***National Institutes of Health/Office of Extramural Research***



***Submission Validation Service for single project and multi project applications***

***Version: 1.6***

***Date: March 16, 2015***

# Table of Contents

[Table of Contents 2](#_Toc412012886)

[Revision History 4](#_Toc412012887)

[Validations definitions 8](#_Toc412012888)

[Global Validations 11](#_Toc412012889)

[SF 424 (R&R) 21](#_Toc412012890)

[SF 424 (R&R) MP ((Use only for Multi-project) 44](#_Toc412012891)

[Project/Performance Site(s) 60](#_Toc412012892)

[Other Project Information 68](#_Toc412012893)

[Senior/Key Person Profile 78](#_Toc412012894)

[Cover Page Supplement 93](#_Toc412012895)

[Modular Budget 100](#_Toc412012896)

[R&R Budget(5Year) (Use only for Single-project) 107](#_Toc412012897)

[R&R Budget(10Year) (Use only for Single-project) 139](#_Toc412012898)

[R&R Budget (10Year) MP (Use only for Multi-project) 162](#_Toc412012899)

[PHS 398 Research Plan 184](#_Toc412012900)

[Career Developement Award Supplemental 189](#_Toc412012901)

[PHS 398 Training Program Plan 197](#_Toc412012902)

[PHS 398 Training Budget 202](#_Toc412012903)

[Cumulative Inclusion Enrollment Report 225](#_Toc412012904)

[Planned Enrollment Report 246](#_Toc412012905)

[PHS Additional Indirect Cost (Use only for Multi-project) 255](#_Toc412012906)

**—INSTRUCTIONS: PLEASE READ BEFORE COMPLETING THE DOCUMENT—**

**Template:**

This template is provided for a Use Case Specification within the NIH eRA Lifecycle Model (eRA’s instantiation of the Rational Unified Process - RUP). The main purpose of a Use Case Specification is to document the behavior of a system in a clear, concise, and understandable manner. A Use Case is an end-to-end interaction between one or more actors and a system that achieves a useful result for the actor(s).

**Key:**

**Hidden text** comments (such as these) are included to provide guidance to the author. It is not necessary to delete them before publishing the document.

**Text enclosed in angle brackets (< >)** is intended to be replaced before publishing the document.

**Microsoft Word Guidance:**

***Hidden Text:***

# Revision History

| Version Number | Revision Date | Author | Summary of Changes |
| --- | --- | --- | --- |
| 1.0 | 07/01/2014 | ERA Analyst (CF) | SPA requirements iteration 1:   * Rules categorization * PHS398 Modular Budget |
|  | 07/11/2014 | ERA Analyst (SV) | * Updated Validation Definitions * Added new Section for Shared Validations |
|  | 07/15/2014 | ERA Analyst (SV) | * Added SF424 Validations |
| 1.1 | 07/20/2014 | ERA Analyst (CF) | SPA requirements iteration 2:   * SF424 RR Cover * RR Budget 5 Yr. * Cover Page Supplement * Global Validations * Shared validations * Update to rules categorization |
|  | 7/23/2014 | ERA Analyst (CF) | * Added cross components (multi Project) rule category |
| 1.2 | 9/15/2014 | ERA Analyst (CF) | * SPA requirements January ER Iteration 1:   + Project/Performance Sites   + Snr/Key Person Profile   + Other Project Information * SVS Maintenance January ER Iteration 1:   + Other Project Information and Cover Page Supplement – multi-project cross components rules (CQERA00127096, CQERA00127731, CQERA00127732, CQERA00137119, CQERA00137121, CQERA00137124, CQERA00137125, CQERA00137127, CQERA00137133, CQERA00137134, CQERA00137135, CQERA00137136, CQERA00137138, CQERA00137142) |
| 1.2 | 9/21/2014 | ERA Analyst (CF) | * SPA requirements January ER Iteration 2:   + PHS398 Research Plan   + Planned Enrollment Report   + Cumulative Inclusion Enrollment Report   + PHS Additional Indirect Cost * Maintenance January ER Iteration 2:   + SF424 RR, Snr/Key Person, Cover Page Supp – Shared validation for suffix (CQERA00132209) |
|  | 9/24/2014 | ERA Analyst (CF) | January 2014 ER   * + Updated rules 021.1.2 and 021.1.3 with error messages texts |
|  | 10/06/2014 | ERA Analyst (CF) | Updated formatting: added comments column to be used for external communication |
|  | 10/08/2014 | ERA Analyst (CF) | January 2014 ER   * Modify existing rule 001.42.3 to include agencies |
|  | 10/16/2014 | ERA Analyst (CF) | January 2014 ER   * Corrected error severity from Error to Warning for rule 004.9.1 |
|  | 10/17/2014 | ERA Analyst (CF) | January 2014 ER   * Based on Stakeholders feedback, removed rule 016.1.1 form Cumulative Inclusion Report. |
|  | 10/20/2014 | ERA Analyst (CF) | January 2014 ER   * Based on Dev team discussion, removed rule 020.0.1 and updated rule 000.27 to include subaward. Also clarified logic for rule 020.40.1 and updated error message text. |
|  | 10/27/2014 | ERA Analyst (CF) | January 2014 ER   * Based on Dev team discussion, removed shared validations for suffix and instead if suffix is more than 5 chars it will be truncated before mapping is performed (CQERA00132209). * Corrected rule 005.49.2 to only apply to Multi Project |
|  | 11/06/2014 | ERA Analyst (CF) | January 2014 ER   * Based on Dev team discussion corrected initial PHS Additional Indirect Cost rule 021.1.2 to the SF 424 form instead and renumbered it to be 001.8.4 |
|  | 11/13/2014 | ERA Analyst (CF) | January 2014 ER   * Updated error message text for rule 020.40.1 (RR Budget 5yr.) |
|  | 11/18/2014 | ERA Analyst (CF) | January 2014 ER  Updated error messages text for rules 005.26.2 and 005.53.2on snr/key person profile form  Removed validations 005.26.1and 005.53.1on snr/key person profile form |
|  | 11/20/2014 | ERA Analyst (CF) | January 2014 ER  Updated error conditions for attachment validations 000.10 |
|  | 11/24/2014 | ERA Analyst (CF) | January 2014 ER  Updated error messages text for rules 005.31.2 and 005.48.3 on snr/key person profile form |
|  | 11/25/2014 | ERA Analyst (CF) | January 2014 ER  Added new attachment validation 000.26 in Global validations section |
|  | 12/02/2014 | ERA Analyst (CF) | January 2014 ER  Removed rule 010.8.1 as not needed with Forms C. |
|  | 12/03/2014 | ERA Analyst (CF) | January 2014 ER  Updated error message text for rules: 020.29.1, 020.49.1, 020.51.1, 020.58.1, 021.10.1, 021.11.1  Updated rule 001.6.3 (removed revision type of application) and rule 001.6.10 (added fed identifier format check for revision)  Updated global validation 000.20 to remove 50 char filename length |
|  | 12/08/2014 | ERA Analyst (CF) | January 2014 ER  Removed rule 010.3.1 (research strategy required as it is handled by the form schema) (CQERA00142118)  Added activity code exclusion to Other Project Information rule 004.21.2 (CQERA00142121)  Removed activity code exclusion and other agencies than NIH from Other Project Information rule 004.22.1 (CQERA00142123) |
|  | 01/05/2015 | ERA Analyst (CF) | BASELINE |
| 1.3 | 01/06/2015 | ERA Analyst (CF) | April 2015  Sprint 1  Added and categorized SF424 MP validations (moved from spreadsheet document)  Added R01 validations |
| 1.4 | 01/20/2015 | ERA Analyst (CF) | UTF8 February 2015  Removed global validation for special characters (CQERA00132504) |
| 1.5 | 01/25/2015 | ERA Analyst (CF) | April 2015  Sprint 2  Added U01 validations  Added and categorized Career Development activity codes (B-01359) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 01/28/2015 | ERA Analyst (CF) | April 2015  Sprint 3  Added RR budget 10Yr validations |
|  | 02/05/2015 | ERA Analyst (CF) | April 2015  Sprint 3  Corrected validation 013.24.1 to only apply to Single Project Applications |
|  | 02/09/2015 | ERA Analyst (CF) | April 2015  Sprint 3  Corrected RR budget 10Yr and RR budget 5Yr validations to be marked as shared |
| 1.6 | 02/18/2015 | ERA Analyst (CF) | Added PHS398 Training Budget and PHS398 Training Program Plan |
|  | 02/19/2015 | ERA Analyst (CF) | Changed 013.23.1 to apply to NIH only.  Added K99/R00 to all validations applying to K99. |
|  | 02/20/2015 | ERA Analyst (CF) | Updated error messages text for validations 002.27.1 and 002.29.1 on SF424 RR MP.  Renumbered RR Budget 10Yr rule from 020.53.2 to 022.62.2 |
|  | 2/25/2015 | ERA Analyst (CF) | Updated flag for 001.42.4 and 001.42.5 |
|  | 02/26/2015 | ERA Analyst (CF) | Clarified validation 020.10.1 and 022.10.1 |
|  | 03/02/2015 | ERA Analyst (CF) | Clarified error message for rule 013.9.2 |
|  | 03/03/2015 | ERA Analyst (CF) | Clarified global validations rules 000.27 and 000.28 to include RR Budget 10Yr. |
|  | 03/05/2015 | ERA Analyst (CF) | Added new Animal Insurance validation 004.10.2 |
|  | 03/06/2015 | ERA Analyst (CF) | Added 2 new Modular budget rules to require start (018.1.3) and end date (018.2.2) not handled by schema. |
|  | 03/10/2015 | ERA Analyst (CF) | Corrected error message for rule 004.3.2  Added RR 10 Yr MP budget rule 006.4.1 (multi-project only) |

# Validations definitions

Validations categories are not mutually exclusive (i.e., several categories can apply to a single validation). A validation can apply to multiple categories, such as a specific form version, an activity code and/or an FOA specific flag at the same time.

As an example, validation 018.3.2 agency   Provide error if this value for *any* budget year is > 50K  for R03 or budget year is >200K for R21 on the Modular budget applies to the following categories:

* Form version - V1.2
* Agency  - NIH
* FOA Specific flag - project\_cost\_exception\_flag  = Y
* Activity code – Include R03, R21

**Categories:**

1. **Form** **Version Validations –** Validations can vary by version level of an individual form within a form package and apply to the version listed in the document (e.g., SF424 RR Cover V1\_2 vs. SF424 RR Cover V2\_0).

Example:

* The Previous Grants.gov Tracking ID is required if the application is marked as ‘Changed/Corrected’ (001.95.1)

1. **Mandatory Validations** – Validations required for eRA systems to successfully process applications and map them to the eRA database (i.e., IMPAC II). Apply to NIH and all Agencies using eRA systems to process grant applications.   
     
   Examples:

* The FOA must exist in the eRA database (000.19)
* DUNS on SF424 R&R cover form must exist in the eRA database. (001.8.1)

1. **Agency** **Specific** **Validations** – Validations that are modifiable at the Agency level. Agency is determined by a parameter associated with the FOA. The Agency parameter will be exposed in the Submission Agency Data Service in a future enhancement.

Examples:

* Do not accept Pre-application as submission type (001.1.1)
* Do not accept changed/corrected application if the original application has been verified and not withdrawn (001.1.3)

1. **FOA Specific Validations** – Validations that are controlled at the opportunity level and triggered based on whether or not a specific flag (defined with the validation) is set for the FOA. The FOA Information Request in the Submission Agency Data Service (SADS) web service can be used to determine if the specific flag is set for an FOA.

Examples:

* Provide error if this value for *any* budget year is > 50K for R03 or budget year is >200K for R21 (018.3.2)
* Provide error if project period is more than two years long. (001.42.3)

1. **Activity Code Validations -** Validations that apply to a specific activity code (R01, T32…), a major activity code (F, K…), a program type code (SBIR, STTR) or a processing activity code (333, 777.)  
     
   Allowing validations to be controlled at the major activity code level facilitates logical groupings of activity codes. The ‘major activity code’ is the first character of the three-character activity code. For example, F31 and F32 share the major activity code of ‘F’. Validations that apply to the F major activity code would apply to all Fellowship applications’

Examples:

* Provide error if project period is more than two years long. (001.42.3)
* The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation. (020.0.2)

1. **Applies to Single Project, Multi Project or Both** - Validations that apply to Single Project applications, to Multi Project application, or both.

Examples:

* For a revision, if the parent grant budget is non-modular, only a detailed budget form may be submitted. (018.0.3)
* If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component (008.21.2)
* For a revision, the parent grant must be awarded. (001.6.10)

1. **Applies to component type** - Validations that apply to the ‘Overall Component’, an Other Component’ type or an FOA specific component label of a Multi Project application

Examples:

* For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement (001.6.6)
* If Human Subjects NIH-Defined Phase III Clinical Trial is true, Human Subjects Clinical Trial must be true (008.1.2)

1. **Cross Component validations:** Validations that cross component types such as Overall and Other Components for a Multi Project application.

Example:

* If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component (008.21.2**)**

1. **Global Validations:** Validations that apply to the whole of the application.

Examples:

* For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data. (000.4)
* The FOA does not exist in the database (000.19)

1. **Shared validations:** Validations for fields that are common to multiple forms and uses the same rule logic (e.g., Validations against the State field).

Examples:

* If country not US, State must be blank. (001.16.2)
* If country not US, State must be blank. (001.57.3)
* If country not US, State must be blank. (001.85.3)

# Global Validations

| **Category** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared  (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project only) | Cross Components  (Multi Project Only) |
| Global Validation | 000.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Both | Both |  | DUNS numbers: Validation to apply to all forms containing a DUNS number present in the package downloaded. If DUNS provided on any forms has any invalid characters (meaning other than 9 or 13 numbers) after stripping of dashes, provide error. | The DUNs number for <insert form name > is not in the valid format of DUNS or DUNS+4 number (DUNS should be 9 or 13 digits; no letters or special characters). | E |  |
| Global Validation | 000.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Multi | Both | Y | For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data. | The Application submitted contains more occurrences of <component type> than are allowed for this Funding Opportunity Announcement <FOA Number>. | E |  |
| Global Validation | 000.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Multi | Both | Y | For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data. | The Application submitted contains less occurrences of <component type> than are required for this Funding Opportunity Announcement <FOA Number>. | E |  |
| Global validation | 000.6 | Y | N |  |  |  |  | Both | Both |  | If the application schema does not match the opportunity schema, return Error | The format of the application does not match the format of the Funding Opportunity Announcement (FOA). Please contact the Help Desk for assistance. | E |  |
| Global validation | 000.7 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Multi | Both |  | For other components, provide error if the SubApplicationId does not follow the specific format of: 3 digit unique number (unique for the application) and the SubApplicationGroupId (component type) separated by a dash (i.e. 328-Core) | A problem with the format of your submission has been identified. Please notify your institution’s submission system support contact and provide them with the following information. The provided Component Identifier format <Component ID> in the SubApplicationID XML tag is invalid. SubApplicationIDs for all components except Overall must be formatted as follow: 3-digit number that must be unique within the application, followed by a dash and the component type which should match the corresponding SubApplicationGroupID (i.e. 328-Core, 654-Project). | E |  |
| Global validation | 000.14 | Y | N |  |  |  |  | Both | Both |  | If the application fails to process, return Error | The application encountered an unexpected error during application processing. Please contact the Help Desk for assistance. | E |  |
| Global validation | 000.18 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Both | Both |  | If the application is larger than 1.2GB, provide error | The application did not follow the agency specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting. | E |  |
| Global validation | 000.19 | Y | N |  |  |  |  | Both | Both |  | The FOA does not exist in the database | The Funding Opportunity Announcement number does not exist. | E |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Global validation | 000.27 | Y | N |  |  |  |  | Single |  |  | For Submission where the RR Budget 5Yr or the RR Budget 10Yr (Type project and/or Subaward/Consortium) and the Modular Budget are present, provide error. | Only one budget form should be included with your application. | E |  |
| Global validation | 000.28 | Y | N |  |  |  |  | Single |  |  | Require a submission of either a modular budget, RR Budget 5Yr or a RR Budget 10Yr (Type project) | You must include a budget with this application. | E |  |
| Attachment validation | 000.8 | Y | N |  |  |  |  | Both | Both |  | All attachments must be in PDF format | The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension. | E |  |
| Attachment validation | 000.9 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Both | Both |  | If an attachment is empty (0 bytes), the following error should be returned | The {0} attachment was empty. PDF attachments cannot be empty attachments. Please submit a changed/corrected application with the correct PDF attachment. | E |  |
| Attachment validation | 000.10 | Y | N |  |  |  |  | Both | Both |  | If PDF Attachment has the following issues:   * Meta data missing * Encrypted document * Password Protected document * Secured document * PDF Error   , the following error should be returned: | The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf\_guidelines.htm . | E |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Attachment validation | 000.13 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Both | Both |  | If attachment is larger than 8.5 x 11 inches (horizontally or vertically), provide error | Filename <file> cannot be larger than U.S. standard Letter paper size of 8.5 x 11 inches. Please see our PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf\_guidelines.htm for additional information. | E |  |
| Attachment Validations | 000.17 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA |  |  |  | Both | Both |  | If attachment is larger than 35MB, provide error | The {0} attachment did not follow the agency specific size limit of 35MB per attachment. Please resize the attachment(s) to be no larger than 35 MB before submitting your application. | E |  |
| Attachment Validations | 000.20 | Y | N |  |  |  |  | Both | Both |  | Provide error if filename is not valid. Valid file names may only include the following UTF-8 characters: A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, period. | The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename. | E | Removed 50 Char filename length check |
| Attachment Validations | 000.21 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Multi | Both | Y | Provide error at the entire application level if a Biosketch attachment for the same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). Senior Key Person entries will be determined to be for the same person if: Senior Key Person Profile or PD/PI Profile Credentials match. | The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for Senior/Key Person(s): <Last name, First name> on components <component ID>: <Component Title>, <component ID>: <Component Title>..; <Last name, First name> on components <components ID>: <Component Title>, <component ID><Component Title>... | E |  |
| Attachment Validations | 000.22 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Multi | Both | Y | Provide warning at the entire application level if a Biosketch attachment for the potentially same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). The system will consider person to be potential matches if Credentials are not provided for both entries, then if Senior Key Person Profile or PD/PI Profile First Name and Last Name and Organization Name match. | The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for Senior/Key Person(s) with the same last name, first name, and organization name. Specifically: <Last name, First name>; on components <component ID>: <Component Title>, <component ID>: <Component Title>..; <Last name, First name> on components <components ID>: <Component Title>, <component ID><Component Title>... | E |  |
| Attachment Validations | 000.23 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Multi | Both | Y | Provide error if at the entire application level every unique senior key does not have at least one biosketch attachment included. A unique senior key entry is one that shares the same credential or the same first name, last name, and organization name. | The grantor agency requires a biosketch attachment for each Senior/Key Person for this application. The following Senior/Key Person do not have a biosketch attachment: <Last name, First name>; on component <component ID>: <Component Title> | E |  |
| Attachment Validations | 000.25 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Both | Both |  | Provide error if attachments file names are not unique within a form within a component. | The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names. | E |  |
| Attachment Validations | 000.26 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  |  | Both | Both |  | Provide error if any attachments filenames are missing | The file attached to <attachment label> on form <form name> does not have a specified filename. Please make sure all files submitted with your application have a distinct filename. | E |  |

