La Cámara de Comercio de Puerto Rico

y su Comités de Educación y Ambiente, Infraestructura y Permisos presentan:

Taller:

“Tips” para Solicitar Exitosamente ”Grants” Federales

Recuperación de Desastre: Creando una Mentalidad Positiva a Largo Plazo

Jeannette Vázquez, PsyD, MBA, CT

Lydia Boschetti, PhD, CPL

CamaraEnAccion

Seminario y Taller

Seminario y Taller

Arturo supo que existe un “Grant” para realizar el proyecto que va a salvar su empresa.

Seminario y Taller

Arturo hizo su trabajo…

?

Investigó.
Hizo alianzas…

Estableció un Equipo de Trabajo Comprometido

VIEW GRANT OPPORTUNITY

« Back | Link

Preview Opportunity Package Details

Opportunity Package Details:

Agency Contact Information: eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

Who Can Apply: Organization Applicants

PACKAGE FORMS: Download Instructions

Mandatory Forms (Click to Preview)	Optional Forms (Click to Preview)
» SF424 (R & R) [V2.0] » PHS 398 Cover Page Supplement [V4.0] » Research And Related Other Project Information [V1.4] » Project/Performance Site Location(s) [V2.0] » Research and Related Senior/Key Person Profile (Expanded) [V2.0] » Research & Related Budget [V1.4] » PHS 398 Research Plan [V4.0] » SBIR/STTR Information [V1.2] » PHS Human Subjects and Clinical Trials Information [V1.0]	» R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT [V1.4] » PHS Assignment Request Form [V2.0]

Close

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 3/31/2020

1. Vertebrate Animals Section

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

2. *Program Income Section

*Is program income anticipated during the periods for which the grant support is requested?

☐ Yes ☐ No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount ($)	*Source(s)

3. Human Embryonic Stem Cells Section

*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, 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) (Example: 0004):

4. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents: Yes ☐ No ☐

If "**Yes**" then answer the following:

OMB Number: 4040-0001
Expiration Date: 10/31/2019

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS:

Legal Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: USA: UNITED STATES 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 ZIP / Postal Code:

Phone Number: Fax Number:

Email:

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:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:

13. CONGRESSIONAL DISTRICT OF APPLICANT

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Gracias

Síguenos en:

www.camarapr.org **#CamaraEnAccion**