

Principal Investigator/Program Director (last, First, Middle): \_\_\_\_\_

### CHECKLIST

**TYPE OF APPLICATION** (Check all that apply.)

NEW application. (This application is being submitted to the PHS for the first time.)

REVISION of application number: \_\_\_\_\_

(This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)

COMPETING CONTINUATION of grant number: \_\_\_\_\_

(This application is to extend a funded grant beyond its current project period.)

INVENTIONS AND PATENTS

(Competing continuation appl. and Phase II only)

No

Previously reported

SUPPLEMENT to grant number: \_\_\_\_\_

(This application is for additional funds to supplement a currently funded grant.)

Yes. If "Yes,"

Not previously reported

CHANGE of principal investigator/program director.

Name of former principal investigator/program director: \_\_\_\_\_

CHANGE of Grantee Institution. Name of former institution: \_\_\_\_\_

FOREIGN application

Domestic Grant with foreign involvement

List Country(ies)  
Involved: \_\_\_\_\_

SBIR Phase I

SBIR Phase II: SBIR Phase I Grant No. \_\_\_\_\_

SBIR Fast Track

STTR Phase I

STTR Phase II: STTR Phase I Grant No. \_\_\_\_\_

STTR Fast Track

**1. PROGRAM INCOME (See instructions.)**

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

**2. ASSURANCES/CERTIFICATIONS (See instructions.)**

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

- Human Subjects; •Research Using Human Embryonic Stem Cells
- Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals

- Debarment and Suspension; •Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying; •Non-Delinquency on Federal Debt; •Research Misconduct; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA Research, Including Human Gene Transfer Research; •Financial Conflict of Interest (except Phase I SBIR/STTR); •Smoke Free Workplace; •Prohibited Research; •Select Agents
- STTR ONLY: Certification of Research Institution Participation.

**3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS.** See specific instructions.

DHHS Agreement dated: \_\_\_\_\_

No Facilities And Administrative Costs Requested.

DHHS Agreement being negotiated with \_\_\_\_\_

Regional Office.

No DHHS Agreement, but rate established with \_\_\_\_\_

Date \_\_\_\_\_

CALCULATION\* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	= F&A costs \$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	= F&A costs \$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	= F&A costs \$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	= F&A costs \$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	= F&A costs \$ _____
			TOTAL F&A Costs \$ <span style="border: 2px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

\*Check appropriate box(es):

Salary and wages base

Modified total direct cost base

Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):