# SF 424 (R&R)

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| SF 424 (R&R) | Type of Submission | 001.1.1 | N | N | Incl:  NIH | Incl:  V 2.0 |  | Exc: X02 | Both | Overall |  | Do not accept Pre-application as submission type | Pre-application is not an allowable ‘Type of Submission’ for this program. | E |  |
| SF 424 (R&R) | Type of Submission | 001.1.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Do not accept ‘Application’ submission type if there is an associated prior successful submission.(exclude Revision Type of application) | This application has been identified as a duplicate of a previous submission. The ‘Type of Submission’ should be set to Changed/Corrected if you are addressing errors/warnings. | E |  |
| SF 424 (R&R) | Type of Submission | 001.1.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Do not accept changed/  corrected application if the original application has been verified and not withdrawn | Your application has already been submitted for processing by NIH staff and can no longer be changed through the electronic submission process. | E |  |
| SF 424 (R&R) | Type of Submission (Pre-App, Changed App) | 001.1.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Single project |  |  | Do not accept changed/corrected application if the PI, DUNS, Project Title, and council round are a duplicate of another application and the opportunity ID is not the same as that of the other application. | This application has been identified as a duplicate of a previous submission to a different Funding Opportunity Announcement. Multiple, simultaneous reviews of an application are not allowed. | E |  |
| SF 424 (R&R) | Date Submitted | 001.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Applicant Identifier | 0001.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Date Received by State | 001.4.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | State Applications Identifier | 001.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Federal Identifier | 001.6.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If a resubmission, renewal or revision, this component is mandatory | A Federal Identifier is required for Resubmission, Revision and Renewal applications. Include only the Institute code and serial number of the prior grant number in the Federal Identifier field (e.g., use CA987654 extracted from full Grant number 1R01CA987654-A1). | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If a resubmission or renewal, the prior grant number must exist in the NIH system. Matching is performed only on IC and serial number | The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent assigned application/grant number. | E | Remove Revision type of application from validation. Moved to validation 006.6.10 |
| SF 424 (R&R) | Federal Identifier | 001.6.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If a resubmission, revision, or renewal components of grant number must be ‘parsable’, at least the IC and serial number must be included. Components are <application\_type> <mechanism> <institute> <serial number>-<support year><suffix code) | The format of the Federal Identifier is not valid. Please include only the IC and serial number of the prior grant number (e.g., use CA987654 extracted from full Grant number 1R01CA987654-A1). | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.5 | N | N | Incl: NIH, CDC, FDA, AHRQ  Excl:  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If PIChangeIndicator not set on Cover Page Supplement, provide error if Commons Account doesn’t match and last name of PI on prior grant doesn’t match last name for PI on current application. Ignore case, spaces, and punctuation on match. | The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier. If this application involves a change of PD/PI, please select the Change of PD/PI box on the PHS 398 Cover Page Supplement form. | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.6 | N | N | Incl: NIH, AHRQ | Incl:  V 2.0 |  |  | Both | Overall |  | For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement | A Resubmission application cannot be submitted until the Summary Statement for the previous application has been released by the agency. | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.7 | N | N | Incl:  NIH, AHRQ | Incl:  V 2.0 |  |  | Both | Overall |  | For a resubmission, the prior grant must not have been awarded, unless it has been identified as interim funding. | A Resubmission application cannot be submitted if a prior version in the same support year has been awarded. | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.8 | N | N | Incl: NIH, AHRQ | Incl:  V 2.0 |  |  | Both | Overall |  | For resubmission, if the prior grant suffix code=A1 , display a warning. Matching is performed only on IC and serial number ? | NIH and AHRQ policy only allows one resubmission. This application may be returned after internal processing if you have exceeded that limit. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html> | W |  |
| SF 424 (R&R) | Federal Identifier | 001.6.9 | N | N | Incl: NIH, AHRQ | Incl:  V 2.0 |  |  | Both | Overall |  | For resubmission, prior grant suffix code must not =’A2’ | This application has exceeded the number of resubmissions permitted and cannot be accepted. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html> | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.10 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | For a revision, the prior grant number must exist in the NIH system (Matching is performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant. | The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent awarded grant number. If the Federal Identifier is correct, the project period of the revision application must fall within the awarded project period of the parent grant. | E | Added formatting of identifier for revision to 001.6.10 and removed from 001.6.3.  Update to error message text. |
| SF 424 (R&R) | Federal Identifier | 001.6.12 | N | N | Incl: NIH, AHRQ | Incl:  V 2.0 |  |  | Both | Overall |  | For Resubmission, if the prior Grant suffix code = A0 or A1 and resubmission created date is more than 40 months from prior grant created date, provide Error | Resubmission applications must be submitted within 37 months of the previous submission. See: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-128.html>. | E |  |
| SF 424 (R&R) | Agency Routing Identifier | 001.7 | N |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Federal Identifier | 001.6.13 | N | N | Excl: NIH, AHRQ | Incl:  V 2.0 |  |  | Both | Overall |  | For a resubmission, if the prior grant suffix code=A1 or A2, display a warning | Some funding agencies limit the number of Resubmission applications that may be submitted. This application may be returned after internal processing if additional Resubmissions are not within policy. | W |  |
| SF 424 (R&R) | Federal Identifier | 001.6.14 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | For revision type of application, provide a warning if the application end date is greater than parent grant end date. | The entire proposed project period must be within the awarded parent grant project period | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.15 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  | Incl:  K02, K05, K24, K26,  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Provide error if Commons Account doesn’t match and last name of PI on prior grant doesn’t match last name for PI on current application. Ignore case, spaces, and punctuation on match. | The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier. | E |  |
| SF 424 (R&R) | Previous Grants.gov Tracking ID | 001.95.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Required if Type of Submission is a Changed/Corrected Application | The Previous Grants.gov Tracking ID is required if the application is marked as ‘Changed/Corrected’. | E |  |
| SF 424 (R&R) | Applicant Information, Organizational DUNS | 001.8.1 | Y | N |  | Incl:  V 2.0 |  |  | Both | Overall |  | Must match the primary DUNS recorded for IPF in Commons. Validate the leftmost 9 characters only, discarding any characters submitted in places 10-13. For comparison purposes, treat trailing zeroes after leftmost 9 characters as blanks. | The DUNS provided in the application does not match the DUNS in the eRA Commons Institution Profile. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons. | E |  |
| SF 424 (R&R) | Applicant Information, Organizational DUNS | 001.8.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | For a revision, provide a warning if it doesn’t represent the same organization as the parent grant, by matching the DUNS provided against the primary DUNS recorded for the organization. | The organization associated with the DUNS provided in the application does not match the organization associated with the grant identified by the Federal Identifier. Revision applications are typically submitted for the same organization as the parent grant. | W |  |
| SF 424 (R&R) | Applicant Information, Organizational DUNS | 001.8.3 | Y | N |  | Incl:  V 2.0 |  |  | Both | Overall |  | Provide error if the organization is marked as ‘closed’ in IMPAC II database grant by matching the DUNS provided against the primary DUNS recorded for the organization. | The organization associated with the DUNS provided is not active in eRA Commons. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons. | E |  |
| SF 424 (R&R) | Applicant Information, Organizational DUNS | 001.8.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall | Y | Provide warning if application contains at least one component lead at a different organization than the Overall Organization (based on the DUNS number) and the PHS Additional Indirect Costs form is not present in the Overall component. | If appropriate, you may use the PHS Additional Indirect Cost form to capture indirect costs for components led by other organizations. | W | New Rule |
| SF 424 (R&R) | Applicant Information, Legal Name | 001.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Applicant Information, Department | 001.10.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Applicant Information, Division | 001.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Applicant Information, Street 1 | 001.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Applicant Information, Street 2 | 001.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R | Applicant Information, City | 001.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R | Applicant Information, County/Parish | 001.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Applicant Information, State | 001.16.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Applicant Information, State | 001.16.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| SF 424 (R&R) | Applicant Information, Province | 001.17.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| SF 424 (R&R) | Applicant Information, Province | 001.17.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| SF 424 (R&R) | Applicant Information, Province | 001.17.3 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If Country is Canada and province name can’t be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| SF 424 (R&R) | Applicant Information, Country | 001.18.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA |  |  | Incl:  SC1, SC2, SC3, S10, S11, S21, S22, DP2, C06, UC6, G08, G20,  K02, K05, K24, K26,  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Provide an error if country is not US | The Applicant Organization for this application must be located in the US. | E |  |
| SF 424 (R&R) | Applicant Information, Zip Code | 001.19.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Applicant Information, Zip Code | 001.19.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Applicant Information, Zip Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Prefix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Middle Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Last Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Position/ Title |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Street 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Street 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, County/ Parish |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, State | 001.101.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Person to be Contacted, State | 001.101.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country is not US, the State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| SF 424 (R&R) | Person to be Contacted, Province | 001.102.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| SF 424 (R&R) | Person to be Contacted, Province | 001.102.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country is not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| SF 424 (R&R) | Person to be Contacted, Province | 001.102.3 | Y | Y |  | Incl:  V 2.0 |  |  |  | Overall |  | If Country is Canada and province name can’t be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| SF 424 (R&R) | Person to be Contacted, Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, ZIP Code | 001.104.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Person to be Contacted, ZIP Code | 001.104.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Person to be Contacted, Phone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, Fax Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Person to be Contacted, e-mail | 001.27.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If e-mail is not provided, display Warning | The e-mail address for the Person to Be Contacted was not included. The AOR email address also provided on the SF 424 RR cover page will be used instead. | W |  |
| SF 424 (R&R) | Person to be Contacted, e-mail | 001.27.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Must contain a ‘@’, with at least 1 and at most 64 chars preceding and following the ‘@’. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. | The submitted e-mail address for the Person to Be Contacted {0}, is invalid. The AOR email address also provided on the SF 424 RR cover page will be used instead. | W |  |
| SF 424 (R&R) | Employer Identification | 001.28.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If <13 characters, provide a warning if it is not either 9 characters or 12 characters (after dashes are removed). | The Employer Identification Number should be a length of 9 characters or 12 characters. The application will be accepted by the agency. | W |  |
| SF 424 (R&R) | Employer Identification |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Type of Applicant (other, woman owned, disadvantaged) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Type of Applicant (other, Specify) | 001.30.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Required if "Other" is selected as the Applicant Type. | Other "comment" is required if "Other" is selected as the Applicant Type. | E |  |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Must be either New, Revision, Resubmission, or Renewal | <Type of Application> provided i is invalid. The Type of Application must be New, Revision, Resubmission, or Renewal. | E |  |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  | Incl: SC2, S11, X01, R03, R21, R34, U34, C06, UC6, G08, G13, G20, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Renewal is not a valid type of application.  Also include Phase I SBIR/ STTR. (Based on program type code and Phase I is indicated on the SBIR/STTR form) | A renewal cannot be submitted for this application. | E |  |
| SF 424 (R&R) | Type of Application Revision Code description |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Type of Application Revision Code Other Explanation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Submitted to other agencies? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Submitted to other agencies? (Y/N) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Submitted to other agencies? Name of agencies | 001.36.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Required if Submitted to Other Agencies is 'Yes'. | The name of the Other Agency is required if the Submit to Other Agency selection is ‘Yes’. | E |  |
| SF 424 (R&R) | Name of Federal Agency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Catalog of Federal Domestic Assistance Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Descriptive Title | 001.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Proposed project start date | 001.41.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Must be later than current date | The Proposed Project Start Date) must be later than today's date. | E |  |
| SF 424 (R&R) | Proposed project ending date | 001.42.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Must be later than Project Start Date | The Proposed Project Ending must be later than the Proposed Project Start Date. | E |  |
| SF 424 (R&R) | Proposed project ending date | 001.42.2 | N | N | Incl:  NIH | Incl:  V 2.0 |  |  | Both | Overall |  | Must be no more than 20 years greater than today’s date. | The Proposed Project Ending Date cannot be more than 20 years in the future. | E |  |
| SF 424 (R&R) | Proposed project ending date | 001.42.3 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 2.0 | project\_period\_excep\_lt5y\_flag = N | Incl: R03, R21, R36 | Single Project |  |  | Provide error if project period is more than two years long. | The project period for this type of application is limited to two years. | E |  |
| SF 424 (R&R) | Proposed project ending date | 001.42.4 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 2.0 | project\_period\_excep\_flag = N | Incl: R01, R21/R33, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single Project |  |  | Provide error if project period is more than five years long. | The project period for this type of application is limited to five years. | E |  |
| SF 424 (R&R) | Proposed project ending date | 001.42.5 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 2.0 | project\_period\_excep\_flag = Y | Incl: R01, R21/R33, U01, RF1, UF1, | Single Project |  |  | Provide warning if project period is more than five years long. | Be sure that you have complied with the allowable project period limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review. | W |  |
| SF 424 (R&R) | Congressional districts of applicant | 001.43.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way.  Do not return error if ‘ALL’ is encountered.  When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The validation should not fire. | Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/ If the applicant organization is a foreign institution, refer to the application guide for instructions. | E |  |
| SF 424 (R&R) | PD/PI Contact Information, name (prefix,) | 001.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, name ( first name,) | 001.45.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If PD/PI name *and* Commons account provided (and Commons account is recognized), provide warning if last name and first name on account doesn’t match provided last name and first name. Comparison to ignore case and embedded spaces, but not embedded punctuation. | The name provided for the PD/PI, <First name last name does not match the name listed on the eRA Commons account: <First name last name>. The application image will display the name as submitted here. If the name listed in the eRA Commons is not current, please update it in the eRA Commons. Instructions on updating profile information are available at https://commons.era.nih.gov/commons-help/216.htm. | W |  |
| SF 424 (R&R) | PD/PI Contact Information, name (middle name) | 001.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, name (Last name) | 001.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, name (suffix) | 001.48.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, Position/Title | 001.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, Position/Title | 001.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, Organization Name | 001.50 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, Department | 001.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, Division | 001.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, Street 1 | 001.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, Street 2 | 001.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, City | 001.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, County/Parish | 001.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, state | 001.57.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| SF 424 (R&R | PD/PI Contact Information, state | 001.57.3 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| SF 424 (R&R | PD/PI Contact Information, province | 001.58.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If Country is Canada and province name can’t be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| SF 424 (R&R | PD/PI Contact Information, province | 001.58.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| SF 424 (R&R | PD/PI Contact Information, province | 001.58.3 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| SF 424 (R&R) | PD/PI Contact Information, country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, ZIP/Postal Code | 001.60.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | PD/PI Contact Information, ZIP/Postal Code | 001.60.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | PD/PI Contact Information, phone number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, fax number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | PD/PI Contact Information, email | 001.63.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Must contain a ‘@’, with at least 1 and at most 64 chars preceding and following the ‘@’. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. | The submitted e-mail address for the PD/PI {0}, is invalid. | E |  |
| SF 424 (R&R) | Total Federal Funds Requested | 001.64 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Total Federal and Non-Federal Funds | 001.65 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Estimated Program Income | 001.66 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Estimated Program Income | 001.67 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Subject to state executive order review? | 001.68 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | State executive order review date | 001.69.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Required if answer to ‘Subject to state executive order review’ is ‘Yes’ | A State executive order review date must be entered, if the answer to the ‘Subject to state executive order review’ is ‘Yes’. | E |  |
| SF 424 (R&R) | Agreement and certification | 001.70 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | SFLLL or Other Explanatory Documentation Attachment | 001.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative, prefix | 001.72.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Display warning if first or last name>30 chars, or if suffix>5 chars. | The Authorized Representative <element name> (SF 424 RR Cover page) exceeds the agency character limit. The application image will display the name as submitted; the agency will store the first <database length> characters in the eRA database. | W |  |
| SF 424 (R&R) | Authorized representative, first name | 001.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative, middle name | 001.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative, last name | 001.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative, suffix | 001.76.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative position/title | 001.77 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative organization | 001.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative department | 001.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative division | 001.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative street 1 | 001.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative street 2 | 001.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative city | 001.83 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative county/Parish | 001.84 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative state | 001.85.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Authorized representative state | 001.85.3 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country not US, state must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| SF 424 (R&R) | Authorized representative province | 001.86.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If Country is Canada and province name can’t be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| SF 424 (R&R) | Authorized representative province | 001.86.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| SF 424 (R&R) | Authorized representative province | 001.86.3 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| SF 424 (R&R) | Authorized representative country | 001.87 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative zip/postal code, | 001.88.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Authorized representative zip/postal code, | 001.88.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Overall |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) | Authorized representative phone number | 001.89 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative fax number | 001.90 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Authorized representative email | 001.91.3 | Y | N |  | Incl:  V 2.0 |  |  | Both | Overall |  | Must contain a ‘@’. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. | The submitted email address for the Authorized Representative {0}, is invalid. | E |  |
| SF 424 (R&R) | Authorized representative signature and date | 001.92 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Pre-application attachment | 001.93 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Cover Letter Attachment | 001.94.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Cover letter is required | A cover letter must be attached for this application. Please include the names of the referees for this application in the cover letter. | E |  |

