National Institutes of Health/Office of Extramural Research



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

***Version: 1.32***

***Date: Feburary 20, 2019***

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**Template:**

This template is provided for a Use Case Specification within the NIH eRA Lifecycle Model (eRA’s instantiation of the R–tional 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).

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**Microsoft Word Guidance:**

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# 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, CQERA0137138, 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 updatedubaward0.27 to include ubaward. 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 |
|  | 02/25/2015 | 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) |
|  | 03/20/2015 | ERA Analyst (CF) | Corrected error message for rule 004.3.2 with new approved message |
|  | 03/23/2015 | ERA Analyst (CF) | Removed validation 000.17 to limit file size to 35MB. |
|  | 03/24/2015 | ERA Analyst (CF) | Clarification added to rule 008.2.4 and 008.2.5  Updated rule 004.4.1 to add a new condition (B-01686) |
|  | 03/27/2015 | ERA Analyst (CF) | Updated error message text for global validation 000.9 |
|  | 03/31/2015 | ERA Analyst (CF) | BASELINE |
| 1.7 | 03/31/2015 | ERA Analyst (CF) | Added RM1, UM1, R15 and UA5 validations (sprint 7 July 2015)  R15, UA5: B-01779, B-01821, B-01785, B-01786, B-01789, B-01790, B-01792  RM1, UM1: B-01781, B-01782, B-01784 |
|  | 04/07/2015 | ERA Analyst (CF) | Updated error message text for rule 004.10.2 (APRIL 2015) |
|  | 04/14/2015 | ERA Analyst (CF) | Added validations for activity codes: R18, U18, R25, R33, R21/R33, UH1/UH2, R34, U34, R36, R13, U13, UH2, –H3, RF1, UF1 (sprint 8 – July 2015) |
|  | 04/20/2015 | ERA Analyst (CF) | Removed all mention of SBIR/STTR from existing rules. SBIR/STTR validations will be implemented separately. |
|  | 04/24/2015 | ERA Analyst (CF) | Updated rule 014.5.1 (B-01733) for Sprint 8 – July 2015 |
|  | 04/27/2015 | ERA Analyst (CF) | Updated rule 017.1.1 to addactivity codes exclusions for Sprint 8 – July 2015 |
|  | 04/28/2015 | ERA Analyst (CF) | Added validations for single project Training grants for sprint 9 – July 2015 |
|  | 05/06/2015 | ERA Analyst (CF) | Added validation for complex component for component lead commons user id to be valid (005.21.9) – May 14th rapid release |
|  | 05/11/2015 | ERA Analyst (CF) | Updated error message texts to include budget period for Modular Budget validations: 018.1.1 , 018.3.1, 018.3.2, 018.3.3, 018.4.1, 018.5.2, 018.7.1, 018.8.1, 018.9.1, 018.12.2, 018.13.3 |
|  | 05/13/2015 | ERA Analyst (SV) | July 2015  Sprint 10  Added VA Validations |
|  | 05/15/2015 | ERA Analyst (CF) | July 2015  Sprint 10  Added DP7 Validations, corrected hyperlink for rule 001.45.1 |
|  | 05/19/2015 | ERA Analyst (CF) | July 2015  Sprint 10  Added Training Budget to global validation 000.28 |
|  | 05/20/2015 | ERA Analyst (CF) | July 2015  Sprint 10  Updated error message for rule 015.44.1 |
|  | 05/22/2015 | ERA Analyst (CF) | July 2015  Sprint 10  Updated VA rule 004.25.2 to remove revision.  Removed VA rule 004.25.3  Updated error message texts for rules 004.25.18, 004.25.19, 004.25.20, 004.25.21, 004.25.23, 004.25.24 |
|  | 05/25/2015 | ERA Analyst (CF) | July 2015  Sprint 11  Added UG3/UH3 and R61/R33t o 001.42.4 and 001.42.5 rules and 010.3.4 and 010.3.5 rules  Added T90/R90 to rules: 001.18.1, 001.42.9, 004.23.1, 008.25.1, 008.27.1, 008.36.1, 014.1.3, 014.1.4, 014.1.5, 014.2.1, 014.2.4, 014.2.5, 014.3.1, 014.4.1, 014.5.1, 014.5.2, 014.7.1, 014.8.1, 014.10.1, 014.10.2, 014.12.1, 014.13.1, 014.16.1 |
|  | 05/27/2015 | ERA Analyst (CF) | July 2015  Sprint 11  Added some SBIR/STTR rules (others to be completed with Sprint 12) |
|  | 06/09/2015 | ERA Analyst (CF) | July 2015  Sprint 12  Completed rest of SBIR/STTR rules  Updated error messages text for rules 001.6.2, 001.6.3, 001.6.4 |
|  | 06/13/2015 | ERA Analyst (CF) | July 2015  Sprint 12  Added SI2/R00 and R35 validations |
|  | 06/25/2015 | ERA Analyst (CF) | July 2015  Sprint 13  Updated error message text for rule 020.12.3 and 022.12.3 |
|  | 06/26/2015 | ERA Analyst (CF) | BASELINE July 2015 |
| 1.8 | 07/07/2015 | ERA Analyst (CF) | October 2015  Sprint 12  Sprint 14  Added Fellowship rules |
|  | 07/21/2015 | ERA Analyst (CF) | October 2015  Sprint 15  Added more Fellowship rules  Added DPs (DP1, DP2, DP3, DP4, DP5, UP5) rules  Added Resource Programs (G08, G11, G13) |
| 1.9 | 07/28/2015 | ERA Analyst (CF) | July update to Production  Remove inclusion of activity codes D43, D71 and U2R from rule 014.4.1 |
|  | 08/04/2015 | ERA Analyst (CF) | October 2015  Sprint 15  Removed F34, F35 (activity codes no longer in use) from all rules  Sprint 16  Completed Resource Programs (G08, G11, G13)  Removed KM1 (activity code no longer in use) from all rules  Add Non Research forms validations: SF424, SF424 B, SF424 D and SF-LLL validations |
|  | 08/12/2015 | ERA Analyst (CF) | ERA Analyst (CF)–October 2015  Sprint 17 – 18  Add Research Related Programs (S10, S21, S22, SC1, SC2, SC3)  Add New validation for Citizenship selection required on V2.1 of Career Dev Form  Remove VA Agency from all PHS398–forms  (Cover Page Supp–- all rules  Career Dev–- all rules  Fellowship – all–rules  Training Program – al– rules  Training Budget – all r–les  Planned Enrollment – all rules  Cumu–ative Inclusion Report – all rules  PHS Additional Indirect Costs – all rules)  Add SF424 C form validations to be used by NIH constructions grants (C06, UC6 and G20) or Non Research)  Add Non Research forms validations: SF-LLL Disclosure of Lobbying Activities, HHS Checklist and HHS Project Abstract Summary |
|  | 08/18/2015 | ERA Analyst (SV) | October 2015  Sprint 18  Added Non-Research forms validations: SF424A Budget Information – Non Construction Programs |
|  | 09/11/2015 | ERA Analyst (SV) | October 2015  Sprint 19  Added Activity code OT1 to existing validations |
|  | 10/12/2015 | ERA Analyst (SV) | BASELINE OCTOBER 2015 |
| 1.10 | 10/12/2015 | ERA Analyst (SV) | 2015 Rapid Release – October RR1  Sprint 21  Added SB1/UBI specific validations |
|  | 10/16/2015 | ERA Analyst (SV) | Corrected Typos in Non –Research rules. |
|  | 11/23/2015 | ERA Analyst (SV) | Updating Error Message text 020.52.2, 022.61.3 |
| 1.11 | 12/2/2015 | ERA Analyst (SV) | Added R50 Validations – December Release |
|  | 12/14/2015 | ERA Analyst (SV) | BASELINE |
| 1.12 | 12/14/2015 | ERA Analyst (SV) | Added OT2 validations - Janaury 2016 Release |
| 1.13 | 12/21/2015 | ERA Analyst (BM) | Added Forms D Validations – March 2016 Release (Research Plan)   * New Validations * 010.17.1 (Data Safety Monitoring Plan)   Added Forms D Validations – March 2016 Release (Research Training Program Plan)   * New Validations * 014.3.2 (Program Plan) * 014.17.1 (Plan for Instruction in Methods for Enhancing Reproducibility) * 014.18.1 (Data Safety Monitoring Plan) * Updates to Existing Validations * 014.2.1, 014.2.2, 014.2.3, 014.2.4, 014.2.5 (Background) * 014.4.1 (Recruitment and Retention Plan to Enhance Diversity) |
|  | 12/28/2015 | ERA Analyst (BM) | Added Forms D Validations – March 2016 Release (Career Development Award Supplement)  New Validations:   * 013.24.3, 013.24.4, 013.24.5, 013.24.6, 013.24.7, 013.24.8, 013.24.9 (Citizenship Validations) * 013.25.1, 013.25.2, 013.25.3 (Candidate Information and Goals for Career Development Attachment Validations) * 013.26.1 (Data Safety Monitoring Plan Attachment Validations)   Updates to Existing Validations:   * 013.2.1, 013.2.2, 013.2.3 (Candidate’s Background Attachment Validations) * 013.3.1 (Career Goals and Objectives Attachment Validations) * 013.4.2 (Canididate’s Plan for Career Development Training Activities During Award Period Validations)   013.24.1 (Citizenship Validations) |
|  | 12/29/2015 | ERA Analyst (BM) | Added Forms D Validations – March 2016 Release (Cover Page Supplement)  New Validations:   * 008.38.1, 008.39.1 (Vertebrate Animals) * 008.40.1, 008.40.2 (Programe Income, Budget Period 1-10)   Updates to Existing Validations:  008.26.1, 008.26.2 (Program Income, Budget Period 1-5) |
| 1.14 | 1/6/2016 | ERA Analyst (BM) | Added K76 Validations – January 14, 2016 Release   * Updates to Existing Validations to include activity code   Added F99/K00 Validations – January 14, 2016 Release   * Updates to Existing Validations to include activity code |
|  | 1/12/2016 | ERA Analyst (BM) | Added Forms D Validations – March 2016 Release (Research Plan)   * New Validations * 010.17.1 (Data Safety Monitoring Plan)   Added Forms D Validations – March 2016 Release (Research Training Program Plan)   * New Validations * 014.3.2 (Program Plan) * 014.17.1 (Plan for Instruction in Methods for Enhancing Reproducibility) * 014.18.1 (Data Safety Monitoring Plan) * Updates to Existing Validations * 014.2.1, 014.2.2, 014.2.3, 014.2.4, 014.2.5 (Background) * 014.4.1 (Recruitment and Retention Plan to Enhance Diversity) |
| 1.15 | 2/3/2016 | ERA Analyst (BM | Added Forms D Validations – March 2016 Release ( PHS Inclusion Enrollment Report)  New Form – New Validations Include:   * 033.1.1, 033.1.2 (Study Title) * 033.2.2, 033.2.3 (Delayed Onset Study) * 033.3.1, 033.3.2, 033.3.3 (Enrollment Type) * 033.4.1 (Using an Existing Dataset or Resource) * 033.5.1 (Enrollment Location) * 033.6.1 (Clinical Trial) * 033.7.1, 033.7.2 (NIH-Defined Phase III Clinical Trial) * 033.88.1–(Total Count)   Forms D – Added Progress Report Publication List validations to Research Plan and Research Training Program Plan   * Research Plan – 010.4.1, 010.4.2   Research Training Program Plan – 014.6.1, 014.6.2 |
| 1.16 | 2/25/2016 | ERA Analyst (BM) | Added global validations when submitting to a funding opportunity when using a Forms-C package for a due date on or before May 24, 2016, and vice versa when using a Forms-D package for a due date on or after May 25th, 2016.  000.29, 000.30 |
|  | 03/01/2016 | ERA Analyst (BM) | Updated rigor attachment validations on the Research Training program plan   * Updated 014.17.1 – Modified the validation rule   Added rule 014.17.2 |
| 1.17 | 03/15/2016 | ERA Analyst (BM) | Added Rule 004.3.4 to the Other Project Information form (Warning if PHS Inclusion Enrollment Report does not exist when Yes to HS)  Updated Rule 018.3.2 clarifying budget year for UH2  Updated Human Subject and Vertebrate Animal attachments rules (010.6.1, 010.7.1, 010.9.1, 010.10.1) to only require at Component Level |
| 1.18 | 03/17/2017 | ERA Analyst (BM) | April 2016 Release   * Update to Existing Rule: 020.52.2 (update to message text) * New Rule: 005.48.10 (Profile, SnrKey Person credential warning) |
| 1.19 | 03/29/2017 | ERA Analyst (BM) | Added Forms D Validations – May 2016 Release (PHS Fellowship Supplemental)   * New Validations * 024.40.2, 024.40.3, 024.40.4, 024.40.5, 024.40.6, 024.40.7 (Citizenship) * 024.43.2 (Sponsor and Co-Sponsor Statement) * 024.57.1, 024.57.2 (Applicants Background and Goals for Fellowship Training) * 024.58.1 (Letters of Support from Collaborators, Contributors, and Consultants) * 024.59.1, 024.59.2 (Description of Institutional Environment and Commitment to Training) * 024.60.1 (Data Safety Monitoring Plan) * 024.61.1, 024.62.1 (Vertebrate Animals) * Updates to Existing Validations * 024.37.1, 024.38.1, 024.39.1, 024.39.2 (Fellowship Applicant) * 024.40.1 (Citizenship)   Modified PHS Inclusion Enrollment Report validations– May 2016 Release   * Added study title name variable to rule messages 033.1.2, 033.2.2, 033.3.1, 033.3.2, 033.3.3, 033.4.1, 033.5.1, 033.6.1, 033.7.1, 033.7.2, 033.88.1 |
| 1.20 | 04/06/2016 | ERA Analyst (BM) | Added Global Validation 000.31 and SF424 (Non-Research) Validation 025.13.3 dealing with organization not found in commons and placeholder PI is used for SAMHSA applications.  Updated validation logic for PHS Fellowship Citizen rule 024.40.6  Updated validation logic and error message for PHS Fellowsip Data Safety Monitoring Plan 024.60.1 |
|  | 05/10/2017 | ERA Analyst (SV) | Updated Message text for rule 005.21.3 |
|  | 04/15/2016 | ERA Analyst (BM) | Updated logic to global validation 000.20  Updated logic for rule 020.52.2 (May Release)  Updated Forms D Fellowship Rules (May Release):   * Deleted rule 024.40.2 as the response to the U.S. Citizen or Non-Citizen National is required by schema * Removed activity code customizations from rule 024.40.3 * Updated error message for rule 024.40.5 * Deleted rule 024.40.4 as the logic for generating the error is covered under rule 024.40.4 * Removed activity code customizations from rule 024.40.6 * Modified Rules 024.37.1, 024.38.1, 024.39.1, 024.39.2, 024.40.1 to exclude Version 3.1 of the Form   Updated logic and warning message for rule 001.64.1 (May Release)  Non-Research (SAMHSA): Delected rule 000.31 and added rule 032.50.2 |
|  | 04/25/2016 | ERA Analyst(SV) | Updated logic and warning message for Inclusion rule 004.3.4  Updated logic and warning message for R&R 10 year Budget rule 022.61.3 |
| 1.21 | 06/27/2016 | ERA Analyst (BM) | Updated logic and warning message for rules 025.8.2 and 025.8.3 (Non-Research) |
|  | 07/07/2016 | ERA Analyst (BM) | Added rules for Post Award Amendments (Non-Research)   * 000.32 – Generate warning if Post Award Amendments application does not contain recommended forms * 000.33 – Restrict submission of Post Award Amendments through any means other than ASSIST   Removed / Disabled all rules associated with SF-LLL (Non-Research)   * 030.3.1, 030.13.1, 030.14.1, 030.14.2, 030.20.1, 030.21.1, 030.21.2 |
|  | 07/11/2016 | ERA Analyst (SV) | Updated validation message for OLAW for rule 004.10.2 |
|  | 07/12/2016 | ERA Analyst (BM) | Rule changes for Grant Solution Agencies:   * Added Attachment Rule 000.34 (Simular to Rule 000.9 but only fires for GS Agencies) * Added Attachment Rule 000.35 (Simular to Rule 000.10 but only fires for GS Agencies) * Modified all Non-Research Rules to include SAMHSA. This affects all rules for the SF424, SF424A, SF424B, SF424C, SF424D, and HHS Checklist |
|  | 07/13/2016 | ERA Analyst (SV) | Forms C to D Tranistion: Remove references to Forms C (August 25, 2016 release)   * 000.30 to be disabled * 000.29 to exclude NIH |
| 1.22 | 07/15/2016 | ERA Analyst (SV) | Updated rule 010.2.1 to exclude Activity code X02 |
|  | 08/01/2016 | ERA Analyst (SV) | Disabled rule 004.25.33 to provide warning on F30 and F31 applications if “Additional Eduactional Information” pdf not attached |
| 1.23 | 08/08/2016 | ERA Analyst (SV) | Updated rule severity for rule number 024.40.6 . Changed from Error to Warning. |
|  | 08/16/2016 | ERA Analyst (SV) | Corrected rule 010.2.1 to exclude activity code R50 |
| 1.24 | 08/25/2016 | ERA Analyst (SV) | Added new rule 000.36 – Warning on expiration of SAM Registration |
|  | 08/29/2016 | ERA Analyst (SV) | Updated VA validaitons   * 004.25.5 – Adding Activity code IK3 * 004.25.11 – Updated message text * 004.25.16 – Removed activity code IK3 * 004.25.23 – Updated message text * 004.25.29 – Updated filename in validation * 004.25.24- Rule disabled   004.25.34 – New rule – For VA applications, a completed VA Data Management and Access Plan (DMAP) is required. |
|  | 09/08/2016 | ERA Analyst (SV) | Updated Rules 001.42.4, 001.42.5,020.52.1,022.61.2,010.3.4,010.3.5 with Activity Code I80 |
|  | 09/14/2016 | ERA Analyst (SV) | Updated rules for HESC lines on Cover Page Supplement form   * 008.23.1, 008.23.2, 008.23.3, 008.23.4 - to apply to Component only * 008.23.5 to be disabled   Updated rules for Program income on Cover Page Supplement form   * 008.26.1, 008.26.2, 008.26.4, 008.40.1, 008.40.2 – to apply to Component only |
|  | 10/17/2016 | eRA Analyst (DG) | Added USU agency to GLOBAL and Research Forms validations   * Removed Activity Code I80 from 020.52.1 |
|  | 10/28/2016 | ERA Analyst (SV) | BASELINE |
| 1.25 | 10/28/2016 | ERA Analyst (SV) | Added rules for SBIR/STTR form version 1.2 |
|  | 11/04/2016 | ERA Analyst (SV) | Added new Global validation 000.37 eliminating appendix material for most FOAs for NIH, AHRQ |
|  | 11/16/2016 | eRA Analyst (DG) | Updated rules for Type 5 Non-Competing Continuation applications |
|  | 12/05/2016 | ERA Analyst (SV) | Upated trigger for rule 004.3.2 on Other Project Information form. |
|  | 12/05/2016 | ERA Analyst (SV) | Added new rule 004.20.3 on Other Project Information form limited Project Summary/Abstract to 40 lines of text for VA applications |
|  | 12/22/2016 | eRA Analyst (DG) | Updated 004.25.29 filename validation |
| 1.26 | 1/24/2017 | ERA Analyst (SV) | Added Global validation 000.11 to trigger error if provided attachement contains fillable PDFs created with XFA technology |
|  | 2/1/2017 | ERA Analyst (SV) | Updated validation message for rule 004.20.3 reflecting one page limit for Project Summary for VA applications |
|  | 03/09/2017 | ERA Analyst (SV) | Updated rule number 020.0.3 to warning |
|  | 04/04/2017 | eRA Analyst (DG) | Added new Global validation 000.12 to trigger Warning if provided attachment contains hyperlink  -Incl. VA agency only |
| 1.27 | 04/07/2017 | ERA Analyst (SV) | Updated Research Strategy rule 010.3.10 message to “You have selected “Phase I” for the “SBIR/STTR Type” field on the SBIR/STTR Information form. The Research Strategy attachment is limited to six pages for Phase 1 awards” |
|  | 04/28/2017 | ERA Analyst (SV) | Update to existing Research Training Plan rules 014.4.1, 014.2.5, 014.2.3, 014.2.2, 014.2.1, 014.2.4,014.181.,014.7.1 to exclude Research Training Plan V4.0. |
|  | 04/28/2017 | ERA Analyst (SV) | Added new rules for SBIR/STTR Version 1.2 parts of Forms E, October 2017 release |
|  | 05/10/2017 | ERA Analyst (SV) | Updated message text for rule 005.21.3 |
|  | 05/23/2017 | ERA Analyst (SV) | Update to existing Fellowship Supplemental Form rules 024.37.1, 024.38.1, 024.39.1, 024.39.2, 024.40.1 to exclude Fellowship Supplemental form version V4.0. |
|  | 08/14/2017 | eRA Analyst (DG) | Updated following VA validations:   * Removed IK3 activity code from: 004.25.5, 004.25.12, 004.25.13, 004.25.34 * Added IK3 activity code to: 004.25.14, 004.25.15, 004.25.26   Updated following SAMHSA validations:   * Changed to Errors: 026.8.1, 026.10.1, 026.15.1, 026.43.2, 026.58.2, 026.60.1, 026.62.1, 026.68.1 * Messages updated: 026.11.1, 026.68.1   Updated existing rule 025.6 to 025.6.3 and created two new PD/PI validations for SAMHSA: 025.6.1, 025.6.2 |
|  | 8/16/2017 | eRA Analyst (DG) | Added FDA to Agency customization for rule 001.6.9 |
|  | 08/04/20017 | ERA Analyst (SV) | Added validations for PHS Human Subject and Clinical Trials Information form  - Global Validations – 000.40, 000.41  - Form level validations |
|  | 08/21/2017 | ERA Analyst (SV) | Modifications to all Form level validations on PHS Human Subject and Clinical Trial Information form |
|  | 08/25/2017 | eRA Analyst (SV) | Added Final Revised validations for Clinical Trials |
|  | 09/06/2017 | ERA Analyst (SV) | Updated message for Global validation relating to appendix (000.37) |
|  | 09/12/2017 | ERA Analyst (SV) | - ROO to follow DP1 business rules. Updates made.  - R38 to follow R25 business rules. Updates made.  - Updated Global validations: 000.29 and 000.30 |
|  | 10/12/2017 | ERA Analyst (SV) | - Updated logic and message for existing Clinical Trial validation 034.5.5  - Added new Inclusion Enrollment Report validation 034.6.15 |
|  | 10/18/2017 | ERA Analyst (SV) | - Deleted rules 034.4.1 and 034.4.2  - Updated rule 034.5.5 to add CLINICALTRIALCODE = “R” |
|  | 10/19/2017 | ERA Analyst (SV) | Updated trigger for rules 034.6.6, 034.6.7, 034.6.8, 034.6.9 |
|  | 10/27/2017 | ERA Analyst (SV) | Deleted rule 034.4.7 – A Justification attachment is required for Delayed Onset Study titled <study title>. – as this is required by the grant.gov schema |
|  | 10/27/2017 | ERA Analyst (SV) | Re-phrased validations 034.6.6, 034.6.7, 034.6.8, 034.6.9 |
|  | 11/5/2017 | ERA Analyst (SV) | - Updated Triggers for rules 034.6.6,034.6.7,034.6.8,034.6.9  - Udpated rule 034.8.75 to be applicable to only Single Project |
| 1.28 | 11/21/2017 | ERA Analyst (SV) | Added rules 034.5.7 and 034.5.8 – NCT# validations for initial HSCT submission – December 2018 Release |
|  | 11/28/2017 | ERA Analyst (SV) | Udpated trigger for Clinical Trial rule 034.7.3 – December 2018 Release |
|  | 12/7/2017 | ERA Analyst (SV) | Updated message for rule 034.5.8 |
| 1.29 | 12/22/2017 | ERA Analyst (SV) | Disabled SAMHSA rule 032.50.2 on HHS checklist form |
|  | 1/18/2018 | ERA Analyst (SV) | Updated rules severity for rules 004.1.9 and 004.7.6 from Error to Warning |
| 1.30 | 1/25/2018 | ERA Analyst (SV) | Removed CDC from rules 008.29.1 and 010.1.2 |
|  | 02/23/2018 | ERA Analyst (SV) | - Added rules 000.42, 000.43, 001.1.8, 001.30.2, 001.1.7 for CDC Research Post Award Amendments  - Updated rule 001.1.3 to exclude CDC  - Disable rule 000.28 and 005.26.3 for certain Type 6 CDC Research Amendment Applications.  - Disable rule 001.41.1 for CDC Type 6 Research Amendment Applications |
|  | 06/06/2018 | ERA Analyst (SV) | Added comments and updated FOA specific section for 014.17.2 |
|  | 06/18/2018 | ERA Analyst (SV) | Added rule 034.6.16 on HSCT form against enrollment country |
|  | 06/25/2018 | ERA Analyst (SV) | - Updated SBIR rules 023.20.1 and 023.20.2. Rule 023.20.1 is disabled and 023.20.2 has been upgraded to an error.  - Updated trigger and message for rule 023.20.5 |
|  | 07/12/2018 | ERA Analyst (SV) | Added rule 000.44 – Prevent Non-NIH eligible organizatios from submitting to NIH opportunities |
|  | 08/13/2018 | ERA Analyst (SV) | Updated trigger for rule 034.6.5 – Inclusion of Women, Minorities and Children |
|  | 08/14/2018 | ERA Analyst (SV) | Updated validation 000.44 to be applicable to Overall and Cross component as “Y” |
|  | 09/28/2018 | ERA Analyst (SV) | Updated trigger for Section 2 rules - Recruitment and Retention Plan (034.6.6),  Recruitment Status (034.6.7),  Enrollment of First Subject (034.6.9),  Inclusion of Women, Minorities and Children (034.6.5) |
|  | 10/01/2018 | ERA Analyst (SV) | Relaxed validation 001.6.10 to warning to successfully intake applications in response to PA-18-936.This will be reverted to error once applications in response to this FOA have been received. |
|  | 10/01/2018 | ERA Analyst (SV) | Disable Fed ID rule 001.6.14 |
|  | 10/15/2018 | ERA Analyst (SV) | G08 validation updates: Udpated validation 020.87.1, 020.87.2, 020.87.3, 022.96.1, 022.96.2, 022.96.3 from error to warning |
|  | 10/24/2018 | ERA Analyst (SV) | Updated 001.6.10 to Error |
| 1.31 | 10/11/2018 | ERA Analyst (SV) | Updated Trigger for Section 2 Rules for Study Timelime attachment 034.6.8 (December 2018 Release) |
|  | 10/16/2018 | ERA Analyst (SV) | New rule 014.6.3 created for requiring Progress Report attachments when resubmission of renewal (December 2018 Release) |
|  | 10/16/2018 | ERA Analyst (SV) | Updated validations (001.42.4, 020.52.1, 010.3.4, 010.3.5, 001.42.5 ) to trigger for Activity code RL1  ( December 2018 Release) |
|  | 10/22/2018 | ERA Analyst (SV) | Disabled SBIR/STTR rule 023.20.2 and implemented new rule 023.20.19 for Direct Phase II (December 2018 Release) |
|  | 10/15/2018 | ERA Analyst (SV) | * Updates to triggers for section 2 rules for following Data elements (December 2018 Release)   + Conditions or Focus of Study (034.6.1)   + Eligibility Criteria (034.6.2)   + Age Limits Minimum Age (034.6.3)   + Age Limits Maximum Age (034.6.4)   + Age Limits Minimum Age  (034.6.11)   + Age Limits Maximum Age (034.6.12) |
|  | 10/17/2018 | ERA Analyst (SV) | * Updated Severity for rule 034.8.17 from error to warning ( December 2018 Release) |
|  | 10/18/2018 | ERA Analyst (SV) | * Disabled rules 034.5.6 and 004.3.6 to support Commons Rule Roll-out (December 2018 Release) |
|  | 10/22/2018 | ERA Analyst (SV) | * Upgraded validation 023.20.18 for SBIR/STTR from warning to error (December 2018 Release) |
|  | 12/07/2018 | ERA Analyst (SV) | * Updated trigger for rule 034.6.9 – Enrollment of First Subject |
| 1.32 | 1/28/2019 | ERA Analyst (SV) | * Updated rule 010.1.5 to exclude UE5s. Updated rules 010.1.7 and 010.3.7 to include UE5s. (February 2019 Release) |
|  | 1/28/2019 | ERA Analyst (SV) | Updated SBIR/STTR rules 023.13.1 and 023.13.2 to remove exclusion of SBIR/STTR form version 1.2 (February 2019 Release) |
|  | 1/28/2019 | ERA Analyst (SV) | * Updated VA rule 004.25.29 to add a new attachment for Financial Disclosure (February 2019 Release) |
|  | 1/28/2019 | ERA Analyst (SV) | * New VA rule 004.25.35 created to require Financial Discloure attachment |
|  | 1/28/2019 | ERA Analyst (SV) | * New rule 001.30.3 blocking selection of checkboxes “Women Owned” and “Socially and Economically Disadvantaged” on the SF424 form |
|  | 1/31/2019 | ERA Analyst (SV) | * Udpated trigger for rule 034.6.10 against Inclusion Enrollment Report on the Human Subject and Clinical Trial Information form |
|  | 1/31/2019 | ERA Analyst (SV) | * Updated rule 000.10 to reflect 50-character limit restriction on attachment filenames |

