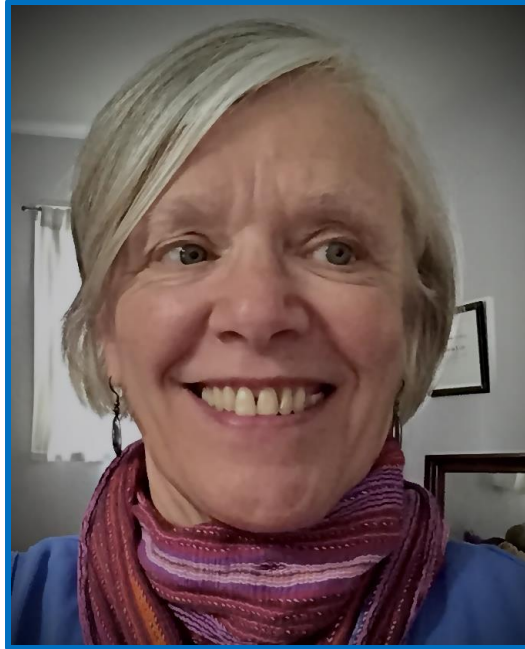


NIH Instrumentation Grant Program for Resource-Limited Institutions (RLI-S10)

**Informational Webinar
May 5, 2025**



Today's Presenters



Dorothy Beckett
National Institute of
General Medical Sciences



Daniel Morris
National Institute of
General Medical Sciences

Disclaimer

This presentation and accompanying slides are for informational purposes only. They serve as an overview of NIH or NIGMS programs and are not meant to be comprehensive in coverage of all required components of a program or an application.



Overview of the RLI-S10 Program

[PAR-23-138](#)



National Institutes of Health

Program Goals

- Provide funding for purchase of modern scientific instruments at resource-limited institutions
- Expand education and research capacity

Research



Education



Image Credit: Microsoft 365 stock images



Eligible Instruments

- Requested instruments may support biomedical research and education in basic, translational, biomedically-related behavioral or clinical fields
- Eligible instruments may include, but are not limited to:
 - Centrifuge
 - Cell sorter
 - Confocal microscope
 - Ultramicrotome
 - Gel imaging system
 - Mass spectrometer
 - Benchtop NMR
 - Industrial 3D printer
 - Fluorimeter
 - CD spectropolarimeter
 - High-throughput micro-plate-reader
 - Isothermal titration calorimeter
 - Scanning or transmission electron microscope
 - FPLC and HPLC systems
 - Computer systems
 - Animal monitoring systems

RLI-S10 Program Budgets

- Award amounts: \$25,000-\$250,000
- If the instrument cost is >\$250,000 you may request the maximum amount and provide documentation of the funding source(s) that will cover the remaining cost
- Service contract costs for up to 5 years may be included in the budget but must be paid during the 1-year award period
- Additional guidance: Applicants should be fiscally responsible and, when possible, secure academic discounts



RLI-S10 User Roles and Responsibilities



National Institutes of Health

Major Users

- At least three Major Users required for each application
- Major Users can include:
 - Researcher who has a demonstrated scientific need for the instrument
 - Upper level undergraduate or graduate laboratory course that will integrate the instrument into learning objectives
 - Major users can be from the same or distinct departments in the applicant institution or from nearby or regional institutions.
- A single defined research or educational project can account for only one Major User
- Program Director/Principal Investigator (PD/PI) and other Users are not required to have existing NIH funding



Institutional Affiliation and Other Users

- The following must be tied to the Applicant Institution:
 - Full-time appointment of the PD/PI
 - Instrument location
 - Use of the instrument in courses
- Other (Minor) Users:
 - Those that will benefit from the instrument in a research capacity.
 - May be located at the applicant institution or at nearby or regional institutions.
- No specific number of Minor Users is required
 - However, the application reviewers will consider the number of Minor Users and potential users



PI and Technical Expert Responsibilities

- PD/PI:
 - Administrative and scientific oversight of the instrument
 - Drafting the Instrument and Organizational Plans
 - Evaluation and reporting
 - Communications with NIH and instrument vendors
- Specified Individual(s) with Technical Expertise (Need not be a Core Facility Manager)
 - Instrument set up and new user training
 - Ensure safe operation
 - Ensure appropriate instrument maintenance
 - Provide technical support

