



# NIH ASSIST Fellowship Submissions

*Office of Contracts and Grants*



University of Colorado  
Boulder

# Information

## ASSIST

<https://public.era.nih.gov/assist>

### User Guide

[http://era.nih.gov/files/ASSIST\\_user\\_guide.pdf](http://era.nih.gov/files/ASSIST_user_guide.pdf)

### Frequently Asked Questions

[http://grants.nih.gov/grants/ElectronicReceipt/faq\\_full.htm#assist](http://grants.nih.gov/grants/ElectronicReceipt/faq_full.htm#assist)

## NIH Overall Application Guide

<https://grants.nih.gov/grants/how-to-apply-application-guide.html>

Fellowship Guide <https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/fellowship-forms-d.pdf>

## Sample F series Proposals

<https://www.nigms.nih.gov/training/indivpredoc/pages/predoctoral-f31-sample-applications.aspx>

# Application Submission System & Interface for Submission Tracking (ASSIST)

Sponsored by the National Institutes of Health



Use eRA  
Commons  
user name  
and  
password

## Login

User Name

Password

Login

Cancel

[Forgot Password/Unlock Account?](#)

## Federated Institutions/ Organizations

Select Login Here



Login

Cancel

## Submit multi-project grant applications electronically to NIH and other Public Health Service Agencies...

The Application Submission System & Interface for Submission Tracking (ASSIST) is used to prepare and submit multi-project grant applications electronically to NIH and other Public Health Service agencies. Prior to using ASSIST, applicants should identify a Funding Opportunity Announcement (FOA) to which they'd like to apply. FOAs are posted in the [NIH Guide for Grants & Contracts](#) and/or in [Grants.gov](#) each of which has robust search capabilities. The FOA text will indicate whether ASSIST can be used to apply to that opportunity. You will need the FOA number (e.g., PA-15-987) to initiate an application.

Active Grants.gov and eRA Commons credentials are required to prepare and

## ? Need Help?

### Resources

 [APPLICATION GUIDE](#)

 [ASSIST USER GUIDE](#)

Insert  
funding  
opportunity  
number (see  
checklist)

U.S. Department of Health & Human Services


Home Logout Help Desk Contact Us

**A** Application Submission System & Interface  
for Submission Tracking (ASSIST)  
*Sponsored by the National Institutes of Health*

Username: KATHRYNSNIDER


Welcome  
**KATHRYNSNIDER**

## Welcome to the Application Submission System & Interface for Submission Tracking (ASSIST)

 **INITIATE APPLICATION**



Funding Opportunity Announcement #  **GO**  
(Example: PA-00-000)

The National Institutes of Health posts Funding Opportunity Announcements (FOAs) in the [NIH Guide for Grants & Contracts](#) and in [Grants.gov's Find Grant Opportunities](#). Each resource has robust search functionality to identify opportunities of interest. ASSIST can only be used to prepare and submit applications when explicitly stated in the FOA.

 **SEARCH FOR APPLICATION** **Search Applications**

**? Need Help?**

**Resources**

-  [APPLICATION GUIDE](#)
-  [ASSIST USER GUIDE](#)



Summary

R&R Cover

Other  
Project  
Information

Sites

Sr/Key  
Person  
Profile

Fellowship  
Supplement

Human  
Subjects and  
Clinical Trials

Assignment  
Request  
Form



## Application Information

Application Identifier:

594144

Application Project Title:

Test F31 2019

PD/PI Name:

Organization:

UNIVERSITY OF COLORADO

Project Period:

Status:

Work in Progress

[Submit Application](#)

Status Date:

2019-07-24 11:52:19.000 AM EDT



## FOA Information:

FOA Information:

PA-19-195

Opportunity Title:

Ruth L. Kirschstein National Research Service Award (NRSA) Individual Predoctoral Fellowship (Parent F31)

Agency:

National Institutes of Health

CFDA Number:

Competition ID:

FORMS-E

Competition Title:

FORMS-E

Opportunity Open Date:

03/08/2019

Opportunity Close Date:

01/07/2022

Agency Contact:

eRA Service Desk Monday to Friday 7 am to 8 pm ET <http://grants.nih.gov/support/>

SAM Registration Expiration Date: 05/12/2020

An active SAM Registration is required to submit your application to the agency

[Click for SAM Registration Details](#)

Note this number and provide to your proposal analyst.