# 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. The form version number column lists applicability of rule to all Included Versions and above.

Example:

* Form version Incl: 2.0 means the rule is applicable to form versions 2.0 and above.
* Form version Excl: 1.2 means the rule is applicable to form version 1.1

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 Overall, Other Components or Both** - Validations that apply to the ‘Overall Component’, Other Component or Both – Overall and Other Component – on 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)

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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| Global Validation | 000.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU |  |  |  | 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, USU, SAMHSA |  |  |  | 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, USU,  SAMHSA |  |  |  | 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, USU,  SAMHSA |  |  |  | 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 | 000.11 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU  SAMHSA |  |  |  | Both | Both |  | Provide error if attached PDF contains fillable forms using XML Forms Architecture (XFA) technology | Although attachment <attachment name> is in PDF format, it uses a technology for fillable form fields (XML Forms Architecture - XFA) not currently supported by eRA systems. Recreate the attachment using a different PDF generation tool. Contact the eRA Service Desk if additional assistance is needed. | E | Feburary 2017 Release |
| Attachment validation | 000.12 | N | N | Incl: VA |  |  |  | Single |  |  | Active and inactive URLs containing the following keys should not be included in attachment:   * http:// * https:// * www. * www2. * .com * .org * .net   IGNORE email addresses  EXCLUDE “Biographical Sketch” and “Bibliography & References Cited” attachments. | The <attachment> attachment contains a hyperlink. The receiving agency does not accept hyperlinks in attachments. | W |  |
| 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, USU  SAMHSA |  |  |  | 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 | Incl: NIH,CDC,FDA,  AHRQ,  VA, USU,  SAMHSA |  |  |  | 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 | Incl: NIH,CDC,FDA,  AHRQ,  VA, USU,  SAMHSA |  |  |  | Single |  |  | For Submission where either a modular budget, RR Budget 5Yr,a RR Budget 10Yr, RR Budget 10Yr MP or a PHS 398 Training Budget are present in the application package, provide error if no budget with type project is submitted. | You must include a budget with this application. | E | This rule should be disabled for CDC Type 6 Amendment applications, except for the following CDC Type 6 Amendment Applications: Budget Revision. Non-Competitive Supplements, CarryOver Request, Successor -In-Interest or Transfer, No-Cost Extenstion. |
| Global validation | 000.29 | Y | N | NIH, CDC,FDA,  AHRQ,  VA |  |  | Excl : 333,666,777 | Both | Overall |  | Generate a warning if user submits an application package with a "-D" in the Competition ID | You are using a FORMS-D application package. If you are submitting to a due date on or before January 24, 2018 you are using the correct forms and no action is needed (NOT-OD-17-062). If you are submitting to a later due date, you are using incorrect forms and MUST move to FORMS-E for submission by the due date | W | October 2017 Release  Modified rule trigger and message |
| Global validation | 000.30 | Y | N | Incl: NIH, AHRQ |  |  | Excl : 333,666,777 | Both | Overall |  | Generate a warning if user submits an application package with a "-E" in the Competition ID | You are using a FORMS-E application package. If you are submitting to a due date on or after January 25, 2018 you are using the correct forms and no action is needed (NOT-OD-17-062). If you are submitting to a due date on or before Jan 24, 2018, you are using incorrect forms and MUST move to FORMS-D for that due date. | W | October 2017 Release  Modified rule trigger and message |
| Global Validation | 000.31 | Y | N |  |  |  |  | Both | Overall |  | Provide warning if applicant SAM expiration date is within 14 days of the current date. | The SAM registration for your organization will expire on  < expiration date>. An active SAM registration is required for submission. | W | May 24 Release |
| Global Validation | 000.32 | Y | N | Incl: SAMHSA |  |  |  | Single |  |  | For Non-Research applications, a warning is generated when a Post Award Action is submitted and does not contain the recommended set of forms. | The Post Award Admendments application you are submitting does not contain the full set of forms recommended by the agency guidance. Please review the guidance for additional information. | E | August 2016 Release  SAMHSA Post Award Amendments |
| Global Validation | 000.42 | Y | N | Inc:CDC |  |  |  | Single |  |  | For CDC Post Award Amendments, an error is generated when a Post Award Action is submitted and does not contain the recommended set of forms | The Post Award Admendments application you are submitting does not contain the full set of forms recommended by the agency guidance. Please review the guidance for additional information. | E |  |
| Global Validation | 000.33 | Y | N | Incl: SAMHSA |  |  |  | Single |  |  | Generate an error rejecting submission of any Post Award Amendment or Non-Competing Continuation application is submitted for processing through grants.gov via adobe form submission, or through S2S submission via web service. | Post Award Amendments applications must be initiated through COMMONS and submitted through ASSIST. You must log into COMMONS and navigate to your grant record to complete this process. | E | August 2016 Release  SAMHSA Post Award Amendments  Updated January 2017 Release SAMHSA Non-Competing Continuations |
| Global Validation | 000.43 | Y | N | Incl: CDC |  |  |  | Single |  |  | Generate an error rejecting submission of any Post Award Amendment or Non-Competing Continuation application which is submitted for processing through grants.gov via adobe form submission, or through S2S submission via web service | Post Award Amendment applications must be initiated through COMMONS and submitted through ASSIST. You must log into COMMONS and navigate to your grant record to complete this process | E |  |
| Global Validation | 000.38 | Y | N | Incl: SAMHSA |  |  |  | Single |  |  | Application is Non-Competing Continuation and SYSDATE < CONTINUATION\_SCHEDULES\_T.OPEN\_DATE of the next active Support Year, identified by webservice XCH-75 | Non-Competing Continuation applications can not be submitted prior to the Open Date. Next Support Year [CONTINUATION\_SCHEDULES\_T.SUPPORT\_YEAR] Open Date is [CONTINUATION\_SCHEDULES\_T.APPL\_OPEN\_DATE]. | E |  |
| Global Validation | 000.39 | Y | N | Incl: SAMHSA |  |  |  | Single |  |  | Application is Non-Competing Continuation and SYSDATE ≥ CONTINUATION\_SCHEDULES\_T.APPL\_DUE\_DATE of the next active Support Year | This Non-Competing Continuation application is due. Next Support Year [CONTINUATION\_SCHEDULES\_T.SUPPORT\_YEAR] Due Date is [CONTINUATION\_SCHEDULES\_T.APPL\_DUE\_DATE]. Non-Competing Continuation application must be submitted to receive next year funding. | W |  |
| Global Validation | 000.36 | Y | N |  |  |  |  | Both | Overall |  | Provide warning if SAM registration has expired | An active SAM registration is required for submission to [Grants.gov](http://grants.gov). The SAM registration for your organization/entity expired on <date>. Your SAM point of contact (POC) must renew your registration in [SAM.gov](http://sam.gov) in order to submit your application. After renewal, it takes 1 or more business days for eRA and [Grants.gov](http://grants.gov) systems to recognize your updated SAM status and restore your ability to submit. | W | October 2016 Release |
| Global Validation | 000.37 | Y | N | Incl:NIH, AHRQ, |  |  |  | Both | Both |  | Provide a warning if appendix material is attached to any Resarch form for NIH and AHRQ | Your application includes appendix information. For applications submitted for due dates on or before January 24, 2018, see notice [NOT-OD-17-035](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-035.html) for details on allowable appendix materials. Applications will be withdrawn and not reviewed if they are determined to contain Appendix materials that are not specifically referenced in this notice or the FOA. | W | Rule message updated. October 2017 Release |
| Global Validation  **If Yes to Human Subjects on Other Project Information form**  Add New Study/Delayed Onset Study on Human Subjects and Clinical Trial Information form | 000.40 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE = “R" or "I" |  | Multi |  | Y | Provide error if a Clinical Trial Study Record, or a Delayed Onset Study that is marked as ‘Anticipated Clinical Trial’, is not provided on the entire application for a FOA that is set to R or I, and answered yes to questions 1.4a through 1.4d | At least one Clinical Trial Study Record or a Delayed Onset Study that is marked as ‘Anticipated Clinical Trial’ must be provided. | E | New Rule  October 2017 Release  Note: This rule is parallel to 034.5.5 for Single Projects. |
| Global Validation  **Human Subject and Clinical Trial Information**  **Section 1 – Basic Information**  1.1 Study Title | 000.41 | N | N | NIH,  AHRQ | 1.0 |  |  | Both | Overall | Y | Provide error if same Study Record or Delayed Onset Study title is duplicated in an application.  Note: Study Record and Delayed Onset Study Record cannot have the same titles i.e. all study titles must be unique within an application | Study Record and Delayed Onset study titles must be unique and cannot be duplicated in an application. | E | New Rule  October 2017 Release |
| Global Validation | 000.44 | N | N | Incl: NIH |  |  |  | Both | Overall | Y | If opportunity is NIH and organization is not eligible, return error | The organization [Organization Name] is ineligible to submit applications for this NIH FOA. Refer to NOT-OD-16-057 | W | August 8, 2018 Release |
| Attachment validation | 000.8 | Y | N | Incl: NIH,CDC,FDA,  AHRQ,  VA, USU,  SAMHSA |  |  |  | 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, USU,  SAMHSA |  |  |  | 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, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf\_guidelines.htm. | E |  |
| Attachment validation | 000.10 | Y | N | Incl: NIH,CDC,FDA,AHRQ,VA, USU, SAMHSA |  |  |  | Both | Both |  | If PDF Attachment has the following issues:   * Meta data missing * Encrypted document * Password Protected document * Secured document * Over 50 characters * 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 [https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm](https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm#filenames) | E |  |
| Attachment validation | 000.13 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU, SAMHSA |  |  |  | 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 | 000.20 | 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, parenthesis, curly brackets, square brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign, and equal sign. | The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, period, parenthesis, curly brackets({}), square brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign and equal sign. No other special characters can be part of the filename. | E |  |
| Attachment Validations | 000.21 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU, SAMHSA |  |  |  | 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, USU |  |  |  | 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, USU,  SAMHSA |  |  |  | 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, USU,  SAMHSA |  |  |  | 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, USU,  SAMHSA |  |  |  | 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 |  |
| Attachment validation | 000.34 | N | N | Excl: NIH, CDC, FDA, AHRQ,  VA, USU, SAMHSA |  |  |  | Both | Both |  | If an attachment is empty (0 bytes), the following error should be returned | The attachment is empty and does not contain any data or information. | E |  |
| Attachment validation | 000.35 | Y | N | Excl: NIH, CDC, FDA, AHRQ,  VA, USU, SAMHSA |  |  |  | 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: <condition returned> | 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 Overall, Other Components or Both | 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,OT1 | 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, USU | Incl:  V 2.0 |  | Exc: X02, OT1 | 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 | Update to Existing |
| SF 424 (R&R) | Type of Submission | 001.1.3 | N | N | Incl : NIH, FDA, AHRQ,  VA, USU | 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 | 001.1.7 | N | N | Incl: CDC | Incl: V2.0 |  | Excl: 666 | Single |  |  | 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 Federal agency staff and can no longer be changed through the electronic submission process. | E | March 2018 Release |
| SF 424 (R&R) | Type of Submission | 001.1.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl: X02 and OT1 | Single Project |  |  | Do not accept ‘Pre-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 | New Rule |
| SF 424 (R&R) | Type of Submission | 001.1.6 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl: X02 and OT1 | Single Project |  |  | Allow only “Pre-Application” as Submission Type | Application is not an allowable ‘Type of Submission’ for this program. | E | New Rule |
| SF 424 (R&R) | Type of Submission (Pre-App, Changed App) | 001.1.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 | March 2018 Release |
| SF 424 (R&R) | Type of Submission (Pre-App, Applicaion,Changed App) | 001.1.8 | N | N | Incl: CDC |  |  |  | Single project |  |  | Do not accept 'Changed/Corrected" submission type for Type 6 CDC Post Award Amendment applications | You selected Revision as the 'Type of Application' which indicates that this is a Post Award Amendment request. Change/Corrected is not a valid 'Type of Submission' for Post Award Amendment requests. Please use Application for the ‘Type of Submission’ | E |  |
| SF 424 (R&R) | Date Submitted | 001.2.1 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V2.0 |  | Incl:  R44, U44, R42, UT2 | Single |  |  | If Phase II SBIR/STTR and prior grant is a Phase I is found in the database, provide warning if date submitted is more than 2 years after Phase I project period end date.  Exclude Direct Phase II applications based on RFA\_PA\_NOTICES\_T. DIRECT\_PHASE\_TWO\_FLAG | Phase II SBIR/STTR (excluding Direct Phase II applications) submissions should be submitted within 6 receipt dates after the expiration of the Phase I budget. | W |  |
| SF 424 (R&R) | Applicant Identifier | 001.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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, USU | 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 application/grant number in the Federal Identifier field (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1). | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1).. | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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. Include only the institute code and serial number of the prior application/grant number (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1). | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.5 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU  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, USU | Incl:  V 2.0 |  | Excl: OT2 | 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. USU | 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,USU | 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, USU,FDA | 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, USU | 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 |  |
| SF 424 (R&R) | Federal Identifier | 001.6.12 | N | N | Incl: NIH, AHRQ, USU | 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) | Federal Identifier | 001.6.16 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl:  R42, UT2, R44, U44 | Single |  |  | For SBIR/STTR Renewal, provide Error if prior grant is an awarded SBIR/STTR Phase II B | A Renewal SBIR/STTR submission is not allowed if an SBIR/STTR Phase II B has previously been awarded. | E |  |
| SF 424 (R&R) | Federal Identifier | 001.6.13 | N | N | Excl: NIH, AHRQ, USU | 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, USU | 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 | W | Disable rule |
| SF 424 (R&R) | Federal Identifier | 001.6.15 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl:  K02, K05, K24, K26,  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76, F99/K00 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76, F99/K00) |
| SF 424 (R&R) | Federal Identifier | 001.6.17 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl: SB1, UB1 | Single |  |  | For an SB1 and UB1 “Renewal”application, provide error if there has already been an awarded SB1/UB1 for this grant. | Renewal of Commercialization Readiness Phase (SB1/UB1) is not allowed if the first SB1/UB1 is already awarded | E | New Rule |
| SF 424 (R&R) | Agency Routing Identifier | 001.7 | N |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Previous Grants.gov Tracking ID | 001.95.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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 : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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 |  |
| SF 424 (R&R) | Applicant Information, Legal Name | 001.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 (R&R) | Applicant Information, Department | 001.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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, USU |  |  | Incl:  SC1, SC2, SC3, S10, S11, S21, S22, DP2, DP5, UP5, C06, UC6, G08, G20,  K02, K05, K24, K26,  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R15, UA5,  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, R50, K76, F99/K00 | Single |  |  | Provide an error if country is not US | The Applicant Organization for this application must be located in the US. | E | Update to existing rule  (added DP2, DP5, UP5)  Update to existing rule  (added G08, G20)  Update to existing rule  (removed KM1)  Update to Existing  Update to existing( added C06, UC6 and G20)  Update to existing( Added R50)  December 2015 Release  January 16, 2016 Release, Update to Existing Rule (added K76, F99/K00) |
| SF 424 (R&R) | Applicant Information, Country | 001.18.2 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU |  |  | Incl:  R13, U13, R18, U18 | Single |  |  | Provide a warning if country is not US | The type of program you are applying to is typically restricted to US applicants. Please verify eligibility in the Funding Opportunity Announcement (FOA). | W |  |
| SF 424 (R&R) | Applicant Information, Country | 001.18.3 | N | N | Incl:  VA |  |  |  | Single |  |  | For an application in response to a VA announcement, return 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, USU | 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, USU | 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, USU | 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) | 001.29.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | For an SBIR/STTR application, must be ‘Small Business’. | For an SBIR/STTR application, the Type of Applicant must be ‘Small Business’. | E |  |
| SF 424 (R&R) | Type of Applicant (other, Specify) | 001.30.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 Applicant (other, Specify) | 001.30.2 | N | N | Incl: CDC |  |  |  | Single |  |  | If “E. Other” is checked and Type of application is post award amendment (Type 6), the amendment name provided in the "Other(Specify)" field should be valid. If not exact match, it should be rejected. | The Post Award Amendment name provided in the “Other(Specify)" section, is not a valid name. Please choose a valid name. | E |  |
| SF 424 (R&R) | Small Business Organization type – Women Owned, Socially and Economically Disadvanted | 001.30.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU |  |  |  | Both | Both |  | “Women Owned” or “Socially and Econimically Disadvataged” checkboxes should not be checked | Small Business Organization type – Women Owned and/or Socially and Economically Disadvantaged should not be provided; and any selections will not be saved. This information is pulled directly from the organization’s SAM.gov registration and will not be visible in the assembled grant image. | W | New rule  February 2019 Relese |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  |  | Both | Overall |  | Must be either New, Revision, Resubmission, or Renewal | <Type of Application> provided 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, USU | Incl:  V 2.0 |  | Incl: S11, X01, R03, R21, R34, U34, C06, UC6, G07, G08, G13, G20, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00,  R21/R33,  UH2/UH3, UH2 UH3, R33, SC2, K76, F99/K00 | Single |  |  | Renewal is not a valid type of application. | Renewal applications are not allowed for this Funding Opportunity Announcement. | E | Update to existing rule  (add G07, G08, G13, G20)  Update to existing rule  (add SC2)  Update to existing (add X01)  Update to existing  (Add C06, UC6, G20)  January 14, 2016 Release Update to Existing Rule (Added K76, F99/K00) |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.3 | N | N | Incl:  VA | Incl:  V 2.0 |  |  | Single |  |  | For an application in response to a VA announcement, return an error if Type of Application is 'Revision' | Revision applications may not be submitted to VA. | E |  |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl:  R41, UT1, R43, U43 | Single |  |  | Renewal is not a valid type of application for 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 (New, Resub, Renewal, Contin, Revision) | 001.33.25 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, S10, X01, R50, F99/K00 | Single |  |  | Revision is not a valid type of application. | Revision applications are not allowed for this Funding Opportunity Announcement. | E | New rule  Update to existing  (add S10)  Update to existing (added X01)  Update to Exiting  (Added R50 – December 2015 Release)  January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.26 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl:  DP1,  DP2,  DP3,  DP4, DP5, UP5 | Single |  |  | Provide error if application type is not marked as New. | A resubmission, renewal, or revision Type of Application is not allowed... | E | New rule |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.27 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl: SC1 | Single |  |  | For SC1, provide error for a renewal if the PI has been awarded any R01 or R21 grants, whether as a single PI or as a multiple PI. | The PI, <first name last name) has been awarded R01 or R21 grants in the past. SC1 applications may not be submitted if the PI has been awarded any R01 or R21 grants. | E | New Rule |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.28 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl: SC1 | Single |  |  | For an SC1 application, provide error for a renewal if there has already been an awarded renewal for this grant. | Only one renewal is allowed for an SC1. | E | New Rule |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.29 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  |  | Single |  |  | For FOA with activity code is 333/666/777 application must be Revision | <Type of Application> provided in the SF424 RR Cover is invalid. The Type of Application must be Revision. | E | New Rule |
| SF 424 (R&R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.30 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl: SB1, UB1 | Single |  |  | For an SB1 or UB1 application, provide error if the submission is not Renewal, Resubmission, or revision. | Commercialization Readiness Phase (SB1/UB1) have to be submitted as Renewal, Resubmission, or Revision. | E | New Rule |
| 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, USU | 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, USU | 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 | This rule should be disabled for CDC Type 6 Amendment applications |
| SF 424 (R&R) | Proposed project ending date | 001.42.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | Incl:  V 2.0 | project\_period\_excep\_lt5y\_flag = N | Incl: R03, R21, R36, UH2 | 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 | 001.42.8 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 | project\_period\_excep\_lt5y\_flag = Y | Incl: R03, R21, R36, UH2 | Single Project |  |  | Provide warning if project period is more than two 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) | Proposed project ending date | 001.42.4 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 | project\_period\_excep\_flag = N | Incl: R01, RL1, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, ROO,  DP2, DP3, DP4, DP5 and UP5, K76, I80 | 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 | Update to existing rule  (added DP1, DP2, DP3, DP4, DP5 and UP5)  January 14, 2016 Release, Update to Existing Rule (added K76) |
| SF 424 (R&R) | Proposed project ending date | 001.42.5 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 | project\_period\_excep\_flag = Y | Incl: R01,RL1, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, ROO,  DP5, UP5, K76,I80 | 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 | Update to existing rule  (added DP1, DP5 and UP5)  January 14, 2016 Release, Update to Existing Rule (added K76) |
| SF 424 (R&R) | Proposed project ending date | 001.42.6 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 | project\_period\_excep\_lt5y\_flag = N | Incl:  R15,  R34,  U34,  G08,  G13,  UA5,  SC2, SB1, UB1, R44,U44, R42 | Single Project |  |  | Return error if project period is more than three years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Face Page. | The project period for this type of application is limited to three years. | E | Update to existing rule  (added G08, G13)  Update to existing rule  (added SC2) |
| SF 424 (R&R) | Proposed project ending date | 001.42.7 | N | N | Incl:  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 | project\_period\_excep\_lt5y\_flag = Y | Incl:  R15,  R34,  U34,  UA5,  G08,  G13 | Single Project |  |  | Return warning if project period is more than three years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Face Page. | 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 | Update to existing rule  (added G08, G13) |
| SF 424 (R&R) | Proposed project ending date | 001.42.9 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R, R50 | Single  project |  |  | Provide error if project period is more than five years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Cover Page. | The project period is limited to five years. | E | Update to existing rule  (removed KM1)  Update to existing rule (Added R50)  December 2015 Release |
| SF 424 (R&R) | Proposed project ending date | 001.42.10 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl: SC1, SC3 | Single Project |  |  | Provide error if project period is more than four years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Cover Page. | The project period is limited to four years. | E | Sprint 19 |
| SF 424 (R&R) | Proposed project ending date | 001.42.11 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V2.0 |  | Incl: F99/K00 | Single Project |  |  | Provide error if project period is more than six years long. Define project period by time span between project period start date and project period end date as entered on the SF424 RR Cover page. | The project period is limited to six years | E | January 14, 2016 Release |
| SF 424 (R&R) | Congressional districts of applicant | 001.43.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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 http://era.nih.gov/reg\_accounts/manage\_personal\_profile.cfm. | 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, USU | 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 | 001.64.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, , USU | Incl:  V 2.0 |  | Incl:  S10 | Single |  |  | Provide warning if Total Federal Funds Requested is equal to or more than 500K.  Note: Exclude RFAs and FOAs with specific budget limits. | Total Federal Funds Requests of $500K or more need agreement to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications may be delayed or not accepted for review. | W | New rule  May 2016 Release, Update to Existing Rule |
| SF 424 (R&R) | Total Federal Funds Requested | 001.64.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, , USU | Incl:  V 2.0 |  | Incl:  X01, | Single |  |  | Provide Error if non-zero values are entered in Total Federal Funds Requested | The Total Federal Funds Requested in the Estimated Project Funding section must be zero. | E | New rule |
| SF 424 (R&R) | Total Federal Funds Requested | 001.64.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V 2.0 |  | Incl: C06, UC6, G20 | Single |  |  | Total Federal Funds Requested must be non-zero for a C06, UC6 or G20 application. | The Total Federal Funds Requested in the Estimated Project Funding section cannot be zero | E |  |
| SF 424 (R&R) | Total Federal and Non-Federal Funds | 001.65.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V 2.0 |  | Incl:  S21, S22 | Single |  |  | Provide a warning if zero or null.is provided in Total Federal and Non-Federal Funds | The Total Federal and non-Federal Funds should be provided. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W | New rule |
| SF 424 (R&R) | Total Federal and Non-Federal Funds | 001.65.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V 2.0 |  | Incl:  X01 | Single |  |  | Provide error if non-zero values are entered in total Federal and Non-Federal Funds Requested | Total Federal and Non-Federal Funds in the Estimated Project Funding section must be zero | E | New rule |
| SF 424 (R&R) | Total Federal and Non-Federal Funds | 001.65.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V 2.0 |  | Incl: C06, UC6, G20 | Single |  |  | Total Federal and Non-Federal Funds must be non-zero for a C06, UC6 or G20 application. | Total Federal and Non-Federal Funds in the Estimated Project Funding section cannot be zero. | E | New Rule |
| 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) | Subject to state executive order review? | 001.68.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V 2.0 |  | Incl: C06, UC6, G20 | Single |  |  | A response is required in the “Yes” or “No” checkbox | A response must be included to the question ‘ Is application subject to review by state executive order 12372 process’ on the SF424 RR Cover Page | E | New Rule |
| SF 424 (R&R) | State executive order review date | 001.69.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU |  |  | Incl:  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76, F99/K00 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76, F99/K00) |
| SF 424 (R&R) | Cover Letter Attachment | 001.94.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU |  |  | Incl R13, U13 | Single |  |  | Provide warning if a cover letter is not attached | A covel letter should be attached for this application. Be sure that you have complied with the FOA instructions. | W |  |
| SF 424 (R&R) | Cover Letter Attachment | 001.94.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU |  |  |  | Single |  |  | Do not allow cover letter attachment for type 3/6/7 applications. | A cover letter cannot be attached for this application. | E | New rule |