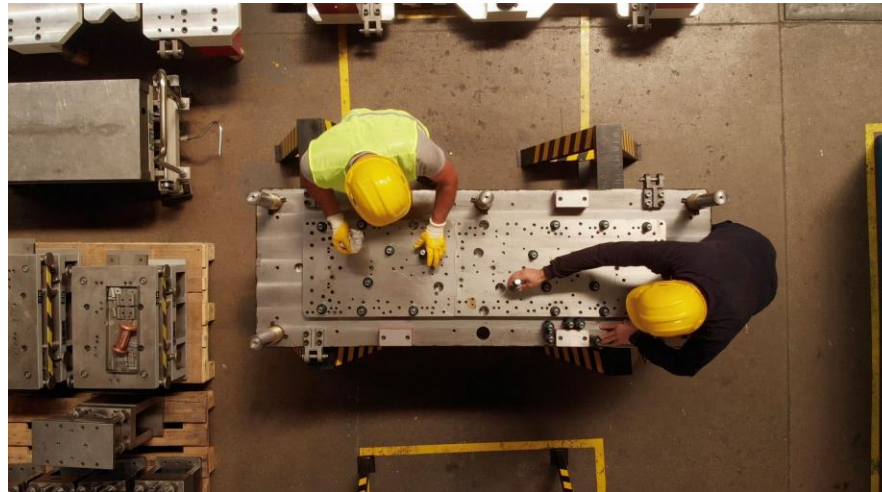


RLI-S10 Institutional Responsibilities



Responsibilities of the Applicant Institution

- Instrument housing
- Personnel support
- Sustaining infrastructure and facilities
- Successful implementation of the instrument



Instrument Location

- Housed at the applicant institution
- Placed in a space that:
 - Maximizes sharing
 - Promotes cost-effectiveness
 - Fosters a collaborative multi-disciplinary environment
- Examples of suitable spaces:
 - Core facility
 - Shared-resource room
 - A Major User's accessible laboratory
 - Instructional laboratory
- Instruments should not be in cramped or dirty spaces that are inaccessible and unattended during normal business hours



Preparing your RLI-S10 Application

Recommended: Contact Program Staff before preparing your application
Dorothy Beckett dorothy.beckett@nih.gov Dan Morris daniel.morris@nih.gov



National Institutes of Health

Overview of an NIH Notice of Funding Opportunity (NOFO)

Part 1. Overview Information

Key Dates

Application Due Date: July 3, 2025

Earliest Award Date: April 2026

Part 2. Full Text of the Announcement

Section I. Funding Opportunity Description

Section II. Award Information

Section III. Eligibility Information

Section IV. Application and Submission Information

Section V. Application Review Information

Section VI. Award Administration Information

Section VII. Agency Contacts

Section VIII. Other Information



National Institutes of Health

Institutions New to NIH? Make sure that you register!

Institution must complete the following registrations:

- **UEI** (Unique Entity Identifier) - a 12-character string created in SAM.gov*
- **SAM** (System for Award Management) – requires annual renewal
- **Grants.gov** – required to submit grants
- **eRA Commons** – required to do business with NIH

*The application must be submitted by an eligible organization with a **Unique Entity Identifier (UEI)** and a **unique NIH eRA Institutional Profile File (IPF) number**. **For institutions with multiple campuses, eligibility can be considered for an individual campus (e.g., main, satellite, etc.) as the applicant organization only if a UEI and a unique NIH eRA IPF number are established for the individual campus**. For institutions that use one UEI or NIH IPF number for multiple campuses, eligibility as the applicant organization is determined for the campuses together.



RLI S10 Institutional Eligibility Requirements

- Domestic institutions located in the United States and its territories
 - Meeting the following criteria:
 - Have received < \$6 million per year from [NIH Research Project Grants \(RPGs\)](#) in each of the preceding three fiscal years
 - Award undergraduate and/or graduate degrees in biomedical sciences
- AND**
- At least 35% of enrolled undergraduate students are supported by Pell grants based on information in the [Integrated Postsecondary Education Data System \(IPEDS\) database](#)*
- OR**
- Nationally recognized and accredited Historically Black Colleges and Universities (HBCUs) Or Tribal Colleges and Universities (TCUs)

*IPEDS reports the percentage of students supported by Pell grants in two ways: (1) the percentage of all undergraduates enrolled and (2) the percentage of full-time, first-time, degree/certificate-seeking undergraduate students. **Institutions may use either option for determining their eligibility.** No matter which category of IPEDS data is used, the institution's Pell enrollment in that category must be at least a yearly average of 35% calculated from the three most recent years of reported data.



