☐ **Project Narrative (3 sentences)**
☐ **Bibliography & References Cited**
☐ **Facilities & Other Resources (**SoPH template**)**
☐ **Equipment**
☐ **Other Attachments (if applicable)** *- Only attach a file to provide additional information in accordance with the NOFO and/or agency-specific instructions.* *-* ***Foreign Justification*** *(if applicable)*
☐ **NIH Biosketch (all key personnel)**
☐ **Other Support (if requested)**
For Detailed Budget
☐ **Budget Justification**
☐ **Consortium Justification (if applicable)**
For Modular Budget
☐ **Personnel Justification**
☐ **Consortium Justification (if applicable)** *Provide an estimate of total consortium costs (direct plus indirect costs) for each budget period, rounded to the* ***nearest $1,000****.*
☐ **Additional Narrative Justification**
☐ **Introduction to Application (if applicable, 1 page)** *Required only if the type of application is* ***Resubmission*** *or* ***Revision***
☐ **Specific Aims (1 page)**
☐ **Research Strategy (6 pages)**
☐ **Progress Report Publication List (if applicable)** *Required only if the type of application is* ***renewal***
☐ **Vertebrate Animals (if applicable)**
☐ **Select Agent Research (if applicable)**
☐ **Multiple PD/PI Leadership Plan (if applicable)**
☐ **Consortium/Contractual Arrangements (if applicable)**
☐ **Letters of Support**
☐ **Resource Sharing Plan (if applicable)**
☐ **Other Plan(s) – Data Management & Sharing Plan**
☐ **Authentication of Key Biological and/or Chemical Resource (if applicable, 1 page)**
☐ **Appendix (if applicable, a maximum of 10 PDF attachments)** *Only attach file(s) if they are specified in the NOFO as allowable Appendix materials. Simply relocating disallowed materials to other parts of the application will result in a* ***noncompliant application****. Application will be withdrawn.*

Human Subjects and Clinical Trials Requirements
Complete only when the proposed project involves human subjects, human specimens, and/or human data, as applicable. Detailed instructions refer to Research Instructions for NIH and Other PHS Agencies Page 96 – 132.

1. Use of Human Specimens and/or Data

Item
☐ **Use of Human Specimens and/or Data**
☐ **Explanation of Why Human Specimens and/or Data Do Not Constitute Human Subjects Research** *If the answer of the previous question is "Yes" and the proposed project is not considered human subject research, please attach an explanation.*

2. Study Record: PHS Human Subjects and Clinical Trials Information
Complete one Study Record for each proposed human subjects study.

Item
☐ **Section 1 – Basic Information**
☐ **Section 2 – Study Population Characteristics** *Not required if only **Exemption 4** is selected on the "**1.3 Exemption Number**" question.*
☐ **Section 3 – Protection And Monitoring Plans**
☐ **Section 4 – Protocol Synopsis** *Complete only if all **Clinical Trial Questionnaire** responses are "**Yes**".*
☐ **Section 5 – Other Clinical Trial-related Attachments** *Complete only if all **Clinical Trial Questionnaire** responses are "**Yes**".*

Helpful links:

NIH R-Series Application Instructions: Research Instructions for NIH and Other PHS Agencies
Page Limits: Page Limits | Grants & Funding
Format Attachments: Format Attachments | Grants & Funding
DMS Plan: Data Management and Sharing Plan Format Page | Grants & Funding