## Actions ?

RETURN TO APPLICATION

MANAGE ACCESS

ADD OPTIONAL FORM

PREVIEW CURRENT FORM

VALIDATE APPLICATION

VIEW STATUS HISTORY

UPDATE SUBMISSION STATUS

COPY APPLICATION

DELETE APPLICATION

Applicant will  
complete

OCG will  
complete

\*  
= required  
section

## Application Information ?

### Tips:

- Complete this form first. Some information is forward populated to other forms.
- Multi-project applications - For the Overall component, complete the entire form. For other components, you will only be able to complete a subset of fields (Applicant Information, Type of Applicant - optional, Descriptive Title of Applicant's Project and Proposed Project Start/End Dates). Expand All will expose fields available for data entry.

Summary

R&R Cover

Other  
Project  
Information

Sites

Sr/Key  
Person  
Profile

Fellowship  
Supplement

### Application for Federal Assistance

SF 424 (R&R) v2.0 ?

OMB Number: 4040-0001  
Expiration Date: 06/30/2016

Edit

☒ Expand All \* Required field(s)

#### 1. \* TYPE OF SUBMISSION

\* Type of Submission

☐ Pre-Application ☐ Application ☐ Changed/Corrected Application

#### 2. DATE SUBMITTED

Date Submitted

Applicant Identifier

#### 3. DATE RECEIVED BY STATE

Date Received by State

State Application Identifier

#### 4. A. FEDERAL IDENTIFIER / 4. B. AGENCY ROUTING IDENTIFIER / 4. C. PREVIOUS TRACKING IDENTIFIER

Federal Identifier

Agency Routing Identifier

Previous Grants.gov Tracking ID

#### 5. \* APPLICANT INFORMATION

\* Organizational DUNS

0074315050000

\* Legal Name

UNIVERSITY OF COLORADO AT BOULDER

Division	
* Street 1	3100 Marine St, Room 481
Street 2	572 UCB
* City	BOULDER
County/Parish	
State	Colorado ▼
Province	
* Country	UNITED STATES ▼
Zip/Postal Code	803031058
Person to be contacted on matters involving this application	
Prefix	--- Select Prefix --- ▼
* First Name	
Middle Name	
* Last Name	
Suffix	--- Select Suffix --- ▼
Position/Title	
* Street 1	
Street 2	
* City	
County/Parish	
State	--- Select State --- ▼
Province	
* Country	UNITED STATES ▼
Zip/Postal Code	
* Phone Number	
Fax Number	
Email	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN)	
* Employer Identification	
7. * TYPE OF APPLICANT	

ChenEinsIDBusiness PDF applicationImages (73).pdf applicationImages (73).pdf

\* Employer Identification

7. \* TYPE OF APPLICANT

\* Type of Applicant

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

\* Name of Federal Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

Catalog of Federal Domestic Assistance Number

Title

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

\* Descriptive Title of Applicant's Project

12. \* PROPOSED PROJECT

\* Start Date

\* Ending Date

13. \* CONGRESSIONAL DISTRICT OF APPLICANT

\* Congressional District of Applicant (e.g. CA-012, outside the U.S. enter 00-000)

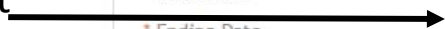
14. \* PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

The PD/PI Contact Information on the CFDA/OPR Form is populated from the PROFILE Project Director/Principal Investigator

Title limit 200  
characters



See standard  
earliest start  
date for your  
due date in  
the checklist





This information will load automatically from your eRA Commons profile. It can be updated in tab 5, Senior/Key Person Profile

#### 14. \* PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

The PD/PI Contact Information on the SF 424 (R&R) Cover is populated from the PROFILE - Project Director/Principal Investigator on the Research and Related Senior/Key Person Profile (Expanded) form. If you wish to change these items, please do so on the Research and Related Senior/Key Person Profile (Expanded) form; you will not be able to edit the response here.

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"/>
* Organization Name	UNIVERSITY OF COLORADO AT BOULDER
Department	<input type="text"/>
Division	<input type="text"/>
* Street 1	<input type="text"/>
Street 2	<input type="text"/>
* City	<input type="text"/>
County/Parish	<input type="text"/>
* State	<input type="text"/>
Province	<input type="text"/>
* Country	UNITED STATES
* Zip/Postal Code	<input type="text"/>
* Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
* Email	<input type="text"/>

OCG will provide a budget template to assist with this 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

16. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. \* Yes ☐ This pre-application/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

SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment

Delete Attachment

View Attachment

19. \* AUTHORIZED REPRESENTATIVE

Prefix

--- Select Prefix --- 

\* First Name

Middle Name

The screenshot shows a Grants.gov application form. At the top, there is a yellow header bar. Below it, the form contains several input fields for contact information: Country (dropdown menu set to UNITED STATES), Zip/Postal Code, Phone Number, Fax Number, Email, Signature of Authorized Representative (text box containing "Completed on submission to Grants.gov"), and Date Signed (text box containing "11/04/2015").