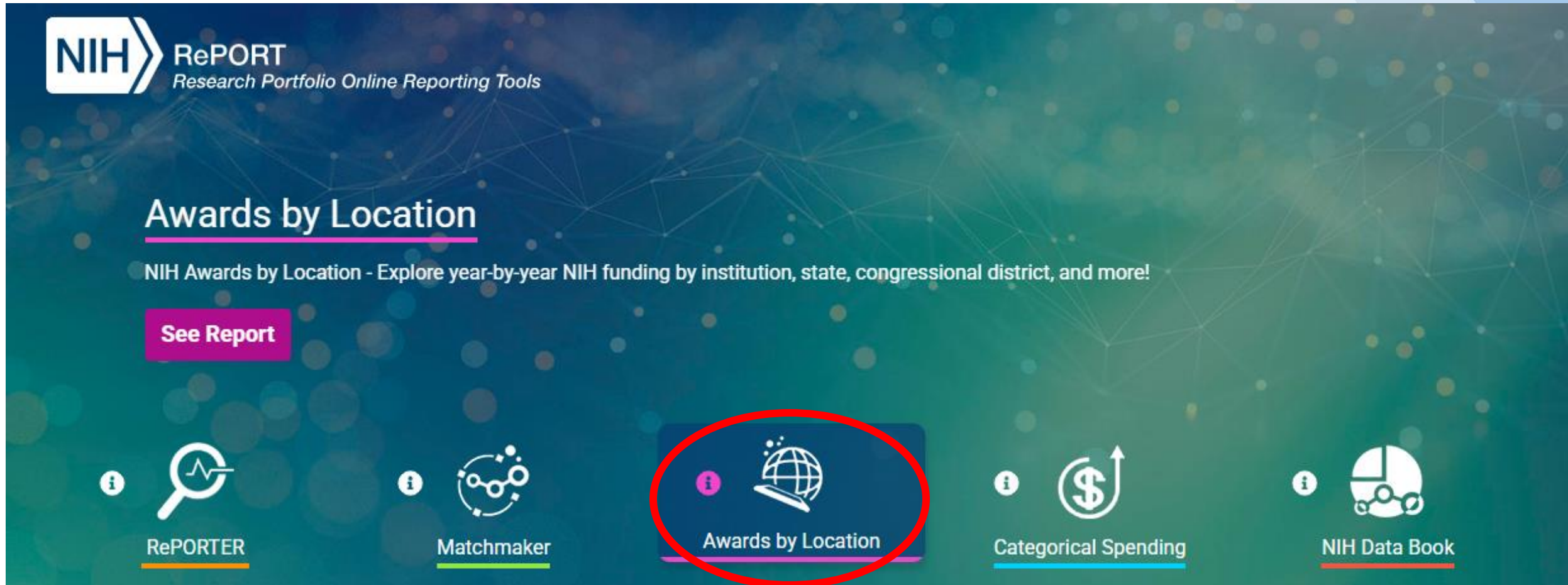
Determining Institutional RLI-S10 Eligibility



National Institutes of Health

Determining <\$6 million per year eligibility using NIH Reporter

- Navigate to reporter.nih.gov and click on the Awards by Location banner link




The screenshot shows the NIH RePORT banner for 'Awards by Location'. The banner has a dark teal background with a network of white lines and dots. At the top left is the NIH RePORT logo with the text 'Research Portfolio Online Reporting Tools'. Below the logo, the title 'Awards by Location' is underlined in pink. A subtitle reads 'NIH Awards by Location - Explore year-by-year NIH funding by institution, state, congressional district, and more!'. A pink button labeled 'See Report' is positioned below the subtitle. At the bottom, there are five icons with labels: 'RePORTER' (magnifying glass), 'Matchmaker' (network diagram), 'Awards by Location' (globe with a magnifying glass, circled in red), 'Categorical Spending' (dollar sign with an upward arrow), and 'NIH Data Book' (pie chart with a network diagram).


NIH RePORT
Research Portfolio Online Reporting Tools


Awards by Location


NIH Awards by Location - Explore year-by-year NIH funding by institution, state, congressional district, and more!


[See Report](#)

 RePORTER

 Matchmaker

 Awards by Location

 Categorical Spending

 NIH Data Book

Determining <\$6 million per year eligibility

- Search for your organization using a key word with the "contains" flag checked
- Search using the "Select" button
- A pop-up window will appear with a list of known institutions. Select yours from the list.
- Generate an awards summary by clicking "Submit Query"

NIH Research Portfolio Online Reporting Tools (RePORT)

Search

HOME | ABOUT RePORT | FAQs | CONTACT US

FUNDING

[HOME](#) > [Funding](#) > NIH Awards By Location

NIH Awards by Location & Organization

Explore year-by-year NIH funding by institution, state, congressional district, and more!

Data as of 04/22/2025

Fiscal Year:

Institute/Center:

Funding Mechanism:

Opportunity Number: Format: RFA-IC-09-003 or PA-09-003

Location:

Congressional District:

Organization Type:

Organization:

☒ Contains ☐ Begins with

Congressional District:

Organization Type:

Organization:

☒ Contains ☐ Begins with

Research Portfolio Online Reporting Tools (RePORT)

There were 5 records that contain "HOWARD".

- ☐ HOWARD & REVIS DESIGN - WASHINGTON, DC
- ☐ HOWARD BROWN HEALTH CENTER - CHICAGO, IL
- ☐ HOWARD FLOREY INSTITUTE - PARKVILLE



Determining <\$6 million per year eligibility (cont'd.)