# SF 424 (R&R) MP ((Use only for Multi-project)

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| SF 424 (R&R) MP | Type of Submission (Pre-App, Changed App) | 002.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Date Submitted | 002.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Applicant Identifier | 002.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Date Received by State | 002.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | State Applications Identifier | 002.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Federal Identifier | 002.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Agency Routing Identifier | 002.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Previous Grants.gov Tracking ID | 002.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Applicant Information, Organizational DUNS | 002.9.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | DUNS is required | The Component Organization DUNs number is required. | E |  |
| SF 424 (R&R) MP | Applicant Information, Legal Name | 002.10.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Organization Legal Name is required | The Component Organization's Legal Name is required. | E |  |
| SF 424 (R&R) MP | Applicant Information, Department | 002.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Applicant Information, Division | 002.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Applicant Information, Street 1 | 002.13.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Address line 1 is required | The Component Organization Street address must be provided. | E |  |
| SF 424 (R&R) MP | Applicant Information, Street 2 | 002.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Applicant Information, City | 002.15.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | City is required | The Component Organization City must be provided. | E |  |
| SF 424 (R&R) MP | Applicant Information, County/Parish | 002.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Applicant Information, State | 002.17.1 | Y | Y |  | Incl: V1.0 |  |  |  | Multi | Component | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| SF 424 (R&R) MP | Applicant Information, State | 002.17.2 | Y | Y |  | Incl: V1.0 |  |  |  | Multi | Component | If country is not US, the State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| SF 424 (R&R) MP | Applicant Information, Province | 002.18.1 | Y | Y |  | Incl: V1.0 |  |  |  | Multi | Component | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| SF 424 (R&R) MP | Applicant Information, Province | 002.18.2 | Y | Y |  | Incl: V1.0 |  |  |  | Multi | Component | If country is not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| SF 424 (R&R) MP | Applicant Information, Province | 002.18.3 | Y | Y |  | Incl: V1.0 |  |  |  | Multi | Component | If Country is Canada and province name can’t be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| SF 424 (R&R) MP | Applicant Information, Country | 002.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Country is required | The Component Organization Country is required. | E |  |
| SF 424 (R&R) MP | Applicant Information, Zip Code | 002.20.1 | Y | Y |  | Incl: V1.0 |  |  |  | Multi | Component | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) MP | Applicant Information, Zip Code | 002.20.2 | Y | Y |  | Incl: V1.0 |  |  |  | Multi | Component | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Prefix | 002.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, First Name | 002.22.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | First Name is required | The Component Person to be Contacted first name is required. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Middle Name | 002.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, Last Name | 002.24.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Last Name is required | The Component Person to be Contacted last name is required. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Suffix | 002.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, Position/ Title | 002.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, Street 1 | 002.27.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Address line 1 is required | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the first line of address is required.. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Street 2 | 002.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, City | 002.29.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | City is required | For < Person First, Last name or Organization name, or DUNS if Org name is not available>,City is required.. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, County/ Parish | 002.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, State | 002.31.1 | Y | Y |  | Incl: V1.0 |  |  | Multi | Component |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, State | 002.31.2 | Y | Y |  | Incl: V1.0 |  |  | Multi | Component |  | If country is not US, the State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Province | 002.32.1 | Y | Y |  | Incl: V1.0 |  |  | Multi | Component |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Province | 002.32.2 | Y | Y |  | Incl: V1.0 |  |  | Multi | Component |  | If country is not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Province | 002.32.3 | Y | Y |  | Incl: V1.0 |  |  | Multi | Component |  | If Country is Canada and province name can’t be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Country | 002.33.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Country is required | The Component Person to be contacted Country is required. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, ZIP Code | 002.34.1 | Y | Y |  | Incl: V1.0 |  |  | Multi | Component |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, ZIP Code | 002.34.2 | Y | Y |  | Incl: V1.0 |  |  | Multi | Component |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Phone Number | 002.35.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Phone Number is required | The Component Person to be contacted Phone number is required. | E |  |
| SF 424 (R&R) MP | Person to be Contacted, Fax Number | 002.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, e-mail | 002.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Person to be Contacted, e-mail | 002.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Employer Identification | 002.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Type of Applicant (other, woman owned, disadvantaged) | 002.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Type of Applicant (other, Specify) | 002.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Type of Application (New, Resub, Renewal, Contin, Revision) | 002.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Type of Application Revision Code description | 002.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Type of Application Revision Code Other Explanation | 002.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Submitted to other agencies? (Y/N) | 002.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Submitted to other agencies? Name of agencies | 002.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Name of Federal Agency | 002.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Catalog of Federal Domestic Assistance Number | 002.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Descriptive Title | 002.49.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Project Title is required. | The Component Project Title is required. | E |  |
| SF 424 (R&R) MP | Proposed project start date | 002.50.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Start date is required | The Component Proposed Project Start Date is required | E |  |
| SF 424 (R&R) MP | Proposed project start date | 002.50.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Must be later than current date | The Component Proposed Project Start Date must be later than today's date. | E |  |
| SF 424 (R&R) MP | Proposed project start date | 002.50.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component | Y | Must be equal or after the proposed start date of the Overall | The Component Proposed Project Start Date must be equal to or after the proposed start date of the Overall component. | E |  |
| SF 424 (R&R) MP | Proposed project ending date | 002.51.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | End date is required | The Component Proposed Project Ending Date is required. | E |  |
| SF 424 (R&R) MP | Proposed project ending date | 002.51.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Must be later than Project Start Date | The Component Proposed Project Ending Date must be later than the Proposed Project Start Date. | E |  |
| SF 424 (R&R) MP | Proposed project ending date | 002.51.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component |  | Must be no more than 20 years greater than today’s date. | The Component Proposed Project Ending Date cannot be more than 20 years in the future. | E |  |
| SF 424 (R&R) MP | Proposed project ending date | 002.51.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.0 |  |  | Multi | Component | Y | Must be equal or before the proposed ending date of the Overall | The Component Proposed Project End Date must be equal to or before the Proposed End Date of the Overall component. | E |  |
| SF 424 (R&R) MP | Congressional districts of applicant | 002.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, name (prefix,) | 002.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, name ( first name,) | 002.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, name (middle name) | 002.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, name (Last name) | 002.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, name (suffix) | 002.57 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, Position/Title | 002.58 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, Position/Title | 002.59 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, Organization Name | 002.60 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, Department | 002.61 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, Division | 002.62 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, Street 1 | 002.63 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, Street 2 | 002.64 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, City | 002.65 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, County/Parish | 002.66 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, state | 002.67 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, province | 002.68 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, country | 002.69 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, ZIP/Postal Code | 002.70 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, phone number | 002.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, fax number | 002.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | PD/PI Contact Information, email | 002.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Total Federal Funds Requested | 002.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Total Federal and Non-Federal Funds | 002.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Estimated Program Income | 002.76 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Subject to state executive order review? | 002.77 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | State executive order review date | 002.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Agreement and certification | 002.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | SFLLL or Other Explanatory Documentation Attachment | 002.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative, prefix | 002.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative, first name | 002.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative, middle name | 002.83 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative, last name | 002.84 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative, suffix | 002.85 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative position/title | 002.86 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative organization | 002.87 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative department | 002.88 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative division | 002.89 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative street 1 | 002.90 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative street 2 | 002.91 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative city | 002.92 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative county/Parish | 002.93 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative state | 002.94 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative province | 002.95 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative country | 002.96 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative zip/postal code, | 002.97 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative phone number | 002.98 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative fax number | 002.99 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative email | 002.100 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Authorized representative signature and date | 002.101 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Pre-application attachment | 002.102 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) MP | Cover Letter Attachment | 002.103 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Project/Performance Site(s)

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Project/ Performance Site (R&R) | I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization | 003.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Primary Location, Organization Name | 003.2.1 | N | N | Incl :  NIH | Incl:  V 2.0 |  |  | Both | Both |  | Primary Location Organization Name is required | The Organization Name for the Primary Location for <DUNS (if available)> is required. | E |  |
| Project/ Performance Site (R&R) | Primary Location, DUNS Number | 003.3.1 | N | N | Incl :  NIH | Incl:  V 2.0 |  |  | Both | Both |  | Primary Location DUNS is required | The DUNS Number for the Primary Location for <Organization name (if available)> is required. | E |  |
| Project/ Performance Site (R&R) | Primary Location, Street 1 | 003.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Primary Location, Street 2 | 003.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Primary Location, City | 003.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Primary Location, County/Parish | 003.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Primary Location, State | 003.8.1 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| Project/ Performance Site (R&R) | Primary Location, State | 003.8.2 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| Project/ Performance Site (R&R) | Primary Location, Province | 003.9.1 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | If Country is Canada and province name can’t be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| Project/ Performance Site (R&R) | Primary Location, Province | 003.9.2 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E | New rule |
| Project/ Performance Site (R&R) | Primary Location, Province | 003.9.3 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | New rule |
| Project/ Performance Site (R&R) | Primary Location, Zip code | 003.10.1 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| Project/ Performance Site (R&R) | Primary Location, Zip code | 003.10.2 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| Project/ Performance Site (R&R) | Primary Location, Country | 003.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Primary Location, Congressional District | 003.12.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl;  V2.0 |  |  | Both | Both |  | Required if Country is US. | For <Organization name or DUNS (if Org name not available)>, the Congressional District is required since country is United States. | E |  |
| Project/ Performance Site (R&R) | Primary Location, Congressional District | 003.12.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl;  V2.0 |  |  | Both | Both |  | Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered).  Before validating, pad out with a leading zero if less than 2 digits are extracted in this way.  Do not return error if ‘ALL’ is encountered.  When Other Country than US selected and no Congressional District is entered, then populate database with 00-000. The validation should not fire. | Congressional district <Congressional District> is invalid for <Organization name or DUNS (if Org name not available)>. To locate your district, visit http://www.house.gov/ If the applicant organization is a foreign institution, refer to the application guide for instructions. | E |  |
| Project/ Performance Site (R&R) | I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization. | 003.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location 1, Organization Name | 003.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location 1, DUNS Number | 003.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location 1, Street 1 | 003.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location x, Street 2 | 003.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location 1, City | 003.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location 1, County/Parish | 003.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location x, State | 003.20.1 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| Project/ Performance Site (R&R) | Location x, State | 003.20.2 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| Project/ Performance Site (R&R) | Location x, Province | 003.21.1 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | If Country is Canada and province name can’t be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| Project/ Performance Site (R&R) | Location x, Province | 003.21.2 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| Project/ Performance Site (R&R) | Location x, Province | 003.21.3 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| Project/ Performance Site (R&R) | Location x, Zip code | 003.22.1 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| Project/ Performance Site (R&R) | Location x, Zip code | 003.22.2 | Y | Y |  | Incl;  V2.0 |  |  | Both | Both |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| Project/ Performance Site (R&R) | Location x, Country | 003.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Location 1, Congressional District | 003.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project/ Performance Site (R&R) | Additional Location(s) | 003.25.1 | N | N | Incl:  NIH | Incl;  V2.0 |  |  | Both | Both |  | Provide error if Additional Location(s) attachment is provided and less than 300 sites (including the primary) have been entered on the Project Performance Sites | An Additional Location(s) attachment may be submitted only if 300 sites (including the primary) have been entered on the Project Performance Sites. | E |  |

# Other Project Information

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | If Human Subjects Used Question is false, Exemption Number must not be specified. | When Human Subjects is “No”, Exemption Number must not be specified. | E |  |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | If Human Subjects Used Question is false, provide a warning if Assurance Number is specified. | When Human Subjects is “No”, Assurance Number may not be specified. | W |  |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | Must be true if Human Subjects Clinical Trial question is true on Cover Page Supp. | The ‘Human Subjects Involved’ question must be "Yes" if the Human Subjects Clinical Trial question on the PHS 398 Cover Page Supplement is “Yes”. | E |  |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | Provide Warning if Human Subject Involved is Yes and Is the Project Exempt from Federal Regulations is No and Is the IRB review Pending is Yes and Human Assurance Number is not provided. | The Human Subject Assurance Number may be requested later as part of the eRA Commons Just In Time (JIT) process. | W |  |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | If Human Subject Involved is Yes on any component of the application and the Overall Human Subject Involved is No, provide Error | If Human Subjects Involved is "Yes" on any component of the application, then "Yes" must be selected for the Overall component | E |  |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.6 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For New and Renewal applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Error | If Human Subjects Involved is "No" on all components of the application, then "No" must be selected for the Overall component | E |  |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.7 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For Revision and Resubmission applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Warning | Answering ‘Yes’ to Human Subjects on the Overall component and ‘No’ to Human Subjects on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve human subjects. | W |  |
| Research and Related Other Project Information | Project Exempt from Federal Regulations | 004.2.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | If Human Subjects Used Question is true, the Project Exempt from Federal Regulations question cannot be blank | If the answer to Human Subject Used is ‘Yes”, an answer to the Project Exempt from Federal Regulations must be provided. | E |  |
| Research and Related Other Project Information | Exemption number 1-6 | 004.3.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | If Project Exempt from Federal Regulations is True, the Exemption number cannot be blank. | If the answer to Project Exempt from Federal Regulations is ‘Yes’, an Exemption Number must be provided. | E |  |
| Research and Related Other Project Information | Exemption number 1-6 | 004.3.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For New and Renewal applications, if Overall Exemption number is 'E4' and all Components Human Subject is 'Yes' with no exemption number checked or an Exemption number not equal to ‘E4’, provide error. | When Overall Human Subject Exemption Code is E4, all other components must have Human Subject Exemption Code E4. | E |  |
| Research and Related Other Project Information | Exemption number 1-6 | 004.3.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For Revision and Resubmission applications, provide a warning if Overall Human Subject is Yes and Exception code is E4 and all Components with Human Subject is Yes and Exception code is different than E4 or not any are selected | Human Subjects exemption number 4 is typically not allowed on the Overall component unless exemption 4 is selected for all components that include Human Subjects. | W |  |
| Research and Related Other Project Information | IRB review pending? | 004.4.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | If IRB review pending? Is false, IRB approval date and Human subject assurance number cannot be blank. | If the answer to ‘IRB Review Pending’ question is ‘No’, the IRB Approval Date and Human Subject Assurance Number must be provided. | E |  |
| Research and Related Other Project Information | IRB approval date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | IRB approval date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Human subject assurance number | 004.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | If Vertebrate Animal Used is ‘Y’, then ONE of the following must be provided: Assurance Number + IACUC Approval Date OR Assurance Number + IACUC Approval Pending OR the word ‘None’ (case insensitive, don’t validate on punctuation) | When Vertebrate Animals is “Yes”, you must provide one of the following: (1) animal welfare assurance number + IACUC approval date, (2) animal welfare assurance number + an indication that IACUC approval is pending OR (3) the word ‘None’. | E |  |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | If Vertebrate animals used is Yes on any component of the application and the Overall Vertebrate animals used is No, provide Error | If Vertebrate animals used is "Yes" on any component of the application, then "Yes" must be selected for the Overall component | E |  |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For New and Renewal applications, If ‘vertebrate animal is answered No on all Other Components and Overall component is marked Yes, then provide error. | If Vertebrate animals used is "No" on all components of the application, then "No" must be selected for the Overall component | E |  |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For Revision and Resubmission applications, If Vertebrate Animals is No on all components of the application and if the Overall Vertebrate Animals is Yes, provide Warning | Answering ‘Yes’ to Vertebrate Animals on the Overall component and ‘No’ to Vertebrate Animals on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve vertebrate animals. | W |  |
| Research and Related Other Project Information | IACUC review pending? | 004.8.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | Provide a warning if Vertebrate Animals Used is ‘N’ and IACUC Approval Pending indicator is checked. | When Vertebrate Animals is “No” IACUC Approval Pending indicator does not apply. | W |  |
| Research and Related Other Project Information | IACUC approval date | 004.9.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | Provide a warning if Vertebrate Animals Used Question is false and approval date is provided | When Vertebrate Animals is “No” IACUC Approval Date does not apply. | W |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Animal Welfare Assurance Number | 004.10.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | Provide a warning if Vertebrate Animals Used Question is false and the Assurance number is provided. | When Vertebrate Animals is “No”, the Animal Welfare Assurance Number does not apply. | W |  |
| Research and Related Other Project Information | Animal Welfare Assurance Number | 004.10.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | Provide warning if Animal Assurance Number entered on the grant application does not match at least one of Animal Assurance Numbers recorded for the organization.  Animal Assurance Number that starts with ‘X’ shall not be validated.  Should be match using only digits by stripping dashes and should not be case sensitive. | Animal Assurance Number entered on your grant application does not correspond to a set of valid Assurance Numbers for your Organization. | W |  |
| Research and Related Other Project Information | Proprietary or privileged info? | 004.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Impact on environment? | 004.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Impact on environment, If yes, please explain | 004.13.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | An explanations is required if Environmental Impact Indicator is Yes | Explanation about the actual or potential impact on the environment is required if Impact on environment is Yes. | E |  |
| Research and Related Other Project Information | Environmental Exemption Indicator | 004.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Environmental Exemption Indicator, If yes, please explain | 004.15.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | An explanations is required if Environmental Exemption is Yes | Explanation about the environmental assessment (EA) or environmental impact statement (EIS) are required if  Environmental Exemption is Yes. | E |  |
| Research and Related Other Project Information | Performance Site a historic place? | 004.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Performance Site a historic place, If yes, please explain | 004.17.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | An explanation is required if Historic Designation is Yes | If you indicated that any performance site is designated, or eligible to be designated, as a historic place, provide an explanation. | E |  |
| Research and Related Other Project Information | Activities outside of US? | 004.18.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | Provide error if 'Activities Outside of US' on Component is Yes and 'Activities Outside of US' on Overall is No. | If 'This Project involve activities outside of US' is "Yes" on any component of the application, then "Yes" must be selected for the Overall component. | E |  |
| Research and Related Other Project Information | Activities outside of US? | 004.18.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For New and Renewal applications, If Activities Outside of US is No on all components of the application and the Overall Activities Outside of US is Yes, provide Error | If 'This Project involve activities outside of US' is "No" on all components of the application, then "No" must be selected for the Overall component. | E |  |
| Research and Related Other Project Information | Activities outside of US? | 004.18.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Multi | Overall | Y | For Revision and Resubmission applications, If Activities Outside the US is No on all components of the application and the Overall if Activities Outside the US is Yes, provide Warning | Answering ‘Yes’ to Activities Outside the US on the Overall component and ‘No’ on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that the Activities Outside the US. | W |  |
| Research and Related Other Project Information | Identify Countries | 004.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | A list of countries is required if Activities outside of US is Yes | Enter the countries with which international cooperative activities are involved. | E |  |
| Research and Related Other Project Information | Optional explanation | 004.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Project Summary/Abstract | 004.20.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | Attachment is required | The Project Summary/Abstract attachment is required. | E |  |
| Research and Related Other Project Information | Project Summary/Abstract | 004.20.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | Attachment is limited to one page | The Project Summary/Abstract is limited to 30 lines of text. | E |  |
| Research and Related Other Project Information | Project Narrative | 004.21.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Overall |  | Attachment is required | The Project Narrative attachment is required. | E |  |
| Research and Related Other Project Information | Project Narrative | 004.21.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  | Excl:  C06,  UC6,  G20 | Both | Both |  | Attachment is limited to one page | The Project Narrative attachment should not be longer than 2 or 3 sentences. | E |  |
| Research and Related Other Project Information | Bibliography and References Cited | 004.22.1 | N | N | Incl : NIH | Incl: V1.3 |  |  | Both | Both |  | Provide a warning if this attachment hasn’t been included. | In most cases, a Bibliography and References Cited attachment should be included. | W |  |
| Research and Related Other Project Information | Facilities and other resources | 004.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Equipment | 004.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Other Project Information | Other attachments | 004.25.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V1.3 |  |  | Both | Both |  | Limited to 100 attachments | You have submitted more than 100 Other attachments. There is a limit of 100 attachments allowed. | E |  |