Section 20, titled "20. PRE-APPLICATION", includes a "Pre-application" label, a text box, and three buttons: "Add Attachment", "Delete Attachment", and "View Attachment".

Section 21, titled "21. COVER LETTER ATTACHMENT", is highlighted with a red rectangular box. It contains a "Cover Letter Attachment" label, a text box, and the same three buttons: "Add Attachment", "Delete Attachment", and "View Attachment".

At the bottom of the form, there are three buttons: "Save and Keep Lock", "Save and Release Lock", and "Cancel and Release Lock". The "Save and Release Lock" button is highlighted with a red rectangular box, and a black arrow points directly to it from below.

Always select "Save and Release Lock". If you select "Save and Keep Lock", OCG will not be able to submit your application.

## Research & Related Other Project Information

R&R OtherProjectInfo v1.3 <sup>?</sup>

OMB Number: 4040-0001  
Expiration Date: 06/30/2016

[Edit](#)

\*Required field(s)

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 the appropriate exemption number. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

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

IRB Approval Date  

Human Subjects 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:

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.b. 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  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

8. \* Project Narrative  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

9. Bibliography & References Cited  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

10. Facilities & Other Resources  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

11. Equipment  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

12. Other Attachments [Add Attachment](#)

Attachment File Name	Delete on Save	Update Attachment	View Attachment
Nothing found to display.			

[Save and Keep Lock](#) [Save and Release Lock](#) [Cancel and Release Lock](#)



- Summary
- R&R Cover
- Other Project Information
- Sites
- Sr/Key Person Profile
- Fellowship Supplement

Project/Performance Site Locations Summary

Primary Performance Site ?

Organization Name	DUNS	Address	Action
!	UNITED STATES		<a href="#">Edit</a> <a href="#">View</a>

Project/Performance Site Location(s) [Add Site](#)

No items found.

Entry #	Organization Name	DUNS	Address	Action
Nothing found to display.				

- Summary
- R&R Cover
- Other Project Information
- Sites
- Sr/Key Person Profile
- Fellowship Supplement

Sr/Key Person Summary

PROFILE - Project Director/Principal Investigator ?

PD/PI Name	Project Role	Action
!	PD/PI	<div>EditView</div>

PROFILE - Senior/Key Person(s)

Add Sr/Key

No items found.

Entry #	Sr/Key Person	Project Role	Action
Nothing found to display.			

## PROFILE - Project Director/Principal Investigator

Credential, e.g., agency login	<input type="text"/>	<a href="#">Populate Fields from Credentials</a>
Prefix	<input type="text" value="--- Select Prefix ---"/>	
* First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
* Last Name	<input type="text"/>	
Suffix	<input type="text" value="--- Select Suffix ---"/>	
Position/Title	<input type="text"/>	
Department	<input type="text"/>	
Organization Name	<input type="text" value="UNIVERSITY OF COLORADO AT BOULDER"/>	
Division	<input type="text"/>	
* Street 1	<input type="text"/>	
Street 2	<input type="text"/>	
* City	<input type="text"/>	
County/Parish	<input type="text"/>	
State	<input type="text" value="--- Select State ---"/>	
Province	<input type="text"/>	
* Country	<input type="text" value="UNITED STATES"/>	
* Zip/Postal Code	<input type="text"/>	
* Phone Number	<input type="text"/>	
Fax Number	<input type="text"/>	
* E-Mail	<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"/>	
Attach Biographical Sketch	<input type="text"/>	<a href="#">Add Attachment</a> <a href="#">Delete Attachment</a> <a href="#">View Attachment</a>
Attach Current & Pending Support	<input type="text"/>	<a href="#">Add Attachment</a> <a href="#">Delete Attachment</a> <a href="#">View Attachment</a>

[Save and Keep Look](#)[Save and Release Look](#)[Save and Add](#)[Cancel and Release Look](#)

## PHS Fellowship Supplemental Form

### PHS Fellowship Supplemental v3.1 ?

OMB Number: 0925-0001  
Expiration Date: 10/31/2018

Edit

View Burden Statement

☒ Expand All \* Required field(s)