- Scroll down the page to see your query results
- Make sure that "Funding Mechanism" is selected in the drop-down table header to see the \$ amount that correlates with research project grants (RPGs)
- Make a new query for each of the three preceding fiscal years
- The Dollar Amount for RPGs should be below \$6 million in each year

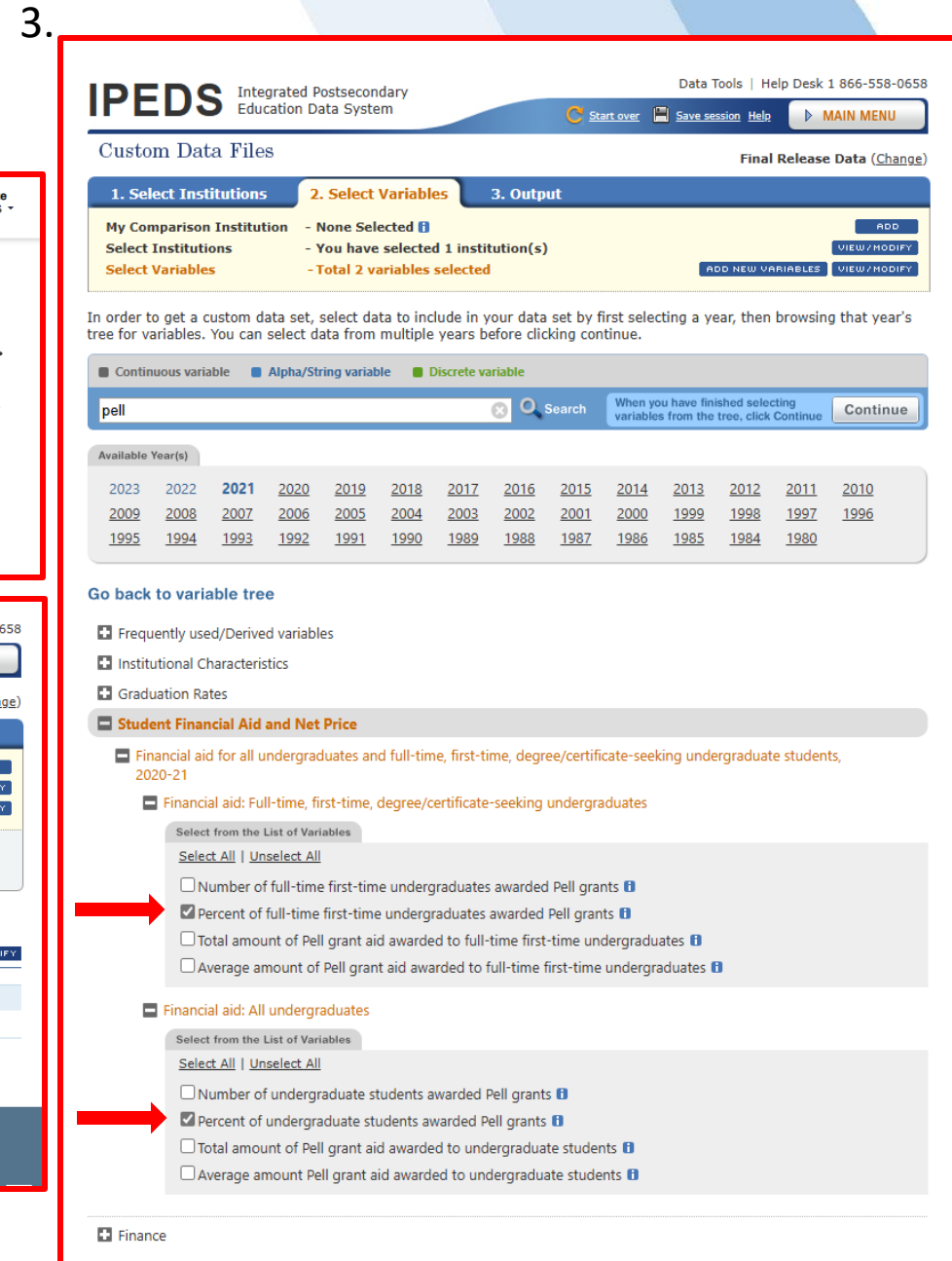
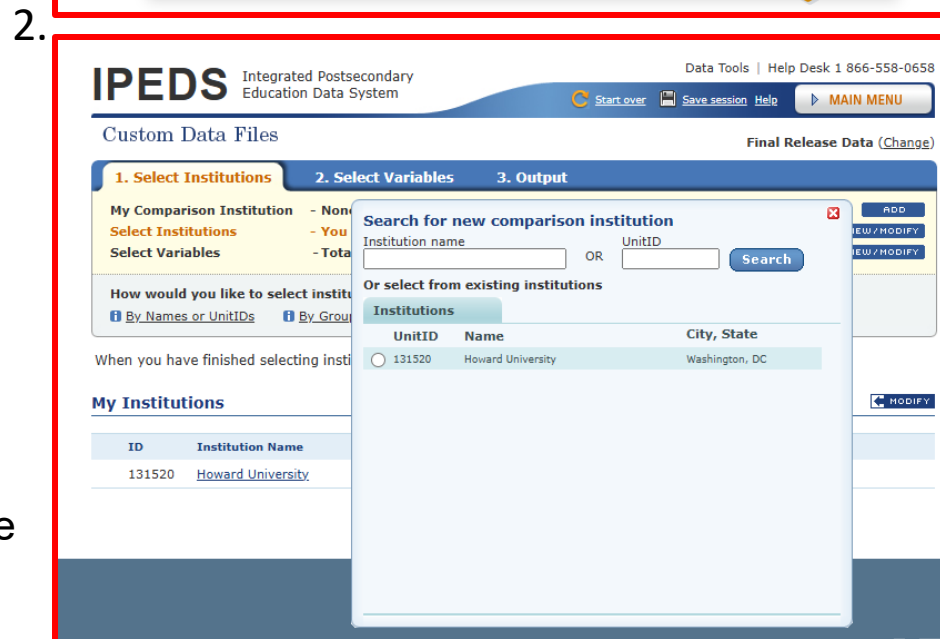
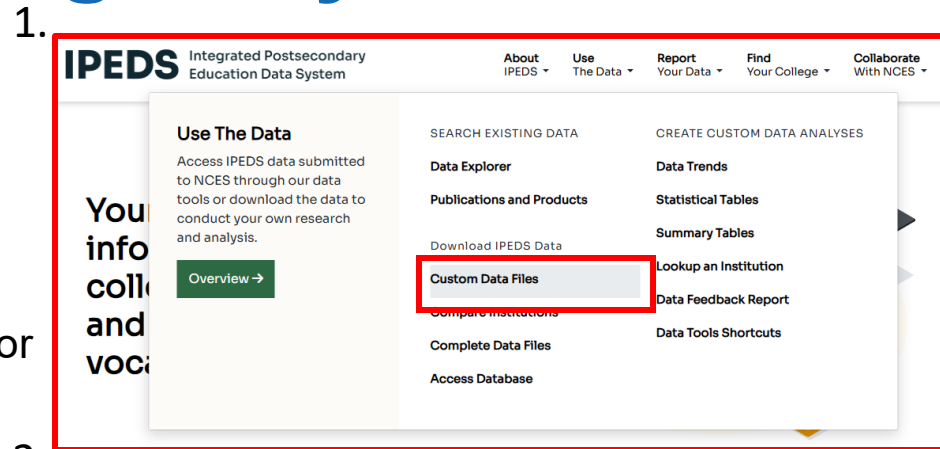
HOWARD UNIVERSITY awards summary for Fiscal Year 2022