# Senior/Key Person Profile

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Prefix | 005.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, First Name | 005.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Middle Name | 005.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Last Name | 005.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Suffix | 005.5.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Position/Title | 005.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Department | 005.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Organization Name | 005.8.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V2.0 |  |  | Both | Both |  | Organization name is required | The organization name for Key Person <Key Person First Name Last Name> must be provided. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Division | 005.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Street 1 | 005.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Street 2 | 005.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, City | 005.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, County/Parish | 005.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, State | 005.14.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, State | 005.14.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Province | 005.15.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | If Country is Canada and province name can’t be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Province | 005.15.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Province | 005.15.3 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Country | 005.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, ZIP/Postal Code | 005.17.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, ZIP/Postal Code | 005.17.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Phone Number | 005.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Fax Number | 005.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Email | 005.20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.1 | Y | N |  | Incl: V2.0 |  |  | Both | Overall |  | Credential is required for PD/PI role | The Commons Username must be provided in the PD/PI Credential field for the PD/PI <Last Name, First Name>. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.2 | Y | N |  | Incl: V2.0 |  |  | Both | Overall |  | If credential is specified, it must be a valid Commons account. | The Commons Username <Credential> provided in the PD/PI Credential field for <Last Name, First Name> is not a recognized Commons account. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.3 | Y | N |  | Incl: V2.0 |  |  | Both | Overall |  | For the PD/PI, this account must be affiliated with the organization (matching on the Org Primary DUNs) submitting the application and have the PI role | The Commons account provided in the Credential field for the PD/PI <Last Name, First Name> is not affiliated with the applicant organization. Check with your Commons Account Administrator to make sure you have been affiliated with the applicant organization. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Overall |  | For a revision, the PI should be assigned to the parent grant. If the person profile for this Commons account is not the same person profile assigned as the PI to the parent grant, and the last name of the PI assigned to the parent grant matches the last name that is submitted for the PI on the current application, provide the indicated warning. | The parent grant information provided in the SF424 RR Cover Federal Identifier is not associated with the PD/PI Commons account for <Last Name, First Name>. | W |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Overall |  | For a revision, the PI should be assigned to the parent grant. If neither the profile nor the last name match, provide the indicated warning. | The parent grant information provided in the SF424 RR Cover Federal Identifier is not associated with the PD/PI Commons account for <Last Name, First Name>. | W |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.6 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Overall |  | Provide a warning if there is both an SO and a PI role associated with the Commons account. | The Commons account for <Last Name, First Name> has both ‘SO’ and ‘PI’ roles. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please create a separate Commons account for the ‘SO’, and then delete the ‘SO’ role from the account included in the submission. | W |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.7 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Overall |  | Provide a warning if the role associated with the Commons account is an SO with any other role than PI. | The Commons account included for <Last Name, First Name> has an ‘SO’ role. Applications must be associated with a Commons account with a ‘PI’ role. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please add a ‘PI’ role to this account, create a separate ‘SO’ Commons account for the ‘SO’, and delete the ‘SO’ role from the original account. | W |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.8 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Multi | Component |  | Credential must be specified for component lead in PD/PI section regardless of the project role specified | A Commons account must be provided in the Credential field for <Last Name, First Name> listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, project role | 005.22.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Overall |  | If No PD/PI project role are selected give error | <Last Name, First Name> listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form must have the role PD/PI . | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, project role | 005.22.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Multi | Component |  | If PI role selected give Error | The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, other project role category | 005.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Degree Type | 005.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Degree Year | 005.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Biosketch | 005.26.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Overall |  | Provide Error if the Biosketch attachment is more than 5 pages | The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Biosketch | 005.26.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Single |  |  | Provide error if Biosketch attachment is not provided | The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Current & Pending Support | 005.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person *x*, Prefix | 005.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, First Name | 005.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Middle Name | 005.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Last Name | 005.31.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Both |  | If the name provided *and* credential provided (and Commons account is recognized), provide warning if last name *and* first name on account don’t match provided name. Comparison to ignore case and embedded spaces, but not embedded punctuation. | The name provided for Key Person <submitted first name last name> on the Senior/Key Person page does not match the eRA Commons account name (<Commons profile first name last name>) provided in the credential. The application image will display the name as submitted. | W |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Last Name | 005.31.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Both |  | Provide warning if more than one PD/PI profile or Senior/Key person with the same first, middle name and last name has been found within component. | More than one Senior/Key person with the same first and last name has been found within the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; ..  Senior/key individuals should be listed once on the Snr/Key Person Profile form. Duplicate entries should be removed. Please consider providing additional differentiating information (e.g., middle name, suffix) if the entries are not the same person. | W |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Position/Title | 005.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Department | 005.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Organization Name | 005.35.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl: V2.0 |  |  | Both | Both |  | Organization name is required | The organization name for Key Person <Key Person First Name Last Name> must be provided. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Division | 005.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Street 1 | 005.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Street 2 | 005.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, City | 005.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, County/Parish | 005.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, State | 005.41.1 | Y | Y |  | Incl: V2.0 |  |  | Both | Both |  | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, State | 005.41.2 | Y | Y |  | Incl: V2.0 |  |  | Both | Both |  | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Province | 005.42.1 | Y | Y |  | Incl: V2.0 |  |  | Both | Both |  | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Province | 005.42.2 | Y | Y |  | Incl: V2.0 |  |  | Both | Both |  | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Province | 005.42.3 | Y | Y |  | Incl: V2.0 |  |  | Both | Both |  | If Country is Canada and province name can’t be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Country | 005.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, ZIP/Postal Code | 005.44.1 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, ZIP/Postal Code | 005.44.2 | Y | Y |  | Incl:  V 2.0 |  |  | Both | Both |  | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Phone Number | 005.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | PDProfile, senior/ key person x, /PI Fax Number | 005.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Email | 005.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Credential must be specified if project role is ‘PD/PI’. | The eRA Commons Username has not been specified in the ‘Credential’ field on the Senior/Key Person page for PD/PI <First Name Last Name> | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | If credential is specified for a key person with a project role of PD/PI, the Commons account must have a PI role associated with it (may have other roles as well). | The Commons account provided for <Last Name, First Name> must have a ‘PI’ role since the PD/PI role is specified on the form. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Overall |  | Provide errors if matching Senior Key Person Profile or PD/PI Profile Credentials are entered on the same component. | The same Senior/key individual has been listed more than once on the Snr/Key Person Profile form. Senior/key individuals should be listed once on the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; .. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, project role | 005.49.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Both |  | Provide a warning if the ‘Co-PI’ role has been indicated | The role of Co-PD/PI, indicated for Senior/Key Person <First Name Last Name> on the Senior/Key Person page, is not used by NIH to designate multiple PD/PIs. For multiple Principal Investigators use the PD/PI role. | W |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, project role | 005.49.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Multi | Component |  | If PD/PI role selected give Error | The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, project role | 005.49.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  SC1, SC2, SC3, C06, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Provide an error if the project role is ‘PD/PI’. | Multiple PD/PIs cannot be included in this application. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, other project role category | 005.50.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Both |  | Accept "Other Project Role Category" only when "Project Role" is "Other" or "Other Professional" | For key person <First Name Last Name> on the Senior/Key Person page, an ‘Other Project Role Category’ was submitted for a project role of <project role>. This can be used only when Project Role is "Other" or "Other Professional". | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Degree Type | 005.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Degree Year | 005.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Biosketch | 005.53.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Both | Both |  | Provide Error if the Biosketch attachment is more than 5 pages | The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Biosketch | 005.53.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 2.0 |  |  | Single |  |  | Provide error if Biosketch is not provided | The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, Current & Pending Support | 005.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research and Related Senior/Key Person Profile (Expanded) | Additional Senior/Key Person Profile(s) | 005.55.1 | N | N | Incl : NIH | Incl:  V 2.0 |  |  | Both | Both |  | Provide error if Additional Senior/Key Person Profile(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile | An Additional Senior/Key Person Profile(s) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Additional Biographical Sketch(es) | 005.55.2 | N | N | Incl : NIH | Incl:  V 2.0 |  |  | Both | Both |  | Provide error if Additional Biographical Sketch(es) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile | An Additional Biographical Sketch(es) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Additional Current and Pending Support(s) | 005.55.3 | N | N | Incl : NIH | Incl:  V 2.0 |  |  | Both | Both |  | Provide error if Additional Current and Pending Support(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile | An Additional Current and Pending Support(s) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile. | E |  |

# Cover Page Supplement

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| PHS 398 Cover Page Supplement | PD/PI Information (prefix, first, middle, last, suffix) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Human Subjects Clinical Trial (Y/N) | 008.1.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | An answer is required if the answer to ‘Human Subjects Involved’ is "Yes" on the Other Project Information page. | The Human Subjects Clinical Trial question must be answered if the answer to ‘Human Subjects Involved’ on the Other Project Information page is "Yes". | E |  |
| PHS 398 Cover Page Supplement | Human Subjects Clinical Trial (Y/N) | 008.1.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | If Human Subjects NIH-Defined Phase III Clinical Trial is true, Human Subjects Clinical Trial must be true | The Human Subjects Clinical Trial question must be “Yes” if the answer to Human Subjects NIH-Defined Phase III Clinical Trial is “Yes. | E |  |
| PHS 398 Cover Page Supplement | Human Subjects Clinical Trial (Y/N) | 008.1.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Overall | Y | If Human Subjects Clinical Trial is Yes on any component of the application and the Overall if Human Subjects Clinical Trial is No, provide Error | The Human Subjects Clinical Trial question on the Overall Component must be marked as "Yes", in order for any Human Subjects Clinical Trial question in any component to be marked as "Yes". | E |  |
| PHS 398 Cover Page Supplement | Human Subjects Clinical Trial (Y/N) | 008.1.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Overall | Y | For New and Renewal applications, if Human Subjects Clinical Trial is No on all components of the application and Human Subjects Clinical Trial is Yes on the Overall, then provide Error. | The Human Subjects Clinical Trial question must be ‘No’ on the Overall component, if the Human Subjects Clinical Trial question is ‘No’ for all other components in the application. | E |  |
| PHS 398 Cover Page Supplement | Human Subjects Clinical Trial (Y/N) | 008.1.5 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Overall | Y | For Revision and Resubmission applications, If Clinical Trial is No on all components of the application and the Overall Clinical Trial is Yes, provide Warning | Answering ‘Yes’ to Clinical Trial on the Overall component and ‘No’ to Clinical Trial on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Clinical Trial. | W |  |
| PHS 398 Cover Page Supplement | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 008.2.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | An answer is required if the answer to ‘Human Subjects Clinical Trial’ is "Yes". | The Human Subjects NIH-Defined Phase III Clinical Trial question must be answered if the answer to the Human Subjects Clinical Trial question is "Yes". | E |  |
| PHS 398 Cover Page Supplement | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 008.2.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | If Human Subjects Clinical Trial is No, this cannot be equal to Yes. | The Human Subjects NIH-Defined Phase III Clinical Trial question must be “No” if the answer to the Human Subjects Clinical Trial question is “No” | E |  |
| PHS 398 Cover Page Supplement | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 008.2.3 | N |  | All Agencies |  |  |  | Multi | Overall | Y | If NIH-Defined Phase III Clinical Trial is Yes on any component of the application and the Overall if NIH-Defined Phase III Clinical Trial is No, provide Error | The NIH-Defined Phase III Clinical Trial question on the Overall component must be marked as "Yes", in order for any NIH-Defined Phase III Clinical Trial question in any other component to be marked as "Yes". | E |  |
| PHS 398 Cover Page Supplement | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 008.2.4 | N |  | All Agencies |  |  |  | Multi | Overall | Y | For New and Renewal applications, if NIH-Defined Phase III Clinical Trial is No on all components of the application and NIH-Defined Phase III Clinical Trial is Yes on the Overall, then provide Error | The NIH-Defined Phase III Clinical Trial question must be ‘No’ on the Overall component, if NIH-Defined Phase III Clinical Trial question is ‘No’ for all other components in the application. | E |  |
| PHS 398 Cover Page Supplement | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 008.2.5 | N |  | All Agencies |  |  |  | Multi | Overall | Y | For Revision and Resubmission applications, If NIH Defined Phase III clinical trial is No on all components of the application and the Overall NIH Defined Phase III clinical trial is Yes, provide Warning | Answering ‘Yes’ to Defined Phase III clinical trial on the Overall component and ‘No’ on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Defined Phase III clinical trial. |  |  |
| PHS 398 Cover Page Supplement | Disclosure Permission Statement | 008.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Program Income | 008.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Program Income, Budget Period 1-5 | 008.26.1 | N |  | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | If Program Anticipated question= N and Program Income data is provided, give error. | If the answer to Program Income Anticipated question is ‘No’, no program income details may be entered. | E |  |
| PHS 398 Cover Page Supplement | Program Income, Budget Period 1-5 | 008.26.2 | N |  | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall | Y | The number of program income budget periods must be less than or equal to the number of budgets provided in the budget form. | The Program Income Anticipated Amount has been provided for <x> budget periods. Only <y> periods of budgets were provided for this application. | E |  |
| PHS 398 Cover Page Supplement | Program Income, Sources 1-5 | 008.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Program Income, Anticipated Amount 1-5 | 008.26.4 | Y | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Must be less than 10,000,000,000 | The Program Income Anticipated Amount for budget period <budget period> exceeds the allowable amount for the agency. | E |  |
| PHS 398 Cover Page Supplement | Human Embryonic Stem Cells (HESC) Involved (Y/N) | 008.21.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | A response is required for Human Embryonic Stem Cells (HESC) Involved (Y/N) | A response of ‘Yes’ or ‘No’ is required to the Human Embryonic Stem Cells (HESC) Involved) question. | E |  |
| PHS 398 Cover Page Supplement | Human Embryonic Stem Cells (HESC) Involved (Y/N) | 008.21.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Overall | Y | If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component | The Human Embryonic Stem Cells (HESC) Involved on the Overall must be marked as "Yes", in order for any Human Embryonic Stem Cells (HESC) Involved in any component to be marked as "Yes". | E |  |
| PHS 398 Cover Page Supplement | Human Embryonic Stem Cells (HESC) Involved (Y/N) | 008.21.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Overall | Y | For New and Renewal applications, If Human Embryonic Stem Cells (HESC) Involved is No on all Other Components, then the answer must also be No on the Overall Component | Human Embryonic Stem Cells (HESC) Involved must be No on the Overall section of the application, if Human Embryonic Stem Cells (HESC) Involved is No for all other components of the application. | E |  |
| PHS 398 Cover Page Supplement | Human Embryonic Stem Cells (HESC) Involved (Y/N) | 008.21.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Overall | Y | For Revision and Resubmission applications, If Human Embryonic Stem Cells Involved is No on all components of the application and the Overall if Human Embryonic Stem Cells Involved is Yes, provide Warning | Answering ‘Yes’ to HESC Involved on the Overall component and ‘No’ to HESC Involved on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Human Embryonic Stem Cells. | W |  |
| PHS 398 Cover Page Supplement | HESC ‘can’t be referenced’ checkbox |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | If HESC involved=’Y’, must include ‘HESC Cell Lines’ or can’t be referenced’ checkbox must be checked | If the answer to ‘HESC involved’ is “Yes”, HESC Cell Lines must be included or the ‘Can’t be Referenced’ checkbox must be checked. | E |  |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | If HESC involved=’N’, can’t include ‘HESC Cell Lines’ or can’t be referenced’ checkbox must not be checked | If the answer to ‘HESC involved’ is “No”, HESC Cell Lines may not be included and the ‘Can’t be Referenced’ checkbox must not be checked. | E |  |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | If specific stem cell line is included, provide error if stem cell line is not in eRA database or is marked as invalid. Comparison should not be case-sensitive. | Stem cell line <cell line number> is invalid. The cell line must be an approved line on the NIH Registry: http://grants.nih.gov/stem\_cells/registry/current.htm | E |  |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | If ‘Can’t Be Referenced’ is checked, no cell lines may be entered. | If the ‘Can’t be Referenced’ checkbox is checked, no stem cell lines may be entered. | E |  |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.5 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | overall | Y | Specific stem cells lines in overall should reflect all stem cell lines included in the components. Provide error if cell lines are listed in other components but not in the overall component | Specific stem cells lines in the Overall component should reflect all stem cell lines included in the components. | E |  |
| Cover Page Supplement(NIH) | Inventions and Patents, Yes/No | 008.27.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Required if the type of application is either "Renewal". | The Inventions and Patents question must be answered if the Type of Application is "Renewal on the SF424 RR Cover". | E |  |
| PHS 398 Cover Page Supplement | Inventions and Patents, Previously Reported (Yes or No) | 008.28.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Must be answered if response to Inventions and Patents is ‘Yes’ | The Inventions and Patents Previously Reported question must be answered if the answer to Inventions and Patents is ‘Yes’. | E |  |
| PHS 398 Cover Page Supplement | Inventions and Patents, Previously Reported (Yes or No) | 008.28.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Should not be answered if response to Inventions and Patents is ‘No’ | The Inventions and Patents, Previously Reported question should not be answered if the answer to Inventions and Patents is ‘No’. | E |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Change of PI | 008.29.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Not accepted for revisions. | A revision may not be submitted if a Change of PD/PI has been indicated. Revisions must have the same PD/PI as the parent grant. | E |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Change of PI | 008.29.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Provide error if Change of PI indicator is selected. | A Change of PD/PI is not allowed for this application. | E |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Name of former PI, First Name | 008.31.1 | N |  | All Agencies |  |  |  | Both | Overall |  | First name must be included if application is for change of PI | The First Name of the former PD/PI is required if the 'Change of Principal Investigator / Program Director' indicator is checked. | E |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Name of former PI, Middle Name | 008.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Name of former PI, Last Name | 008.33.1 | N |  | All Agencies |  |  |  | Both | Overall |  | Last name must be included if application is for change of PI | The Last Name of the former PD/PI is required if the 'Change of Principal Investigator / Program Director' indicator is checked. | E |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Name of former PI, Suffix | 008.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Change of institution indicator | 008.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: name of former inst. | 008.37.1 | N |  | All Agencies |  |  |  | Both | Overall |  | The name of former institution is required if the answer to the "Change of Grantee Institution" question is "Yes". | The Name of the Former Institution is required if the 'Change of Grantee Institution' indicator is checked. | E |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Modular Budget

