NNLM Subaward Application Template – Professional Development

System Requirements

Before attempting to submit your application for funding in the NNLM online application system:

1. Confirm that your institution is a NNLM Member with a NNLM Member record.

   If your institution is not a NNLM Member, submit an application for Membership **at least 3 weeks prior to the funding deadline**. Membership is not automatic. A Member record is required to successfully submit an application.

   Not sure if your institution is a Member or has a Member record? Search the NNLM Membership Directory or contact your Regional Medical Library.

2. Confirm that you (the applicant) have an NNLM account.

   You must be logged in to your NNLM account to successfully submit an application.

   If you are submitting an application on behalf of the Primary Contact/Project Lead, the Primary Contact must also have an NNLM account prior to submission.

3. Confirm that your NNLM account is connected to the NNLM Member record for your institution.

   To connect, fill in the "Organization" field on your NNLM account using the autocomplete function. When correctly filled, you will see the 5-digit NNLM ID in parenthesis beside the institution name. Watch a brief tutorial for assistance with completing this process.

   Organization

   ORGANIZATION NAME (Member Organizations) (16932)

   If you are submitting an application on behalf of the Primary Contact/Project Lead, the Primary Contact must also be connected to the NNLM Member record for your institution prior to submission.

Please note: you cannot successfully submit an application without these components. If you have questions about these or any other system requirements, please contact your Regional Medical Library in advance of the application deadline.

Application

All fields with an *asterisk must be completed to save or submit an application in the NNLM online application system.

Overview

- **Funding Region*:** *automatically selected*
- **Project Category*:** *automatically selected*
- **Program/Event Summary***

- **Lead Organization*:**
  Select the institution that will lead receive funding to support the proposed professional development.
  If the drop-down list appears blank, confirm that your NNLM account is connected to the NNLM Member record for your institution (*See System Requirements*).
- **Primary Contact*:**
  If you are the Primary Contact, select your own name from the drop-down list. If you are submitting this application on behalf of the Project Lead, select their name from the drop-down list.
  If the name of the Primary Contact does not appear in the drop-down list, confirm that their NNLM account is connected to the NNLM Member record for the institution (*See System Requirements*).
- **Institution Tax ID*:**
  Enter the 9-digit tax identification number for your institution.
- **Institution DUNS Number:**

- **Have you/your institution previously received NNLM funding in the current grant cycle (2016-21)? ***

  ◯ Yes
  ◯ No
  ◯ I don't know

- **Amount Requested*:** $

  This field will accept numbers only. Enter the amount to the nearest whole dollar.

Details

- **Program/Event Name*:**

- **Program/Event Date(s)*:**

  Contact your RML before applying if your project will extend more than one year.

- **Professional Development URL:**

  URL for the Exhibit, Conference, or Professional Development you would like to attend or hold, if available.

- **Significance/Objectives***

Budget

Budget fields will accept numbers only. Enter each amount to the nearest whole dollar.

- **Fees:**
- **Travel:**
- **Hotel:**
- **Per Diem:**
- **Other:**
- **Indirect Costs (IDC) or F&A:**

  Refer to RFP/budget template for instructions on calculating IDC or F&A.

Beneficiaries & Goals

Populations Served*

Demographics

- ☐ Adults
- ☐ Children
- ☐ Men
- ☐ Seniors
- ☐ Teens
- ☐ Women

Geographic Type

- ☐ International
- ☐ Medical Underserved Areas/Populations
- ☐ Rural
- ☐ Suburban
- ☐ Urban

Issues and Interests

- ☐ All of Us
- ☐ Behavioral/Social Determinants of Health
- ☐ HIV/AIDS
- ☐ LGBTQ
- ☐ Maternal Health
- ☐ NIH Helping to End Addiction Long-term (HEAL) Initiative
- ☐ Opioids
- ☐ Vaping

Race and Ethnicity

- ☐ African Americans or Black
- ☐ Alaska Natives
- ☐ American Indian
- ☐ Asian
- ☐ Latino or Hispanic
- ☐ Native Hawaiians
- ☐ Pacific Islanders

Participants' Roles*

- ☐ Community based organization staff
- ☐ Data resource or tool developer
- ☐ Data scientist
- ☐ Educator, college & post-grad
- ☐ Educator, K-12
- ☐ Emergency preparedness and response
- ☐ General public
- ☐ Health care provider
- ☐ Historian
- ☐ Journalist
- ☐ Library or information professional
- ☐ Public health professional
- ☐ Publisher
- ☐ Researcher
- ☐ Student, college & post-grad
- ☐ Student, K-12

Attachments

Gather all documents that will be attached to your application, including personnel CVs and resumes, letters of institutional commitment or support, and budget template (if applicable).

Acknowledgements

You are required to acknowledge the following statements before submitting an application:

- You will share the information gained with colleagues in your institution/RML, as required by the Request for Proposal.*
- You will submit regular, interim & final reports, as requested by the funding agency & stipulated in the Request for Proposal.*
- Any web-based resources developed for this project will ensure accessibility to the greatest possible number of people.*