# 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 Overall, Other Components or Both | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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 Overall, Other Components or Both | 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, USU | 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, USU | 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 |  |
| 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 |  |
| 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, USU | 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, USU | 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, USU | 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 Overall, Other Components or Both | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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 | Human Subjects Involved? | 004.1.8 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V1.3 |  | Incl:  S10, S21, S22, | Single |  |  | Provide warning if Human Subject is true. | The answer to the Human Subjects Involved should be ‘No’ for this application. | W | New rule |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.9 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V1.3 |  | Incl:R50 | Single |  |  | Provide error if Human Subjects is true | The answer to the Human Subjects Involved should be ‘No’ for this application. | W | New Rule  December 2015 Release |
| Research and Related Other Project Information | Project Exempt from Federal Regulations | 004.2.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 1-8 | 004.3.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 1-8 | 004.3.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V1.3 |  |  | Multi | Overall | Y | Tigger error for new and renewal applications, if E4 is the only exemption selection in the Overall  Do not trigger rule: If the Overall has a selection of E4 AND an additional exemption. | If the Human Subjects Involved question on the Overall component is Yes with exemption 4, then all other components with human subjects must also use exemption 4. | E | Jan 2017 Release.  Rule trigger updated |
| Research and Related Other Project Information | Exemption number 1-8 | 004.3.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 | Exemption number 1-8 | 004.3.4 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Excl: 1.4 and after |  | Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01, T02, T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1 , IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6 | Both | Component |  | Provide warning if applicant selected Yes to Human subjects with an Exemption Number not equal to ‘4’ on the Research & Related Other Project Information form, but has not selected either the PHS Inclusion Enrollment Report with an Enrollment Type = "Planned" or PHS Inclusion Enrollment Report with Delayed Onset = “Yes” as part of the application  NOTE: Training Component of a Complex should be excluded from this rule. | You have answered "Yes" to the Human Subjects Involved question on the Research & Related Other Project Information form, but have not included either a PHS Inclusion Enrollment Report with an Enrollment Type = "Planned" or a PHS Inclusion Enrollment Report with Delayed Onset = Yes as part of the application | W | Modifcation to exlclude version 1.4 |
| Research and Related Other Project Information | Exemption number 1-8 | 004.3.5 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Excl:1.4 and after |  | Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01, T02, T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1 , IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6 | Both | Component |  | Provide Warning if Planned Enrollment Report form is not part of the application when HS = Y and Exemption not E4  Note: Training component of a complex should be excluded from this rule. | Human Subjects are involved but no Planned Enrollment Report(s) for inclusion has been included. | W | Modification to exclude version 1.4 |
| Research and Related Other Project Information | Exemption number 7 -8 | 004.3.6 | N | N |  | Incl V1.4 |  |  | Both | Both |  | Provide error if exemption 7 and/or 8 is selected on the Other Project Information form | Exemption 7 and/or 8 are not valid selections | E | Rule to be disabled with Dec 2018 Release |
| Research and Related Other Project Information | IRB review pending? | 004.4.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V1.3 |  |  | Both | Overall |  | If IRB review pending? Is false and project exempt from regulation is No, 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, USU | 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, USU | 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, USU | 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, USU | 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 | Vertebrate animals used? | 004.7.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V1.3 |  | Incl: S10 | Single |  |  | Provide warning if Vertebrate Animals Used is true. | The answer to the Vertebrate Animals Used should be ‘No’ for this application. | W | New rule |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.6 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V1.3 |  | Incl: R50 | Single |  |  | Provide Error if Vertebrate Animals Used is true. | The answer to the Vertebrate Animals Used question should be ‘No’ for this application. | W | New Rule  December 2015 Release |
| Research and Related Other Project Information | IACUC review pending? | 004.8.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | 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, USU | 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.  Do not validate if data entry is ‘None’ | Animal Assurance Number entered on your grant application does not correspond to a valid Animal Assurance Number for your Organization’s eRA institutional profile. Please check the OLAW website’s list of approved Assurances at <http://grants.nih.gov/grants/olaw/olaw.htm>. OLAW is transitioning to a new Assurance Number format. You can use the old or the new format for your application. If you do not have a valid Assurance Number, your application will continue to be processed. | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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,  USU | 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 Summary/Abstract | 004.20.3 | N | N | VA | Incl: V1.3 |  |  | Single | Both |  | Attachment is limited to 40 lines of text | The Project Summary/Abstract is limited to one (1) page and forty (40) lines of text. | E | Feburary 2017  Update to existing rule |
| Research and Related Other Project Information | Project Narrative | 004.21.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | Incl: V1.3 |  | Excl:  DP1,  ROO,  DP2,  DP4 | 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 | Updated to exclude activity codes (DP1,DP2,DP4)  07/29/2015 |
| Research and Related Other Project Information | Bibliography and References Cited | 004.22.2 | N | N | Incl: VA | Incl: V1.3 |  |  | Single |  |  | For VA applications, provide error if Bibliography and References Cited is more than 4 pages | The Bibliography and References attachment on the Other Project Information is limited to 4 pages. | E |  |
| Research and Related Other Project Information | Bibliography and References Cited | 004.22.3 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 1.3 |  | Incl:  DP1,  ROO,  DP2,  DP4 | Single |  |  | Provide error if Bibliography attached. | The Bibliography and References attachment cannot be included.. | E | New rule |
| Research and Related Other Project Information | Facilities and other resources | 004.23.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 1.3 |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R, SI2/R00, R50 | Single |  |  | Provide error if Facilities and other resources attachment is not attached | The Facilities & Other Resources attachment is required. | E | Update to existing rule  (removed KM1)  Update to existing (Added R50)  December 2015 Release |
| Research and Related Other Project Information | Equipment | 004.24.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V1.3 |  | Incl:  S10 | Single |  |  | Equipment attachment is required | The Equipment Attachment is required. | E | New rule |
| Research and Related Other Project Information | Other attachments | 004.25.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 |  |
| Research and Related Other Project Information | Other attachments | 004.25.2 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications where Type of Application is ‘Resubmission’, a file named ‘01\_VA\_Intro.pdf’ is required. | An Introduction must be included as an ‘Other Attachment’ for resubmissions on the Other Project Information page. The attachment should be named ‘01\_VA\_Intro.pdf’. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.4 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications where Type of Application is ‘New’, do not accept file named ‘01\_VA\_Intro.pdf’ | An Introduction cannot be submitted (as an Other Attachment on the Other Project Information page for new applications. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.5 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  I01 | Single |  |  | For VA applications and activity code is I01 or IK3 where a file named 02a\_VA\_Research\_Plan.pdf has been submitted, it cannot be greater than 14 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 14 pages. | E | Update to Existing rule (Added Activity code IK3)  October 2016 Release |
| Research and Related Other Project Information | Other attachments | 004.25.6 | N | N | Incl:  VA | Incl: V1.3 |  | Excl:  IK6  IS1 | Single |  |  | For VA applications and activity code is NOT IK6 or IS1 provide error if the file named ‘08a\_VA\_R\_D\_Committee\_letter.pdf’ is submitted. | A Letter from the VA R&D Committee may not be submitted for this application. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.7 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  IK6 | Single |  | E | For VA applications and activity code is IK6, where a file named '02a\_VA\_Research\_Plan.pdf' has been submitted, it cannot be greater than 7 pages. | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 7 pages. |  |  |
| Research and Related Other Project Information | Other attachments | 004.25.8 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  IK6  IS1 | Single |  | E | For VA applications and activity code is IK6 or IS1 a file named ‘08a\_VA\_R\_D\_Committee\_letter.pdf' is required. | A Letter from the VA R&D Committee is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled ‘08a\_VA\_R\_D\_Committee\_letter.pdf'. |  |  |
| Research and Related Other Project Information | Other attachments | 004.25.9 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  | E | For VA applications where a file named '02\_VA\_Specific\_Aims.pdf' has been submitted, it cannot be greater than 1 page. | The Specific Aims, submitted as an ‘Other Attachment’ on the Other Project Information page, is limited to 1 page |  |  |
| Research and Related Other Project Information | Other attachments | 004.25.10 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  | E | For VA applications, a file named '02\_VA\_Specific\_Aims.pdf' is required | A Specific Aims is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02\_VA\_Specific\_Aims.pdf'. |  |  |
| Research and Related Other Project Information | Other attachments | 004.25.11 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  IK1, IK2, IK3, IK4, IK5, IK6, I21 | Single |  |  | For VA applications and activity code is IK1, IK2, IK3, IK4, IK5, IK6 or I21 do not accept a file named ‘06\_VA\_Multiple\_PI.pdf | A Multiple PI Leadership Plan may not be submitted for this award type | E | Updated Message Text.  October 2016 Release |
| Research and Related Other Project Information | Other attachments | 004.25.12 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  I01, I21, I50, IP1, IK6, IS1, I34, IU1 | Single |  |  | For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3 IS1, I34 or IU1 do not accept file named ‘02c\_VA\_Mentoring\_Plan.pdf | A Mentoring Plan may not be submitted for this application | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.13 | N | N | Incl:  VA | Incl: V1.3 |  | Incl  I01, I21, I50, IP1, IK6, IS1, I34, IU1 | Single |  |  | For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3, IS1, I34 or IU1 do not accept file named ‘02b\_VA\_Career\_Plan.pdf | A Career Plan may not be submitted for this application. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.14 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  IK1, IK2, IK3,  IK4 ,IK5, | Single |  |  | For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named ‘02b\_VA\_Career\_Plan.pdf’ is required | A Career Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled ‘02b\_VA\_Career\_Plan.pdf’. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.15 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  is IK1, IK2, IK3, IK4, IK5 | Single |  |  | For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named ‘02c\_VA\_Mentoring\_Plan.pdf’ is required | A Mentoring Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled ‘02c\_VA\_Mentoring\_Plan.pdf’. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.16 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  IP1, I50, IK4, IS1,IU1 | Single |  |  | For VA applications and activity code is IP1, I50, IK4, IS1 or IU1 where a file named 02a\_VA\_Research\_Plan.pdf has been submitted, it cannot be greater than 24 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 24 pages. | E | Updated Activity code and validation  October 2016 Release |
| Research and Related Other Project Information | Other attachments | 004.25.17 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications, require the submission of a file named ‘02a\_VA\_Research\_Plan.pdf | A Research Plan is required for this application. Please submit it as an ‘Other Attachment’ on the Other Project Information page, titled ‘02a\_VA\_Research\_Plan.pdf’ | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.18 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications where Type of Application is ‘Renewal’, a file named ‘03\_VA\_Prog\_Report\_Pubs.pdf‘ is required | A bibliography of publications resulting from the last period of VA funding must be included for all renewals. Please submit it as an ‘Other Attachment’ on the Other Project Information page, titled ‘03\_VA\_Prog\_Report\_Pubs.pdf’. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.19 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications where Human Subjects is ‘Y’, a file named ‘04\_VA\_Human\_Subjects.pdf’ is required | A Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information page is ‘Yes’. Please submit it as an ‘Other Attachment’ on the Other Project Information page, titled ‘04\_VA\_Human\_Subjects.pdf’. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.20 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications where Vertebrate Animals is ‘Y’, a file named ‘05\_VA\_Animals.pdf’ is required | A Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used Question on the Other Project Information form is ‘Yes’. Please submit it as an ‘Other Attachment’ on the Other Project Information page, titled ‘05\_VA\_Animals.pdf’. | E | Update to existing rule message |
| Research and Related Other Project Information | Other attachments | 004.25.21 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications where multiple PIs are not included, do not accept a file named ‘06\_VA\_Multiple\_PI.pdf’ | The Multiple PI Leadership Plan attachment should not be included as an ‘Other Attachment’ on the Other Project Information page if a single PI has been included on the Senior/Key Person page. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.22 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  I01, IP1, I50, | Single |  |  | For VA applications where multiple PIs are included and activity code is I01, IP1 or I50, a file named ‘06\_VA\_Multiple\_PI.pdf’ is required | The Multiple PI Leadership Plan attachment must be included if multiple PIs have been included on the Senior/Key Person page. Please submit it as an ‘Other Attachment’ on the Other Project Information page, titled ‘06\_VA\_Multiple\_PI.pdf’. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.23 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications, a file named 08\_VA\_Director\_Letter.pdf' is required | A signed and dated letter from the VA Medical Center Director is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '08\_VA\_Director\_Letter.pdf'. | E |  |
| ~~Research and Related Other Project Information~~ | ~~Other attachments~~ | ~~004.25.24~~ | ~~N~~ | ~~N~~ | ~~Incl:~~  ~~VA~~ | ~~Incl: V1.3~~ |  |  | ~~Single~~ |  |  | ~~For VA applications, a file named '09\_VA\_Checklist.pdf' is required.~~ | ~~A completed VA Checklist is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '09\_VA\_Checklist.pdf'.~~ | ~~E~~ | Rule Disabled  October 2016 release |
| Research and Related Other Project Information | Other attachments | 004.25.25 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  is IK1, I21, I34 | Single |  |  | For VA applications and activity code is IK1, I21, or I34 where a file named '02a\_VA\_Research\_Plan.pdf' has been submitted, it cannot be greater than 9 pages. | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 9 pages. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.26 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  'IK2',  IK3 | Single |  |  | For VA applications and activity code is 'IK2', where a file named '02a\_VA\_Research\_Plan.pdf' has been submitted, it cannot be greater than 19 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 19 pages | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.27 | N | N | Incl:  VA | Incl: V1.3 |  | Incl:  IK5 | Single |  |  | For VA applications and activity code is IK5 where a file named '02a\_VA\_Research\_Plan.pdf' has been submitted, it cannot be greater than 4 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 4 pages | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.28 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For VA applications where a file named ‘01\_VA\_Intro.pdf’ has been submitted for a resubmission, it cannot be greater than 3 pages | The Introduction for a resubmission, submitted as an Other Attachment on the Other Project Information page, is limited to three pages. | E |  |
| Research and Related Other Project Information | Other attachments | 004.25.29 | N | N | Incl:  VA | Incl: V1.3 |  |  | Single |  |  | For applications in response to VA announcements, provide warning if any attachment file names are not provided in one of the following formats:  01\_VA\_Intro.pdf  02\_VA\_Specific\_Aims.pdf  02a\_VA\_Research\_Plan.pdf  02b\_VA\_Career\_Plan.pdf  02c\_VA\_Mentoring\_Plan.pdf 03\_VA\_Prog\_Report\_Pubs.pdf 04\_VA\_Human\_Subjects.pdf 05\_VA\_Animals.pdf 06\_VA\_Multiple\_PI.pdf 07\_VA\_Agreements.pdf  08\_VA\_Director\_Letter.pdf  08a\_VA\_R\_D\_Committee\_Letter.pdf  08b\_VA\_Letters\_of\_Support.pdf  09\_09\_VA\_DMAP.pdf  10\_VA\_Financial\_Disclosure.pdf  11\_VA\_Appendix\_1\_%descriptor.pdf 12\_VA\_Appendix\_2\_%descriptor.pdf 13\_VA\_Appendix\_3\_%descriptor.pdf 14\_VA\_Appendix\_4\_%descriptor.pdf  15\_VA\_Appendix\_5\_%descriptor.pdf 16\_VA\_Appendix\_6\_%descriptor.pdf 17\_VA\_Appendix\_7\_%descriptor.pdf 18\_VA\_Appendix\_8\_%descriptor.pdf 19\_VA\_Appendix\_9\_%descriptor.pdf 20\_VA\_Appendix\_10\_%descriptor.pdf  Note: file name validations should not be case-sensitive. | An attachment submitted as an ‘Other Attachment’ on the Other Project Information page has the name ‘<file name>’. This is not a valid name for this attachment. Please refer to the FOA for the list of valid file names to be submitted as an ‘Other Attachment’. The application will be processed, but concerns may be raised during review of the application. | W | Logic updated to accommodate %descriptor.pdf in validation. |

| **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 Codes (Inclusion &Exclusion) | Applies to Single Project/Multi-Project or both | Applies to Component Type (Multi Project Only) | Cross Components (Multi Projects Only) |  |  |  |  |
| Research and Related Other Project Information | Other attachments | 004.25.30 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  R41, R42, UT1, UT2 | Single |  |  | For STTR applications, provide a Warning if a file named like ‘%SBIR%Application%VCOC%Certification%.pdf’ is attached. | A VCOC Certification attachment should not be provided for STTR applications. | W |  |
| Research and Related Other Project Information | Other attachments | 004.25.31 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Excl: SBIR/STTR v1.2 and after |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44,SB1,  UB1 | Single |  |  | For SBIR/STTR applications, provide a Warning if a file named like ‘SBC\_%.pdf' is not attached. | SBIR and STTR applicants are required to register with SBA through the <http://www.sbir.gov/registration> web site and must attach their registration confirmation files to their applications.  Th~~is~~ confirmation file (with the original file name from the SBA) must be attached as a PDF file to the Other Attachments section of the R&R Other Project Information form.  Please follow application guide and FOA instructions for the registration attachment This warning will not stop your application from being received and processed and will not affect its peer review.  However, you will be required to submit the SBA registration confirmation prior to award. | W | The error will be triggered for SBIR/STTR form v1.1 and will not be triggered for SBIR/STTR form version 1.2 |
| Research and Related Other Project Information | Other attachments | 004.25.32 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  S10 | Single |  |  | Provide error if at least one attachment has not been included. | The Instrumentation Plan is required to be submitted as an ‘Other Attachment’ for this application. | E | New rule |
| Research and Related Other Project Information | Other attachments | 004.25.33 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  F30, F31 | Single |  |  | For F30 and F31 applications provide a Warning if a file named like '%Additional%Educational%Information%.pdf' is not attached. | The pdf named ‘Additional Educational Information.pdf’ required by the funding opportunity announcement was not found in the Other Attachments section of the R&R Other Project Information Form. Failure to include this document (or this document attached under a different filename) will result in your application being flagged as incomplete during manual post-submission validations and your application will not move forward for review. | W | New rule  Rule disabled on 07/28/2016 |
| Research and Related Other Project Information | Other attachments | 004.25.34 | N | N | Incl: VA | Incl: V 1.3 |  | Excl: IK1, IK6 and IS1 | Single |  |  | For VA applications, a file named '09\_VA\_DMAP.pdf' is required. | A completed VA Data Management and Access Plan (DMAP) is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '09\_VA\_DMAP.pdf'. | E | New Rule |
| Research and Related Other Project Information | Other attachments | 004.25.35 | N | N | Incl: VA | Incl: V 1.3 |  |  | Single |  |  | For VA applications, a file named '10\_VA\_Financial\_Disclosure.pdf' is required. Trigger error if the attachment is missing. | A Financial Disclosure document is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '10\_Financial\_Disclosure.pdf'. | E | New Rule |

# 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 Overall, Other Components or Both | 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, USU | 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 either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly | E | Updated Message text.  May 2017 Release |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, credential | 005.21.9 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V2.0 |  |  | Multi | Component |  | Credential provided for component lead in PD/PI section regardless of the project role specified, must be valid. | The Commons Username <Credential> provided for <Last Name, First Name> is not a recognized Commons account. | E |  |
| ~~Research and Related Senior/Key Person Profile (Expanded)~~ | ~~PD/PI Profile, credential~~ | ~~005.21.10~~ | ~~N~~ | ~~N~~ | ~~Incl : NIH, CDC, FDA, AHRQ,~~  ~~VA~~ | ~~Incl: V2.0~~ |  |  | ~~Single~~ |  |  | ~~For Diversity Admin Supplement (Type 3), all snr/key persons should have valid credentials~~ | ~~The eRA Commons Username <Credential> provided for <First name> <Last name> is not a recognized eRA Commons account.~~ | ~~E~~ | ~~New Rule~~ |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, project role | 005.22.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | Incl: V2.0 |  |  | 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) | PD/PI Profile, Biosketch | 005.26.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | 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 | This rule should be disabled for CDC Type 6 applications except for CDC Type 6 Amendment Change in PI |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Current & Pending Support | 005.27.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V2.0 |  | Incl:  DP1, ROO,  DP2,  DP4 | Single |  |  | Current and Pending Support is required. | The Current and Pending Support attachment for the PD/PI is required . | E | New rule |
| 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 | 005.29.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl: V2.0 |  | Incl:  DP1,  ROO,  DP2,  DP4,  DP5,  UP5 | Single |  |  | Provide error if any senior/key persons included (other than the PD/PI on the SF 424 RR Cover) | The PD/PI is the only allowable senior/key person ., | E | New rule |
| 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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, credential | 005.48.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, 777, F99/K00 | Single |  |  | For Fellowship applications, credential is required for the key person with a role of ‘Other’ or ‘Other Professional’ and a project role category of ‘Sponsor’. | The eRA Commons Username must be submitted using the Credential field for ‘Sponsor’ <First Name> <Last Name> | E | Sprint 19  Update to Existing ( Added Type 7)  January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, 777, F99/K00 | Single |  |  | For Fellowship applications,for the key person with a role of ‘Other’ or ‘Other Professional’ and a project role category of ‘Sponsor’, the credential specified must be a valid Commons account. | The eRA Commons Username <Credential> in the Credential for ‘Sponsor’ <First name> <Last name> is not a recognized eRA Commons account. | E | Update to Existing ( Added Type 7)  January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.6 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, 777, F99/K00 | Single |  |  | For Fellowship applications,for the key person with a role of ‘Other’ or ‘Other Professional’ and a project role category of ‘Sponsor’, Provide a warning if the Commons account does not have a sponsor role associated with it. | The eRA Commons Username <Credential> in the Credential for ‘Sponsor’ <First name> <Last name> does not have a sponsor role associated with it. Please work with your eRA Commons account administrator to add the Sponsor role to the account. No change to the application is needed. | W | Update to Existing( Added Type 7)  January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.7 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V2.0 |  |  | Both | Both |  | Provide warning if invalid credentials are provided for snr/Key person with other project role than PD/PI | The eRA Commons Username <Credential> in the Credential for Senior Key Person <First name> <Last name> is not a recognized eRA Commons account. | W | New rule |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.8 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V2.0 |  |  | Both | Both |  | Provide error if credentials provided is greater than 30 characters | The eRA Commons Username <Credential> in the Credential for Senior Key Person <First name> <Last name> exceeds the allowable limit of 30 characters. | E | New rule |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, credential | 005.48.9 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V2.0 |  |  | Single |  |  | For Diversity Admin Supplement (Type 3), all Senior Key Persons should have valid credentials  Note: Credentials is required and should be valid | The eRA Commons Username <Credential> provided for <First name> <Last name> is not a recognized eRA Commons Account | E |  |
| Research and Related Senior/Key Person Profile (Expanded | Profile, senior key person x, credential | 005.48.10 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: v2.0 |  | Incl: K01, K07, K08, K22, K23, K26, K43, K76, K99 | Single |  |  | Provide warning if commons ID is not provided for the SnrKey person with a project role of ‘Other’ or ‘Other Professional’ and other project role category of ‘Mentor’ | A Commons Account should be provided in the Credential Field for <Last Name, First Name> listed as the Mentor for this application | W | New Rule, Sprint 32 SVS-112 |
| 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, USU | 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, USU | 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, USU |  |  | Incl:  SC1, SC2, SC3, C06, UC6, G20 K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 . R50, K76, F99/K00 | Single |  |  | Provide an error if the project role is ‘PD/PI’. | Multiple PD/PIs cannot be included in this application. | E | Test only ( test addition of SC1, SC2, SC3)  Update to Existing( Added C06, UC6, G20)  Update to existing (Added R50)  December 2015 Release  January 14, 2016, Release Update to Existing Rule (added K76, F99/K00) |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, project role | 005.49.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU |  |  | Incl:  R36, SC2 | Single |  |  | Provide error if there is not at least one Snr/key person identified with a project role of ‘Other’ or ‘Other Professional’ and an other project role category of ‘Mentor’. | A Mentor must be identified for this application by specifying a Project Role of ‘Other’ and an Other Project Role category of ‘Mentor’. | E | Update to Existing |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, project role | 005.49.5 | N | N | Incl:  VA, USU | Incl: V2.0 |  | Incl:  IK1, IK2, IK3, IK4IK5, IK6 ,I21 | Single |  |  | For VA applications and activity code is IK1, IK2, IK3, IK4IK5, IK6 or I21 provide error if the project role is ‘PD/PI’. | For Pilot Project or Career Development mechanisms, applications that include multiple PIs cannot be submitted. | E |  |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/ key person x, project role | 005.49.6 | N | N |  | Incl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | For F Applications, there must be at least one key person identified with a project role of ‘Other’ or ‘Other Professional’ and a project role category of ‘Sponsor’. | A Sponsor must be identified for this application. Provide the information for this person on the Senior/Key Person page. Specify a project role of Other and an Other Project Role Category of ‘Sponsor’ | E | New  January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| 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, USU | 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, USU | 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, USU | 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, USU | 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 Senior/Key Person Profile(s) | 005.55.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 2.0 |  | Incl:  DP1, ROO,  DP2,  DP4,  DP5,  UP5 | Single |  |  | Provide error if Additional Snr/Key is included | The Additional Senior/Key Person Profiles attachment cannot be included. | E | New rule |
| Research and Related Senior/Key Person Profile (Expanded) | Additional Biographical Sketch(es) | 005.55.2 | N | N | Incl : NIH, USU | 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 Biographical Sketch(es) | 005.55.5 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl:  DP1,  ROO,  DP2,  DP4,  DP5,  UP5 | SIngle |  |  | Provide error if Additional Biosketches is included | The Additional Senior/Key Person Biosketch attachment cannot be included.. | E | New rule |
| Research and Related Senior/Key Person Profile (Expanded) | Additional Current and Pending Support(s) | 005.55.3 | N | N | Incl : NIH, USU | 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 |  |
| Research and Related Senior/Key Person Profile (Expanded) | Additional Current and Pending Support(s) | 005.55.6 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 2.0 |  | Incl:  DP1, ROO,  DP2,  DP4,  DP5,  UP5 | Single |  |  | Provide error if Additional Person Current and Pending Support is included | The Additional Senior/Key Person Current and Pending Support attachment cannot be included. | E | New rule |