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared  (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project only) | | Cross Components  (Multi Project Only) |
| Modular Budget, Years 1-5 (NIH) |  | 018.0.2 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Do not accept a modular budget for an application where the applicant organization is foreign. | Applications from foreign organizations must use the R&R Budget form.. | E |  |
| Modular Budget, Years 1-5 (NIH) |  | 018.0.3 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | For a revision, if the parent grant budget is non-modular, only a detailed budget form may be submitted. | This application should be submitted with the same type of budget as the last competing segment. | W |  |
| Modular Budget, Years 1-5 (NIH) | Start Date | 018.1.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | For budget period 1, if entered, for new and resubmissions applications, must be the same as the Project Start Date listed on the SF 424 RR Face Page . | The modular budget start date for new and resubmission applications must be the same as the proposed project start date listed on the SF424 RR cover form. | W |  |
| Modular Budget, Years 1-5 (NIH) | Start Date | 018.1.2 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project | |  |  | For budget years after budget year 1, if entered, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR Face Page. | The start date for budget period <budget year> must be equal to or later than the proposed project start date listed on the SF 424 RR cover form. | W |  |
| Modular Budget, Years 1-5 (NIH) | Start Date | 018.1.3 | Y | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Start date is required | The start date for budget period <budget year> is required. | E |  |
| Modular Budget, Years 1-5 (NIH) | End Date | 018.2.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Budget period end date must be greater than budget period start date and less than or equal to project period end date. | The modular budget period dates must be within the proposed project period dates listed on the SF424 RR cover form. | E |  |
| Modular Budget, Years 1-5 (NIH) | End Date | 018.2.2 | Y | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | End date is required | The end date for budget period <budget year> is required. | E |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Direct Cost Less Consortium, F&A | 018.3.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be <= 250K, must be a multiple of 25K for each budget year | Modular budgets must be in $25K increments and cannot exceed $250K. | E |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Direct Cost Less Consortium, F&A | 018.3.2 | N | N | Incl:  NIH | Incl:  V 1.2 | project\_cost\_exception\_flag = N | Incl: R03, R21 | Single Project |  | |  | Provide error if this value for *any* budget year is >50K for R03 or budget year is >200K for R21 | Direct cost requests are limited to <direct cost limit> per period for this program. | E |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Consortium, F&A | 018.4.1 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Consortium F&A provided exceeds the allowable limit. | E |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Total Direct Costs | 018.5.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must equal sum of Direct Cost Less Consortium, F&A and Consortium, F&A for the corresponding budget year (if both are submitted). If only Direct Cost Less Consortium, F&A is submitted for that budget year, must equal that. | The ‘Total Direct Costs’ in budget period <budget year> must equal the ‘Direct Cost less Consortium F&A’ plus ‘Consortium F&A’. | E |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Total Direct Costs | 018.5.2 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Total Direct Costs provided exceeds the allowable limit. | E |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Indirect Cost Type | 018.6 |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Indirect Cost Rate 1-4 | 018.7.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Provide warning if greater than 0 and less than 1. | The Indirect Cost Rate must be represented as a percentage. (e.g., ’25.5’, not .255) | W |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Indirect Cost Base 1-4 | 018.8.1 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Indirect Cost Base provided exceeds the allowable limit. | E |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Funds Requested 1-4 | 018.9.1 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Funds Requested amount provided exceeds the allowable limit. | E |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Cognizant Agency | 018.10 |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs,  Indirect Cost Rate Agreement Date | 018.11 |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs,  Total Indirect Costs | 018.12.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must equal sum of Indirect Costs, Funds Requested 1-4 for the corresponding budget year, if any Indirect Costs were entered. | The ‘Total Indirect Costs’ in budget period <budget year> must equal the sum of ‘Funds Requested’ for all ‘Indirect Cost Types’. | E |  |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs,  Total Indirect Costs | 018.12.2 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Total Indirect Costs amount provided exceeds the allowable limit. | E |  |
| Modular Budget, Years 1-5 (NIH) | Total Direct and Indirect Costs, Funds Requested | 018.13.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be greater than 0 for first budget period. | For Modular Budget period 1, Total Direct and Indirect Costs must be greater than zero. | E |  |
| Modular Budget, Years 1-5 (NIH) | Total Direct and Indirect Costs, Funds Requested | 018.13.2 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be equal to the sum of Total Direct Costs and Total Indirect Costs for the corresponding budget period. | The ‘Total Direct and Indirect Costs (A+B)’ in budget period <budget year> must equal the sum of ‘Total Direct Costs’ and ‘Total Indirect Costs’. | E |  |
| Modular Budget, Years 1-5 (NIH) | Total Direct and Indirect Costs, Funds Requested | 018.13.3 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Total Direct and Indirect Costs (A+B) amount provided exceeds the allowable limit. | E |  |
| Modular Budget, Cumulative (NIH) | Total Direct Cost less Consortium F&A for Entire Project Period | 019.1.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be equal to the sum of all Total Direct Cost less Consortium F&A values for all budget years. | The cumulative ‘Total Direct Cost less Consortium F&A’ for Entire Project Period must equal the sum of ‘Total Direct Cost Less Consortium F&A’ values for all budget periods. | E |  |
| Modular Budget, Cumulative (NIH) | Total Direct Cost less Consortium F&A for Entire Project Period | 019.1.2 | N | N | Incl:  NIH | Incl:  V 1.2 | Project Costs Exception = N | Incl: R03 | Single Project |  | |  | Provide error if this value is >100K. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $100K for this program. | E |  |
| Modular Budget, Cumulative (NIH) | Total Direct Cost less Consortium F&A for Entire Project Period | 019.1.3 | N | N | Incl:  NIH | Incl:  V 1.2 | Project Costs Exception = N | Incl: R21 | Single Project |  | |  | Provide error if this value is >275K. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $275K for this program. | E |  |
| Modular Budget, Cumulative (NIH | Total Consortium F&A for Entire Project Period | 019.2.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be equal to the sum of all Consortium F&A values for all budget years. | The cumulative ‘Total Consortium F&A for Entire Project Period’ must equal the sum of ‘Consortium F&A’ values for all budget periods. | E |  |
| Modular Budget, Cumulative (NIH | Total Consortium F&A for Entire Project Period | 019.2.2 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Total Consortium F&A for Entire Project Period amount provided exceeds the allowable limit. | E |  |
| Modular Budget, Cumulative (NIH) | Total Costs, Total Direct Costs for Entire Project Period | 019.3.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be equal to the sum of Total Direct Costs for all budget years. | The cumulative ‘Total Direct Costs for the Entire Proposed Project Period’ must equal the sum of ‘Total Direct Costs’ values for all budget periods. | E |  |
| Modular Budget, Cumulative (NIH) | Total Costs, Total Direct Costs for Entire Project Period | 019.3.2 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | Total Direct Costs for Entire Project Period amount provided exceeds the allowable limit. | E |  |
| Modular Budget, Cumulative (NIH) | Total Costs, Total Indirect Costs for Entire Project Period | 019.4.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be equal to the sum of Total Indirect Costs for all budget years. | The cumulative ‘Total Indirect Costs Requested for Entire Project Period‘ must equal the sum of ‘Total Indirect Costs’ values for all budget periods. | E |  |
| Modular Budget, Cumulative (NIH) | Total Costs, Total Direct and Indirect Costs for Entire Project Period | 019.5.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be equal to the sum of all Total Direct and Indirect Costs values for all budget years. | The cumulative ‘Total Direct and Indirect Costs (A+B) for Entire Project ‘ must equal the sum of ‘Total Direct and Indirect Costs’ values for all budget periods. | E |  |
| Modular Budget, Cumulative (NIH) | Total Costs, Total Direct and Indirect Costs for Entire Project Period | 019.5.2 | Y | N |  | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be less than 10,000,000,000. | The Total Direct and Indirect Costs for Entire Project Period amount provided exceed the allowable limit. | E |  |
| Modular Budget, Cumulative (NIH) | Budget Justifications, Personnel Justification | 019.6.1 | N | N | Incl:  NIH | Incl:  V 1.2 |  |  | Single Project |  | |  | Provide a warning if this attachment hasn’t been included with a modular budget. | In most cases, a Personnel Justification attachment should be included. | W |  |
| Modular Budget, Cumulative (NIH) | Budget Justifications,  Consortium  Justification | 019.7 |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Modular Budget, Cumulative (NIH) | Budget Justifications,  Additional Narrative Justification | 019.8 |  |  |  |  |  |  |  |  | |  |  |  |  |  |

# R&R Budget(5Year) (Use only for Single-project)

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type | Cross Components  (Multi Project Only) |
|  |  |  |  |  |  |  |  |  |  |  |  | Unless specifically stated, all project budget validations also apply to the subaward budget. |  |  |  |
| Research & Related Budget 5YR, (R&R) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) |  | 020.0.2 | N | Y | Incl:  NIH | Incl:  V 1.3 |  | Incl:  R03, R21,  Exclude R21/R33 | Single |  |  | The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation. | Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form. | E |  |
| Research & Related Budget 5YR, (R&R) |  | 020.0.3 | N | Y | Incl:  NIH | Incl:  V 1.3 |  | Exclude: 333, 666, 777 | Single |  |  | For a revision, if the parent grant budget is modular, only a modular budget form may be submitted | This application should be submitted with the same type of budget as the last competing segment. | E |  |
| Research & Related Budget 5YR, (R&R) | Organizational DUNS | 020.1.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Budget marked as ‘Project’ must contain (left string match) the DUNS number for the component organization on the 424 RR | The budget marked as ‘Project’ must contain the DUNS number for the organization from the SF 424 RR Cover. | E |  |
| Research & Related Budget 5YR, (R&R) | Organizational DUNS | 020.1.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Budget marked as ‘Subaward’ cannot contain DUNS number for the component application organization on the 424 RR | The <Organization Name> subaward’ budget cannot contain the DUNS number provided on the SF 424 RR Cover. | E |  |
| Research & Related Budget 5YR, (R&R) | Name of organization | 020.2.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Name of Organization is required | The Organization name is required for <DUNS>. | E |  |
| Research & Related Budget 5YR, (R&R) | Budget type (project, subaward/consortium) | 020.3.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | There must be one and only one occurrence of budget with a value of ‘Project’ in the application. | Only one budget with a budget type of ‘Project’ may be submitted for the application. | E |  |
| Research & Related Budget 5YR, (R&R) | Start Date | 020.4.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | For budget year 1, for Budget Type ‘Project’, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR. | For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover. | W |  |
| Research & Related Budget 5YR, (R&R) | Start Date | 020.4.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR. | For <Organization name> budget for budget beriod < Budget Year>, the start date should the same or later than the proposed project start date listed on the SF 424 RR Cover. | W |  |
| Research & Related Budget 5YR, (R&R) | End Date | 020.5.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR Face Page | For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover. | E |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Prefix | 020.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, First Name | 020.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Middle Name | 020.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Last Name | 020.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Senior/Key Person Project Role | 020.10.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  | Exclude: STTR | Single |  |  | For Budget type project, the first senior/key person with Project Role of PD/PI must match last name and first name on the PD/PI on the SF424 Cover . | For <Organization Name>, the PD/PI name for budget period <budget year>) does not match the PD/PI name on the SF 424 RR Cover. | E |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person Project Role | 020.10.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  | Exclude: STTR | Single |  |  | For budgets type ‘Project’, there must be at least one record for the budget year with a project role of PD/PI. | For <Organization Name>, a Personnel entry with a project role of “PD/PI” is required for budget period <budget year>. | E |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Base Salary ($) | 020.11.1 | Y | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency. | E |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Cal. Months | 006.13 020.12.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR submissions), | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person\_months\_faqs.htm | E |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Acad. Months | 020.13.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | Provide warning if both academic and calendar months have been provided for a person for a budget year. | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer month’s columns. | W |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Sum. Months | 020.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person Requested salary | 020.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Fringe Benefits ($) | 020.16.1 | Y | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency. | E |  |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person Funds Requested | 020.17.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year. | For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits. | E |  |
| Research & Related Budget 5YR, (R&R) | Total funds requested for Senior Key Persons in attachment | 020.18.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Required if Additional Senior Key Persons Attachment is included. | For <Organization name> budget for Budget Period < Budget Year>, the ‘Total Funds requested for all Senior Key Persons in the attached file’ is required since an attachment is provided. | E |  |
| Research & Related Budget 5YR, (R&R) | Total Funds requested for all senior/key persons | 020.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Additional Senior Key Persons attachment | 020.20.1 | N | Y | NIH |  |  |  | Single |  |  | Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year. | For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used. | E |  |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Cal Months | 020.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Acad Months | 020.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Sum Months | 020.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Requested Salary | 020.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Fringe Benefits | 020.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Funds Requested | 020.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Total number other personnel | 020.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Total Funds Requested other personnel | 020.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Total salary, wages and fringe benefits | 020.29.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel | For <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested and Total Other Personnel Funds Requested. | E |  |
| Research & Related Budget 5YR, (R&R) | Equipment description, equipment item | 020.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Equipment description, x equip funds req. | 020.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Equipment description, total funds requested in attachment | 020.32.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Required if Additional Equipment Attachment is included. | For <Organization name> , for Budget Period < Budget Year>, the ‘Total Funds requested for all equipment listed in the attached file’ is required since an attachment is provided. | E |  |
| Research & Related Budget 5YR, (R&R) | Equipment description, total equipment | 020.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Additional equipment attachment | 020.24.1 | N | Y | Incl:  NIH | Incl:  V 1.3 |  |  | Single |  |  | Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period | For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used. | E |  |
| Research & Related Budget 5YR, (R&R) | Travel, domestic travel costs, funds req | 020.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Travel, foreign travel costs, funds req | 020.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Total travel cost, funds req | 020.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req | 020.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: stipends, funds req | 020.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: travel, funds req | 020.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: subsistence, funds req | 020.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: description of other | 020.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: other, funds req | 020.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: Number of Participants/Trainees | 020.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: Total Participant/Trainee Support Costs | 020.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs materials & supplies; Funds Req | 020.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs Publication Costs; Funds Req | 020.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs Consultant Services; Funds Req | 020.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs ADP/Computer Services; Funds Req | 020.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (Subawards/Consortium/Contractual Costs) | 020.40.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application | A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field. | W |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req | 020.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (Alterations and Renovations) | 020.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (8. other description 1) | 020.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (other1 funds requested) | 020.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (9. other description 2) | 020.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (other2 funds requested) | 020.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (10. other description 3) | 020.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (other3 funds requested) | 020.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs, Total Other Direct Costs | 020.49.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of other direct costs for the budget yea | For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories. | E |  |
| Research & Related Budget 5YR, (R&R) | Total Direct Costs (A-F) | 020.50 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Total Direct Costs (A-F) | 020.51.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs | For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F. | E |  |
| Research & Related Budget 5YR, (R&R) | Total Direct Costs (A-F) | 020.52.1 | N | Y | Incl :  NIH | Incl:  V 1.3 |  | Include: R03, R21, R01, U01, R34, U34 | Single |  |  | For Project Budget, provide warning if subtotal direct costs for *every* budget period is < = $250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type ‘subaward/consortium’. | An application with a direct cost request of $250K or less for each period should use the PHS 398 Modular Budget. | W | Update to rule to add activity codes inclusion |
| Budget, F-K, Year *x* (R&R) | Total Direct Costs (A-F) | 020.52.2 | N | Y | Incl:  NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Provide warning if Subtotal Direct Cost is more than 500 K for any budget period.  Exclude SBIR/STTR.  Exclude RFAs  Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type ‘subaward/consortium’. | Be sure that you have complied with the allowable Direct Cost limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review. | W |  |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, Indirect Cost Rate | 020.53.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | Provide warning if less than 1. | For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., ’25.5’, not ‘.255’). | W |  |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, Indirect Cost Rate | 020.53.2 | N | Y | Incl :  NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00,  K12, KM1, K30 | Single |  |  | If provided and not equal to 8, generate warning | For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8. | W |  |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, x Indirect Cost Base | 020.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, x Funds Requested | 020.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Total Indirect Costs | 020.56.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to funds requested for all indirect cost types | For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type. | E |  |
| Research & Related Budget 5YR, (R&R) | Total Indirect Costs | 020.57 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 5YR, (R&R) | Total Direct and Indirect Costs | 020.58.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Direct Costs and Total Indirect Costs | For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of individual direct and indirect costs. | E |  |
| Research & Related Budget 5YR, (R&R) | Fee | 020.59.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | A fee cannot be entered for a subaward/consortium budget. | For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for ‘Subaward/Consortium’ budgets. | E |  |
| Research & Related Budget 5YR, (R&R) | Budget Justification | 020.60 |  |  |  |  |  |  |  |  |  |  |  |  |  |

