

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

**OPPORTUNITY & PACKAGE DETAILS:**

Opportunity Number:	W81XWH-18-PCRP-HDRA
Opportunity Title:	DoD Prostate Cancer, Health Disparity Research Award
Opportunity Package ID:	PKG00243239
CFDA Number:	12.420
CFDA Description:	Military Medical Research and Development
Competition ID:	
Competition Title:	
Opening Date:	06/19/2018
Closing Date:	10/11/2018
Agency:	Dept. of the Army -- USAMRAA
Contact Information:	CDMRP Help Desk Phone: 301-682-5507 Email: help@eBRAP.org

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS00168220
Application Filing Name:	Example Application
DUNS:	0750507650000
Organization:	LOUISIANA STATE UNIVERSITY
Form Name:	SF424 (R & R)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Aug 06, 2018 09:48:16 AM EDT
Form State:	<b>No Errors</b>

**FORM ACTIONS:**[CHECK FOR ERRORS](#)[SAVE](#)[PRINT](#)

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>
4. a. Federal Identifier	<div style="background-color: yellow; border: 1px solid black; padding: 5px;">           For new applications, leave blank. For a continuation or revision to existing award, enter the previously assigned federal award identified number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.         </div>
b. Agency Routing Identifier	
c. Previous Grants.gov Tracking ID	

1. TYPE OF SUBMISSION	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
2. DATE SUBMITTED	Applicant Identifier
<input type="text"/>	<input type="text"/>
5. APPLICANT INFORMATION	
Completed by Grants.gov upon submission	
Organizational DUNS: <input type="text" value="0750507650000"/>	
Legal Name: <input type="text" value="Louisiana State University and A&amp;M College"/>	
Department: <input type="text"/>	Division: <input type="text"/>
Street1: <input type="text" value="202 Himes Hall"/>	
Street2: <input type="text"/>	
City: <input type="text" value="Baton Rouge"/>	County / Parish: <input type="text"/>
State: <input type="text" value="LA: Louisiana"/>	Province: <input type="text"/>
Country: <input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code: <input type="text" value="70803-0001"/>
Person to be contacted on matters involving this application	
Prefix: <input type="text" value="Mrs."/>	First Name: <input type="text" value="Darya"/>
Middle Name: <input type="text"/>	
Last Name: <input type="text" value="Courville"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	
Street1: <input type="text" value="202 Himes Hall"/>	
Street2: <input type="text"/>	
City: <input type="text" value="Baton Rouge"/>	County / Parish: <input type="text"/>
State: <input type="text" value="LA: Louisiana"/>	Province: <input type="text"/>
Country: <input type="text" value="USA: UNITED STATES"/>	ZIP / Postal Code: <input type="text" value="70803-0001"/>
Phone Number: <input type="text" value="225-578-2760"/>	Fax Number: <input type="text" value="225-578-2751"/>
Email: <input type="text" value="osp@lsu.edu"/>	
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text" value="726000848"/>	
7. TYPE OF APPLICANT: <input type="text" value="H: Public/State Controlled Institution of Higher Education"/>	
Other (Specify): <input type="text"/>	
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. TYPE OF APPLICATION:	
<input checked="" 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>	
9. NAME OF FEDERAL AGENCY:	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
<input type="text" value="Dept. of the Army -- USAMRAA"/>	<input type="text" value="12.420"/>
TITLE: <input type="text" value="Military Medical Research and Development"/>	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
<input type="text" value="This is the official title of the proposal (check your RFP or the federal agency's general guidelines to see if there are character limits)"/>	
12. PROPOSED PROJECT:	13. CONGRESSIONAL DISTRICT OF APPLICANT
Start Date   Ending Date	<input type="text" value="LA-006"/>
<input type="text" value="10/01/2018"/> <input type="text" value="09/30/2019"/>	

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Position/Title:

Organization Name:

Department:  Division:

Street1:

Street2:

City:  County / Parish:

State:  Province:

Country:  ZIP / Postal Code:

Phone Number:  Fax Number:

Email:

See FOA requirements. If EPA proposal and applicable, answer "This application was made available..." If non-EPA proposal and applicable, answer "Program has not been selected..." If not applicable, answer "Program is not covered..."

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	<input type="text" value="437,678.00"/>
b. Total Non-Federal Funds	<input type="text" value="0.00"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="0.00"/>
d. Estimated Program Income	<input type="text" value="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

19. Authorized Representative

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Position/Title:

Organization:

Department:  Division:

Street1:

Street2:

City:  County / Parish:

State:  Province:

Country:  ZIP / Postal Code:

Phone Number:  Fax Number:

Email:

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment

# ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

## RESEARCH & RELATED PERSONAL DATA

### Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

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#### Project Director/Principal Investigator

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**Prefix:**  **\* First Name:**  **Middle Name:**

**\* Last Name:**  **Suffix:**

**Gender:**

**Race (check all that apply):**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do Not Wish to Provide

**Ethnicity:**

**Disability Status (check all that apply):**

- Hearing
- Visual
- Mobility/Orthopedic Impairment
- Other
- None
- Do Not Wish to Provide