Funding Mechanism ▼	Dollar Amount	Awards
Other Research-Related	\$753,298	2
Research Centers	\$6,603,136	7
RPGs - Non SBIR/STTR	\$5,733,997	14
Training - Institutional	\$341,337	2
Total	\$13,431,768	25



Determining 35% Pell Student Eligibility in IPEDS

1. • Navigate to nces.ed.gov/ipeds and find the Custom Data Files button in the Find Your College drop-down menu from the site banner
2. • Follow the Steps 1-3 to search for your Pell % starting with Select Institutions
3. • In Step 2: Select Variables, you must select the indicated (red arrows) % Pell award variables for each year separately
 - After selecting a year, search for "pell" to limit variables to that key word
 - Expand the Student Financial Aid and Net Price variable tree to selected the indicated variables



Determining 35% Pell Student Eligibility in IPEDS (cont'd.)

- In Step 3: Output, you can download a CSV (comma separated values) Excel-compatible text file for each year
- Use "Percent of full-time first-time undergraduates awarded Pell grants" or "Percent of undergraduate students awarded Federal Pell grants" to determine your institution's eligibility
- The average of one of these variables should be above 35% for the three preceding fiscal years
- If the previous year's IPEDS awards data is not available, it is the institution's responsibility to accurately calculate that value

4.

The screenshot shows the IPEDS web interface. At the top, it says 'IPEDS Integrated Postsecondary Education Data System' with links for 'Data Tools', 'Help Desk 1 866-558-0658', 'Start over', 'Save session', 'Help', and a 'MAIN MENU' button. Below this is a 'Custom Data Files' section with three tabs: '1. Select Institutions', '2. Select Variables', and '3. Output' (which is active). Under the 'Output' tab, it shows 'My Comparison Institution' as 'None Selected' and 'Select Institutions' as 'You have selected 1 institution(s)'. 'Select Variables' shows 'Total 6 variables selected'. There are buttons for 'ADD', 'VIEW / MODIFY', 'ADD NEW VARIABLES', and 'VIEW / MODIFY'. Below this is a question: 'Do you want to include imputation variables?' with radio buttons for 'Yes' and 'No' (selected). The main content area shows two sections for 'Year 2023' and 'Year 2022'. Each section has a title 'Student Financial Aid and Net Price/Financial aid for all undergraduates and full-time, first-time, degree/certificate-seeking undergraduate students, 2022-23' and '2021-22' respectively. Below each title are two rows of data: 'Financial aid: Full-time, first-time, degree/certificate-seeking undergraduates' and 'Financial aid: All undergraduates'. Each row has a description and a value. For Year 2023, the values are 44 and 41. For Year 2022, the values are 44 and 41. There are buttons for 'CSV', 'SAS', 'STATA', and 'SPSS' for each row.