#### INTRODUCTION

1.Introduction  
(RESUBMISSION)

Add Attachment

Delete Attachment

View Attachment

#### FELLOWSHIP APPLICANT SECTION

\* 2. Applicant's Background and  
Goals for Fellowship Training

Add Attachment

Delete Attachment

View Attachment

#### RESEARCH TRAINING PLAN SECTION

\* 3. Specific Aims

Add Attachment

Delete Attachment

View Attachment

\* 4. Research Strategy

Add Attachment

Delete Attachment

View Attachment

\* 5. Respective Contributions

Add Attachment

Delete Attachment

View Attachment

\* 6. Selection of Sponsor and  
Institution

Add Attachment

Delete Attachment

View Attachment

7. Progress Report Publication  
List  
(RENEWAL)

Add Attachment

Delete Attachment

View Attachment

\* 8. Training in the Responsible  
Conduct of Research

Add Attachment

Delete Attachment

View Attachment

#### SPONSOR(S), COLLABORATOR(S) AND CONSULTANT(S) SECTION

9. Sponsor and Co-Sponsor  
Statements

[View Attachment](#)

10. Letters of Support from  
Collaborators, Contributors and  
Consultants

[View Attachment](#)

#### INSTITUTIONAL ENVIRONMENT AND COMMITMENT TO TRAINING SECTION

11. Description of Institutional  
Environment and Commitment  
to Training

[View Attachment](#)

#### OTHER RESEARCH TRAINING PLAN SECTION

##### Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

\* Are Vertebrate Animals used? ☐ Yes ☐ No

12. Are vertebrate animals  
euthanized? ☐ Yes ☐ No

If "Yes" to euthanasia

Is method consistent with American  
Veterinary Medical Association  
(AVMA) guidelines? ☐ Yes ☐ No

If "No" to AVMA guidelines,  
describe method and provide  
scientific justification

13. Vertebrate Animals

[View Attachment](#)

##### Other Research Training Plan Information

14. Select Agent Research

[View Attachment](#)

15. Resource Sharing Plan

[View Attachment](#)

16. Authentication of Key Biological  
and/or Chemical Resources

[View Attachment](#)



## ADDITIONAL INFORMATION SECTION

### 17. Human Embryonic Stem Cells

\* Does the proposed project involve human embryonic stem cells? ☐ Yes ☐ No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/> . Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s):

### 18. Alternate Phone Number:

### 19. Degree Sought During Proposed Award:

Degree:

If "other", indicate degree type:

Expected Completion Date  
(MM/YYYY):

### \* 20. Field of Training for Current Proposal:

\* 21. Current or Prior Kirschstein-NRSA Support? ☐ Yes ☐ No

If yes, please identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)	Reset
---------	--------	--------------------------	------------------------	----------------------------	-------

\* 22. Applications for Concurrent Support? ☐ Yes ☐ No

If yes, describe in an attached file:

[View Attachment](#)

### \* 23. Citizenship:

U.S. Citizen

U.S. Citizen or Non-Citizen National?

☐ Yes ☐ No

Non-U.S. Citizen

☐ With a Permanent U.S. Resident Visa

☐ With a Temporary U.S. Visa

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here: ☐

Name of Former Institution:

24. ☐ Change of Sponsoring  
Institution

## BUDGET SECTION

### *All Fellowship Applicants:*

\* 25. Tuition and Fees:

☐ None Requested ☐ Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

Total Funds Requested:

### *Senior Fellowship Applicants Only:*

	Amount	Academic Period	Number of Months
26. Present Institutional Base Salary:			
27. Stipends/Salary During First Year of Proposed Fellowship:			
a. Federal Stipend Requested:	Amount		Number of Months
b. Supplementation from Other Sources:	Amount		Number of Months
	Type (e.g., sabbatical leave, salary)		
	Source		

## APPENDIX

28. Appendix

## Application Information ?

Summary	R&R Cover	Other Project Information	Sites	Sr/Key Person Profile	Fellowship Supplement	Human Subjects and Clinical Trials	Assignment Request Form
---------	-----------	---------------------------	-------	-----------------------	-----------------------	------------------------------------	-------------------------

### PHS Human Subjects and Clinical Trials Information

#### PHS Human Subjects and Clinical Trials Information v1.0 ?

OMB Number: 0925-0001 and 0925-0002  
Expiration Date: 03/31/2020

[Edit](#)[View Burden Statement](#)

\* Required field(s)

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved?