# 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 Overall, Other Components or Both | 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, USU | Excl: 4.0 and after |  |  | Both | Both |  | An answer is required if the answer to ‘Human Subjects Involved’ is "Yes" on the Other Project Information page. | You must answer the “Clinical Trial?” question if you answer Yes to the “Are Human Subjects Involved?” question on the Other Project Information Form. | E | Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Human Subjects Clinical Trial (Y/N) | 008.1.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  |  | Both | Both |  | If Human Subjects NIH-Defined Phase III Clinical Trial is true, Human Subjects Clinical Trial must be true | You must answer Yes to the “Clinical Trial?” questions if you answer Yes to the “Agency-Defined Phase III Clinical Trial” question. | E | Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Human Subjects Clinical Trial (Y/N) | 008.1.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  |  | 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, USU | Excl: 4.0 and after |  |  | 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, USU | Excl: 4.0 and after |  |  | 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 Clinical Trial (Y/N) | 008.1.6 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  S10 | SIngle |  |  | Provide a warning if Human Subjects Clinical Trial is mark ‘Yes’. | Clinical Trials are not typically allowed for this type of funding opportunity announcement. | W | Forms D, March 2016 Release |
| 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, USU | Excl: 4.0 and after |  |  | Both | Both |  | An answer is required if the answer to ‘Human Subjects Clinical Trial’ is "Yes". | You must answer the “Agency-Defined Phase III Clinical Trial” question if you answer Yes to the “Clinical Trial?” question. | E | Forms D, March 2016 Release |
| 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, USU | Excl: 4.0 and after |  |  | Both | Both |  | If Human Subjects Clinical Trial is No, this cannot be equal to Yes. | You cannot answer Yes to the “Agency-Defined Phase III Clinical Trial”question if you anser No to the “Clinical Trial?” question | E | Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 008.2.3 | N |  | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  |  | 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 |  | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after 008.2.5 |  |  | Multi | Overall | Y | For New and Renewal applications, if NIH Clinical Trial is Yes and NIH-Defined Phase III Clinical Trial is not ‘Yes’ 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 |  | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  |  | Multi | Overall | Y | For Revision and Resubmission applications, If NIH Clinical Trial is Yes and NIH Defined Phase III clinical trial is not ‘Yes’ 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. | W |  |
| PHS 398 Cover Page Supplement | Disclosure Permission Statement | 008.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Cover Page Supplement | Program Income | 008.25.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Single |  |  | Provide warning if checked yes for Training grants applications | Program Income is typically not allowed for this type of funding opportunity announcement. | W | Update to existing rule  (removed KM1)  Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Program Income | 008.25.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  | Incl :  S10 | Single |  |  | Provide error id Program income is mark ‘Yes’. | Program Income is typically not allowed for this type of funding opportunity announcement. | E | Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Program Income, Budget Period 1-5 | 008.26.1 | N |  | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  |  | Both | Component |  | 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 | Octobe 2017 Relese. Exclude version 4.0 from rule |
| PHS 398 Cover Page Supplement | Program Income, Budget Period 1-5 | 008.26.2 | N |  | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  |  | Both | Component | 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 | Octobe 2017 Relese. Exclude version 4.0 from rule |
| 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, USU | V 2.0 |  |  | Both | Component |  | 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, USU | V 2.0 |  |  | Both | Both |  | A response is required for Human Embryonic Stem Cells (HESC) Involved (Y/N) | You must answer the “Does the proposed project involve human embryonic stem cells?” question. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Human Embryonic Stem Cells (HESC) Involved (Y/N) | 008.21.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | 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, USU | 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, USU | 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 | Human Embryonic Stem Cells (HESC) Involved (Y/N) | 008.21.5 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  | Incl:  S10 | Single |  |  | Provide warning if Human Embryonic Stem Cells (HESC) Involved is mark ‘Yes” | Involvement of human embryonic stem cells is not typically allowed for this type of funding opportunity announcement. | W | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| 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, USU | V 2.0 |  |  | Both | Component |  | If HESC involved=’Y’, must include ‘HESC Cell Lines’ or can’t be referenced’ checkbox must be checked | You must provide specific human embryonic stem cell lines or check the “Specific stem cell lines cannot be referenced at this time” box if you answer Yes to the “Does the proposed project involve human embryonic stem cells?” question. | E | Rule updated to apply to Component Only.  October 2016 Release |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  |  | Both | Component |  | If HESC involved=’N’, can’t include ‘HESC Cell Lines’ or can’t be referenced’ checkbox must not be checked | You cannot provide specific human embryonic stem cell lines or check the “Specific stem cell lines cannot be referenced at this time” box if you answer No to the “Does the proposed project involve human embryonic stem cells?” question. | E | Rule updated to apply to Component Only.  October 2016 Release |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  |  | Both | Component |  | 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 | Rule updated to apply to Component Only.  October 2016 Release |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  |  | Both | Component |  | If ‘Can’t Be Referenced’ is checked, no cell lines may be entered. | You cannot provide specific human embryonic stem cell lines if you check the “Specific stem cell lines cannot be referenced at this time” box. | E | Rule updated to apply to Component Only.  October 2016 Release |
| PHS 398 Cover Page Supplement | HESC Cell Lines | 008.23.5 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | 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 | Rule disabled  October 2016 Release |
| Cover Page Supplement(NIH) | Inventions and Patents, Yes/No | 008.27.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  |  | Both | Overall |  | Required if the type of application is either "Renewal". | You must answer the “Inventions and Patents” question if you select Renewal as the Type of Application on the SF424 (R&R) Form. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| Cover Page Supplement(NIH) | Inventions and Patents, Yes/No | 008.27.2 | N | N | Incl:  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Single |  |  | Error if Inventions and Patents, Yes is selected | Inventions and Patents are not allowed for this type of funding opportunity announcement. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Inventions and Patents, Previously Reported (Yes or No) | 008.28.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  |  | Both | Overall |  | Must be answered if response to Inventions and Patents is ‘Yes’ | You must answer the “Previously Reported” queston if you answer Yes to the “Inventions and Patents” question | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Inventions and Patents, Previously Reported (Yes or No) | 008.28.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 2.0 |  |  | Both | Overall |  | Should not be answered if response to Inventions and Patents is ‘No’ | You cannot answer the “Previously Reported” question if you answer No to the “Inventions and Patents” question | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Change of PI | 008.29.1 | N | N | Incl :  NIH,  FDA, AHRQ,, USU | V 2.0 |  |  | Both | Overall |  | Not accepted for revisions. | A change of Project Director / Principle Investigator is not allowed if you select Revision as the Type of Application on the SF424 (R&R) form. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Change of PI | 008.29.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  | 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 Project Director / Principle Investigator is not allowed for this type of funding opportunity announcement. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Name of former PI, First Name | 008.31.1 | N |  | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  |  | Both | Overall |  | First name must be included if application is for change of PI | You must provide the first name of the former PD/PI if you check the “Change of Project Director / Priniciple Investigator” box. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| 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 |  | Incl:  NIH,  CDC, FDA, AHRQ, USU |  |  |  | Both | Overall |  | Last name must be included if application is for change of PI | You must provide the last name of the former PD/PI if you check the “Change of Project Director / Priniciple Investigator” box. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| 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 | 008.36.1 | N | N | Incl:  NIH,  CDC, FDA, AHRQ, USU | Incl:  V 1.3 |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Single |  |  | Warning if change of Grantee Institution is selected | A change of grantee institution is typically not allowed for this type of funding opportunity announcement. | W | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: name of former inst. | 008.37.1 | N |  | Incl:  NIH,  CDC, FDA, AHRQ, USU |  |  |  | Both | Overall |  | The name of former institution is required if the answer to the "Change of Grantee Institution" question is "Yes". | You must provide the name of former institution if you check the “Change of Grantee Institution” box. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Vertebrate Animals: Is method consistent with American Veterinary Medical Association (AVMA) guidelines | 008.38.1 | N | N | Incl: NIH, USU | Excl: V2.0 |  |  | Both | Both |  | An answer to “is method consistent with American Veterinary Medical Association (AVMA guidelines) is required if the answer to “Are vertebrate animals euthanized’ is “Yes”. | You must answer the “Is method consistent with AVMA guidelines?” question if you answer Yes to the “Are animals euthanized?” question. | E | Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Vertebrate Animals: If “No” to AVMA guidelines, describe method and provide a scientific justification | 008.39.1 | N | N | Incl: NIH, USU | Excl: V2.0 |  |  | Both | Both |  | If “No” to AVMA guidelines, method and scientific justification must be provided. | You must provide the euthanasia method and scientific justification if you answer No to the “Is method consistent with AVMA guidelines?” question. | E | Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Program Income, Budget Period 1-10 | 008.40.1 | N | N | Incl:NIH, USU | Exc: V2.0 |  |  | Both | Component |  | If Program Anticipated question = N and Program Income data is provided, give error | You cannot provide program income details when you answer No to the “Is program income anticipated?” question. | E | Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Program Income, Budget Period 1-10 | 008.40.2 | N | N | Incl:NIH, USU | Exc: V2.0 |  |  | Both | Component |  | The number of program income budget periods must be less than or equal to the number of budgets provided in the budget form | You provided anticipated program income amounts for <x> budget periods, but only <y> periods were included in the budget form. | E | Forms D, March 2016 Release |

# 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 Overall, Other Components or Both | | Cross Components  (Multi Project Only) |
| Modular Budget, Years 1-5 (NIH) |  | 018.0.2 | N | N | Incl:  NIH, USU | 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, USU | Incl:  V 1.2 |  | Excl: C06, UC6, G20 | 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) |  | 018.0.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | V 1.2 |  | Incl:  R15,  RF1,  UF1,  UA5 | Single |  | |  | Return error if more than one budget period has been included. | All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions | E |  |
| Modular Budget, Years 1-5 (NIH) | Start Date | 018.1.1 | N | N | Incl:  NIH, USU | 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 budget period <budget year> 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, USU | 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, USU | 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, USU | Incl:  V 1.2 |  |  | Single Project |  | |  | The Budget period end date must be greater than budget period start date and less than or equal to project period end date listed on the SF424 RR.. | For Budget period <budget year> the budget 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, USU | 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, USU | Incl:  V 1.2 |  |  | Single Project |  | |  | Must be <= 250K, must be a multiple of 25K for each budget year | For budget period <budget year>, the Direct Cost Less Consortium, F&A 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, USU | Incl:  V 1.2 | project\_cost\_exception\_flag = N | Incl: R03, R21, UH2 | Single Project |  | |  | Provide error if this value for *any* budget year is >50K for R03 or budget year is >200K for R21 or budget year is >200K for UH2 | For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are limited to <direct cost limit> per period for this program. | E |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Direct Cost Less Consortium, F&A | 018.3.3 | N | N | Incl:  NIH, USU | Incl:  V 1.2 | project\_cost\_exception\_flag = N | Incl:  R34,  U34 | Single Project |  | |  | Provide warning if this value for *any* budget year is >225K | For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are typically limited to <direct cost limit> for this type of application.  Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Direct Cost Less Consortium, F&A | 018.3.4 | N | N | Incl:  NIH, USU | Incl:  V 1.2 |  | Incl: SC1, SC2, SC3 | Single Project |  | |  | Provide error if the Direct cost less F&A for any budget year is >75K  for SC3, or is > 100K for SC2, or is > 250K for SC1.  Note: Depending upon the type of application, generate the specific error message. | For budget period <budget year>, the Direct Cost requests are limited to <direct cost limit> a year for this application. | E | New Rule |
| 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. | For budget period <budget year>, the Direct Cost Less Consortium provided exceeds the allowable limit. | E |  |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Total Direct Costs | 018.5.1 | N | N | Incl:  NIH, USU | 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. | For budget period <budget year>, 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, USU | Incl:  V 1.2 |  |  | Single Project |  | |  | Provide warning if greater than 0 and less than 1. | For budget period <budget year>, 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. | For budget period <budget year>, 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. | For budget period <budget year>, 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, USU | 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. | For budget period <budget year>, 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, USU | 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, USU | 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. | For budget period <budget year>, 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, USU | 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, USU | 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, USU | Incl:  V 1.2 | Project Costs Exception = N | Incl: R21, UH2 | 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, USU | 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, USU | 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, USU | 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, USU | 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, USU | 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| Research & Related Budget 5YR, (R&R) |  |  |  |  |  |  |  |  |  |  |  | Unless specifically stated, all project budget validations also apply to the subaward budget. |  |  |  |
| Research & Related Budget 5YR, (R&R) |  | 020.0.2 | N | Y | Incl:  NIH, USU | Incl:  V 1.3 |  | Incl:  R03, R21, R34, U34, UH2 | 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, USU | Incl:  V 1.3 |  | Exclude: 333, 666, 777, C06, UC6, G20 | 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. | W |  |
| Research & Related Budget 5YR, (R&R) |  | 020.0.4 | N | Y | Incl:  NIH,  CDC,  FDA,  AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  R15,  RF1,  UF1,  UA5 | Single |  |  | Return error if more than one budget period has been included. | All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | E |  |
| Research & Related Budget 5YR, (R&R) | Organizational DUNS | 020.1.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | 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, USU | 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) | Budget type (project, subaward/consortium) | 020.3.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  R41. R42, UT1, UT2 | SIngle |  |  | For an STTR submission, there must be at least one budget included with budget type of subaward/consortium for each year of the STTR (project) budget. | A research institution Budget page must be included for each year of an STTR submission. | E |  |
| Research & Related Budget 5YR, (R&R) | Start Date | 020.4.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | Incl:  V 1.3 |  |  | Single |  |  | The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date 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, USU | Incl:  V 1.3 |  | Excl:  R41, R42, UT1, UT2 | 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 .  Exclude: STTR applications | 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, USU | Incl:  V 1.3 |  | Excl:  R41, R42, UT1, UT2 | Single |  |  | For budgets type ‘Project’, there must be at least one record for the budget year with a project role of PD/PI.  Exclude: STTR applications | 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, USU | 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 | 020.12.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Excl:  R13, U13 | 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 (R41, R42, UT1, UT2) 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, Cal. Months | 020.12.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  R13, U13 | Single |  |  | A value for calendar months, academic months, *or* summer months is required for each senior/key person. The value may be zero. | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort (zero or greater) 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 Cal. Mos | 020.12.3 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  |  | SIngle |  |  | For PD/PIs (submission of R41, R42, UT1, UT2) STTR submissions, a non-zero value for calendar months, academic months, *or* summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided. | For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater then 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, USU | 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, USU | 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, USU | 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, USU | 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 | Incl: NIH, USU |  |  |  | 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, USU | 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, USU | 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, USU | 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 | 020.34.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 1.3 |  | Incl:  K12 | Single project |  |  | If Number of participants/Trainees is zero or blank, provide warning | For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee Support Costs section of the budget. | W | Update to existing rule  (removed KM1) |
| 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, USU | 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 (Technical Assistance) | 020.43 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  |  | Single |  |  | Technical Assistance can be provided either on lines 8, 9 or 10. It cannot be provided multiple times within the same budget period. Trigger error if "Technical Assistance" is provided more than once. | “Technical Assistance” can only be entered on one of the lines from 8-10 in Section F within the same budget period | E | New rule December 2018 Release |
| 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, USU | 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, USU | 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, USU | Incl:  V 1.3 |  | Include: R03, R21, R01, RL1, U01, R34, U34, UH2,I80 | 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 |  |
| Budget, F-K, Year *x* (R&R) | Total Direct Costs (A-F) | 020.52.2 | N | Y | Incl:  NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Excl:  R41, R42, UT1, UT2., R43, R44, U43, U44, S21, S22, | Single |  |  | Provide warning if total direct cost is equal to or greater than 500K for any budget period | Direct cost requests of $500 K or more a year need approval to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications without such approval may be delayed or not accepted for review. | W | Update to existing  (add exclusion of S21, S22)  Message text updated  April 2016 Release (Message text updated)  May 2016 Release  Update to existing rule message and validation |
| Budget, F-K, Year *x* (R&R) | Total Direct Costs (A-F) | 020.52.3 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | V 1.3 |  | Incl:  R15,  UA5 | Single |  |  | Provide warning if subtotal direct costs for any budget period is > $300K.  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’. | Direct cost requests are typically limited to $300k for this type of application.  Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W |  |