5.

Example CSV Output:

	A	B	C	D	E
1	unitid	institution name	year	SFA2223.Percent of full-time first-time undergraduates awarded Pell grants	SFA2223.Percent of undergraduate students awarded Federal Pell grants
2	131520	Howard University	2023	44	41



Completing Remaining Application Sections



Preparing SF 424 (R&R) Cover Form

- All fields highlighted in red are required
- Following slide contains instructions relating to RLI-S10 for items #11 and #15

View Burden Statement

OMB Number: 4040-0001
Expiration Date: 11/30/2025

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. TYPE OF SUBMISSION
☐ Pre-application ☐ Application ☐ Changed/Corrected Application

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION
 Legal Name: **UEI:**
 Department:
 Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. TYPE OF APPLICANT: Please select one of the following
 Other (Specify):
 Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision
 If Revision, mark appropriate box(es):
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

Is this application being submitted to other agencies? ☐ Yes ☐ No What other Agencies?

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
 Start Date: Ending Date:

13. CONGRESSIONAL DISTRICT OF APPLICANT

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE **Page 2**

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:

15. ESTIMATED PROJECT FUNDING
 a. Total Federal Funds Requested
 b. Total Non-Federal Funds
 c. Total Federal & Non-Federal Funds
 d. Estimated Program Income

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

Preparing SF 424 (R&R) Cover Form (cont'd.)

- Follow all instructions in the SF424 (R&R) Application Guide
- #11 Title - Provide a descriptive title that includes the generic name of the requested instrument
- #15 Estimated Project Funding:
 - Total Federal Funds Requested:
 - For instrument cost of \$25,000- \$250,000, enter the total cost
 - For instrument cost greater than \$250,000, enter \$250,000 and provide additional information in Total Non-Federal Funds
 - Total Non-Federal Funds: *The difference between instrument price and \$250K. Explain how the difference will be paid in the Equipment section on the SF 424 (R&R)*
 - Total Federal & Non-Federal Funds: *Enter the total cost of the instrument from the quote*
 - Program Income: *Enter zero as this does not apply to this NOFO*

The image shows the SF 424 (R&R) Application for Federal Assistance form, which is divided into two pages. The form includes various sections for applicant information, project details, and funding estimates. Red arrows from the instructions point to specific fields: #11 points to the 'DESCRIPTIVE TITLE OF APPLICANT'S PROJECT' field in section 11, and #15 points to the 'ESTIMATED PROJECT FUNDING' section in section 15.

Section 1: TYPE OF SUBMISSION
☐ Pre-application ☐ Application ☐ Changed/Corrected Application

Section 2: DATE SUBMITTED
 Applicant Identifier: _____

Section 3: DATE RECEIVED BY STATE
 State Application Identifier: _____

Section 4: a. Federal Identifier
 b. Agency Routing Identifier: _____
 c. Previous Grants.gov Tracking ID: _____

Section 5: APPLICANT INFORMATION
 Legal Name: _____
 Department: _____
 Division: _____
 Street1: _____
 Street2: _____
 City: _____ County / Parish: _____
 State: _____ Province: _____
 Country: ☐ USA: UNITED STATES ☐ Other: _____ ZIP / Postal Code: _____
 Person to be contacted on matters involving this application:
 Prefix: _____ First Name: _____ Middle Name: _____
 Last Name: _____ Suffix: _____
 Position/Title: _____
 Street1: _____
 Street2: _____
 City: _____ County / Parish: _____
 State: _____ Province: _____
 Country: ☐ USA: UNITED STATES ☐ Other: _____ ZIP / Postal Code: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

Section 6: EMPLOYER IDENTIFICATION (EIN) or (TIN): _____

Section 7: TYPE OF APPLICANT: Please select one of:
 Other (Specify): _____
 Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged ☐ Other (Specify): _____

Section 8: TYPE OF APPLICATION:
☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision
 If Revision, mark appropriate boxes:
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Other (Specify): _____
 Is this application being submitted to other agencies? ☐ Yes ☐ No What other Agencies: _____