☐ Yes ☒ No

Is the Project Exempt from Federal regulations?

☐ Yes ☐ No

Exemption number:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

If No to Human Subjects

Does the proposed research involve human specimens and/or data? ☐ Yes ☐ No

If Yes, provide an explanation of why the application does not involve human subjects research

[View Attachment](#)

Other Requested Information

[View Attachment](#)

PHS Human Subjects and Clinical Trials Information

PHS Human Subjects and Clinical Trials Information v1.0 ?

OMB Number: 0925-0001 and 0925-0002  
Expiration Date: 03/31/2020

Edit

View Burden Statement

\* Required field(s)

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved?

☒ Yes ☐ No

Is the Project Exempt from Federal regulations?

☐ Yes ☒ No

Exemption number:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study'.  
In some cases a study cannot have defined plans for human subject involvement per agency policies on Delayed Onset Studies. In these cases, select 'Add New Delayed Onset Study' to provide the study name and justification for omission of human subjects study information.

Other Requested Information

View Attachment

Study Record(s)

Attach human subject study records using unique filenames.

Entry #	Study Title	Clinical Trial?	Action
---------	-------------	-----------------	--------

Nothing found to display.

Delayed Onset Study(ies)

Entry #	Study Title	Anticipated Clinical Trial?	Justification	View Attachment
---------	-------------	-----------------------------	---------------	-----------------

Nothing found to display.

## Application Information

### Add Optional Form

Select the form you wish to add

--- Select Form ---

--- Select Form ---

Cumulative Inclusion Report

Planned Enrollment Report

Submit

© 2015 NIH. All Rights Reserved.

Screen Rendered: 11/04/2015 06:20:30 EST | Screen Id:

ASSIST0038@3890

Version:

2.15.01

Organization:

UNIVERSITY OF COLORADO AT BOULDER

Project Period:



This is an optional form, you can complete some or all of the sections

Summary	R&R Cover	Other Project Information	Sites	PI/Key Person Profile	Fellowship Supplement	Assignment Request Form
---------	-----------	---------------------------	-------	-----------------------	-----------------------	-------------------------

### PHS Assignment Request Form

PHS Assignment Request Form v1.0

OMB Number: 0925-0001  
Expiration Date: 10/31/2018

[Edit](#) [View Burden Statement](#)

Funding Opportunity Number:

Funding Opportunity Title:

#### Awarding Component Assignment Request (optional)

If you have a preference for an Awarding Component (e.g., NIH Institute/Center) assignment, please use the link below to identify the most appropriate assignment then enter the short abbreviation (e.g., NCI for National Cancer Institute) in "Assign to/Do Not Assign To Awarding Component" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

Information about Awarding Components can be found here: [https://grants.nih.gov/grants/phs\\_assignment\\_information.htm#AwardingComponents](https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents)

	1	2	3
Assign to Awarding Component:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do Not Assign to Awarding Component:	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Study Section Assignment Request (optional)

If you have a preference for a study section assignment, please use the link below to identify the most appropriate study section then enter the short abbreviation for that study section in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

For example, you would enter "CAMP" if you wish to request assignment to the Cancer Molecular Pathobiology study section or enter "ZRG1 HDM-R" if you wish to request assignment to the Healthcare Delivery and Methodologies SBIR/STTR panel for information. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

Information about Study Sections can be found here: [https://grants.nih.gov/grants/phs\\_assignment\\_information.htm#StudySection](https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection)

	1	2	3
Assign to Study Section: <small>Only 30 characters allowed</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do Not Assign to Study Section: <small>Only 30 characters allowed</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### List Individuals who should not review your application and why (optional)

Only 1000 characters allowed

#### Identify Scientific areas of expertise needed to review your application (optional)

Note: Please do not provide names of individuals

	1	2	3	4	5
Expertise: <small>Only 40 characters allowed</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Application Information














Notice:



Data entry errors were found

Continue

Return to correct errors

-  PHS...
-  B. R...
-  B. R...
-  B. R...
-  B. R...
-  B. R...
-  B. R...
-  B. R...
-  C. Additional information: 1. Does the proposed project involve human embryonic st...
-  C. Additional information: 4. Field of Training for Current Proposal: is required
-  C. Additional information: 5. Current Or Prior Kirschstein-NRSA Support: is required
-  C. Additional information: 6. Applications for Concurrent Support: is required
-  C. Additional information: 7. Goals for Fellowship Training and Career: is required

Actions ?