**R&R Budget(5Year) Cumulative**

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **ERA Comments** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Research & Related Cumulative Budget 5YR, (R&R) | Section A. Senior/Key Person, Totals ($) | 020.61 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section B. Other Personnel, Totals ($) | 020.62 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Total number other personnel | 020.63 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Total Salary, wages and fringe benefits (A+B), Totals ($) | 020.64 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section C. Equipment, Totals ($) | 020.65 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section D. Travel, Totals ($) | 020.66 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 1. Domestic, Totals ($) | 020.67 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 2. Foreign, Totals ($) | 020.68 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section E. Participant/Trainee Support Costs, Totals ($) | 020.69 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 1. Tuition/Fees/Health Insurance, Totals ($ | 020.70 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 2. Stipends, Totals ($) | 020.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 3. Travel, Totals ($) | 020.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 4. Subsistence, Totals ($) | 020.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 5. Other, Totals ($) | 020.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 6. Number of Participants/Trainees | 020.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section F. Other Direct Costs, Totals ($) | 020.76 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 1. Materials and Supplies | 020.77 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 2. Publication Costs | 020.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 3. Consultant Services | 020.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 4. ADP/Computer Services | 020.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 5. Subaward/Consortium/Contractual Costs | 020.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 6. Equipment or Facility Rental/Use Fees | 020.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 7. Alterations and Renovations | 020.83 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 8. Other1 | 020.84 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 9. Other2 | 020.85 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | 10. Other3 | 020.86 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A-F), total | 020.87 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A thru F) | 020.88.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Direct Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods. | E |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section H, Indirect Costs | 020.89.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods. | E |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section I, Total Direct and Indirect Costs | 020.90 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section I, Total Direct and Indirect Costs (G + H) | 020.91.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods. | E |  |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section J, Fee | 020.92 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# R&R Budget(10Year) (Use only for Single-project)

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type | Cross Components  (Multi Project Only) |
|  |  |  |  |  |  |  |  |  |  |  |  | Unless specifically stated, all project budget validations also apply to the subaward budget. |  |  |  |
| Research & Related Budget 10YR, (R&R) |  | 022.0.1 | N | Y | Incl:  NIH | Incl:  V 1.3 |  | Incl:  R03, R21,  Exclude R21/R33 | Single |  |  | The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation. | Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form. | E |  |
| Research & Related Budget 10YR, (R&R) |  | 022.0.2 | N | Y | Incl:  NIH | Incl:  V 1.3 |  | Exclude: 333, 666, 777 | Single |  |  | For a revision, if the parent grant budget is modular, only a modular budget form may be submitted | This application should be submitted with the same type of budget as the last competing segment. | E |  |
| Research & Related Budget 10YR, (R&R) | Organizational DUNS | 022.1.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Budget marked as ‘Project’ must contain (left string match) the DUNS number for the component organization on the 424 RR | The budget marked as ‘Project’ must contain the DUNS number for the organization from the SF 424 RR Cover. | E |  |
| Research & Related Budget 10YR, (R&R) | Organizational DUNS | 022.1.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Budget marked as ‘Subaward’ cannot contain DUNS number for the component application organization on the 424 RR | The <Organization Name> subaward’ budget cannot contain the DUNS number provided on the SF 424 RR Cover. | E |  |
| Research & Related Budget 10YR, (R&R) | Name of organization | 022.2.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Name of Organization is required | The Organization name is required for <DUNS>. | E |  |
| Research & Related Budget 10YR, (R&R) | Budget type (project, subaward/consortium) | 022.3.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | There must be one and only one occurrence of budget with a value of ‘Project’ in the application. | Only one budget with a budget type of ‘Project’ may be submitted for the application. | E |  |
| Research & Related Budget 10YR, (R&R) | Start Date | 022.4.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | For budget year 1, for Budget Type ‘Project’, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR. | For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover. | W |  |
| Research & Related Budget 10YR, (R&R) | Start Date | 022.4.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR. | For <Organization name> budget for budget beriod < Budget Year>, the start date should the same or later than the proposed project start date listed on the SF 424 RR Cover. | W |  |
| Research & Related Budget 10YR, (R&R) | End Date | 022.5.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR Face Page | For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover. | E |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Prefix | 022.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, First Name | 022.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Middle Name | 022.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Last Name | 022.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Senior/Key Person Project Role | 022.10.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  | Exclude: STTR | Single |  |  | For Budget type project, the first senior/key person with Project Role of PD/PI must match last name and first name on the PD/PI on the SF424 Cover | For <Organization Name>, the PD/PI name for budget period <budget year>) does not match the PD/PI name on the SF 424 RR Cover. | E |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person Project Role | 022.10.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  | Exclude: STTR | Single |  |  | For budgets type ‘Project’, there must be at least one record for the budget year with a project role of PD/PI. | For <Organization Name>, a Personnel entry with a project role of “PD/PI” is required for budget period <budget year>. | E |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Base Salary ($) | 022.11.1 | Y | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency. | E |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Cal. Months | 022.12.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR submissions), | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person\_months\_faqs.htm | E |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Acad. Months | 022.13.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | Provide warning if both academic and calendar months have been provided for a person for a budget year. | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer month’s columns. | W |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Sum. Months | 022.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person Requested salary | 022.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Fringe Benefits ($) | 022.16.1 | Y | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency. | E |  |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person Funds Requested | 022.17.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year. | For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits. | E |  |
| Research & Related Budget 10YR, (R&R) | Total funds requested for Senior Key Persons in attachment | 022.18.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Required if Additional Senior Key Persons Attachment is included. | For <Organization name> budget for Budget Period < Budget Year>, the ‘Total Funds requested for all Senior Key Persons in the attached file’ is required since an attachment is provided. | E |  |
| Research & Related Budget 10YR, (R&R) | Total Funds requested for all senior/key persons | 022.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Additional Senior Key Persons attachment | 022.20.1 | N | Y | NIH |  |  |  | Single |  |  | Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year. | For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used. | E |  |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Cal Months | 022.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Acad Months | 022.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Sum Months | 022.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Requested Salary | 022.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Fringe Benefits | 022.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Funds Requested | 022.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Total number other personnel | 022.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Total Funds Requested other personnel | 022.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Total salary, wages and fringe benefits | 022.29.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel | For <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested and Total Other Personnel Funds Requested. | E |  |
| Research & Related Budget 10YR, (R&R) | Equipment description, equipment item | 022.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Equipment description, x equip funds req. | 022.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Equipment description, total funds requested in attachment | 022.32.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Required if Additional Equipment Attachment is included. | For <Organization name> , for Budget Period < Budget Year>, the ‘Total Funds requested for all equipment listed in the attached file’ is required since an attachment is provided. | E |  |
| Research & Related Budget 10YR, (R&R) | Equipment description, total equipment | 022.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Additional equipment attachment | 022.34.1 | N | Y | Incl:  NIH | Incl:  V 1.3 |  |  | Single |  |  | Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period | For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used. | E |  |
| Research & Related Budget 10YR, (R&R) | Travel, domestic travel costs, funds req | 022.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Travel, foreign travel costs, funds req | 022.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Total travel cost, funds req | 022.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req | 022.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: stipends, funds req | 022.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: travel, funds req | 022.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: subsistence, funds req | 022.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: description of other | 022.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: other, funds req | 022.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: Number of Participants/Trainees | 022.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: Total Participant/Trainee Support Costs | 022.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs materials & supplies; Funds Req | 022.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs Publication Costs; Funds Req | 022.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs Consultant Services; Funds Req | 022.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs ADP/Computer Services; Funds Req | 022.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (Subawards/Consortium/Contractual Costs) | 022.50.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application | A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field. | W |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req | 022.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (Alterations and Renovations) | 022.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (8. other description 1) | 022.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (other1 funds requested) | 022.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (9. other description 2) | 022.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (other2 funds requested) | 022.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (10. other description 3) | 022.57 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (other3 funds requested) | 022.58 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs, Total Other Direct Costs | 022.59.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of other direct costs for the budget yea | For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories. | E |  |
| Research & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.60 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.61.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs | For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F. | E |  |
| Research & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.61.2 | N | Y | Incl :  NIH | Incl:  V 1.3 |  | Include: R03, R21, R01, U01, R34, U34 | Single |  |  | For Project Budget, provide warning if subtotal direct costs for *every* budget period is < = $250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type ‘subaward/consortium’. | An application with a direct cost request of $250K or less for each period should use the PHS 398 Modular Budget. | W | Update to rule to add activity codes inclusion |
| Research & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.61.3 | N | Y | Incl:  NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Provide warning if Subtotal Direct Cost is more than 500 K for any budget period.  Exclude SBIR/STTR.  Exclude RFAs  Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type ‘subaward/consortium’. | Be sure that you have complied with the allowable Direct Cost limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review. | W |  |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, Indirect Cost Rate | 022.62.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | SIngle |  |  | Provide warning if less than 1. | For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., ’25.5’, not ‘.255’). | W |  |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, Indirect Cost Rate | 022.62.2 | N | Y | Incl :  NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, KM1, K30 | Single |  |  | If provided and not equal to 8, generate warning | For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8. | W |  |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, x Indirect Cost Base | 022.63 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, x Funds Requested | 022.64 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Total Indirect Costs | 022.65.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to funds requested for all indirect cost types | For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type. | E |  |
| Research & Related Budget 10YR, (R&R) | Total Indirect Costs | 022.66 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) | Total Direct and Indirect Costs | 022.67.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Direct Costs and Total Indirect Costs | For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of individual direct and indirect costs. | E |  |
| Research & Related Budget 10YR, (R&R) | Fee | 022.68.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | A fee cannot be entered for a subaward/consortium budget. | For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for ‘Subaward/Consortium’ budgets. | E |  |
| Research & Related Budget 10YR, (R&R) | Budget Justification | 022.69 |  |  |  |  |  |  |  |  |  |  |  |  |  |

**R&R Budget(10Year) Cumulative**

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **ERA Comments** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Research & Related Cumulative Budget 10YR, (R&R) | Section A. Senior/Key Person, Totals ($) | 022.70 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section B. Other Personnel, Totals ($) | 022.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Total number other personnel | 022.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Total Salary, wages and fringe benefits (A+B), Totals ($) | 022.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section C. Equipment, Totals ($) | 022.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section D. Travel, Totals ($) | 022.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 1. Domestic, Totals ($) | 022.76 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 2. Foreign, Totals ($) | 022.77 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section E. Participant/Trainee Support Costs, Totals ($) | 022.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 1. Tuition/Fees/Health Insurance, Totals ($ | 022.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 2. Stipends, Totals ($) | 022.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 3. Travel, Totals ($) | 022.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 4. Subsistence, Totals ($) | 022.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 5. Other, Totals ($) | 022.83 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 6. Number of Participants/Trainees | 022.84 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section F. Other Direct Costs, Totals ($) | 022.85 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 1. Materials and Supplies | 022.86 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 2. Publication Costs | 022.87 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 3. Consultant Services | 022.88 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 4. ADP/Computer Services | 088.89 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 5. Subaward/Consortium/Contractual Costs | 022.90 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 6. Equipment or Facility Rental/Use Fees | 022.91 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 7. Alterations and Renovations | 022.92 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 8. Other1 | 022.93 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 9. Other2 | 022.94 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | 10. Other3 | 022.95 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section G, Direct Costs (A-F), total | 022.96 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section G, Direct Costs (A thru F) | 022.97.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Direct Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods. | E | [B-01457](https://www2.v1host.com/NIH-ERA/story.mvc/Summary?oidToken=Story%3A8514" \t "_blank) |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section H, Indirect Costs | 022.98.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods. | E | [B-01457](https://www2.v1host.com/NIH-ERA/story.mvc/Summary?oidToken=Story%3A8514" \t "_blank) |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section I, Total Direct and Indirect Costs | 022.99 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section I, Total Direct and Indirect Costs (G + H) | 022.100.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA | Incl:  V 1.3 |  |  | Single |  |  | Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods. | E | [B-01457](https://www2.v1host.com/NIH-ERA/story.mvc/Summary?oidToken=Story%3A8514" \t "_blank) |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section J, Fee | 022.101 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# R&R Budget (10Year) MP (Use only for Multi-project)