Section 9: NAME OF FEDERAL AGENCY: _____

Section 10: CATALOG OF FEDERAL ACQUISITION (CFAC) NUMBER: _____

Section 11: DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: _____

Section 12: PROPOSED PROJECT:
 Start Date: _____ Ending Date: _____

Section 13: CONGRESSIONAL DISTRICT OF APPLICANT: _____

Section 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: ☐ USA: UNITED STATES ☐ Other: _____ ZIP / Postal Code: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

Section 15: ESTIMATED PROJECT FUNDING
 a. Total Federal Funds Requested: _____
 b. Total Non-Federal Funds: _____
 c. Total Federal & Non-Federal Funds: _____
 d. Estimated Program Income: _____

Section 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

Section 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)

Section 18: SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation
 Add Attachment Delete Attachment View Attachment

Section 19: Authorized Representative
 Prefix: _____ First Name: _____ Middle Name: _____
 Last Name: _____ Suffix: _____
 Position/Title: _____
 Organization Name: _____
 Department: _____
 Division: _____
 Street1: _____
 Street2: _____
 City: _____ County / Parish: _____
 State: _____ Province: _____
 Country: ☐ USA: UNITED STATES ☐ Other: _____ ZIP / Postal Code: _____
 Phone Number: _____ Fax Number: _____
 Email: _____
 Signature of Authorized Representative: _____ Date Signed: _____

Section 20: Pre-application
 Add Attachment Delete Attachment View Attachment

Section 21: Cover Letter Attachment
 Add Attachment Delete Attachment View Attachment

Adding SF424 Other Project Information to your Application

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 11/30/2025

1. Are Human Subjects Involved? ☒ Yes ☐ No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? ☐ Yes ☐ No

If yes, check appropriate exemption number. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

If no, is the IRB review Pending? ☐ Yes ☐ No

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used? ☒ Yes ☐ No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

Animal Welfare Assurance Number:

3. Is proprietary/privileged information included in the application? ☒ Yes ☐ No

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? ☒ Yes ☐ No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? ☐ Yes ☐ No

4.d. If yes, please explain:

5. Is the research performance site designated, or eligible to be designated, as a historic place? ☒ Yes ☐ No

5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators? ☒ Yes ☐ No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments ☐

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

Department:

Organization Name:

Division:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * Zip / Postal Code:

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

* Project Role: Other Project Role Category:

* Attach Biographical Sketch

Attach Current & Pending Support

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

Department:

Organization Name:

Division:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * Zip / Postal Code:

* Phone Number: Fax Number:

* E-Mail:

Credential, e.g., agency login:

* Project Role: Other Project Role Category:

* Attach Biographical Sketch

Attach Current & Pending Support

Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)

Additional Biographical Sketch(es) (Senior/Key Person)

Additional Current and Pending Support(s)

OMB Number: 4040-0001
Expiration Date: 11/30/2025



SF 424 (R&R) Other Project Information

- **Project Summary/Abstract:**
 - Provide a succinct description of the requested instrument
 - **Explain the need for the instrument**
 - Describe how access to the instrument will stimulate biomedical research and/or support education and increase research capacity at the applicant institution
- **Project Narrative** (two or three sentences): Describe the relevance of the instrument to public health and its impact on research and education at the applicant institution
- **Bibliography & References Cited:** List only publications that are relevant to the researchers' expertise in operation and usage of the instrument or relevant to projects that will be supported by the instrument

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 11/30/2025

1. Are Human Subjects Involved? ☒ Yes ☐ No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? ☐ Yes ☐ No

If yes, check appropriate exemption number. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

If no, is the IRB review Pending? ☐ Yes ☐ No

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used? ☒ Yes ☐ No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

Animal Welfare Assurance Number:

3. Is proprietary/privileged information included in the application? ☒ Yes ☐ No

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? ☒ Yes ☐ No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? ☐ Yes ☐ No

4.d. If yes, please explain:

5. Is the research performance site designated, or eligible to be designated, as a historic place? ☒ Yes ☐ No

5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators? ☒ Yes ☐ No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments ☐

NIH Biographical Sketch

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YY	FIELD OF STUDY

A. Personal Statement

B. Positions, Scientific Appointments, and Honors

C. Contributions to Science

Biosketch should include:

A. Personal Statement:

Describe technical expertise and qualifications directly related to the requested instrument

B. Positions, Scientific Appointments, and Honors: e.g., Tenured, or non-tenured faculty member; awards; etc.

C. Contributions to Science: Record of research accomplishments, student training, mentoring, and teaching if applicable

Who should provide a Biosketch?*

- Major Users
- Technical personnel, as applicable
- Minor Users, but not required

<https://grants.nih.gov/grants/forms/biosketch.htm>

*SciENCv: [Science Experts Network Curriculum Vitae](#) is highly recommended to generate a Biosketch

- Each Biosketch should not exceed 5 pages

RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name: Suffix:

