**F-1a Face Page-Research Institute**

*Agreements Use the Cost Reimbursement Format*

*Number (Leave Blank)*

**1. TITLE OF APPLICATION (***20 words maximum***)**

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**2. RESPONSE TO RFA OR RFPA NUMBER AND TITLE**

\_\_\_\_\_\_\_24-1, Track 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. TYPE OF ORGANIZATION** *(Check all that apply*)

\_\_ Private Non-Profit \_\_ Private Profit \_\_ Minority Owned

\_\_ Educational \_\_ Small Business

\_\_ Public ( \_\_ Federal, \_\_ State, \_\_ Local) \_\_ Woman Owned

**4. PRINCIPAL INVESTIGATOR**

**4A. NAME (LAST, FIRST, MIDDLE)** *With Signature and Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature and Date*

**4B. MAILING ADDRESS** *(Organization, Street, City, State, Zip Code)*

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**4F. POSITION TITLE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. HUMAN SUBJECTS OR DERIVED MATERIALS INVOLVED?**

YES \_\_\_\_\_ NO\_\_\_\_\_

**4C. TELEPHONE NUMBER** *(Area Code, Extension)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4E. EMAIL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. TOTAL COST REQUESTED FOR PHASE I**

*(enter from form F-3a)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. CONTRACT FORMAT**

\_\_ Scenario 1: Separate contract for research institution and community-based organization

\_\_ Scenario 2: One contract awarded to research institution, which subcontracts community-based organization

**8.** **APPLICANT INSTITUTION, CONGRESSIONAL DISTRICT, AND DUNS NUMBER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.** **NAME, TITLE, ADDRESS, EMAIL & TELEPHONE NUMBER OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE AGREEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature and Date*

**10. NAME, TITLE, ADDRESS, EMAIL & TELEPHONE NUMBER OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE AGREEMENT (***if different than above***)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature and Date*

*Include a signed, scanned copy of this form with the electronic application.*

**F-1b Face Page – Community Based Organization**

*Complete only if separate contracts will be awarded to Research Institution and Community Based Organization*

*Fixed price contract*

*Number (Leave Blank)*

**1. TITLE OF APPLICATION** **(***20 words maximum***)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. RESPONSE TO RFA OR RFPA NUMBER AND TITLE**

\_\_\_\_\_\_\_24-1, Track 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. TYPE OF ORGANIZATION** *(Check all that apply*)

\_\_ Private Non-Profit \_\_ Private Profit \_\_ Minority Owned

\_\_ Educational \_\_ Small Business

\_\_ Public ( \_\_ Federal, \_\_ State, \_\_ Local) \_\_ Woman Owned

**4. PRINCIPAL INVESTIGATOR**

**4A. NAME (LAST, FIRST, MIDDLE)** *With Signature and Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature and Date*

**4B. MAILING ADDRESS** *(Organization, Street, City, State, Zip Code)*

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**4F. POSITION TITLE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4C. TELEPHONE NUMBER** *(Area Code, Extension)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4E. EMAIL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. TOTAL COST REQUESTED FOR PHASE I**

*(enter from form F-4)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** **APPLICANT ORGANIZATION AND DUNS NUMBER (IF AVAILABLE)**

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**7. ORGANIZATION ANNUAL OPERATING BUDGET**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** **NAME, TITLE, ADDRESS, EMAIL & TELEPHONE NUMBER OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE AGREEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature and Date*

**9. NAME, TITLE, ADDRESS, EMAIL & TELEPHONE NUMBER OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE AGREEMENT (***if different than above***)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature and Date*

*Include a signed, scanned copy of this form with the electronic application.*

**F-2 SUMMARY**

..

**F-3a BUDGET- RESEARCH INSTITUTE**

*Instructions:*

* *Two separate contracts will be awarded to the Research Institute and Community Based Organization (CBO): complete F-3a and F-4.*
* *One contract to Research Institute with CBO as subcontract: complete F-3a and F-3b.*

|  |  |
| --- | --- |
| From  | Through  |
| Personnel  | Time Effort  | Dollar Amount Requested *(omit cents)*  |
| Name  | Title or Position  | Role in Project  | %  | Hours /Week  | Salary  | Fringe Benefit  | Totals  |
|  |  | Principal Investigator  |  |  |  |  |  |
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| **Subtotals**  |  |  |  |
| Supplies (itemized)  |  |
| Other Expenses (itemized)  |  |
| Travel (domestic only)  |  |
| Subtotal Direct Costs  |  |
| Indirect Costs - Limited to 30% of direct costs excluding equipment and subcontracts. See budget instructions. |  |
| Equipment (itemized)  |  |
| Subcontractors *(Enter total from 3b)*  |  |
| Total Budget Costs *(Enter on Form 1 Item 5)* |  |