| Budget, F-K, Year *x* (R&R) | Total Direct Costs (A-F) | 020.52.4 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | V 1.3 |  | Incl:  G13 | Single |  |  | The subtotal direct costs on the project budget cannot be greater than 50k. 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’. | Direct cost requests are typically limited to $50k. | E | New rule |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, Indirect Cost Rate | 020.53.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00,  K12, K30 | Single |  |  | If Indirect cost rate is 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 | Update to existing rule  (removed KM1) |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, x Indirect Cost Base | 020.54.1 | N | Y | Incl :  NIH, CDC, FDA, AHRQ,  VA, USU |  |  | Incl:  G08, G13, S21, S22 | Single |  |  | Provide an error if Indirect Cost Base is greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed. | E | New rule |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, x Funds Requested | 020.55.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08, G13, S21, S22 | Single |  |  | Provide an error if Indirect Cost Funds requested is greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost Funds Requested funds is allowed. | E | New rule |
| Research & Related Budget 5YR, (R&R) | Total Indirect Costs | 020.56.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | 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** | **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 | 020.87.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08 | Single |  |  | For a submission with one budget period, must be less than or equal to $100k. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $100K if one (1) budget period has been included, unless otherwise stated in the opportunity announcement. | W |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A-F), total | 020.87.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08 | Single |  |  | For a submission with two budget periods, must be less than or equal to $200k. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $200K if two (2) budget periods have been included, unless otherwise stated in the opportunity announcement. | W |  |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A-F), total | 020.87.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08 | Single |  |  | For a submission with three budget periods, must be less than or equal to $300k. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $300K if three (3) budget periods have been included, unless otherwise stated in the opportunity announcement. | W |  |
| 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, USU | 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, USU | 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, USU | 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 Overall, Other Components or Both | 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, USU | Incl:  V 1.3 |  | Incl:  R03, R21, UH2  R34. U34 | 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, USU | 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) |  | 022.0.3 | N | Y | Incl:  NIH,  CDC,  FDA,  AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  R15,  RF1,  UF1,  UA5 | Single |  |  | Return error if more than one budget period has been included. | All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | E |  |
| Research & Related Budget 10YR, (R&R) | Organizational DUNS | 022.1.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | 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, USU | 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) | Budget type (project, subaward/consortium) | 022.3.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  R41. R42, UT1, UT2 | SIngle |  |  | For an STTR submission, there must be at least one budget included with budget type of subaward/consortium for each year of the STTR (project) budget. | A research institution Budget page must be included for each year of an STTR submission. | E |  |
| Research & Related Budget 10YR, (R&R) | Start Date | 022.4.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU | 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 period < Budget Year>, the start date should be 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, USU | Incl:  V 1.3 |  |  | Single |  |  | The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date 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, USU | Incl:  V 1.3 |  | Excl R41, R42, UT1, UT2 | 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  Exclude: STTR applications | 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, USU | Incl:  V 1.3 |  | Excl R41, R42, UT1, UT2 | Single |  |  | For budgets type ‘Project’, there must be at least one record for the budget year with a project role of PD/PI.  Exclude: STTR applications | 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, USU | 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, USU | Incl:  V 1.3 |  | Excl:  R13, U13 | 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 (R41, R42, UT1, UT2) 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, Cal. Months | 022.12.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  R13, U13 | Single |  |  | A value for calendar months, academic months, *or* summer months is required for each senior/key person. The value may be zero. | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort (zero or greater) 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 Cal. Mos | 022.12.3 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  |  | SIngle |  |  | For PD/PIs on STTR submissions (R41, R42, UT1, UT2), a non-zero value for calendar months, academic months, *or* summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided. | For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater then 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, USU | 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, USU | 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, USU | 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, USU | 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 | Incl: NIH, USU |  |  |  | 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, USU | 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, USU | 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, USU | 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 | 022.44.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  VA, USU | Incl:  V 1.3 |  | Incl:  K12 | Single |  |  | If Number of participants/Trainees is zero or blank, provide warning | For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee Support Costs section of the budget. | W | Update to existing rule  (removed KM1) |
| 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, USU | 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, USU | 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, USU | 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  , USU | Incl:  V 1.3 |  | Include: R03, R21, R01, U01, R34, U34, UH2,I80 | 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 |  |
| Research & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.61.3 | N | Y | Incl:  NIH, CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Excl:  R41, R42, UT1, UT2, R43, R44, U43, U44, S21, S22, SB1,UB1 | Single |  |  | Provide warning if total direct cost is equal to or greater than 500K for any budget period | Direct cost requests of $500 K or more a year need approval to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications without such approval may be delayed or not accepted for review. | W | Update to existing  (add exclusion of S21, S22)  Updated Message text  May 2016 Release: Update to existing rule |
| Research & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.61.4 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | V 1.3 |  | Incl:  R15,  UA5 | Single |  |  | Provide warning if subtotal direct costs for any budget period is > $300K.  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’. | Direct cost requests are typically limited to $300k for this type of application.  Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W |  |
| Research & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.61.5 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | V 1.3 |  | Incl:  G13 | Single |  |  | The subtotal direct costs on the project budget cannot be greater than 50k. 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’. | Direct cost requests are typically limited to $50k. | E | New rule |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, Indirect Cost Rate | 022.62.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU |  |  | Incl:K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, K30, | Single |  |  | If Indirect Cost rate is 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 | Update to existing rule  (removed KM1) |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, x Indirect Cost Base | 022.63.1 | N | Y | Incl :  NIH, CDC, FDA, AHRQ,  VA, USU |  |  | Incl:  G08, G13, S21, S22 | Single |  |  | Provide an error if Indirect Cost Base is greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed. | E | New rule |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, x Funds Requested | 022.64.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08, G13, S21, S22 | Single |  |  | Provide an error if Indirect Cost Funds requested greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed. | E | New rule |
| Research & Related Budget 10YR, (R&R) | Total Indirect Costs | 022.65.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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, USU | 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, USU | 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** | **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 | 022.96.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08 | Single |  |  | For submission with one budget period, must be less than or equal to $100k. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $100K if one (1) budget period has been included, unless otherwise stated in the opportunity announcement. | W |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section G, Direct Costs (A-F), total | 022.96.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08 | Single |  |  | For a submission with two budget periods, must be less than or equal to $200k. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $200K if two (2) budget periods have been included, unless otherwise stated in the opportunity announcement. | W |  |
| Research & Related Cumulative Budget 10YR, (R&R) | Section G, Direct Costs (A-F), total | 022.96.3 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V 1.3 |  | Incl:  G08 | Single |  |  | For a submission with three budget periods, must be less than or equal to $300k. | The cumulative ‘Total Direct Costs for Entire Project Period’ is limited to $300K if three (3) budget periods have been included, unless otherwise stated in the opportunity announcement. | W |  |
| 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, USU | 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 10YR, (R&R) | Section H, Indirect Costs | 022.98.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | 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 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, USU | 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 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 Overall, Other Components or Both | 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 | The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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** | **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 |  |
| 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 |  |
| 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 |  |
| 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  |  | 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,  FDA, AHRQ, USU |  |  |  | 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, USU |  |  |  | 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, USU |  |  | Excl:  RM1,  UM1 | Both | Both | Y | Limited to 1 page for revisions. Exclude component type 'Complex Component' | The Introduction attachment for revision application is limited to one (1) page. | E |  |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.5 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  | Excl:  RM1,  R25, UE5,  R38  UM1,  DP7 | Both | Both | Y | Limited to 1 page for resubmissions.  Exclude component type 'Complex Component' | The Introduction attachment for a resubmission application is limited to one (1) page. | E |  |
| PHS Research Plan | Research Plan Attachments: Introduction | 010.1.6 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  |  | 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: Introduction | 010.1.7 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  | Incl:  R25, UE5,  R38,  DP7 | Single |  |  | Limited to 3 pages for resubmissions | The Introduction attachment for a resubmission application is limited to three (3) pages. | E |  |
| PHS Research Plan | Research Plan Attachments: Specific Aims | 010.2.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  | Excl:  DP1, ROO,  DP2, DP4,  R35,R50,  X02 | Both | Both |  | Required attachment | The Specific Aims attachment is required. | E | Update to existing rule  (Added DP1, DP2, DP4)  07/15: Updated to exlude X02 |
| PHS Research Plan | Research Plan Attachments: Specific Aims | 010.2.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  | Excl:  RM1,  UM1 | Both | Both |  | Provide error if Specific Aims attachment is greater than 1 page.  Exclude component type 'Complex Component' | The Specific Aims attachment is limited to one (1) page . | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  |  | 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, USU |  | Page\_Limit\_Exception\_flag = N | Incl:  R03, R13, U13, R21, R36, SC2, SC3, R50,R35 | Single |  |  | Research Strategy Attachment must be less than or equal to 6 pages. | The Research Strategy attachment is limited to six (6) pages. | E | Update to existing rule(added SC2, SC3)  Update to Existing(Added R50)  December 2015 Release |
| Research Plan (NIH) | Research Plan Attachments: Research Strategy | 010.3.4 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  | Page\_Limit\_Exception\_flag = N | Incl:  for R01, RL1, U01, R15, R18, R24, U18, U24, R33, UH3, R21/R33, R34, U34, DP3, DP5, UP5, G08, G11, G13, UH2/UH3, SC1U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00,I80 | Single |  |  | Research Strategy Attachment must be less than or equal to 12 pages | The Research Strategy attachment is limited to twelve (12) pages. | E | Update to existing rule  (added DP3, DP5. UP5)  Update to existing rule  (added G08, G11, G13)  Update to existing (add SC1) |
| Research Plan (NIH) | Research Plan Attachments: Research Strategy | 010.3.5 | N | N | Incl :  NIH,  FDA, AHRQ  ,USU |  | Page\_Limit\_Exception\_flag = Y | Incl:  R01, RL1, U01, R15,R24 R18, U18, U24,R33, UH3, , R21/R33,  UH2/UH3, R34, U34, DP3, G08, G11, G13, UH 2, UH2/UH3, SC1, U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00, DP3, DP5. UP5,I80 | Single |  |  | Research Strategy Attachment must be less than or equal to 30 pages | The Research Strategy attachment is limited to thirty (30) pages. | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.6 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  | Page\_Limit\_Exception\_flag = Y | Incl:  R03, R13, U13, R21, R36, SC2, SC3, R50 | Single |  |  | Research Strategy Attachment must be less than or equal to 12 pages. | The Research Strategy attachment is limited to twelve (12) pages. | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.7 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  | Incl:  R25, UE5, R38,  DP7 | Single |  |  | Research Strategy Attachment must be less than or equal to 25 pages. | The Research Strategy attachment is limited to twenty five (25) pages. | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.8 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  | Page\_Limit\_Exception\_flag = N | Incl :  R42, UT2, R44, U44, SB1,UB1 | 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 attachment is limited to twelve (12) pages. | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.9 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  | Page\_Limit\_Exception\_flag = Y | Incl :  R42, UT2, R44, U44 | 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 attachment is limited to thirty (30) pages. | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.10 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  | Page\_Limit\_Exception\_flag = N | Incl :  R41, UT1, R43, U43 | Single |  |  | Research Strategy Attachment must be less than or equal to 6 pages. Validation applies to:  R41(STTR Phase I), R43 (SBIR Phase I)), U43, UT1 | You have selected “Phase I” for the “SBIR/STTR Type” field on the SBIR/STTR Information form. The Research Strategy attachment is limited to six pages for Phase 1 awards. | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.11 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  | page\_limit\_ exception flag = Y | Incl :  R41, UT1, R43, U43 | Single |  |  | Research Strategy Attachment must be less than or equal to 12 pages  Validation includes: R41(STTR Phase I) and R43 (SBIR Phase I), U43 (SBIR Phase I), UT1 (STTR Phase I) | The Research Strategy attachment is limited to twelve (12) pages. | E |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.12 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  DP1, ROO,  DP4 | SIngle |  |  | Research Strategy Attachment must be less than or equal to 5 pages. | The Research Strategy attachment is limited to five (5) pages. | E | New rule |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.13 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  DP2 | Single |  |  | Research Strategy Attachment must be less than or equal to 10 pages | The Research Strategy attachment is limited to ten (10) pages. | E | New rule |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.14 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU |  |  | Incl: X01,X02, OT1 | Single |  |  | Provide a warning if Research Strategy Attachment is greater than 6 pages and less than or equal to12 pages | The Research Strategy page limit for < Activity code> applications varies by opportunity.  Be sure to comply with the Funding Opportunity Announcement (FOA) instructions . | W | New rule |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.15 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU |  |  | Incl: X01, X02, OT1 | Single |  |  | Provide error if Research Strategy Attachment is greater than 12 pages | You have exceeded the page limit for the Research Strategy. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. |  |  |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.16 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU |  |  | Incl: OT2 | Single |  |  | Provide a warning if Research Strategy Attachment is greater than 12 pages and less than or equal to 30 pages | The Research Strategy page limit varies by opportunity. Be sure to compy with the Funding Opportunity Announcement (FOA) instructions. | W | New rule |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.17 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU |  |  | Incl: OT2 | Single |  |  | Provide error if Research Strategy Attachment is greater than 30 pages. | You have exceeded the page limit for the Research Strategy. Be sure to comply with the Funding Opportunity Announcement (FOA)instructions. | E | New Rule |
| PHS Research Plan | Research Plan Attachments: Progress Report Publication List | 010.4.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Both | Both |  | Required for renewals. | The Progress Report Publication List attachment is required for renewal applications. | E | Rule is currently disabled. |
| PHS Research Plan | Research Plan Attachments: Progress Report Publication List | 010.4.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Both | Both |  | Must not be included for a new or revision application | The Progress Report Publication List should not be attached for a new or revision type of application. | E | New Rule for Forms D, March 2016 Release |
| PHS Research Plan | Research Plan Attachments: Protection of Human Subjects | 010.6.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  |  | Both | Component |  | 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: Data Safety Monitoring Plan | 010.17.1 | N | N | Incl :  NIH,  AHRQ, USU | Excl: 2.0, 4.0 and after |  |  | Both | Component |  | Required if “yes” is selected as the answer to the “Clinical Trial?” question on the PHS Cover Page Supplemental Form | The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the cover Page Supplement is “Yes”. | E | New Rule for Forms D, as part of March 2016 Release |
| PHS Research Plan | Research Plan Attachments: Inclusion of Women and Minorities | 010.7.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  |  | Both | Component |  | 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, USU | Excl: 4.0 and after |  |  | Both | Component |  | 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, USU |  |  | Excl:  S10 | Both | Component |  | 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 |  |  |  |  |  |  |  |  |  |  |  |
| PHS Research Plan | Research Plan Attachments: Multiple PI Leadership Plan | 010.12.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU |  |  |  | Both | Overall |  | Required if multiple PD/ 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, USU |  |  |  | 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 | 010.14.1 | N | N | Incl:  NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  R36 | Single |  |  | Required for an R36 application (activity code on funding opportunity = ‘R36’). | Letters of Support must be included for this application. | E |  |
| PHS Research Plan | Research Plan Attachments: Resource Sharing Plan | 010.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Research Plan | Research Plan Attachments: Authentication of Key Biological and/or Chemical Resources | 010.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Research Plan | Research Plan Attachments: Appendix | 010.16.1 | N | N | Incl:  NIH, USU |  |  |  | Both | Both |  | Limited to 10 appendixes | You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed. | E |  |
| PHS Research Plan | Research Plan Attachments: Appendix | 010.16.2 | N | N | Incl:  NIH, CDC, FDA, AHRQ, USU |  |  | Incl :  R41, UT1, R43, U43 | Single |  |  | Appendixes are not allowed for SBIR or STTR Phase I applications,  Exclude RFA | Appendices may not be submitted for a Phase I SBIR or STTR application. | E |  |
| PHS Research Plan | Research Plan Attachments: Appendix | 010.16.3 | N | N | Incl:  NIH, CDC, FDA, AHRQ, USU |  |  | Incl :  R41, UT1, R43, U43 | Single |  |  | Provide a warning if an appendix is submitted for an SBIR or STTR Phase I application  For RFA ONLY | For most RFAs, the submission of appendices with a Phase I SBIR or Phase I STTR is not permitted. Be sure that you have complied with the guidance provided for appendices in this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review. | W |  |