RETURN TO APPLICATION

MANAGE ACCESS

ADD OPTIONAL FORM

PREVIEW APPLICATION

VALIDATE APPLICATION

VIEW STATUS HISTORY

UPDATE SUBMISSION STATUS

COPY APPLICATION

DELETE APPLICATION

Home > Search for Applications > Application Search Results > Application Information > Preview Application

Preview Application ?

Tips:

- ASSIST allows one application preview request to be active at a time.
- The Status shown does not automatically update - use the Refresh Status button to get current status.
- Previewing a large application image can take several minutes. You may want to view the last one available.


User	Status Date	Status	Action
Snider, Kathryn K	Mon May 04 18:04:16 EDT 2015	Preview Available	<div>View</div>


Generate Preview



At any time, you can preview what the application will look like in eRA Commons (note the cover letter will not appear in a preview).




Select “validate application” from the menu on the left side of the screen to see any errors or warnings with your application.

sist/validate.do?function=validateApplication



U.S. Department of Health & Human Services


**Application Submission System & Interface  
for Submission Tracking (ASSIST)**



Username:

## Application Errors and Warnings Results ?


**Application Information**

Application Identifier: 19651  
FOA Number: PA-13-303  
Application Project Title: Optimizing the generation and analysis of human iP5-derived neural organoids  
PD/PI Name:   
Organization: UNIVERSITY OF COLORADO AT BOULDER

**✖ Errors**

Total Errors to be corrected before the application can be submitted: 5

Form Name	Error Message
Sr/Key Person Profile	The organization name for Key Person [REDACTED] must be provided. (005.35.1)
Sr/Key Person Profile	The organization name for Key Person [REDACTED] must be provided. (005.35.1)
Sr/Key Person Profile	The organization name for Key Person [REDACTED] must be provided. (005.35.1)
Research Plan	The Multiple PI Leadership Plan attachment on the PHS 398 Research Plan must be included if multiple PD/PIs have been included on the Senior/Key Person Profile. (010.12.1)
Research Plan	The Research Strategy is limited to 6 pages for this application. (010.3.3)




March 23, 2015 9:51 AM

era-notify@mail.nih.gov

**ASSIST 20608 - Notification of change in Submission Status for MitoQ Supplementation for Improving Vascular Endothelial**

To: Kathryn Kirkland Snider; [REDACTED]

 You forwarded this message on 3/23/2015 9:51 AM.

The submission status of this application 20608 **MitoQ Supplementation for Improving Vascular Endothelial Function in Older Adults** was changed from **Ready for Submission** to **Submitted**.

You can access this application at <https://public.era.nih.gov/assist>.

If you have any questions about this email, please contact **Kathryn K Snider** at [kathryn.snider@colorado.edu](mailto:kathryn.snider@colorado.edu), who initiated this action. Alternatively, you may contact the eRA Help Desk at 1-866-504-9552 or visit the [Grant Support Portal](#)






Mon 3/23/2015 9:45 AM

era-notify@mail.nih.gov

GRANT11868522 / [REDACTED]: Check Assembled Application in eRA Commons

To [REDACTED], Kathryn Kirkland Snider; Kathryn Kirkland Snider

 You forwarded this message on 3/23/2015 9:54 AM.

NIH has received the electronic grant application Grants.gov Tracking ;GRANT11868522 / PI [REDACTED]; and has placed the assembled application in the eRA Commons for your review.

**Any submission to change the application must be done before the submission deadline (5PM local time of the due date).**

You have a viewing window of two business days (i.e., Monday - Friday, excluding federal holidays) to check the assembled application before it automatically moves forward to NIH staff for further processing and consideration. Once the application has moved forward, no additional changes to the application will be accepted through Grants.gov or eRA Commons.

Signing Officials have the authority to reject an application during the two day viewing window to stop it from completing the submission process. After an application is rejected, a changed/corrected application can be submitted **before the submission deadline**. Keep in mind that submissions made after the deadline will overwrite the previous submission; these are subject to the [late policy](#) and are rarely accepted.

It is your responsibility to view the entire assembled application in eRA Commons and notify the [eRA Commons Help Desk](#) within this window if the assembled application does not correctly reflect the information submitted to Grants.gov (e.g., submitted information is missing in the image or a graph/chart appears upside-down). The eRA Commons Help Desk will provide guidance on appropriate corrective actions.

View [detailed steps for PI to track submission status](#).

View [detailed steps for AOR/SO to track submission status](#).

View [detailed steps for AOR/SO to reject an application](#).