**F-3b BUDGET (Subcontract) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Enter subcontractor name)*

*Complete only if community-based organization is subcontracted to research institution*

|  |  |
| --- | --- |
| From  | Through  |
| Personnel  | Time Effort  | Dollar Amount Requested *(omit cents)*  |
| Name  | Title or Position  | Role in Project  | %  | Hours /Week  | Salary  | Fringe Benefit  | Totals  |
|  |  | Principal Investigator  |  |  |  |  |  |
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| **Subtotals**  |  |  |  |
| Supplies (itemized)  |  |
| Other Expenses (itemized)  |  |
| Travel (domestic only)  |  |
| Subtotal Direct Costs  |  |
| Indirect Costs - Limited to 30% of direct costs excluding equipment and subcontracts. See budget instructions. |  |
| Equipment (itemized)  |  |
| Total Subcontract Costs *(Enter on Form 4a under Subcontracts)* |  |

**F-4 BUDGET- COMMUNITY BASED ORGANIZATION**

*Complete only if two separate contracts will be awarded to the Research Institute and Community Based Organization*

|  |  |
| --- | --- |
| Personnel | Dollar Amount Requested *(omit cents)* |
| Name  | Title or Position  | Role in Project  | %  | Hours /Week  | Salary  | Totals  |
|  |  | Principal Investigator  |  |  |  |  |
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| **Subtotals**  |  |  |
| Supplies (itemized)  |  |
| Other Expenses (itemized)  |  |
| Travel (domestic only)  |  |
| Subtotal Direct Costs  |  |
| Indirect Costs - Limited to 30% of direct costs excluding equipment and subcontracts. See budget instructions. |  |
| Equipment (itemized)  |  |
| Total Budget Costs *(Enter on Form 1b Item 5)* |  |

**F-5 QUALIFICATIONS OF PRINCIPAL INVESTIGATORS**

**F-6 PROPOSED ACTIVITIES AND BENEFITS OF PARTNERSHIP**

**F-7 COLLABORATION PLAN AND FACILITIES**

**F-8 PROJECT PLAN AND TIMELINE**

|  |  |
| --- | --- |
| Year | Year 1 |
| Quarter | 1 | 2 | 3 | 4 |
| Specific Aim 1: (add text) |  |  |  |  |
| Task 1: (add text) |  |  |  |  |
| Task 2: (add text) |  |  |  |  |
| (etc.) |  |  |  |  |

**F-9 CULTURAL COMPETENCY STATEMENT**

**F-10 BIOGRAPHICAL SKETCH OR RESUMES**

Please provide the following information for professional personnel and consultants beginning with the Principal Investigator, not exceeding 2 pages per individual. Copy this page for each additional person. The CBO PI and other non-academic key personnel may submit a resume or similar document.

|  |  |
| --- | --- |
| **Name**       | **Position**       |
| **Education** (*Begin with baccalaureate training and include postdoctoral training*) |
| **Institution and Location** | **Degree** | **Year Conferred** | **Field of Study** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**PERSONAL STATEMENT**

**POSITIONS AND HONORS:** *Concluding with present position, list in chronological order previous employment, experience, and honors.*

**CONTRIBUTIONS TO SCIENCE**

**SELECTED PUBLICATIONS:** *List, in chronological order (newest first), the titles and complete references to recent representative publications, especially those most pertinent to this application.*

**F-11 ADDITIONAL SUBMISSIONS**

*Please refer to the instructions for details. Headers that do not apply to your application can be deleted.*

**Human Participants** *(if applicable)*

..

**Conflict of Interest**

..

**F-12 NON-PROFIT DOCUMENTATION**

Please append documents here

**F-13 PERSONAL DATA ON PRINCIPAL INVESTIGATOR**

 **(OPTIONAL – PLEASE SUBMIT SEPARATELY)**

Health Effects Institute has a continuing commitment to monitoring the operation of its review and award process to detect, and deal appropriately with, real or perceived inequities with respect to age, ethnicity, race, or gender of the proposed principal investigator. To provide HEI with the information it needs for this important task, please complete this form and send it together with the application. This form will be updated as new federal guidance becomes available.

**Upon receipt of this application by HEI, this form will be kept separate from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential. All analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.**

HEI strongly appreciates completion of this form to support its efforts to track diversity of applications and funded investigators and to expand investment into diversity, equity, and inclusion as part of its [2020 action plan](https://www.healtheffects.org/announcements/taking-steps-toward-action-inclusiveness). If you decline to provide this information, or leave any questions blank, it will in no way affect consideration of your application.

Your cooperation is appreciated.

YEAR OF BIRTH:\_\_\_\_\_\_\_\_

GENDER: \_\_ Female \_\_ Male \_\_ Non-binary \_\_ Transgender

 \_\_ Self-indicated or other:

RACE AND/OR ETHNIC ORIGIN *(check one)*

\_\_ American Indian or Alaskan Native

\_\_ Asian or Pacific Islander

\_\_ Black, not of Hispanic origin

\_\_ Hispanic

\_\_ White, not of Hispanic origin

NOTE: The category that most closely reflects the individual’s recognition in the community should be used for purposes of reporting mixed racial and/or ethnic origins. Definitions are as follows:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

Black, not of Hispanic origin: A person having origins in any of the black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White, not of Hispanic origin: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.