# 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Single |  |  | Required for resubmission applications. | The Introduction attachment is required for resubmissions. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | 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, USU |  |  | 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R50, K76 | Both | Other | Y | Limited to 1 pages for resubmissions | The Introduction for resubmissions is limited to one page. | E | Update to Existing ( Added R50)  December 2015 Release  January 14, 2016 Release, Update to Existing Rule (adding K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.5 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Background | 013.2.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Candidate’s Background attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (adding K76)  Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Background | 013.2.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (adding K76)  Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Background | 013.2.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (adding K76)  Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Career Goals and Objectives | 013.3.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Career Goals and Objectives attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (adding K76)  Forms D, March 2016 Release |
| 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, USU | Excl: 3.0 and after |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Candidate’s Plan for Career Development/ Training Activities During Award Period attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (adding K76)  Forms D, March 2016 Release |
| 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Training in the Responsible Conduct of Research attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Limited to 1 page | The Training in the Responsible Conduct of Research attachment is limited to 1 page. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Plan to Provide Mentoring | 013.6.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | 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, USU |  |  | Incl:  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Single |  |  | Provide error if attachment is provided | A Mentoring Plan should not be submitted for this application | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate’s Plan to Provide Mentoring | 013.6.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | 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, USU |  |  | Incl:  K01, K08, K18, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Plans and Statements of Mentor and Co-mentor(s) attachment is required . | E | Update to existing  (removed K07, K22)  January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Plans and Statements of Mentor and Co-mentor(s) | 013.7.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Limited to 6 pages | The Plans and Statements of Mentor and Co-mentor(s)attachment is limited to 6 pages. | E | Update error message  January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Plans and Statements of Mentor and Co-mentor(s) | 013.7.4 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K07, K22 | Single |  |  | Provide Warning if Plans and Statements by Mentor, Co-Mentors, Contributors attachment is not provided | The Plans and Statements of Mentor and Co-mentor(s)attachment is typically required for this type of application.  Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W | New rule |
| 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76) |
| 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Limited to 6 pages | Letters of Support from Collaborators, Contributors, and Consultants attachment is limited to 6 pages. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Description of Institutional Environment | 013.9.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Description of Institutional Environment attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Description of Institutional Environment | 013.9.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Institutional Commitment to Candidate’s Research Career Development attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Specific Aims | 013.11.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Required attachment | The Specific Aims attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Specific Aims | 013.11.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Limited to 1 page | The Specific Aims is limited to 1 page. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Inclusion of Women and Minorities | 013.16.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Inclusion of Children | 013.18.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Vertebrate Animals | 013.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76) |
| 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, USU |  |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other |  | Limited to 10 appendixes | You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Citizenship | 013.24.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  | Incl:  K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K76 | 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 | January 14, 2016 Release, Update to Existing Rule (added K76)  Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Citizenship | 013.24.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.0 and after |  | Incl:  K43 | Single |  |  | A Citizenship selection is required. | A Citizenship selection is required for this application. | E | New rule |
| Career Dev. Award (NIH) | Citizenship:If no, select most appropriate Non-U.S. Citizen option | 013.24.4 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Single |  |  | Required if “No” is selected as the answer to the “U.S. Citizen or Non-Citizen National” question on the Career Development Award Supplemental Form | If response to “U.S. Citizen or Non-Citizen National” is “No”, selection of the most appropriate Non-U.S. Citizen option is required. | E | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Citizenship:If no, select most appropriate Non-U.S. Citizen option | 013.24.5 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Single |  |  | Only one Citizenship option should be selected. | More than one Non-U.S. Citizen option has been selected. Please review your selections and choose only one option. | W | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Citizenship:If with a temporary U.S. Visa who has applied for a permanent resident status and expect to hold a permanent resident visa by the earliest date of award. | 013.24.6 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl: K02, K05, K24, K26, K01, K07, K08, K22, K23, K25 | Single |  |  | Provide a warning if “Non-U.S. Citizen with a Temporary U.S. Visa” is selected as the answer to the question, If no, select most appropriate Non-U.S. Citizen option” on the Career Development Award Supplemental form | You have sected Citizenship choice, “Non-U.S. Citizen with a temporary U.S. Visa” as your citizenship status. This is not a valid citizenship choice for this application unless you have applied for permanent resident status and expect to hold a permanent resident visa at the time of award. | W | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Citizenship:Non-U.S. Citizen with a Permanent U.S. Resident Visa | 013.24.7 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl: K43 | Single |  |  | Non-U.S. Citizen with a Permanent U.S. Resident Visa is not allowed for K43 applications | Non-U.S. Citizen with a Permanent U.S. Resident Visa is not a valid selection for this type of application | E | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Citizenship:Non-U.S. Citizen with a Temporary U.S. Resident Visa | 013.24.8 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl: K43 | Single |  |  | Non-U.S. Citizen with a Temporary U.S. Resident Visa is not allowed for K43 applications | Non-U.S. Citizen with a Temporary U.S. Resident Visa is not a valid selection for this type of application | E | Forms D, March 2016 Release |
| Career Dev. Awarch (NIH) | Citizenship: U.S. Citizen or Non-Citizen National | 013.24.9 | N | N | Incl; NIH, AHRQ, USU | Excl: V2.0 |  | Incl: K43 | Single |  |  | If “Yes” is selected for K43 application provide error. | U.S. Citizen or Non-Citizen National is not a valid option for this application | E | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate Information and Goals to Career Development | 013.25.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Both | Both |  | Required Attachment | Canididate Information and Goals for Career Development is required. | E | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate Information and Goals to Career Development | 013.25.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | Page\_Limit\_Exception\_Flag = “N” |  | Both | Both |  | Provide a warning if the Candidate Information and Goals for Career Development and Research Strategy attachment are greater than 12 pages and less than or equal to 13 pages. | The “Candidate Information and Goals for Career Development” and “Research Strategy” attachments are limited to a combined total of 12 pages. Your combined total for the two attachments is 13 pages. If the additional page is the result of page breaks and white space from splitting the information into two separate attachments, then no action is needed. If the additional page is full of text, you must reduce your content to fit within the combined 12 page limit. | W | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate Information and Goals to Career Development | 013.25.3 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | Page\_Limit\_Exception\_Flag = “N” |  | Both | Both |  | Provide an error if the Candidate Information and Goals for Career Development plus the Research Strategy combined is greater than 13 pages. | The “Candidate Information and Goals for Career Development” and “Research Strategy” attachments are limited to a combined total of 12 pages. This may span to 13 pages to accommodate page breaks and white space resulting from splitting the information into two separate attachments. Your combined total for the two attachments is over 13 pages. | E | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments. Data Safety Monitoring Plan | 013.26.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Both | Component |  | Required if “Yes” is selected as the answer to the “Clinical Trial?” question on the Cover Page Supplemental Form | The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the Cover Page Supplemetn is “Yes” | E | Forms D, March 2016 Release |
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# 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| PHS 398 Research Training Program Plan | Introduction to Application (for REVISION or RESUBMISSION applications only) | 014.1.3 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component | Y | Limited to 1 page for revisions. | The Introduction for a revision is limited to one (1) page. | E | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Introduction to Application (for REVISION or RESUBMISSION applications only) | 014.1.4 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component | Y | Limited to 3 pages for resubmissions. | The Introduction for a resubmission is limited to three (3) pages. | E | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Introduction to Application (for REVISION or RESUBMISSION applications only) | 014.1.5 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component | Y | Must not be included for a new or renewal type of application | An Introduction cannot be included for new or renewal applications. | E | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Background | 014.2.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU | Excl: 3.0 and after |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component |  | Required attachment | The Background attachment is required. | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Background | 014.2.2 |  |  | Incl: NIH, CDC, FDA, AHRQ  , USU | Excl: 3.0 and after |  |  | 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 | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Background | 014.2.3 |  |  | Incl: NIH, CDC, FDA, AHRQ  , USU | Excl: 3.0 and after |  |  | 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 | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Background | 014.2.4 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU | Excl: 3.0 and after | Page\_limit\_exception = N | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Single |  |  | Provide error if Research Plan Attachments 2-4 together are greater than 25 pages plus 3 pages (to account for whitespace) | The Research Training Program Plan attachments 2 through 4 are limited to a combined total of 25 pages. | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Background | 014.2.5 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU | Excl: 3.0 and after | Page\_limit\_exception = Y | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Single |  |  | Provide error if Research Plan Attachments 2-4 together are are greater than 30 pages plus 3 pages (to account for whitespace) | The Research Training Program Plan attachments 2 through 4 are limited to a combined total of 30 pages. | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Program Plan | 014.3.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component |  | Required attachment | The Program Plan attachment is required. | E | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Program Plan | 014.3.2 | N | N | Incl:  NIH,  AHRQ, USU | Excl:  V2.0 |  |  | Both | Component |  | Provide error if Program Plan is greater than 25 pages | The Program Plan is limited to 25 pages | E | New Rule for Forms D, March 2016 Release |
| PHS 398 Research Training Program Plan | Recruitment and Retention Plan to Enhance Diversity | 014.4.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU | Excl: 3.0 and after |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, , | Both | Component |  | Required attachment | The Recruitment and Retention Plan to Enhance Diversity attachment is required. | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Plan for Instruction in the Responsible Conduct of Research | 014.5.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T15, T32, T34, T35, T36  K12, T37, D71, D43, U2R  T01, T02, T03, T14, T42, T90, T90/R90, T90/R90, TU2 | Both | Component |  | Required attachment | The Plan for Instruction in the Responsible Conduct of Research attachment is required. | E | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Plan for Instruction in the Responsible Conduct of Research | 014.5.2 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | 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 | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Plan for Instruction in Methods for Enhancing Reproducibility | 014.17.1 | N | N | Incl:  NIH,  AHRQ, USU | Excl:  V2.0 |  |  | Both | Component |  | Required attachment. | The Plan for Instruction in Methods for Enhancing Reproducibility is required. | E | New Rule for Forms D, March 2016 Release |
| PHS 398 Research Training Program Plan | Plan for Instruction in Methods for Enhancing Reproducibility | 014.17.2 | N | N | Incl:  NIH,  AHRQ, USU | Excl:  V2.0 | Pilot FOAs listed in NIH database table |  | Both | Component |  | Provide an error if the Plan for Instruction in Methods for Enhancing Reproducibility attachment is included unless it is specifically requested in the FOA. | Do not submit a Plan for Instruction in Methods for Enhancing Reproducibility attachment. See <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-034.html>. | E | Use of attachment currently in pilot. Temporary table-look up used until long-term validation requirements in place. Table not exposed systematically. Avoid local enforcement of error. SVS validations will fire appropriately |
| PHS 398 Research Training Program Plan | Progress Report  *(for RENEWAL applications only)* | 014.6.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Both | Both |  | Required for renewals. | The Progress Report Publication List attachment is required for renewal applications. | E | New Rule for Forms D, March 2016 Release |
| PHS 398 Research Training Program Plan | Progress Report  *(for RENEWAL applications only)* | 014.6.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Both | Both |  | Must not be included for a new or revision application | The Progress Report Publication List should not be attached for a new or revision type of application. | E | New Rule for Forms D, March 2016 Release |
| PHS 398 Research Training Program Plan | Progress Report  *(for RENEWAL applications only)* | 014.6.3 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Both | Both |  | Progress report publication list is required when a submission is a resubmission of a renewal.  Resubmission of Renewal: Last submission would be a type 2 | Progress report publication list is required for resubmission of renewal application | E | New rule December 2018 Release |
| PHS 398 Research Training Program Plan | Human Subjects | 014.7.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU | Excl: 4.0 and after |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component |  | Required if Human Subjects is ‘yes’ on the Other Project Info form within the same component | A Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information form is ‘Yes’. | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Data Safety Monitoring Plan | 014.18.1 | N | N | Incl: NIH, AHRQ, USU | Excl: 2.0, 4.0 and after |  |  | Both | Component |  | Required if “Yes” is selected as the answer to the “Clinical Trial?” question on the PHS Cover Page Supplemental Form | The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the Cover Page Supplement is “Yes” | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Vertebrate Animals | 014.8.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component |  | Required Vertebrate Animals is true on Other Project Information form within the same component | A Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used Question on the Other Project Information form is ‘Yes’. | E | Update to existing rule message  Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Select Agent Research | 014.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Multiple PD/PI Leadership Plan (if applicable) | 014.10.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Single |  |  | Required if multiple PD/ PIs are included with the submission | The Multiple PD/PI Leadership Plan attachment must be included if multiple Senior/Key entries with the PD/PI role have been included on the Senior/Key Person Profile form. | E | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Multiple PD/PI Leadership Plan (if applicable) | 014.10.2 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Single |  |  | 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 form. If not intending to submit a multiple PD/PI application, remove the Multiple PI Leadership Plan attachment. | E | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Consortium/Contractual Arrangements | 014.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Participating Faculty Biosketches | 014.12.1 | N | N | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component |  | Warning if not included | The Participating Faculty Biosketches attachment should be included for this application. | W | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Data Tables | 014.13.1 |  |  | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component |  | Warning if not included | The Data Tables attachment may be required in whole or in part for this application. Check the announcement and application guide for requirements. | W | Update to existing rule  (removed KM1) |
| PHS 398 Research Training Program Plan | Letters of Support | 014.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Research Training Program Plan | Appendix | 014.16.1 |  |  | Incl: NIH, CDC, FDA, AHRQ  , USU |  |  | Incl:  T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,  T37, K12, D43, D71, U2R | Both | Component |  | Limited to 10 appendixes | Only 10 appendix attachments are allowed. | E | Update to existing rule  (removed KM1) |