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type | Cross Components  (Multi Project Only) |
| Research & Related Budget 10YR, (R&R) MP | Organizational DUNS | 006.1.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | Y | Budget marked as ‘Project’ must contain DUNS number for the component organization on the 424 RR MP | The budget marked as ‘Project’ must contain the DUNS number for the component organization on the 424 RR Cover. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Organizational DUNS | 006.1.2 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | Y | Budget marked as ‘Subaward’ cannot contain (left string match) the DUNS number for the component application organization on the 424 RR MP | The <Organization Name> ‘Subaward’ budget cannot contain the DUNS number provided on the 424 RR Cover for the component. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Name of organization | 006.2.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Name of Organization is required | The Organization Name is required on the R&R Budget for <DUNS>. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Budget type (project, subaward/consortium) | 006.3.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | Y | There must be one and only one occurrence with a value of ‘Project’ per component. | Only one budget with a budget type of ‘Project’ may be submitted on the 424 RR Budget for each component. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Start Date | 006.4.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | Y | For budget year 1, for Budget Type ‘Project’, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR MP for a given component. | On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date listed on the Component SF 424 RR Cover page. | W |  |
| Research & Related Budget 10YR, (R&R) MP | Start Date | 006.4.2 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | Y | For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR MP for a given component. | On the <Organization name> budget for Budget Period < Budget Year>, the start date should equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page. | W |  |
| Research & Related Budget 10YR, (R&R) MP | End Date | 006.5.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | Y | Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR MP for a given component. | On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page. | E |  |
| Research & Related Budget 10YR, (R&R) MP | End Date | 006.5.2 |  |  |  | Incl:  V1.0 | Project\_Period\_Except flag= 'No' |  | Multi | Component | Y | End date of last budget period should not be later than 5 years after the start date of the first budget period if the Project\_Period\_Except flag is set to 'No' in rfa\_pa\_notices\_t. | The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Prefix | 006.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, First Name | 006.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Middle Name | 006.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Last Name | 006.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Suffix | 006.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Senior/Key Person Project Role | 006.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Base Salary ($) | 006.12.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Cannot be greater than 99,999,999.99. | On the <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Cal. Months | 006.13.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | a non-zero value for calendar months, academic months, *or* summer months is required for each senior/key person. | On the <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person\_months\_faqs.htm | E |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Acad. Months | 006.14.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Provide warning if both academic and calendar months have been provided for a person for a budget year. | On the <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer months. | W |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Sum. Months | 006.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person Requested salary | 006.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Fringe Benefits ($) | 006.17.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Cannot be greater than 99,999,999.99. | On the <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person Funds Requested | 006.18.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year. | On the <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Total funds requested for Senior Key Persons in attachment | 006.19.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Required if Additional Senior Key Persons Attachment is included. | On the <Organization name> budget for Budget Period < Budget Year>, the ‘Total Funds requested for all Senior Key Persons in the attached file’ is required since an attachment is provided. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Total Funds requested for all senior/key persons | 006.20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Additional Senior Key Persons attachment | 006.21.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Provide error if attachment is provided and less than 100 senior/key person have been entered for that budget period | On the <Organization name> budget for Budget Period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 100 Sr/Key Person entries are used. | E |  |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Number of Personnel | 006.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Cal Months | 006.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Acad Months | 006.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Sum Months | 006.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Requested Salary | 006.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Fringe Benefits | 006.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Funds Requested | 006.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Total number other personnel | 006.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Total Funds Requested other personnel | 006.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Total salary, wages and fringe benefits | 006.37.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel | On the <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested (Section A) and Total Other Personnel Funds Requested (Section B). | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Equipment description, equipment item | 006.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Equipment description, x equip funds req. | 006.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Equipment description, total funds requested in attachment | 006.40.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Required if Additional Equipment Attachment is included. | On the <Organization name> budget for Budget Period < Budget Year>, the ‘Total Funds requested for all equipment listed in the attached file’ is required since an attachment is provided. | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Equipment description, total equipment | 006.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Additional equipment attachment | 006.42.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Provide error if attachment is provided and less than 100 equipment items have been entered for that budget period | On the <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 100 Equipment item entries are used. | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Travel, domestic travel costs, funds req | 006.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Travel, foreign travel costs, funds req | 006.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Total travel cost, funds req | 006.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req | 006.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: stipends, funds req | 006.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: travel, funds req | 006.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: subsistence, funds req | 006.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: description of other | 006.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: other, funds req | 006.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: Number of Participants/Trainees | 006.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: Total Participant/Trainee Support Costs | 006.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs materials & supplies; Funds Req | 006.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs Publication Costs; Funds Req | 006.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs Consultant Services; Funds Req | 006.50 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs ADP/Computer Services; Funds Req | 006.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (Subawards/Consortium/Contractual Costs) | 006.58.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | provide warning for Project budget if all budget periods Consortium cost is Null or '0' and a subaward exists for the component | A Subaward/Consortium Budget form is included in the component. The total costs of all subawards submitted for this component should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field. | W | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req | 006.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (Alterations and Renovations) | 006.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (8. other description 1) | 006.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (other1 funds requested) | 006.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (9. other description 2) | 006.57 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (other2 funds requested) | 006.58 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (10. other description 3) | 006.59 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (other3 funds requested) | 006.60 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs, Total Other Direct Costs | 006.67.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to the sum of other direct costs for the budget year. | On the <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs (Section F-K) does not equal the sum of the individual Other Direct Cost categories. | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Total Direct Costs (A-F) | 006.69.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs | On the <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (Section G) does not equal the sum of individual direct costs in Sections A-F. | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, Indirect Cost Rate | 006.63 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, Indirect Cost Rate | 006.71.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Provide warning if less than 1. | On the <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., ’25.5’, not ‘.255’). | W | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, x Indirect Cost Base | 006.65 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, x Funds Requested | 006.66 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Total Indirect Costs | 006.74.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to funds requested for all indirect cost types | On the <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs (section F-K) does not equal the sum of individual indirect costs for each indirect cost type. | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, Cognizant Federal Agency | 006.68 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Budget 10YR, (R&R) MP | Total Direct and Indirect Costs | 006.76.2 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to the sum of Total Direct Costs and Total Indirect Costs | On the <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested (Section I) does not equal the sum of individual direct and indirect costs in Sections G-F. | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Fee | 006.77.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | A fee cannot be entered for a subaward/consortium budget. | On the <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for ‘Subaward/Consortium’ budgets. | E | Rule to be renumbered |
| Research & Related Budget 10YR, (R&R) MP | Budget Justification | 006.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |

**R&R Budget(10Year) MP Cumulative**

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **ERA Comments** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section A. Senior/Key Person, Totals ($) | 006.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section B. Other Personnel, Totals ($) | 006.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Total number other personnel | 006.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Total Salary, wages and fringe benefits (A+B), Totals ($) | 006.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section C. Equipment, Totals ($) | 006.76 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section D. Travel, Totals ($) | 006.77 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 1. Domestic, Totals ($) | 006.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 2. Foreign, Totals ($) | 006.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section E. Participant/Trainee Support Costs, Totals ($) | 006.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 1. Tuition/Fees/Health Insurance, Totals ($ | 006.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 2. Stipends, Totals ($) | 006.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 3. Travel, Totals ($) | 006.83 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 4. Subsistence, Totals ($) | 006.84 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 5. Other, Totals ($) | 006.85 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 6. Number of Participants/Trainees | 006.86 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section F. Other Direct Costs, Totals ($) | 006.87 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 1. Materials and Supplies | 006.88 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 2. Publication Costs | 006.89 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 3. Consultant Services | 006.90 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 4. ADP/Computer Services | 006.91 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 5. Subaward/Consortium/Contractual Costs | 006.92 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 6. Equipment or Facility Rental/Use Fees | 006.93 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 7. Alterations and Renovations | 006.94 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 8. Other1 | 006.95 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 9. Other2 | 006.96 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 10. Other3 | 006.97 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section G, Direct Costs (A thru F) | 006.105.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to the sum of Total Direct Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods. | E | Rule to be renumbered | Rule to be renumbered |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section H, Indirect Costs | 006.106.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to the sum of Total Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods. | E | Rule to be renumbered | Rule to be renumbered |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section I, Total Direct and Indirect Costs (G + H) | 006.107.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component | N | Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods. | E | Rule to be renumbered | Rule to be renumbered |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section J, Fee | 006.101 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# PHS 398 Research Plan

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | | **Comments** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Required for resubmission applications. | The Introduction attachment is required for resubmissions. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Required for revisions. | The Introduction attachment is required for revisions. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Must not be included for a new or renewal application. | The Introduction should not be attached for a new or renewal type of application. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  | Excl:  RM1,  UM1 | Both | Both | Y | Limited to 1 page for revisions. Exclude component type 'Complex Component' | The Introduction for revisions is limited to one page. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.5 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  | Excl:  RM1,  R25,  UM1 | Both | Both | Y | Limited to 1 page for resubmissions.  Exclude component type 'Complex Component' | The Introduction for resubmissions is limited to one page. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.6 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Component | Y | Give warning if not attached for revisions and Resubmissions type | The Introduction is usually required for revisions and resubmissions. | W | |  | |
| PHS Research Plan | Research Plan Attachments: Specific Aims | 010.2.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  | Excl:  DP1,  DP2 | Both | Both |  | Required attachment | The Specific Aims attachment is required. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Specific Aims | 010.2.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  | Excl:  RM1,  UM1 | Both | Both |  | Provide error if Specific Aims attachment is greater than 1 page.  Exclude component type 'Complex Component' | The Specific Aims is limited to 1 page for this application. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Multi | Both |  | Research Strategy Attachment must be less than or equal to (x) pages  (Determined from the FOA Attribute for both Overall and Component level validations.  If FOA Attribute is NULL do not run validation) | The Research Strategy is limited to (x) pages for this application. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 | Page\_Limit\_Exception\_flag = N | Incl:  R03, R13, U13, R21, R36, SC2, SC3, R41(STTR Phase I), R43 (SBIR Phase I)), U43, UT1 | Single |  |  | Research Strategy Attachment must be less than or equal to 6 pages. | The Research Strategy is limited to 6 pages for this application. | E | |  | |
| Research Plan (NIH) | Research Plan Attachments: Research Strategy | 010.3.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 | Page\_Limit\_Exception\_flag = N | Incl:  for R01, U01, R15, R18, R24, U18, U24, R33, R21/R33, R34, U34, DP3, G08, G11, G13, UH2/UH3, SC1, U44, UT2 | Single |  |  | Research Strategy Attachment must be less than or equal to 12 pages  Validation applies to:  STTR Phase II), SBIR Phase II and Fast-Track) | The Research Strategy is limited to 12 pages for this application. | E | |  | |
| Research Plan (NIH) | Research Plan Attachments: Research Strategy | 010.3.5 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 | Page\_Limit\_Exception\_flag = Y | Incl:  R01, U01, R15,R24 R18, U18, U24,R33, R21/R33, R34, U34, DP3, G08, G11, G13, UH2, UH2/UH3, SC1, U44, UT2 | Single |  |  | Research Strategy Attachment must be less than or equal to 30 pages Validation applies to:  STTR Phase II), SBIR Phase II and Fast-Track) | The Research Strategy is limited to 30 pages for this application. | E |  | |
| PHS Research Plan | Research Plan Attachments: Progress Report Publication List | 010.4 |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
| PHS Research Plan | Research Plan Attachments: Protection of Human Subjects | 010.6.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | Required, if Human Subjects is ‘yes’,on Other Project Information form within the same component | The Protection of Human Subjects attachment is required if the response to the Human Subjects question on the Other Project Information is ‘Yes’. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Inclusion of Women and Minorities | 010.7.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component | The Inclusion of Women and Minorities attachment is required if the response to the Human Subjects question on the Other Project Information is ‘Yes’ and the Exemption Number is not 4. | E | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
| PHS Research Plan | Research Plan Attachments: Inclusion of Children | 010.9.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Both |  | Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component | The Inclusion of Children attachment is required if the response to the Human Subjects question on the Other Project Information is ‘Yes’ and the Exemption Number is not 4. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Vertebrate Animals | 010.10.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  | Excl:  S10 | Both | Both |  | Required if Vertebrate Animals Used Question is Yes on Other Project Information form within the same component | The Vertebrate Animals attachment is required if the response to the Vertebrate/Animals Subject Used question on the Other Project Information is ‘Yes’ | E | |  | |
| PHS Research Plan | Research Plan Attachments: Select Agent Research | 010.11 | N | N |  | V 2.0 |  |  |  |  |  |  |  |  | |  | |
| PHS Research Plan | Research Plan Attachments: Multiple PI Leadership Plan | 010.12.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Required if multiple DP/ PIs are included with the submission | The Multiple PI Leadership Plan attachment on the PHS 398 Research Plan must be included if multiple PD/PIs have been included on the Senior/Key Person Profile. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Multiple PI Leadership Plan | 010.12.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 2.0 |  |  | Both | Overall |  | Return error if Leadership Plan is included and there is only one PD/PI identified with the submission | For multiple PD/PI applications, be sure to mark each PD/PI with a project role of PD/PI on the Senior/Key Person Profile. If not intending to submit a multiple PD/PI application, remove the Multiple PI Leadership Plan attachment. | E | |  | |
| PHS Research Plan | Research Plan Attachments: Consortium/Contractual Arrangements | 010.13 |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
| PHS Research Plan | Research Plan Attachments: Letters of Support | 010.14 |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
| PHS Research Plan | Research Plan Attachments: Resource Sharing Plan | 010.15 |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
| PHS Research Plan | Research Plan Attachments: Appendix | 010.16.1 | N | N | Incl:  NIH | V 2.0 |  |  | Both | Both |  | Limited to 10 appendixes | You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed. | E | |  | |

# Career Developement Award Supplemental

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| 0 | Career Dev. Award Attachments: Introduction | 013.1.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Required for resubmission applications. | The Introduction attachment is required for resubmissions. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Required for revision applications. | The Introduction attachment is required for revisions. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other | Y | Limited to 1 page for revisions. | The Introduction for revisions is limited to one page. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other | Y | Limited to 1 pages for resubmissions | The Introduction for resubmissions is limited to one page. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other | Y | Must not be included for new or renewal type of application | The Introduction should not be attached for a new or renewal type of application. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Background | 013.2.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Candidate’s Background attachment is required. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Background | 013.2.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Bother | Other |  | Provide warning if Candidate Information section attachments 2-4 and Research Strategy attachment together are greater than 12 pages and less than or equal to 15 pages | The Candidate Information and Research Strategy sections together are limited to 12 pages. This may span 15 pages due to page breaks | W |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Background | 013.2.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Provide error if Candidate Information section attachments 2-4 and Research Strategy attachment is greater than 15 pages. | The Candidate Information and Research Strategy sections together are limited to 12. This may span 15 pages due to page breaks | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Career Goals and Objectives | 013.3.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Career Goals and Objectives attachment is required. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Plan for Career Development/ Training Activities During Award Period | 013.4.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Candidate’s Plan for Career Development/ Training Activities During Award Period attachment is required. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Training in the Responsible Conduct of Research | 013.5.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Training in the Responsible Conduct of Research attachment is required. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Training in the Responsible Conduct of Research | 013.5.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Limited to 1 page | The Training in the Responsible Conduct of Research attachment is limited to 1 page. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Plan to Provide Mentoring | 013.6.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K05, K24 | Both | Other |  | Limited to 6 pages | The Candidate’s Plan to Provide Mentoring attachment is limited to 6 pages. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Plan to Provide Mentoring | 013.6.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Single |  |  | Provide error if attachment is provided | A Mentoring Plan should not be submitted for this application | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Plan to Provide Mentoring | 013.6.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K05, K24 | Single |  |  | Required attachment | The Candidate’s Plan to Provide Mentoring attachment is required on the PHS 398 Career Development Award Supplemental Form. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Plans and Statements of Mentor and Co-mentor(s) | 013.7.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Plans and Statements of Mentor and Co-mentor(s) attachment is required . | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Plans and Statements by Mentor, Co-Mentors, Contributors | 013.7.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Limited to 6 pages | The Statements by Mentor, Co-Mentors, Contributors attachment is limited to 6 pages. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Letters of Support from Collaborators, Contributors, and Consultants | 013.8.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Provide Warning if not included | The Letters of Support from Collaborators, Contributors, and Consultants attachment may be required for this application. Be sure to comply with the announcement and application guide instructions. | W |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Letters of Support from Collaborators, Contributors, and Consultants | 013.8.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Limited to 6 pages | Letters of Support from Collaborators, Contributors, and Consultants attachment is limited to 6 pages. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Description of Institutional Environment | 013.9.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Description of Institutional Environment attachment is required. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Description of Institutional Environment | 013.9.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Limited to 1 page | The Description of Institutional Environment attachment on the PHS 398 Career Development Award Supplemental Form is limited to 1 page. | W |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Institutional Commitment to Candidate’s Research Career Development | 013.10.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Institutional Commitment to Candidate’s Research Career Development attachment is required. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Institutional Commitment to Candidate’s Research Career Development | 013.10.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Limited to 1 page | The Institutional Commitment to Candidate’s Research Career Development attachment may be subject to a page limitation. Be sure to comply with announcement and application guide instructions. | W |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Specific Aims | 013.11.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required attachment | The Specific Aims attachment is required. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Specific Aims | 013.11.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Limited to 1 page | The Specific Aims is limited to 1 page. | E |  |
| Career Dev. Award (NIH) | Research Strategy | 013.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Progress Report | 013.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Protection of Human Subjects | 013.15.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required if Human Subjects is ‘yes’ on the Other Project Information’. | A Protection of Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information is ‘Yes’. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Inclusion of Women and Minorities | 013.16.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required if Human Subjects is true and Exemption is not E4 on the Other Project Information’. | The Inclusion of Women and Minorities Attachment must be included if the response to the Human Subjects question on the Other Project Information is ‘Yes’ and if the Exemption Number is not 4. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Inclusion of Children | 013.18.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required if Human Subjects is true and Exemption is not E4 on the Other Project Information’. | The Inclusion of Children Attachment must be if the response to the Human Subjects question on the Other Project Information is ‘Yes’ and if the Exemption Number is not 4. | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Vertebrate Animals | 013.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Required if Vertebrate Animals is ‘yes’ on the Other Project Information’. | A Vertebrate Animals attachment must be included if the response to the Vertebrate/Animals Subject Used Question on the Other Project Information is ‘Yes’ | E |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Select Agent Research |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Consortium/Contractual Arrangements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Resource Sharing Plan(s) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Appendix | 013.23.1 | N | N | Incl : NIH |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 | Both | Other |  | Limited to 10 appendixes | You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed. | E |  |
| Career Dev. Award (NIH) | Citizenship | 013.24.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25 | Single |  |  | Provide warning if ‘Non-U.S. Citizen with temporary U.S. visa’ is checked | You have selected a citizenship choice ‘Non-U.S. Citizen with temporary U.S. visa’. This is not a valid citizenship option for this application. | W |  |

