**NNLM Region 4 – Funding Application Template**

(Use this template to complete your application for funding. All instructions in parenthesis may be deleted.)

1. Project Title:*(Describe the project with an external audience in mind. Funded projects are displayed on the*[*NNLM website*](https://nnlm.gov/funding/funded) *and are provided by NLM in response to data requests from NIH, HHS, OMB, Congress, and the White House.)*
2. Lead Organization: (*Identify the institution that will lead and receive funding to conduct the proposed project.)*
3. Project Lead:*(If you are the Project Lead, provide your own name. If you are submitting this application on behalf of the Project Lead, provide their name.)*
4. Institution Tax ID:*(Provide the 9-digit tax identification number for your institution.)*
5. Institution Unique Entity ID: *(Please confirm your organization’s Unique Entity ID (UEI) with* [*the System for Award Management*](https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0041254&sys_kb_id=875189f21bee8d54937fa64ce54bcbaa&spa=1) *(SAM.gov). If your organization does not have a UEI,* [*register for one*](https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0050995&sys_kb_id=c0920cc11b9e4d10937fa64ce54bcb3e&spa=1) *as soon as possible.)*
6. Have you/your institution previously received NNLM funding in the current grant cycle? *(Yes, No, or I don’t know.)*
7. Amount Requested: *(The amount specified should not exceed max award amount. Provide the amount to the nearest whole dollar.)*
8. Project Summary: *(Furnish a one-paragraph description that summarizes the proposed project. Funded projects are displayed on the NNLM website and are provided by NLM in response to requests from NIH, HHS, OMB, Congress, and the White House.)*
9. Partner Organizations:*(Provide the names of up to three (3) organizations that will partner with the lead organization to conduct/complete the project.)*
10. Training Provided as Part of This Award: Yes or No.
11. Proposed Start and End Dates for the Project: *(Select the appropriate dates. Contact your RML/Office before applying if your project will extend more than one year.)*
12. Evidence of Need: *(Provide a statement of how the project proposed will support the mission of NNLM, explain the need for the project, and describe the audience or population that will be reached through this project. Please clearly document if this project will engage traditionally underrepresented populations and/or involve medically underserved areas. When possible, support the stated need using data such as known needs assessments or statistics.)*
13. Project goal and objectives: *(State the primary goal and specific objectives(s) of the proposed project. Both should be written so it aligns with the Region 4 Core Aims, the mission of the NNLM, and with the*[*NLM 2017-2027 Strategic Plan*](https://www.nlm.nih.gov/pubs/plan/lrp17/NLM_StrategicReport2017_2027.html)*.)*

**Implementation & Evaluation Plan**

1. Implementation: *(Describe what will be done to meet project objectives and its rationale. Include tasks to be performed and who will perform them.)*
2. Evaluation Plan: *(Describe how the project will measure success. Include data collection frequency, type of data to be collected, tools, and how data will be used or disseminated. Human Subject Research Restriction: All research activities included in project applications MUST fall into the category of Exempt Research, which is defined in* [*the Basic HHS Policy for Protection of Human Research Subjects §46.104(d)*](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/common-rule-subpart-a-46104/index.html)*. Additional human subjects research requirements may apply.)*

*(Please review the*[*National Evaluation Center*](https://nnlm.gov/nec/evaldesign) *resources for information on how to create evaluation plans and objectives.)*

Schedule / Timeline:*(Include a timeline for implementing the plan to meet objectives.)*

Publicity/Promotion: *(Briefly describe how you intend to promote your project to the target population. Please specify which NLM resources or NNLM national initiatives will be used, how they will be promoted, and how they will be used throughout the project.)*

Continuity/Sustainability Plan: *(Describe the activities that will sustain project services and/or communication to the targeted community beyond the agreement performance period.)*

In submitting this application, you acknowledge and agree to:

* You will share the information gained with colleagues in your institution/RML/Office as required by the Request for Proposal.
* You will submit regular, interim, and final reports, as requested by the funding agency, and stipulated in the Request for Proposal.
* Any web-based resources developed for this project will ensure accessibility to the greatest possible number of people.
* Additional documentation will need to be completed should your project be awarded. Please consult with [john.bramble@utah.edu](mailto:john.bramble@utah.edu) for details.

**Budget**

Please complete the budget table below. Include detailed budget Expense Categories, explaining the purpose of each item in the project. If a budget line is not applicable for your project, leave it blank. Enter each amount to the nearest whole dollar.

**Funding Restrictions Notification: food, promotional items, and furniture are not allowable expenses. Promotional items not allowed include but are not limited to: clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags that are sometimes provided to visitors, employees, grantees, or conference attendees. Refer to the** [**NIH Grant Policy on Allowability of Costs/Activities**](https://grants.nih.gov/grants/policy/nihgps/html5/section_7/7.9_allowability_of_costs_activities.htm)

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| Item Title | Item Description | Amount |
| Personnel | *(Include (hourly rate x estimated hours) or (% time x annual salary) in the budget justification attachments or descriptions. Check with your RML/Office for specifics on personnel.)* |  |
| Consultant Costs | *(Estimated expenses from consultants, such as marketing firms or other agencies. Prior to hiring consultants, submit the following information to the RML/Office: name of consultant, description of work, hourly rate, total amount/not to exceed amount, and period of performance.)* |  |
| Supplies | *(Quotes for printing, publication costs and other materials. Include description and any quotes in the attached budget or as other attachment.)* |  |
| Communications | *(Media, publicity, or other communication costs. Include description and any quotes in the attached budget or as other attachment.)* |  |
| Reproduction | *(Printing materials or other reproduction costs.)* |  |
| Travel | *(Estimates for travel. Include description and any quotes in the attached budget or as other attachment.)* |  |
| Other | *(Include description and any quotes in the attached budget or as other attachment.)* |  |
| Indirect Costs (IDC) or Facilities and Administrative (F&A) Costs: | *(Apply at your institution’s non-research rate (or, if your institution has no negotiated rate, a 10% Modified Total Direct Cost (MTDC) can be applied if you wish to claim it). Indirect costs need to be factored into your overall budget. The total budget cannot exceed the limit defined by the RML/Office you are applying to, including indirect costs.)* |  |
|  | Total Requested |  |