# 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 Overall, Other Components or Both | 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 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | Component |  | 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 |  |
| PHS 398 Training Budget | Budget type (project) | 015.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | Budget type (subaward/consortium) | 015.3.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | 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 for the application. | E |  |
| PHS 398 Training Budget | Name of organization | 015.4.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ,  VA, USU | Incl:  V1.0 |  |  | Both | Component |  | The Name of Organization is required | The Organization name is required for <DUNS>. | E |  |
| PHS 398 Training Budget | Start Date | 015.5.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | 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 <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 |  |
| PHS 398 Training Budget | Start Date | 015.5.2 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | 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 | For <Organization name> budget for budget period < Budget Year>, the start date should the same or later than the proposed project start date listed on the SF 424 RR Cover. | W |  |
| PHS 398 Training Budget | End Date | 015.6.1 | N | Y | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | 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 | For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or the same as the proposed project end date listed on the SF 424 RR Cover. | E |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Full Time | 015.7.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  | Incl:  T34 | Single |  |  | Provide error if Number of Full time and/or short term undergraduate trainees is not provided (0 or NULL) | For <Organization name> for budget period < Budget Year>,the number of Full time and/or Short term Undergraduate trainees is required. | E |  |
| PHS 398 Training Budget | A. Stipends, Tuition/Fees Number of Trainees, Undergraduate: Full Time | 015.7.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  | Incl:  T15,  T32,  T35 | Single |  |  | Provide error if Number or stipends of Full time or short term undergraduate trainees is provided (greater than 0) | For <Organization name> for budget period < Budget Year>, the Undergraduate information cannot be included for this application. | E |  |
| 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 ($) | 015.9.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  | Incl:  T34 | Single |  |  | Provide error if undergraduate Stipends requested is not provided (0 or NULL) | For <Organization name> for budget period < Budget Year>, the Undergraduate stipend requested is required. | E |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Tuition/Fees Requested ($) | 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 | 015.13.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  | Incl:  T34 | Single |  |  | Provide Error  If total pre-doctoral full-time,  or total pre-doctoral short term,  or total pre-doctoral stipends requested,  or total post-doctoral full-time,  or total post-doctoral short term,  or total post-doctoral stipends requested,  or number of other full-time,  or other short term,  or other stipends requested,  is greater than 0. | For <Organization name> for budget period < Budget Year>, the Predoctoral, Postdoctoral and Other Trainee information cannot be included. | E |  |
| 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 ($) | 015.44.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  | Excl:  T02, T03 | Both | Component |  | Provide error  If number of undergrad full-time,  or number undergrad short term,  or total pre-doctoral full-time,  or total pre-doctoral short term,  or total post-doctoral full-time,  or total post-doctoral short term,  or number of other full-time,  or number of other short term,  is greater than 0 and total stipends requested total is not greater than 0 | For <Organization name> for budget period < Budget Year>, if Number of Trainees information is then corresponding Stipends Requested information must also be included. | E |  |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesTotal, Stipends Requested ($) | 015.44.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  | Excl:  T02, T03 | Both | 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. | For <Organization name> for budget period < Budget Year>, if Stipends Requested information is provided then corresponding Number of Trainees information must also be included. | 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 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | Component |  | Warning if Funds requested, training related expenses is not provided | For <Organization name> for budget period < Budget Year>, the Funds Requested for Training Related Expenses should be provided. | W |  |
| PHS 398 Training Budget | B. Other Direct CostsTotal Direct Costs from R&R Budget Form (if applicable), Funds Requested ($) | 015.49.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Single |  |  | Provide error if RR budget (project budget) is present in the application and if the Total Direct Costs from RR Budget for all budget periods is Null or '0' | If an R&R Budget is part of the application, the Total direct costs from the R&R Budget should be provided in the Total direct Cost from R&R Budget form section. | E |  |
| PHS 398 Training Budget | B. Other Direct CostsConsortium Training Costs (if applicable), Funds Requested ($) | 015.50.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  | Excl:  T02,  T03 | Both | 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 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 Consortium training costs section. | W |  |
| PHS 398 Training Budget | *B. Other Direct CostsTotal Other Direct Costs Requested, Funds Requested ($)* | 015.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | C. Total Direct Costs Requested (A + B) | 015.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Type 1 | 015.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Rate 1 (%) | 015.54.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | Component |  | Provide warning if not 8 | For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8. | W |  |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Base 1 | 015.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS 398 Training Budget | D. Indirect Costs Funds Requested 1 ($) | 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 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | Incl:  V1.0 |  |  | Both | 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** | **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 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# SBIR/STTR Form

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| SBIR/STTR (NIH) | Program Type (SBIR, STTR, Both) | 023.1.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44 | Single |  |  | Choice must be consistent with the information stored for the announcement: if the announcement is indicated as ‘SBIR’, ‘SBIR’ must be selected; if announcement is indicated as ‘STTR’, ‘STTR’ must be selected. | You have selected a Program Type of <Program Type>. That is not the correct program type for this announcement. Please refer to the FOA for the correct program type for this application. | E |  |
| SBIR/STTR (NIH) | Program Type (SBIR, STTR, Both) | 023.1.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44 | Single |  |  | One and only one choice may be made. | Please select one Program Type, SBIR or STTR.. | E |  |
| SBIR/STTR (NIH) | SBIR/STTR Type (Phase I, Phase II, Fast-Track) | 023.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SBIR/STTR (NIH) | Question 1.a Small Business Eligibility (Y/N) | 023.3.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Provide error if Small Business Eligibility is No | The Small Business Eligibility Certification must be marked ‘Yes’ for SBIR and STTR applications. | E |  |
| SBIR/STTR (NIH) | Question 1b. Anticipated number of personnel | 023.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SBIR/STTR (NIH) | Question 2. Are Subcontracts Included? (Y/N) | 023.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SBIR/STTR (NIH) | Name of Labs/Agencies For Subcontracts | 023.6.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44 | Single |  |  | Required entry if response to ‘Are Subcontracts Included?’ is ‘Yes’. | If it is indicated in question 2 that subcontracts are included, the name(s) of labs or agencies for subcontracts must be included. | E |  |
| SBIR/STTR (NIH) | Name of Labs/Agencies For Subcontracts | 023.6.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Cannot be included if response to ‘Are Subcontracts Included?’ is ‘No’. | If it is indicated in question 2 that subcontracts are not included, the name(s) of labs or agencies for subcontracts cannot be included. | E |  |
| SBIR/STTR (NIH) | Question 3. Located in HUBZone (Y/N) | 023.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SBIR/STTR (NIH) | Question 4. Research to be Performed in US? (Y/N) | 023.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SBIR/STTR (NIH) | Explanation of Foreign Performance | 023.9.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1,UB1 | Single |  |  | Must be included if answer to ‘work to be performed in US’ question is ‘no’. | If it is indicated in question 4 that research is not to be performed in the US, an explanation attachment must be provided. | E |  |
| SBIR/STTR (NIH) | Explanation of Foreign Performance | 023.9.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44 | Single |  |  | Cannot be included if answer to ‘work to be performed in US’ question is ‘yes’. | If it is indicated in question 4 that research is to be performed in the US, an explanation attachment cannot be provided. | E |  |
| SBIR/STTR (NIH) | Question 5. Equivalent Submissions (Y/N) | 023.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SBIR/STTR (NIH) | Names of other Federal agencies for equivalent work | 023.11.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Required entry if answer to ‘submittal of equivalent work to other agencies’ question is ‘yes’. | If it is indicated in question 5 that applications for essentially equivalent work have been proposed to or awarded by other Federal agencies, the names of the other Federal agencies must be provided. | E |  |
| SBIR/STTR (NIH) | Names of other Federal agencies for equivalent work | 023.11.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Cannot be included if answer to ‘submittal of equivalent work to other agencies’ question is ‘no’. | If it is indicated in question 5 that applications for essentially equivalent work have not been proposed to or awarded by other Federal agencies, then no other Federal agencies can be listed. | E |  |
| SBIR/STTR (NIH) | Question 6. Disclosure Permission Statement (Y/N) | 023.12.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl:V 1.2 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Provide warning if Disclosure Permission Statement answer is different on SBIR/STTR form and the Cover Page Supplement form | The Disclosure Permission Statement answer provided on the PHS398 Cover Page Supplement form does not match the answer provided on the SBIR/STTR Information form. Please verify and correct as needed. | W |  |
| SBIR/STTR (NIH) | Commercialization Plan Attachment | 023.13.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  R41,UT1,R43,U43 | Single |  |  | Commercialization Plan attachment cannot be submitted for SBIR or STTR Phase I | A Commercialization Plan should not be submitted for Phase I applications. | E | Updated to remove exclusion of version 1.2 |
| SBIR/STTR (NIH) | Commercialization Plan Attachment | 023.13.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA |  |  | Incl:  R42, UT2, R44, U44 | Single |  |  | Commercialization Plan attachment is required for Phase II, Direct Phase II and Fast Track submissions | The Commercialization Plan is required for Phase II and Fast Track submissions. | E | Updated to remove exclusion of version 1.2 |
| SBIR/STTR (NIH) | Commercialization Plan Attachment | 023.13.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Incl:  V 1.1 |  | Incl:  R42, UT2, R44, U44 | Single |  |  | Limited to 12 pages | The Commercialization Plan is limited to twelve (12) pages. | E |  |
| SBIR/STTR (NIH) | Agency to which you are applying | 023.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl:  R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | If DOE or USDA checked, trigger error | DOE and USDA are not valid agency selections for this funding opportunity announcement. | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Application Type: Direct Phase II | 023.20.1 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 | Direct\_Phase\_Two\_Flag = ‘Y’ |  | Single |  |  | Provide warning if an application type other than Direct Phase II is selected when applying to a Direct Phase II FOA. | You have applied using a Direct Phase II Funding Opportunity Announcement, but a selection other than Direct Phase II has been made. | W | Rule Disabled  August 8, 2018 Release |
| SBIR/STTR (NIH) | Application Type: Direct Phase II | 023.20.2 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 | Direct\_Phase\_Two\_Flag = ‘N’ |  | Single |  |  | Provide warning if Direct Phase II selected when applying to a Non-Direct Phase II FOA | Check Funding Opportunity Announcement to verify Direct Phase II is a valid application type selection. | E | Rule disabled December 2018 Release |
| SBIR/STTR (NIH) | Application Type: Direct Phase II | 023.20.19 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  |  |  |  |  | Provide error when applicant selects Application Type as “RENEWAL” on the SF424 R&R Cover AND selects Direct Phase II on the SBIR/STTR form. | Direct Phase II is not a valid selection when Type of Application selected on the SF424 R&R cover is “renewal” | E | New Rule December 2018 Release |
| SBIR/STTR (NIH) | Application Type: Phase II B | 023.20.3 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl: R42, UT2, R44, U44 | Single |  |  | Provide warning if there is **not** a previously awarded Phase II, Direct Phase II or Fast Track in the system and the applicant selects Phase IIB on the SBIR/STTR form | A previously awarded Phase II, Direct Phase II or Fast Track could not be found. If your project was previously supported by a contract or another agency, contact the eRA Service Desk (<http://grants.nih.gov/support/index.html>). | W | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Application Type: Phase II B | 023.20.18 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl: R42, UT2, R44, U44 | Single |  |  | Provide warning when applicant selects Application Type as “New” on the SF424 R&R cover AND selects Phase II B on the SBIR/STTR form | Phase II B is not a valid selection when Type of Application selected on the SF 424 R&R Cover is “New”. | E | Updated severity – December 2018 Release |
| SBIR/STTR (NIH) | Application Type: Phase IIA | 023.20.4 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  |  | Single |  |  | Provide error if Phase IIA checked on the SBIR/STTR form and HHS is selected. | HHS does not support Phase IIA | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Commercialization Readiness Program | 023.20.5 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl: SB1, UB1 | Single |  |  | Provide error if applicant selects commercialization readiness program | Commercialization readiness program is not a viable option. | E | Modification to trigger, message and severity of rule - August 8, 2018 Release |
| SBIR/STTR (NIH) | Phase I Letter of Intent number | 023.20.6 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Provide warning if Phase I Letter of Intent Number is provided vwhen HHS is checked. | Phase I Letter of Intent Number is not required for HHS agencies and will be ignored | W | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | 1.c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms? | 023.20.7 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl: R43, R44, U43, U44, SB1, UB1 | Single |  |  | Provide warning if VCOC certification attachment is included and applicant does not select 'yes' in response to question 1c. | You provided the VCOC certification attachment but have not selected 'Yes' to question 1c. for Venture Capital information. | W | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | 1.c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms? | 023.20.8 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl: R43, R44, U43, U44, SB1, UB1 | Single |  |  | Provide error if Program Type selected on the form is 'STTR' and the applicant selects 'Yes' to question 1c: Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms. | If program type selected is STTR, the answer to "Is your small business majority owned by venture capital operating companies, hedge funds, or private equity funds cannot be 'Yes'. | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Commercialization plan | 023.20.12 | N | N | NIH, CDC, FDA, AHRQ, VA | Excl: V1.1 |  | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | A commercialization plan is required for all SBIR/STTR applications other than Phase I and not applying to DOE | A Commercialization Plan should not be submitted for Phase I applications unless the phase 1 is for DOE | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Have you received SBIR Phase II awards from the Federal Government?  Company Commercializtion History | 023.20.13 | N | N | NIH, CDC, FDA, AHRQ, VA | Incl: V1.1 |  | Incl: R43, R44, U43, U44,SB1,UB1 | Single |  |  | Provide error if Company Commercialization history is not provided when response to the question, “ Have you receive SBIR Phase II awards from the Federal Government” is “Yes”. | Company Commercialization history is required, if your response to the question, “Have you received SBIR Phase II awards from the Federal Government?” is “Yes”. | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award? | 023.20.14 | N | N | NIH, CDC, FDA, AHRQ, VA | Incl: V1.1 |  | Incl: R43, R44, U43, U44 ,SB1, UB1 | Single |  |  | Provide error if response to question , “Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?” is not provided | You have selected “SBIR” or “Both” as your program Type. You must provide a response to the question, “Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?” | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Please indicate whether the answer to BOTH of the following questions is TRUE:  (1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly  (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the  small business through the STTR application process; AND  (2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project? | 023.20.15 | N | N | NIH, CDC, FDA, AHRQ, VA | Incl: V1.1 |  | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Provide error response to questions 10(1) and 10(2) are not provided when program type is “STTR” or “Both” | You have selected “STTR” or “Both” as your program Type. You must indicate whether questions 10 (1) and 10 (2) are true. | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work? | 023.20.16 | N | N | NIH, CDC, FDA, AHRQ, VA | Incl: V1.1 |  | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single |  |  | Provide error if response to the question, “In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?” is not provided when program type selected is STTR or Both. | You have selected “STTR” as your program type. You must provide a response to the question, “In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work”. | E | New Rule  October 2017 Release |
| SBIR/STTR (NIH) | Provide DUNS Number of non-profit research partner for STTR | 023.20.17 | N | N | Incl : NIH, CDC, FDA, AHRQ,  VA | Excl: V1.1 |  | Incl: R41, R42, UT1, UT2 | Single |  |  | Provide error if the DUNS# on "+a/the+" subaward budget form does not match the DUNS # provided.  \*\*Note\*: There may be multiple Subaward budget forms. Must match one.\* | The DUNS number provided in the SBIR/STTR form does not match the DUNS provided on any Subaward/Consortium budget form. | E | New Rule  October 2017 Release |

