

# The Peer Review Process

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# RFA-CA-07-014: Cancer Genome Characterization Centers

[http://grants.nih.gov/grants/guide/rfa-  
files/RFA-CA-014.html](http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-014.html)

## GENERAL INSTRUCTIONS AND APPLICATION FORMS

[http://grants1.nih.gov/grants/funding/phs398/  
phs398.html](http://grants1.nih.gov/grants/funding/phs398/phs398.html)



# PHS 398 Face Page

|   |  |             |
|---|--|-------------|
| <p><b>9. APPLICANT ORGANIZATION</b></p> <p>Name _____</p> <p>Address _____</p><br><br><p>Institutional Profile File Number (if known) _____</p>   | <p><b>10. TYPE OF ORGANIZATION</b></p> <p>Public: → <input type="checkbox"/> Federal    <input type="checkbox"/> State    <input type="checkbox"/> Local</p> <p>Private: → <input type="checkbox"/> Private Nonprofit</p> <p>For-profit: → <input type="checkbox"/> General    <input type="checkbox"/> Small Business</p> <p><input type="checkbox"/> Woman-owned    <input type="checkbox"/> Socially and Economically Disadvantaged</p> |             |
| <p><b>12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE</b></p> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p><br><br><p>Tel _____ FAX _____</p> <p>E-Mail _____</p>   | <p><b>11. ENTITY IDENTIFICATION NUMBER</b></p> <p>DUNS NO. _____</p> <p>Congressional District _____</p><br><br><p><b>13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION</b></p> <p>Name <span style="border: 1px solid red; padding: 2px;">^^</span></p> <p>Title _____</p> <p>Address _____</p><br><br><p>Tel _____ FAX _____</p> <p>E-Mail _____</p>   |             |
| <p><b>14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE:</b> I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.</p> | <p><b>SIGNATURE OF PIVPD NAMED IN 9a.</b><br/>(In ink. "Pw" signature not acceptable.)</p> <p><span style="border: 1px solid red; padding: 2px;">+</span></p>  | <p>DATE</p> |
| <p><b>15. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE:</b> I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.</p>                                  | <p><b>SIGNATURE OF OFFICIAL NAMED IN 13.</b><br/>(In ink. "Pw" signature not acceptable.)</p> <p><span style="border: 1px solid red; padding: 2px;">^^</span></p>  | <p>DATE</p> |

# Form Page 4- Detailed Budget

Principal Investigator/Program Director (Last, First, Middle):

## DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY

FROM

Yr 1 begin

THROUGH

Yr 1 end

PERSONNEL (Applicant organization only)

DOLLAR AMOUNT REQUESTED (omit cents)

| NAME               | ROLE ON PROJECT        | TYPE APPT. (months) | % EFFORT ON PROJ. | INST. BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
|--------------------|------------------------|---------------------|-------------------|-------------------|------------------|-----------------|-------|
|                    | Principal Investigator |                     |                   |                   |                  |                 |       |
|                    |                        |                     |                   |                   |                  |                 |       |
|                    |                        |                     |                   |                   |                  |                 |       |
|                    |                        |                     |                   |                   |                  |                 |       |
|                    |                        |                     |                   |                   |                  |                 |       |
|                    |                        |                     |                   |                   |                  |                 |       |
|                    |                        |                     |                   |                   |                  |                 |       |
|                    |                        |                     |                   |                   |                  |                 |       |
| <b>SUBTOTALS</b> → |                        |                     |                   |                   |                  |                 |       |

CONSULTANT COSTS


EQUIPMENT (itemize)

SUPPLIES (itemize by category)

# FP 5 Detailed Budget – All Years

Principal Investigator/Program Director (Last, first, middle):

## BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY

| BUDGET CATEGORY<br>TOTALS  | INITIAL BUDGET PERIOD<br>(from Form Page 4)  | ADDITIONAL YEARS OF SUPPORT REQUESTED |     |     |     |  |
|--|--|---------------------------------------|-----|-----|-----|--|
|  |  | 2nd                                   | 3rd | 4th | 5th |  |
| PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i> | <p>Category amounts: carry-over from FP 4</p>  |                                       |     |     |     |  |
| CONSULTANT COSTS   |  |                                       |     |     |     |  |
| EQUIPMENT  |  |                                       |     |     |     |  |
| SUPPLIES   |  |                                       |     |     |     |  |
| TRAVEL   |  |                                       |     |     |     |  |
| PATIENT CARE COSTS   |  | INPATIENT                             |     |     |     |  |
|  |  | OUTPATIENT                            |     |     |     |  |
| ALTERATIONS AND RENOVATIONS  |  |                                       |     |     |     |  |
| OTHER EXPENSES   |  |                                       |     |     |     |  |

Costs in Additional Year by Category  
-include justification for any significant increases or decreases

# Detailed Budget All years continued

|  |        |  |  |  |  |    |
|--|--------|--|--|--|--|----|
| ALTERATIONS AND RENOVATIONS  |        |  |  |  |  |    |
| OTHER EXPENSES   |        |  |  |  |  |    |
| SUBTOTAL DIRECT COSTS  |        |  |  |  |  |    |
| CONSORTIUM/<br>CONTRACTUAL<br>COSTS  | DIRECT |  |  |  |  |    |
|  | F&A    |  |  |  |  |    |
| TOTAL DIRECT COSTS   |        |  |  |  |  |    |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD (Item 8a, Face Page)   |        |  |  |  |  | \$ |
| SBIR/STTR Only<br>Fee Requested  |        |  |  |  |  |    |
| SBIR/STTR Only: Total Fee Requested for Entire Proposed Project Period<br><small>(Add Total Fee amount to "Total direct costs for entire proposed project period" above and Total F&amp;A/indirect costs from Checklist Form Page, and enter these as "Costs Requested for Proposed Period of Support" on Face Page, Item 8b.)</small> |        |  |  |  |  | \$ |

**JUSTIFICATION.** Follow the budget justification instructions exactly. Use continuation pages as needed.

- **Explain roles of listed personnel and justify requested items:**
  - **Capital Equipment: <\$500k (compelling evidence required);**
  - **Multiple platforms: provide a breakdown of costs for each**
- **Explain any changes in a category from one year to next.**

# Some CGCC Features

- Operational Capacity for Comprehensive Characterization
- Research Plan (<50 pages) with sections for: Applicant Group, Scope, Analytic Capacity, Data Sharing, Collaboration
- Review Criteria with queries related to the RFA Research Objectives
- Appendices and Budget: Special Instructions

# The Review Process

- Scanning and Duplication
- Administrative Review – minimum requirements, personnel, expertise
- Supplemental Material: two types
  - Appendices- .pdf; figs. + 7 docs (<100)
  - SRA requests additional information
    - Consider carefully and respond.
    - Observe any deadlines set by SRA

# The Review Process

- Special Emphasis Panel – ad hoc group.-- What is a peer reviewer?
- Priority Score and Summary Statement
- Resume

# Successful applications

- Explain the strengths and limitations in the chosen methodology
- Point out potential surprises and alternatives to bypass the pitfalls
- Have identified what is needed and can show that it will be available

# Successful applications

- Follow the instructions closely
- Research Plan fits the guidelines
- Consistency throughout
- Right team for the right plan
- Impact can be anticipated

# Successful Applications

- **Clarity** - Have a peer read your application  
What's clear to you is not always clear to everyone
- **Follow the correct format**
- **Are complete and correct as submitted**
- **Budgets – Justify, Justify, Justify.**  
Explain Key Personnel for their value to the project,  
Equipment needs relative to work, high cost line items  
in any category support with cost and use information.

# In Doubt

## Phone NIH

- Contact information for Program Directors and Referral Officers can be found in the RFA.

<http://www.csr.nih.gov/Video/Video.asp>

**Inside the NIH Grant Review  
Process:  
A Video on Peer Review at NIH**

The Center for Scientific Review has produced a video of a mock study section meeting to provide an inside look at how NIH grant applications are reviewed for scientific and technical merit.