* Last Name: Position/Title: Department: Organization Name: Division: * Street1: Street2: * City: County: * State: Province: * Country: USA: UNITED STATES * Zip / Postal Code: * Phone Number: Fax Number: * E-Mail: Credential, e.g., agency login: * Project Role: Other Project Role Category: * Attach Biographical Sketch Add Attachment Delete Attachment View Attachment Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name: Suffix:

* Last Name: Position/Title: Department: Organization Name: Division: * Street1: Street2: * City: County: * State: Province: * Country: USA: UNITED STATES * Zip / Postal Code: * Phone Number: Fax Number: * E-Mail: Credential, e.g., agency login: * Project Role: Other Project Role Category: * Attach Biographical Sketch Add Attachment Delete Attachment View Attachment Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

Next Person

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)

Additional Biographical Sketch(es) (Senior/Key Person) Add Attachment Delete Attachment View Attachment

Additional Current and Pending Support(s) Add Attachment Delete Attachment View Attachment

Instrumentation Plan

Instrumentation Plan – single PDF titled “Instrumentation Plan”

- **Plan for Research and Education Capacity Building**
 - **Overall Benefit:** Outline the overall benefit of the instrument to the institution’s research and/or education, capacity building, and to the institution’s long-range research goals
 - **Research and/or Education Projects:** Describe major use of the instrument in at least 3 research projects and/or laboratory courses
 - **Other Users:** Describe how the instrument will benefit other (minor) users
 - **Inventory of Similar Instrumentation:** List similar instruments that exist at the institution and explain why they do not satisfy the research and education needs
- **Technical Expertise:** Outline the available technical expertise for use of the proposed instrument
- **Organizational Plan:** Describe day-to-day management, operation, and maintenance of the instrument, how new users will be engaged and trained, and plans for managing instrument for projects with human subjects, vertebrate animals, biohazards

Equipment Description

Equipment (single PDF attachment)

- Summarize the requested instrument, including its manufacturer, model number, specific features, and accessories
- Provide a detailed budget breakdown of the main instrument and requested accessories, including tax and import duties, if applicable
- **Required:** Include an itemized quote from the vendor with appropriate discounts, accessories, training services, warranties and service contracts (up to five years are encouraged)
- When applicable, describe the total Non-Federal Funds cited in the SF424 Cover form (for example, funds provided by the institution)

**Applications that do not include a quote will be deemed incomplete
and will be withdrawn without review!!!**

Page Limitations

- Follow page limitations instruction described in the SF 424 Application Guide and the Table of Page Limits
- **The Instrumentation Plan** (see Other Attachments section of the SF424(R&R) Other Project Information form) must include the following sections and may not exceed these page limitations:
 - **Plan for Research and Education Capacity Building-** up to 4 pages
 - **Technical Expertise-** up to 1 page
 - **Organizational Plan-** up to 2 pages

Letters of Support

Letters of Support - combined in a single PDF named "Letters of Support"

From the **Authorized Organization Representative or Business Official**

- Verify that the institution meets the eligibility criteria
- Indicate the institutional commitment to instrument housing, accessibility, and maintenance
- Provide information regarding institutional support for personnel, who need not be a facility manager
- If applicable, state the amount of matching funds for instrument purchase and describe a containment plan for animals or infectious materials by the institutional biosafety officer, etc.

Review Criteria and Related Application Components

Review Criterion	Application Component
Overall Benefit	Project Summary/Abstract; Instrumentation Plan/Plan for Research and Education Capacity Building/Overall Benefit; All sections
Justification of Need	Instrumentation Plan/Plan for Research and Education Capacity Building
Technical Expertise	Instrumentation Plan/Plan for Research and Education Capacity Building/Technical Expertise; Biosketches; Bibliography & References
Research and Education Projects	Instrumentation Plan/Plan for Research and Education Capacity Building
Administration	Instrumentation Plan/Organizational Plan
Institutional Commitment	Letters of Support



Additional Resources

NIH Grants Process

- Helpful videos: https://grants.nih.gov/grants/grants_process.htm
- Grant Writing Webinar Series for Institution Capacity Building: <https://nigms.nih.gov/training/Pages/Grant-Writing-Webinar-Series-for-Institutions-Building-Research--and-Research-Training-Capacity.aspx>
- Notice of Funding Opportunities (NOFOs): [The Annotated NOFO](#)
- The NIH Application Guide: <https://grants.nih.gov/grants/how-to-apply-application-guide.html>
- Submitting an Application: <https://grants.nih.gov/grants/forms/submitting-an-application.htm>

The NIH Peer Review Process

Information for Applicants: [Center for Scientific Review](#)

Questions?
Please type them into the Q & A window

Reach out to the RLI-S10 management team at:
[RLIS10Mailbox](#)

Application Due Date: July 3, 2025
Earliest Award Date: April 2026

Recommended: Contact Program Staff before preparing your application
Dorothy Beckett dorothy.beckett@nih.gov | Dan Morris daniel.morris@nih.gov



National Institutes of Health