# PHS 398 Training Program Plan

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| PHS 398 Research Training Program Plan | Introduction to Application (for REVISION or RESUBMISSION applications only) | 014.1.3 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Limited to 1 page for revisions. | The Introduction for a revision is limited to one page on the PHS 398 Research Training Program Plan. | E |  |
| PHS 398 Research Training Program Plan | Introduction to Application (for REVISION or RESUBMISSION applications only) | 014.1.4 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Limited to 3 pages for resubmissions. | The Introduction for a resubmission is limited to three pages on the PHS 398 Research Training Program Plan. | E |  |
| PHS 398 Research Training Program Plan | Introduction to Application (for REVISION or RESUBMISSION applications only) | 014.1.5 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Must not be included for a new or renewal type of application | An Introduction should not be included for new or renewal type of applications on the PHS 398 Research Training Program Plan. | E |  |
| PHS 398 Research Training Program Plan | Background | 014.2.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Required attachment | The Background attachment is required on the PHS 398 Research Training Program Plan. | E |  |
| PHS 398 Research Training Program Plan | Background | 014.2.2 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Provide warning if Research Plan Attachments 2-4 together are equal to x() pages (determined from the FOA Attribute) plus 2 pages (to account for whitespace) | The Research Training Program Plan attachments 2-4 are limited to x pages. | W |  |
| PHS 398 Research Training Program Plan | Background | 014.2.3 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Provide error if Research Plan Attachments 2-4 together together are are greater than x() pages (determined from the FOA Attribute) plus 3 pages (to account for whitespace) | The Research Training Program Plan attachments 2-4 are limited to x pages. | E |  |
| PHS 398 Research Training Program Plan | Program Plan | 014.3.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Required attachment | The Program Plan attachment is required on the PHS 398 Research Training Program Plan. | E |  |
| PHS 398 Research Training Program Plan | Recruitment and Retention Plan to Enhance Diversity | 014.4.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Required attachment | The Recruitment and Retention Plan to Enhance Diversity attachment is required on the PHS 398 Research Training Program Plan. | E |  |
| PHS 398 Research Training Program Plan | Plan for Instruction in the Responsible Conduct of Research | 014.5.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Required attachment | The Plan for Instruction in the Responsible Conduct of Research is required attachment on the PHS 398 Research Training Program Plan. | E |  |
| PHS 398 Research Training Program Plan | Plan for Instruction in the Responsible Conduct of Research | 014.5.2 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | If provided, limited to 3 pages | The Plan for Instruction in the Responsible Conduct of Research attachment on the PHS 398 Research Training Program Plan is limited to 3 pages. | E |  |
| PHS 398 Research Training Program Plan | Progress Report  *(for RENEWAL applications only)* | 014.6 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Human Subjects | 014.7.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Required if Human Subjects is ‘yes’ on the Other Project Info form within the same component | A Human Subjects attachment must be included on the PHS 398 Research Training Program Plan if the response to the Human Subjects question on the Other Project Information page is ‘Yes’. | E |  |
| PHS 398 Research Training Program Plan | Vertebrate Animals | 014.8.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Required Vertebrate Animals is true on Other Project Information form within the same component | A Vertebrate Animals attachment must be included on the PHS 398 Research Training Program Plan if the response to the Vertebrate/Animals Subject Used Question on the Other Project Information page is ‘Yes’ | E |  |
| PHS 398 Research Training Program Plan | Select Agent Research | 014.9 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Multiple PD/PI Leadership Plan (if applicable) | 014.10 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Consortium/Contractual Arrangements | 014.11 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Participating Faculty Biosketches | 014.12.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Warning if not included | The Participating Faculty Biosketches attachment on the PHS 398 Research Training Program Plan should be included for this application. | W |  |
| PHS 398 Research Training Program Plan | Data Tables | 014.13.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Warning if not included | The Data Tables attachment to the PHS 398 Training Program Plan may be required in whole or in part for this application. Check the announcement application guide for requirements. | W |  |
| PHS 398 Research Training Program Plan | Letters of Support | 014.15 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Appendix | 014.16.1 |  |  |  | Incl:  V2.0 |  |  | Multi | Component |  | Limited to 10 appendixes | You have submitted more than 10 appendices on the PHS 398 Training Program Plan. There is a limit of 10 appendix attachments allowed. | E |  |

# PHS 398 Training Budget

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| PHS 398 Training Budget | PHS 398 Training Budget, Period "x" |  |  |  |  |  |  |  |  |  |  | Unless specifically stated, all project budget validations also apply to the subaward budget. |  |  |  |
| PHS 398 Training Budget | Organizational DUNS: | 015.1.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | Only 'Project' Budget Type can contain the Organization DUNs of the component | The budget marked as ‘Project’ must contain the DUNS number for the component organization on the 424 RR Cover. | E |  |
| PHS 398 Training Budget | Organizational DUNS: | 015.1.2 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | Budget marked as ‘Subaward’ cannot contain DUNS number for the component application organization on the 424 RR MP | The budget marked as 'Subaward' cannot contain the DUNS number for the component organization on the 424 RR Cover. | E |  |
| PHS 398 Training Budget | Budget type (project) | 015.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | Budget type (subaward/consortium) | 015.3.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | There must be one and only one occurrence with a value of ‘Project’ per component. | Only one budget with a budget type of ‘Project’ may be submitted on the Training Budget for each component. | E |  |
| PHS 398 Training Budget | Name of organization | 015.4.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | When Budget is marked as 'Subaward", the Name of Organization is required | The Organization Name is required on the PHS398 Training Budget. | E |  |
| PHS 398 Training Budget | Start Date | 015.5.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | For budget year 1, for budget type Project, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the component SF 424 RR | For new applications and resubmissions, the start date for the first budget year on the PHS398 Training Budget page must be the same as the proposed project start date listed on the Component SF242 R&R. | W |  |
| PHS 398 Training Budget | Start Date | 015.5.2 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the component SF 424 RR | The start date for budget year <budget year> must be equal to or later than the proposed project start date listed on the Component SF242 R&R. <Organization Name> | W |  |
| PHS 398 Training Budget | End Date | 015.6.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the component SF 424 RR | The end date for budget year <budget year> must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF242 R&R.<Organization Name> | E |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Full Time | 015.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Short Term | 015.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Stipends Requested ($) | 015.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Tuition/Fees Requested ($) | 015.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Number per stipend level, first-year/soph. | 015.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Number per stipend level, junior/senior | 015.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Full Time | 015.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Short Term | 015.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Stipends Requested ($) | 015.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Tuition/Fees Requested ($) | 015.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Full Time | 015.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Short Term | 015.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Stipends Requested ($) | 015.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Tuition/Fees Requested ($) | 015.20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total Predoctoral: Full Time | 015.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | Number of Trainees, Predoctoral, Total Predoctoral: Short Term | 015.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total Predoctoral: Stipends Requested ($) | 015.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total Predoctoral: Tuition/Fees Requested ($) | 015.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking; Full Time | 015.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking; Short Term | 015.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of post-doctoral, Non-degree Seeking per stipend level (0-7) | 015.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking: Stipends Requested ($) | 015.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking: Tuition/Fees Requested ($) | 015.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking; Full Time | 015.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking; Short Term | 015.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of post-doctoral, Degree Seeking per stipend level (0-7) | 015.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking: Stipends Requested ($) | 015.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking: Tuition/Fees Requested ($) | 015.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral; Full Time | 015.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral; Short Term | 015.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesTotal Number of post-doctoral, per stipend level (0-7) | 015.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral, Degree Seeking: Stipends Requested ($) | 015.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral: Tuition/Fees Requested ($) | 015.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Other: Full Time | 015.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Other: Short Term | 015.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Other: Stipends Requested ($) | 015.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Other: Tuition/Fees Requested ($) | 015.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesTotal, Stipends Requested ($) | 015.44.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | Provide error  If number of undergrad full-time,  or number undergrad short term,  or total pre-doctoral full-time,  or total pre-doctoral short term,  or total post-doctoral full-time,  or total post-doctoral short term,  or number of other full-time,  or number of other short term,  is greater than 0 and total stipends requested total is not greater than 0 | If Number of Trainees information is provided on the PHS 398 Training Budget form then corresponding Stipends Requested information must also be included for budget period <budget period>. | E |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesTotal, Stipends Requested ($) | 015.44.2 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | Provide error  If total stipends requested is greater than 0 and number of undergrad full-time,  and number undergrad short term,  and total pre-doctoral full-time,  and total pre-doctoral short term,  and total post-doctoral full-time,  and total post-doctoral short term,  and number of other full-time,  and number of other short term,  is not greater than 0. | If Stipends Requested information is provided on the PHS 398 Training Budget form then corresponding Number of Trainees information must also be included for budget period <budget period>. | E |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesTotal, Tuition /Fees Requested ($) | 015.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesTotal Stipends + Tuition/ Fees Requested ($) | 015.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | B. Other Direct CostsTrainee Travel, Funds Requested ($) | 015.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | B. Other Direct CostsTraining Related Expenses, Funds Requested ($) | 015.48.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | Warning if Funds requested, training related expenses is not provided | The Funds Requested for Training Related Expenses should be provided with this application on the PHS398 Training Budget for budget period <budget period>. | W |  |
| PHS 398 Training Budget | B. Other Direct CostsTotal Direct Costs from R&R Budget Form (if applicable), Funds Requested ($) | 015.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | B. Other Direct CostsConsortium Training Costs (if applicable), Funds Requested ($) | 015.50.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | provide warning for Project budget if all budget periods Consortium cost is Null or '0' and a subaward exists for the component | A Subaward/Consortium Budget form is included in the component. The total costs of all subawards submitted for this component should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Consortium Training Costs field. | W |  |
| PHS 398 Training Budget | *B. Other Direct CostsTotal Other Direct Costs Requested, Funds Requested ($)* | 015.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | C. Total Direct Costs Requested (A + B) | 015.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Type 1 | 015.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Rate 1 (%) | 015.54.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | Provide warning if not 8 | The indirect Cost Rate (%) should be 8 for this application on the PHS398 Training Budget for budget period <budget period>. | W |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Base 1 | 015.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Funds Requested 1 ($) | 015.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Type 2 | 015.57 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Rate 2 (%) | 015.58 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Base 2 | 015.59 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Funds Requested 2 ($) | 015.60 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Total Indirect Costs Requested | 015.61 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | E. Total Direct and Indirect Costs Requested (C + D) | 015.62 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | F. Budget Justification | 015.63.1 |  |  |  | Incl:  V1.0 |  |  | Multi | Component |  | The budget justification attachment is required | The budget justification attachment is required. | E |  |

**PHS 398 Training Budget Cumulative**

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **ERA Comments** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesUndergraduate: Stipends Requested ($) | 015.64 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesUndergraduate: Tuition/Fees Requested ($) | 015.65 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPredoctoral: Single Degree, Stipends Requested ($) | 015.66 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPredoctoral: Single Degree, Tuition/Fees Requested ($) | 015.67 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPredoctoral: Dual Degree, Stipends Requested ($) | 015.68 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPredoctoral: Dual Degree, Tuition/Fees Requested ($) | 015.69 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPredoctoral: Total Predoctoral, Stipends Requested ($) | 015.70 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPredoctoral: Total Predoctoral, Tuition/Fees Requested ($) | 015.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPostdoctoral: Non- Degree Seeking, Stipends Requested ($) | 015.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPostdoctoral: Non- Degree Seeking, Tuition/Fees Requested ($) | 015.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPostdoctoral: Degree Seeking, Stipends Requested ($) | 015.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPostdoctoral: Degree Seeking, Tuition/Fees Requested ($) | 015.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPostdoctoral: Total Postdoctoral Stipends Requested ($) | 015.76 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesPostdoctoral: Total Postdoctoral , Tuition/Fees Requested ($) | 015.77 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesOther: Stipends Requested ($) | 015.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesOther: Tuition/Fees Requested ($) | 015.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesTotal, Stipends Requested | 015.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesTotal, Tuition And Fees Requested | 015.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/FeesTotal Stipends + Tuition/Fees Requested | 015.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Trainee Travel | 015.83 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Training Related Expenses | 015.84 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Total Direct Costs from R&R Budget Form (if applicable) | 015.85 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Consortium Training Costs (if applicable) | 015.86 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Total Other Direct Costs Requested | 015.87 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | C. Total Direct Costs Requested (A + B) | 015.88 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | D. Total Indirect Costs Requested | 015.89 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget, Cumulative Budget | E. Total Direct and Indirect Costs Requested (C + D) | 015.90 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Cumulative Inclusion Enrollment Report

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Cumulative Inclusion Enrollment Report | Study Title X of Y |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Study Title: | 016.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Comments: | 016.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female | 016.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male | 016.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female | 016.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Male | 016.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 16.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown/ Not Reported, Female | 016.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown/ Not Reported, Male | 016.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported | 016.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | **Racial Category: American Indian/ Alaska Native; Total** | 016.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian ; Ethnic Category: Not Hispanic or Latino, Female | 016.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male | 016.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female | 016.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Male | 016.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 016.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Unknown/ Not Reported, Female | 016.20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Unknown/ Not Reported, Male | 016.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported | 016.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cumulative Inclusion Enrollment Report** | **Racial Category: Asian; Total** | 016.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female | 016.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male | 016.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female | 016.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Male | 016.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 016.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknown/ Not Reported, Female | 016.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknown/ Not Reported, Male | 016.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported | 016.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | **Racial Category: Native Hawaiian or Other Pacific Islander; Total** | 016.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female | 016.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male | 016.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female | 016.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male | 016.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 016.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Unknown/ Not Reported, Female | 016.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Unknown/ Not Reported, Male | 016.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported | 016.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | **Racial Category: Black or African American; Total** | 016.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female | 016.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male | 016.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Female | 016.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Male | 016.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 016.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Unknown/ Not Reported, Female | 016.50 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Unknown/ Not Reported, Male | 016.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported | 016.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | **Racial Category: White; Total** | 016.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female | 016.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male | 016.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female | 016.57 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male | 016.58 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 016.59 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Unknow/ Not Reported, Female | 016.60 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Unknow/ Not Reported, Male | 016.61 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported | 016.62 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | **Racial Category: More than One Race; Total** | 016.63 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Female | 016.64 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Male | 016.65 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.66 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Female | 016.67 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Male | 016.68 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 016.69 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported, Female | 016.70 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported, Male | 016.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported | 016.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | **Racial Category: Unknown or Not Reported; Total** | 016.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Not Hispanic or Latino, Female; Total | 016.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Not Hispanic or Latino, Male; Total | 016.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Not Hispanic or Latino, Unknown/ Not Reported; Total | 016.76 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Hispanic or Latino, Female; Total | 016.77 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Hispanic or Latino, Male; Total | 016.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Hispanic or Latino, Unknown/ Not Reported; Total | 016.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Unknown/Not Reported Ethnicity, Female; Total | 016.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Unknown/Not Reported Ethnicity, Male; Total | 016.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | Ethnic Category; Unknown/Not Reported Ethnicity, Unknown/ Not Reported; Total | 016.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative Inclusion Enrollment Report | **Ethnic Category Total; Racial Category Total** | 016.83 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Planned Enrollment Report

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| Planned Enrollment Report | Study Title X of Y | 017.1.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Both | Component |  | Provide Warning if Planned Enrollment Report form is not part of the application when HS = Y and Exemption not E4 | Human Subjects are involved but no Planned Enrollment Report(s) for inclusion has been included. | W |  |
| Planned Enrollment Report | Study Title X of Y | 017.1.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Both | Component |  | Provide warning if Planned Enrollment Report is submitted with all zeros | Planned Enrollment Report(s) was submitted with no data. If not a Delayed Onset study, is planned enrollment data needed? | W |  |
| Planned Enrollment Report | Study Title: | 017.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Domestic/Foreign | 017.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Comments: | 017.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female | 017.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male | 017.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female | 017.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Male | 017.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Racial Category: American Indian/ Alaska Native; Total** | 017.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Asian ; Ethnic Category: Not Hispanic or Latino, Female | 017.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male | 017.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female | 017.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Male | 017.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Racial Category: Asian; Total** | 017.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female | 017.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male | 017.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female | 017.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Male | 017.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Racial Category: Native Hawaiian or Other Pacific Islander; Total** | 017.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female | 017.20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male | 017.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female | 017.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male | 017.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Racial Category: Black or African American; Total** | 017.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female | 017.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male | 017.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Female | 017.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Male | 017.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Racial Category: White; Total** | 017.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female | 017.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male | 017.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female | 017.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male | 017.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Racial Category: More than One Race; Total** | 017.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Ethnic Category; Not Hispanic or Latino, Female; Total** | 017.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Ethnic Category; Not Hispanic or Latino, Male; Total** | 017.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Ethnic Category; Hispanic or Latino, Female; Total** | 017.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Ethnic Category; Hispanic or Latino, Male; Total** | 017.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planned Enrollment Report | **Ethnic Category Total; Racial Category Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# PHS Additional Indirect Cost (Use only for Multi-project)

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA Specific | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies  to Com-  ponent Type  (Multi Project Only) | Cross Components  (Multi Project Only) |
| PHS Additional Indirect Costs | Organizational DUNS | 021.1.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall |  | DUNS is required | The Organization DUNS number is required. | E |  |
| PHS Additional Indirect Costs | Organizational DUNS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Additional Indirect Costs | Organizational DUNS | 021.1.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall | Y | Provide error if PHS Additional Indirect Costs form is present in the Overall component and all other components are lead at the overall organization (based on the DUNS number). | The PHS Additional Indirect Costs Form should not be included with the application, since the Organization is the same for the Overall and all components. | E |  |
| PHS Additional Indirect Costs | Name of Organization | 021.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Additional Indirect Costs | Budget Type: Project or Subaward/Consortium | 021.3.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall |  | Budget type must be marked as ‘Project’ | The budget type must be marked as ‘Project’. | E |  |
| PHS Additional Indirect Costs | Start Date | 021.4.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall |  | For budget year 1, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR. | On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date listed on the Component SF 424 RR Cover page. | E |  |
| PHS Additional Indirect Costs | Start Date | 021.4.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall |  | For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR. | On the <Organization name> budget for Budget Period < Budget Year>, the start date should equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page. | E |  |
| PHS Additional Indirect Costs | End Date | 021.5.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall |  | Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR. | On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page. | E |  |
| PHS Additional Indirect Costs | End Date | 021.5.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 | Period\_Except flag = 'No' |  | Multi | Overall |  | End date of last budget period should not be later than 5 years after the start date of the first budget period. | The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>. | E |  |
| PHS Additional Indirect Costs | Indirect Costs - Indirect Cost Type | 021.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Additional Indirect Costs | Indirect Costs - Indirect Cost Rate % | 021.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Additional Indirect Costs | Indirect Costs - Indirect Cost Base | 021.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Additional Indirect Costs | Indirect Costs - Funds Requested | 021.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Additional Indirect Costs | Indirect Costs - Total Indirect Costs | 021.10.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall |  | Must be equal to funds requested for all indirect cost types for each Budget period. | On the <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type. | E |  |
| PHS Additional Indirect Costs | Budget Justification | 021.10.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Additional Indirect Costs Cumulative | Indirect Costs | 021.11.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA | V 1.0 |  |  | Multi | Overall |  | Must be equal to funds requested for all indirect cost types for all budget periods. | On the <Organization name> budget, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type for all budget periods. | E |  |