**Citizenship:**

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

PROFILE - Project Director/Principal Investigator				
Prefix:	<input type="text" value="Dr."/>	* First Name:	<input type="text" value="PI First Name"/>	
		Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="PI Last Name"/>		Suffix:	<input type="text"/>
Position/Title:	<input type="text"/>	Department:	<input type="text"/>	
Organization Name:	<input type="text" value="Louisiana State University and A&amp;M College"/>		Division:	<input type="text"/>
* Street1:	<input type="text" value="PI Work Address"/>			
Street2:	<input type="text"/>			
* City:	<input type="text" value="Baton Rouge"/>	County/ Parish:	<input type="text"/>	
* State:	<input type="text" value="LA: Louisiana"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="70803-0001"/>	
* Phone Number:	<input type="text" value="PI Phone Number"/>	Fax Number:	<input type="text" value="PI Fax Number"/>	
* E-Mail:	<input type="text" value="PI_Email@lsu.edu"/>			
Credential, e.g., agency login:	<input type="text"/>			
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
<b>* Attach Biographical Sketch</b>	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
<b>Attach Current &amp; Pending Support</b>	<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:	<input type="text" value="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:	Other Project Role Category:			
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
<b>Attach Biographical Sketch</b>	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
<b>Attach Current &amp; Pending Support</b>	<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.

**RESEARCH & RELATED BUDGET - Budget Period 1**

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

**ORGANIZATIONAL DUNS:**

**Enter name of Organization:**

**Budget Type:**  Project  Subaward/Consortium

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

**A. Senior/Key Person**

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input checked="" type="checkbox"/> Dr.	PI First Name		PI Last Name						8,000.00	3,520.00	11,520.00

**Project Role:**

<b>Additional Senior Key Persons:</b> <input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>	<b>Total Funds requested for all Senior Key Persons in the attached file</b>	<input type="text"/>
<b>Total Senior/Key Person</b>					<input type="text" value="11,520.00"/>

**B. Other Personnel**

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text" value="2"/>	Post Doctoral Associates	24.00			90,000.00	39,600.00	129,600.00
<input type="text" value="2"/>	Graduate Students	24.00			50,000.00	0.00	50,000.00
<input type="text" value="3"/>	Undergraduate Students		3.00		9,000.00	0.00	9,000.00
<input type="text"/>	Secretarial/Clerical						
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>						

<input type="text" value="7"/>	<b>Total Number Other Personnel</b>	<b>Total Other Personnel</b>				<input type="text" value="188,600.00"/>
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>					<input type="text" value="200,120.00"/>	

**C. Equipment Description**

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

Equipment item	Funds Requested (\$)
<input type="checkbox"/> Name of equipment	50,000.00
<input type="button" value="Add Additional Equipment"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
Additional Equipment: <input type="text"/>	
<b>Total funds requested for all equipment listed in the attached file</b>	
<b>Total Equipment</b>	50,000.00

**D. Travel**

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	2,000.00
2. Foreign Travel Costs	
<b>Total Travel Cost</b>	2,000.00

**E. Participant/Trainee Support Costs**

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other <input type="text"/>	
<input type="text"/> Number of Participants/Trainees	
<b>Total Participant/Trainee Support Costs</b>	



**F. Other Direct Costs**

**Funds Requested (\$)**

1. Materials and Supplies	6,000.00
2. Publication Costs	2,000.00
3. Consultant Services	40,000.00
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Tuition Remission	17,500.00
9.	
10.	
<b>Total Other Direct Costs</b>	<b>65,500.00</b>

**G. Direct Costs**

**Funds Requested (\$)**

<b>Total Direct Costs (A thru F)</b>	<b>317,620.00</b>
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**H. Indirect Costs**

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input checked="" type="checkbox"/> MTDC	48.00	250,120.00	120,058.00
<input type="button" value="Add Additional Indirect Cost"/>			
<b>Total Indirect Costs</b>			<b>120,058.00</b>

**Cognizant Federal Agency**

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

DHHS Arif Kerim, 214-767-3261

**I. Total Direct and Indirect Costs**

**Funds Requested (\$)**

<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>437,678.00</b>
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**J. Fee**

**Funds Requested (\$)**

--

**K. Total Costs and Fee**

**Funds Requested (\$)**

<b>Total Costs and Fee (I + J)</b>	<b>437,678.00</b>
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**L. Budget Justification**

(Only attach one file.)

Example Budget Justification Template

**RESEARCH & RELATED BUDGET - Cumulative Budget**

**Totals (\$)**

<b>Section A, Senior/Key Person</b>		11,520.00
<b>Section B, Other Personnel</b>		188,600.00
Total Number Other Personnel	7	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		200,120.00
<b>Section C, Equipment</b>		50,000.00
<b>Section D, Travel</b>		2,000.00
1. Domestic	2,000.00	
2. Foreign		
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		65,500.00
1. Materials and Supplies	6,000.00	
2. Publication Costs	2,000.00	
3. Consultant Services	40,000.00	
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	17,500.00	
9. Other 2		
10. Other 3		
<b>Section G, Direct Costs (A thru F)</b>		317,620.00
<b>Section H, Indirect Costs</b>		120,058.00
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		437,678.00
<b>Section J, Fee</b>		
<b>Section K, Total Costs and Fee (I + J)</b>		437,678.00

### 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:

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

**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:

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

Delete Entry

Next Site

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment