Use the information below to walk step by step through completing the SF 424 proposal submission form

### Basic filing information

You do not need to register with grants.gov.

- Find application package at grants.gov
- Download application to hard drive using SAVE button on first page of application package.
- Print and read application instructions found on grants.gov web site and at agency’s web site.
- **Application Filing Name** is recommended to be last name of PI and short title of proposal.
- All yellow fields must be filled out.
- All other fields must be filled out as indicated in the funding opportunity announcement and in the agency’s proposal guidelines.
- All attachments are in PDF format. Filenames cannot contain special characters or spaces other than the underscore.
- Complete this form first - it populates other forms
- Allowable fonts: Arial, Helvetica, Palatino, Georgia, 11 point or larger, black in color, smaller fonts may be used in equations, tables and figure legends
- Type Density: no more than 6 lines of text per vertical inch; 15 characters per inch
- Pagination: PI should not add headers or footers. Sponsor will automatically paginate
- Margins: 0.5 inches all around
- Page formatting: use only single columns

### Fields

**Field 1: Type of Submission**
- Pre-application – *not used by NIH and other PHS agencies*
- Application
- Change/corrected application – to change of correct a previously submitted “new”, “resubmission”, “renewal”, or “revision” application

**Field 2:**
- Date submitted: prepopulates upon submission
- Applicant identifier – *leave blank*

**Field 3: leave blank**

**Field 4:**
- Federal Identifier – continuation, revision or renewals include lc and serial number of previous application/award (ex: CA999999)
- Agency Routing Identifier - This is an optional field. Unless specifically noted in a program announcement, the Agency Routing Identifier is not used by NIH or other PHS agencies.
- Previous Grants.gov tracking ID - Enter the previous Grants.gov tracking number, if applicable

**Field 5:**

<table>
<thead>
<tr>
<th>Applicant Information</th>
<th>Person to be contacted on matters involving this application: <strong>Your Grant Officer contact info</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational DUNS:</strong> 001423631</td>
<td>Prefix:</td>
</tr>
<tr>
<td><strong>Legal Name:</strong> Northeastern University</td>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Department:</strong> can leave blank</td>
<td><strong>Last name:</strong></td>
</tr>
<tr>
<td><strong>Division:</strong> Research Administration and Finance</td>
<td><strong>Position/title:</strong> Grant Officer</td>
</tr>
<tr>
<td><strong>Street1:</strong> 360 Huntington Avenue</td>
<td><strong>Street1:</strong> 360 Huntington Ave</td>
</tr>
<tr>
<td><strong>Street2:</strong> 490 Renaissance Park</td>
<td><strong>Street2:</strong> 490 Renaissance Park</td>
</tr>
<tr>
<td><strong>City:</strong> Boston</td>
<td><strong>City:</strong> Boston</td>
</tr>
<tr>
<td><strong>State:</strong> MA</td>
<td><strong>State:</strong> MA</td>
</tr>
</tbody>
</table>
Field 6: 1041679980A1 for NIH all others: 041679980

Field 7: Type of Applicant: O: Private Institution of Higher Education
  o leave remainder blank

Field 8: Type of Application
  o New: application being submitted to agency for the first time
  o Resubmission: application previously submitted, not funded
  o Renewal: application requesting additional funding for a period subsequent to that provided by a current award - competing
  o Continuation: a non-competing application for an additional funding/budget period
  o Revision: application that proposes a change in:
    o Federal government’s financial obligations
    o Any other change in terms and conditions of award (ie: transfer)
    o If revision check appropriate box(es)
      ▪ Increase/Decrease in award
      ▪ Increase/Decrease in duration
      ▪ Other (ie: Change of Grantee Institution)
  o Is this application being submitted to other agencies? Required
    ▪ If answer is yes, indicate what agency(s)

Field 9: pre-populated
Field 10: pre-populated or blank
Field 11: Descriptive title of PI’s project – 200 character including spaces max
Field 12: start and end dates - required
Field 13: Congressional District for Northeastern University: MA-007
Field 14: PI information with department address. For NIH proposals this information should match PI profile in Commons
Field 15: Estimated project funding
  o Total federal funds requested – amount requested in budget
  o Total non-federal funds – any outside funding for project
  o Total federal and non-federal funds - total of a + b
  o Estimated program income – any income generated from project – generally $0
Field 16: almost always no, not covered - your solicitation will make it clear otherwise
Field 17: check box
Field 18: as a rule, NU faculty do not engage in lobbying activities
Field 19:

Prefix:  
First Name: Dana  
Middle Name:  
Last Name: Carroll  
Suffix:  
Position/title: Assoc Vice Provost for Research Admin  
Organization: Northeastern University  
Department: Office of Research Admin.  
Division: leave blank  
Street1: 360 Huntington Avenue  
Street2: 490 Renaissance Park  
City: Boston  
State: MA  
Country: USA  
County/Parish: Suffolk  
Province: leave blank  
Zip/Postal Code: 021155005  
Phone Number: 617-373-5600  
Fax Number: 617-373-4595  
Email: ORAF@neu.edu

Field 20: pre-application: attach as necessary
Field 21: Cover Letter Attachment: attach as necessary
R&R Senior/Key Person Profile Form

The following Fields are required:

<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Zip/Postal code</td>
<td>9 digits ie: 021155005</td>
</tr>
<tr>
<td>Street1</td>
<td>Phone number</td>
</tr>
<tr>
<td>City</td>
<td>Email</td>
</tr>
<tr>
<td>State</td>
<td>Credential: NIH proposals require the PI's Commons User Name as do others</td>
</tr>
<tr>
<td>Country</td>
<td>Project Role</td>
</tr>
</tbody>
</table>

Biographical Sketch – required for all senior/key personnel - 5 pg limit for NIH

Research & Related Other Project Information

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are Human Subjects involved? required</td>
</tr>
<tr>
<td>a. Other boxes required if answer is yes</td>
</tr>
<tr>
<td>2. Are Vertebrate animals used? Required</td>
</tr>
<tr>
<td>a. Other boxes required if answer is yes</td>
</tr>
<tr>
<td>3. Required</td>
</tr>
<tr>
<td>4. a. Required</td>
</tr>
<tr>
<td>b. Required if answer to a is yes</td>
</tr>
<tr>
<td>c. Required if answer to a is yes</td>
</tr>
<tr>
<td>d. Required if answer to 4c is yes</td>
</tr>
<tr>
<td>5. Required</td>
</tr>
<tr>
<td>1. Required if answer to 5 is yes</td>
</tr>
<tr>
<td>6. Required</td>
</tr>
<tr>
<td>a. Required if answer to 6 is yes</td>
</tr>
<tr>
<td>b. Optional</td>
</tr>
<tr>
<td>7. Project Summary/Abstract – required - 30 lines maximum including title</td>
</tr>
<tr>
<td>8. Project Narrative – required – no more than 3 sentences</td>
</tr>
<tr>
<td>9. Bibliography and references cited – required – no headers or footers</td>
</tr>
<tr>
<td>10. Facilities and other resources – required</td>
</tr>
<tr>
<td>11. Equipment – optional</td>
</tr>
<tr>
<td>12. Other attachments – optional</td>
</tr>
</tbody>
</table>

Project/Performance Site Location(s)

<table>
<thead>
<tr>
<th>Primary Location</th>
<th>Project/Performance Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name: Northeastern University</td>
<td>Organization Name: required</td>
</tr>
<tr>
<td>DUNS number: 001423631</td>
<td>DUNS number:</td>
</tr>
<tr>
<td>Street1: 360 Huntington Ave.</td>
<td>Street1: required</td>
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<tr>
<td>Street2: 490 Renaissance Park</td>
<td>Street2:</td>
</tr>
<tr>
<td>City: Boston</td>
<td>City: required</td>
</tr>
<tr>
<td>County: Suffolk</td>
<td>County:</td>
</tr>
<tr>
<td>State: MA</td>
<td>State: required</td>
</tr>
<tr>
<td>Province: keep blank</td>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA</td>
<td>Country: required</td>
</tr>
<tr>
<td>Zip/Postal Code: 021155005</td>
<td>Zip/Postal Code: required</td>
</tr>
<tr>
<td>Project/Performance Site: required</td>
<td>Project/Performance: required</td>
</tr>
</tbody>
</table>
R&R Budget form

Organizational DUNS: 001423631
Organization: Northeastern University
Start Date: required
End Date: required

A. Senior/Key Personnel
   - First: First name of PI
   - Last: Last name of PI
   - Months – Cal/Acad/Sum: recommended but not required
   - Requested Salary: required
   - Fringe Benefits: required
   - Funds Requested: calculated from salary and fringe inputs
   - Project Role: required

B. Other Personnel
   - Number of personnel: required for each project role where you have hires
   - Months: recommended but not required
   - Requested Salary: required
   - Fringe Benefits: required
   - Funds Requested: calculated from salary and fringe inputs

C. Equipment Description
   - Equipment Item: Enter as applicable (NU’s threshold is $5,000)
   - Funds Requested: required is an entry is made in Equipment Item

D. Travel
   - Domestic Travel Costs: as applicable
   - Foreign Travel Costs: as applicable

E. Participant Support Costs – see NU definition of Participants- as applicable

F. Other Direct Costs – as applicable

H. Indirect Costs
   - Indirect Cost Type: Modified Total Direct Costs (MTDC)
   - Indirect Cost Rate: generally 54.5% or Sponsored limited rate
   - Indirect Cost Base: total Direct costs (item G) minus equipment (C), participant support costs (E), subaward amount in excess of $25,000 (each) (F5), and Facility rentals (F6)

K. Budget Justification: Budget Justification must be attached in Year 1 in order to add a period
   - You must completely fill in first budget period before you can add information to the next period.

Getting Help

Contact your Grant Officer at Office of Research Administration and Finance: 617-373-5600, ORAF@neu.edu