

NIH R34 (PAR-25-104) 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	☐	
☐ 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.
- Milestone Plan (2 pages) – Required for PAR-25-104
- Future Clinical Trial Description (3 pages) – Required for PAR-25-104
- 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 (12 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](#)