# PHS Fellowship 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| PHS Fellowship Supp. Form | Type of Application | 024.0 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Introduction | 024.1.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Introduction attachment is imited to 1 page | The Introduction attachment is limited to one (1) page. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Introduction | 024.1.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Introduction attachment is required for resubmission | The Introduction attachment is required for resubmissions. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Specific Aims | 024.2.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Specific Aims attachment is limited to 1 page | The Specific Aims attachment is limited to one (1) page . | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments:  Research Strategy | 024.3.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Research Strategy Attachment must be less than or equal to 6 pages. | The Research Strategy attachment is limited to six (6) pages. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Research Plan Attachments:  Progress Report Publication List | 024.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Human Subjects Involved? (Y/N) | 024.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Human Subjects Involvement Indefinite (Y/N) | 024.7.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | An answer to Human Subjects Involvement Indefinite is required if the answer to ‘Human Subjects Involved’ is "Yes" on the Other Project Information. | The Human Subjects Involvement Indefinite question must be answered if the answer to Human Subjects Involved is ‘Yes’ on the Other Project Information. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Human Subjects Involvement Indefinite (Y/N) | 024.7.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If Human Subject Involved is ‘No’ on the Other Project Information and Human Subjects Involvement Indefinite is ‘Yes’, provide error | The Human Subjects Involvement Indefinite question cannot be marked ‘if the answer to Human Subjects Involved is ‘No’ on the Other Project Information. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Human Subjects  Clinical Trial (Y/N) | 024.8.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If Human Subjects NIH-Defined Phase III Clinical Trial is Yes, Clinical Trial must be Yes. | The Human Subjects Clinical Trial question must be “Yes” if the answer to Human Subjects NIH-Defined Phase III Clinical Trial is “Yes. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Human Subjects  Clinical Trial (Y/N) | 024.8.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | An answer to Clinical trial question is required if the answer to ‘Human Subjects Involved’ is "Yes". | 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 | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Human Subjects  NIH-Defined Phase III Clinical Trial (Y/N) | 024.9.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If Human Subjects Clinical Trial is No, NIH-Defined Phase III Clinical Trial must be No or NULL | The Human Subjects NIH-Defined Phase III Clinical Trial must be “No” if the answer to the Human Subjects Clinical Trial question is “No” | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Human Subjects  NIH-Defined Phase III Clinical Trial (Y/N) | 024.9.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | An answer to NIH-Defined Phase III Clinical Trial 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 | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Protection of Human Subjects | 024.10.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Protection of Human Subjects attachment is required if Human Subjects is ‘yes’ on the Other Project Information. | The Protection of Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information page is ‘Yes’. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Inclusion of Women and Minorities | 024.11.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Inclusion of Women and Minorities attachment is 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 Page is ‘Yes’ and if the Exemption Number is not 4. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Inclusion of Children | 024.12.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Inclusion of Children attachment is required if Human Subjects is true and Exemption is not E4 on the Other Project Information. | The Inclusion of Children Attachment must be included if the response to the Human Subjects question on the Other Project Information Page is ‘Yes’ and if the Exemption Number is not 4. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Vertebrate animals used? | 024.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Vertebrate Animals Use Indefinite (Y/N) | 024.14.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | An answer to Animals Use Indefinite is required if Vertebrate Animals Used is ‘Yes’ | The Vertebrate Animals Use Indefinite question must be answered if the answer to Vertebrate Animals Used is ‘Yes’. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Vertebrate Animals Use Indefinite (Y/N) | 024.14.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If Vertebrate Animals is ‘No’ on the Other Project Info and Vertebrate Animals Use Indefinite is ‘Yes’, provide error | The Vertebrate Animals Use Indefinite question cannot be marked ‘Yes’ if the answer to Vertebrate Animals Used is ‘No’. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Vertebrate Animals | 024.15.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2 , F99/K00 | Single |  |  | Vertebrate Animals attachment is required if Vertebrate Subjects is true | The Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used question on the Other Project Information page is ‘Yes’ | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Select Agent Research | 024.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Resource Sharing Plan | 024.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Respective Contributions | 024.18.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Respective Contributions attachment is limited to 1 page | The Respective Contributions attachment is limited to one (1) page. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Selection of Sponsor and Institution | 024.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Selection of Sponsor and Institution attachment is limited to 1 page | The Selection of Sponsor and Institution attachment is limited to one (1) page. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Supplemental Form Attachments: Responsible Conduct of Research | 024.20.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Responsible Conduct of Research attachment is limited to 1 page | The Responsible Conduct of Research is limited to one (1) page. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | HESC Involved (Y/N) | 024.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | HESC ‘can’t be referenced’ checkbox | 024.22.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If HESC involved=’Y’, ‘can’t be referenced’ checkbox must be selected or cell line(s) must be provided (not both) | 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 | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | HESC ‘can’t be referenced’ checkbox | 024.22.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If HESC involved=’N’, ‘can’t be referenced’ checkbox cannot be selected and/or cell line(s) cannot be provided. | 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 | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | HESC Cell Lines | 024.23.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | 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 | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | HESC Cell Lines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | HESC Cell Lines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | HESC Cell Lines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant : Alternate Phone Number | 024.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: degree sought, degree | 024.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: degree sought, other, degree type | 024.26.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If “other degree” is selected ( Other Degree(s):   MOTH: Other Masters Degree   DOTH: Other Doctorate      DDOT: Other Doctor of Medical Dentistry    MDOT: Other Doctor of Medicine   VDOT: Other Doctor of Veterinary Medicine    OTH: Other) , the degree type is required | If one of the “Other Degree(s)” is selected, indicate the Degree Type. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Applicant: degree sought, other, degree type | 024.26.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If “other degree” is not selected, the degree type must not be provided | ‘Other Degree Type’ must not be provided if the degree selected is not one listed under ‘Other Degree(s)’. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Applicant: degree sought, expected completion date | 024.27.1 | Y | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Provide error if degree date is not in the format of MM/YYYY. | The Degree Sought Expected Completion Date must be in MM/YYYY format. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Applicant: degree sought, expected completion date | 024.27 |  |  | , USU |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: field of training | 024.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: current or prior Kirschstein-NRSA support (y/n)? | 024.29.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If ‘Yes’ is selected on’ Current or Prior Kirschstein-NRSA support’, one level and type is required on the same row of the grid and at least one row of the grid. | At least one entry for Current or Prior Kirschstein-NRSA support information is required. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, level | 024.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, type | 024.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, start date | 024.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: current orprior Kirschstein-NRSA support *x*, end date | 024.33.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Current or Prior Kirschstein-NRSA Support End date must be greater than Support Start Date on the same row of the grid | The Current or Prior Kirschstein-NRSA Support End Date must be later than Support Start Date. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, grant number | 024.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: Applications for concurrent support (Y/N)? | 024.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Fellowship Applicant: concurrent support description attachment | 024.36.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If ‘Yes’ selected for Concurrent Support, the Application for Concurrent Support attachment is required | An Application Concurrent Support attachment must be included. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowship Applicant: goals for fellowship training and career attachment | 024.37.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.1 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Limited to 1 page | The Goals for Fellowship Training and Career attachment is limited to one (1) page. | E | Updated to Exclude version 4.0 |
| PHS Fellowship Supp. Form | Fellowship Applicant: activities planned under this award attachment | 024.38.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.1 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Limited to 1 page | The Activities planned under this Award attachment is limited to one (1) page. | E | Updated to exclude version 4.0 |
| PHS Fellowship Supp. Form | Fellowship Applicant: doctoral dissertation and other research experience attachment | 024.39.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.1 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Warning if the doctoral dissertation and other research experience attachment is not included | The Doctoral Dissertation And Other Research Experience should be included with this application. | W | Updated to exclude version 4.0 |
| PHS Fellowship Supp. Form | Fellowship Applicant: doctoral dissertation and other research experience attachment | 024.39.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.1 and after |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Limited to 2 pages | The Doctoral Dissertation And Other Research Experience attachment is limited to two (2) pages. | E | Updated to exclude version 4.0 |
| PHS Fellowship Supp. Form | Fellowship Applicant: citizenship | 024.40.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl: 3.1 and after |  | Incl:  F30, F31, F32,F33, F37, F38, FI2, | Single |  |  | “Non-US Citizen with temporary U.S. visa” is not a valid selection for all F applications except F05 (Fogarty) | “Non-US Citizen with temporary U.S. visa” is not a valid selection for this application. | E | Forms D, May 2016 Release (Update to Existing Rule to exclude V3.1)  Updated to exclude version 4.0 |
| PHS Fellowship Supp. Form | Citizenship: If no, select most appropriate Non-U.S. Citizen Option | 024.40.3 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Single |  |  | Required if ‘No’ is selected as the answer to the ‘U.S. Citizen or Non-Citizen National’ question on the Fellowship form. | If response to “U.S. Citizen or Non-Citizen National” is “No”, selection of the most appropriate Non-U.S. Citizen option is required. | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Citizenship: If no, select most appropriate Non-U.S. Citizen Option | 024.40.5 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl: F05, | Single |  |  | U.S. Citizen or Non-Citizen National should be "No" AND "With a Permanent U.S. Resident U.S. visa" should not be selected for F05 applications. | Response to "U.S. Citizen or Non-Citizen National" must be "No" and selection of "With a Temporary U.S. visa" is required. | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Citizenship: If no, select most appropriate Non-U.S. Citizen Option | 024.40.6 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  |  | Single |  |  | Only one citizenship option should be selected | More than one Non-U.S. Citizen option has been selected. Please review your selections and choose only one option. | W | Forms D, May 2016 Release  August 8, 2016  Rule Severity updated to warning from error |
| PHS Fellowship Supp. Form | Citizenship: If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent resident visa by the earliest | 024.40.7 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl: F30, F31, F32, F33, F37, F38, FI2, | Single |  |  | Provide a warning if “Non-U.S. Citizen with a Trmporary U.S. visa” is selected and the “If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award” is not selected | You have selected a citizenship choice of “Non-U.S. citizen with a temporary U.S. visa” as your citizentship status. This is not a valid citizenship choice for this application unless you have applied for permanent resident status and expect to hold a permanent resident visa at the time of award. | W | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Institution: Change of sponsoring institution | 024.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Institution: Name of former institution | 024.42.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If change of Sponsoring Institution is selected, the Name of Former Institution is required | The Name of the Former Institution is required, when the Change of Sponsoring Indicator is selected. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Sponsor(s) and Co-Sponsor(s) Information attachment | 024.43.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to 6 pages | The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to six (6) pages. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Sponsor(s) and Co-Sponsor(s) Information attachment | 024.43.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Sponsor and Co-Sponsor statements are required | Sponsor and Co-Sponsor statements is a required attachment. | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Budget: tuition and fees, none requested | 024.44.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If None Requested selected on Tuition and Fees, no Funds requested amount should be entered | If None Requested selected on Tuition and Fees, no Funds requested amount should be entered | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Budget: funds requested, year *x* | 024.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Fellowship Supp. Form | Budget: total funds requested | 024.46.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Total Funds Requested must equal the sum of all funds requested | The Total Funds Requested must equal the sum of all funds requested | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Budget: present institutional base salary, amount | 024.47.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Base salary, amount should be greater than 0 for F33 | The Amount for the Present Institutional Base Salary is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Budget: present institutional base salary, academic period | 024.48.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | A selection is required for F33 | The Academic Period for the Present Institutional Base Salary is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Budget: present institutional base salary, # of months | 024.49.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Base salary, # of months should be greater than 0 for F33 | The Number of Months for the Present Institutional Base Salary is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Budget: stipends/salary during first year, federal stipend requested, amount | 024.50.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Federal stipend requested, amount should be greater than 0 for F33 | The Amount for the Federal Stipend Requested Salary is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Budget: stipends/salary during first year, federal stipend requested, number of months | 024.51.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Federal stipend requested, number of months should be greater than 0 for F33 | The Number of Months for the Federal Stipend Requested Salary is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Budget: stipends/salary during first year, supplementation from other sources, amount | 024.52.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Supplementation from other sources, amount should be greater than 0 for F33 | The Amount for the Supplementation from other sources is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Budget: stipends/salary during first year, supplementation from other sources, , # of months | 024.53.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Supplementation from other sources, , # of months should be greater than 0 for F33 | The Number of Months for the Supplementation from other sources is required for Senior Fellowship. | E | New rule |
| PHS Fellowship Supp. Form | Budget: stipends/salary during first year, supplementation from other sources, type | 024.54.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Supplementation from other sources, type is a required for F33 | The Type of Supplementation from other sources is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Budget: stipends/salary during first year, supplementation from other sources, source | 024.55.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F33 | Single |  |  | Supplementation from other sources, source is a required for F33 | The Source of Supplementation from other sources is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Supp. Form | Appendix | 024.56.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl:  V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Limited to 10 appendixes | You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed. | E | New rule  January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supp. Form | Fellowhsip Supplemental Form Attachments: Applicant’s Background and Goals for Fellowship Training | 024.57.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Background and Goals for Fellowship Training is required. | The Applicant’s Background and Goals for Fellowship Training attachment is required for this application | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Fellowhsip Supplemental Form Attachments: Applicant’s Background and Goals for Fellowship Training | 024.57.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Background and Goals for Fellowship Training is limited to 6 pages | The Applicant’s Background and Goals for Fellowship Training attachment is limited to six (6) pages. | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Fellowhsip Supplemental Form Attachments: Letters of Support from Collaborators, Contributors and Consultants | 024.58.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Letters of Support from Collaborators, Contibutors, and Consultants attachment should be no more than 6 pages | The Letters of Support from Collaborators, Contributors, and Consultants attachment should be no more than six (6) pages. | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Fellowhsip Supplemental Form Attachments: Desciption of Institutional Environment and Commitment to Training | 024.59.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Description of Institutional Environment and Commitment to Training attachment is required. | The Description of Institutional Environment and Commitment to Training attachment is required for this application | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Fellowhsip Supplemental Form Attachments: Desciption of Institutional Environment and Commitment to Training | 024.59.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | Description of Institutional Environment and Commitment to Training attachment is limited to 2 pages. | The Description of Institutional Environment and Commitment to Training attachment is limited to two (2) pages. | E |  |
| PHS Fellowship Supp. Form | Fellowhsip Supplemental Form Attachments: Data Safety Monitoring Plan | 024.60.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | The Data Safety Monitoring Plan is required if the answer to the Clinical Trial question is “Yes” | The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question is “Yes”. | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Vertebrate Animals: Is method consistent with American Verinary Medical Association (AVMA) guidelines | 024.61.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | An answer to “Is method consistent with American Veterinary Medical Association (AVMA) guidelines” question is required if the answer to ‘Are Vertebrate Animals euthanized’ is “Yes” | You must answer the “Is method consistent with AVMA guidelines?” question if you answer Yes to the “Are animals euthanized?” question. | E | Forms D, May 2016 Release |
| PHS Fellowship Supp. Form | Vertebrate AnimalsIf “No” to AVMA guidelines describe method and provide a scientific justification | 024.62.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 |  | Incl:  F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00 | Single |  |  | If ‘No’ to AVMA guidelines, method and scientifiec justification must be provided | You must provide the euthanasia method and scientific justification if you answer No to the “Is method consistent with AVMA guidelines?” question | E | Forms D, May 2016 Release |

# 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 Overall, Other Components or Both | 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| Planned Enrollment Report | Study Title X of Y | 017.1.2 | N | N | Incl :  NIH,  CDC, FDA, AHRQ, USU | 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 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| PHS Inclusion Enrollment Report | Study Title X of Y | 033.1.2 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | Generate a warning if the study title provided is not unique. | For <Study Title>, Different studies with the same title cannot be submitted for the same grant | W | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Delayed Onset Study? | 033.2.2 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | If Delayed Onset is Yes then no values should exist on the form except for the Study Title | For <Study Title>, If you answered “Yes” to the Delayed Onset Study then the only value that should exist on the form is the Study Title. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Delayed Onset Study? | 033.2.3 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | If Delayed onset study is No then all Ethnic and Racial Category cell data values are required. | For <Study Title>, If you answered No to the Delayed onset study question then you must provide a value for each Ethnic and Racial cell data in the table. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Enrollment Type | 033.3.1 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | Enrollment Type is required if answer to Delayed Onset Study is “No”. | For <Study Title>, An answer to the “Enrollment Type” question must be provided if you answered “No” to the Delayed Onset Study question. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Enrollment Type | 033.3.2 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | Enrollment Type must be “Planned” if answer to Using and Existing Dataset or Resource is “No” | For <Study Title>, If you answered “No” to the Using an Existing Dataset or Resource question, then the Enrollment Type must be “Planned”. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Enrollment Type | 033.3.3 | N | N | Incl: NIH, AHRQ, USU |  |  |  | Both | Component |  | If enrollment type is planned then no data should be entered in any unknown/not reported columns / rows of the data table. | For <Study Title>, If you answered “Planned” to the Enrollment Type questions, then you should not provide values for any on the Unknown or Not Reportted cells in the data table. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Using an Existing Dataset or Resource | 033.4.1 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | Using an existing dataset or resource is required if answer to Delayed Onset Study question is “No”. | For <Study Title>, An answer to the “Using an Existing Dataset or Resource” question must be provided if you answered “No” to the Delayed Onset Study question. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Enrollment Location | 033.5.1 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | Enrollment Location is required if answer to Delayed Onset Study question is “No”. | For <Study Title>, An answer to the “Enrollment Location” question must be provided if you answered “No” to the Delayed Onset Study question. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report Report | Clinical Trial | 033.6.1 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | Clinical Trial is required if answer to Delayed Onset Study question is “No”. | For <Study Title>, An answer to the “Clinical Trial” question must be provided if you answered “No” to the Delayed Onset Study question. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | NIH-Defined Phase III Clinical Trial | 033.7.1 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | NIH-Defined Phase III Clinical Trial is required if answer to Delayed Onset Study question is “No”. | For <Study Title>, An answer to the “NIH-Defined Phase III Clinical Trial” question must be provided if you answered “No” to the Delayed Onset Study question. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | NIH-Defined Phase III Clinical Trial | 033.7.2 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | If Clinical Trial is set to No, then NIH-Defined Phase III Clinical Trial cannot be set to Yes. | For <Study Title>, The answer to NIH-Defined Phase III Clinical Trial question must be “No” if the answer to the Clinical Trial question is “No”. | E | New Rule for Forms D, March 2016 Release  May 2016 Release (added study title to message) |
| PHS Inclusion Enrollment Report | Comments | 033.8.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female | 033.9.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male | 033.10.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Unknown | 033.11.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female | 033.12.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Male | 033.13.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Unknown | 033.14.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Female | 033.15.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Male | 033.16.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report Report | Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Unknown | 033.17.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | **Racial Category: American Indian/ Alaska Native; Total** | 033.18.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Female | 033.19.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male | 033.20.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Unknown | 033.21.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female | 033.22.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Male | 033.23.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Hispanic or Latino, Unknown | 033.24.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Unknown, Female | 033.25.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Unknown, Male | 033.26.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Asian; Ethnic Category: Unknown, Unknown | 033.27.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | **Racial Category: American Asian; Total** | 033.28.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female | 033.29.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: American Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male | 033.30.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Unknown | 033.31.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Hispanic or Latino, Female | 033.32.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Hispanic or Latino, Male | 033.33.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Hispanic or Latino, Unknown | 033.34.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Unknown, Female | 033.35.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Unknown, Male | 033.36.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Unknown, Unknown | 033.37.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | **Racial Category: Native Hawaiian /Pacific Islander; Total** | 033.38.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female | 033.39.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male | 033.40.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Unknown | 033.41.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female | 033.42.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male | 033.43.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Unknown | 033.44.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Unknown, Female | 033.45.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Unknown, Male | 033.46.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Black or African American; Ethnic Category: Unknown, Unknown | 033.47.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | **Racial Category: Black or African American; Total** | 033.48.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female | 033.49.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male | 033.50.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Unknown | 033.51.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Female | 033.52.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Male | 033.53.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Unknown | 033.54.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Unknown, Female | 033.55.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Unknown, Male | 033.56.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Unknown, Unknown | 033.57.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | **Racial Category: White; Total** | 033.58.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female | 033.59.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male | 033.60.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Unknown | 033.61.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female | 033.62.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male | 033.63.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Unknown | 033.64.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Unknown, Female | 033.65.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Unknown, Male | 033.66.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Unknown, Male | 033.67.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Unknown, Unknown | 033.68.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | **Racial Category: More than One Race; Total** | 033.69.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Not Hispanic or Latino, Female | 033.70.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Not Hispanic or Latino, Male | 033.71.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Category: Not Hispanic or Latino, Unknown | 033.72.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Hispanic or Latino, Female | 033.73.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Hispanic or Latino, Male | 033.74.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Hispanic or Latino, Unknown | 033.75.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Unknown, Female | 033.76.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Unknown, Male | 033.77.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Racial Category: Unknown; Ethnic Category: Unknown, Unknown | 033.78.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | **Racial Category: Unknown; Total** | 033.79.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Not Hispanic or Latino, Female; Total | 033.80.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Not Hispanic or Latino, Male; Total | 033.81.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Not Hispanic or Latino, Unknown/ Not Reported; Total | 033.82.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Hispanic or Latino, Female; Total | 033.83.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Hispanic or Latino, Male; Total | 033.84.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Hispanic or Latino, Unknown/ Not Reported; Total | 033.85.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Unknown/Not Reported Ethnicity, Female; Total | 033.85.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Unknown/Not Reported Ethnicity, Male; Total | 033.86.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS Inclusion Enrollment Report | Ethnic Category; Unknown/Not Reported Ethnicity, Unknown/ Not Reported; Total | 033.87.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PHS PHS Inclusion Enrollment Report | Ethnic Category; Racial Category: Total Count | 033.88.1 | N | N | Incl:  NIH, AHRQ, USU |  |  |  | Both | Component |  | Total Count must be greater than zero if answer to Delayed Onset Study question is “No” | For <Study Title>, The total count for Ethnic and Racial Categories must be greater than zero. | E | Forms D, March 2016 Release  May 2016 Release (added study title to message) |

# 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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| PHS Additional Indirect Costs | Organizational DUNS | 021.1.1 | N | N | Incl :  NIH,  CDC, FDA, AHRQ,  , USU | 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,  , USU | 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,  , USU | 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,  , USU | 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,  , USU | 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,  , USU | 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,  , USU | 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,  , USU | 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,  , USU | 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 |  |

# PHS Human Subject and Clinical Trial Information

**Important**: Form validations for Admin Supp (activity code 333), Type 6 (activity code 666),  and Type 7 (activity code 777) applications can be found [here](https://grants.nih.gov/grants/ElectronicReceipt/files/PHS_Human_Subject_and_Clinical_Trial_Information-Type-333-666-777_validations.docx) until they can be incorporated into the main document in Summer 2018.

| **Form** | **Field** | **Rule#** | **Rule Categories** | | | | | | | | | **Validation** | **Error Message** | **Error/**  **Warning** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory  (Y/N) | Shared (Y/N) | Agency Specific  (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific  Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| PHS Human Subject and Clinical TrialInformation | **If No to Human Subjects**  Human Subject/Delayed Onset Study | 034.1.1 | N | N | NIH,  AHRQ | 1.0 |  |  | Both | Both |  | Provide error if response to “Are Human Subjects Involved”’ question is “No” on the Other Project Information form, and a Study Record or or Delayed Onset Study Record is provided. | In order to attach a Study Record or Delayed Onset Study to the PHS Human Subjects and Clinical Trials Information form, you must answer “Yes” to the question “Are Human Subjects Involved” on the Other Project Information form. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **If No to Human Subjects**  Does the proposed research involve human specimens and/or data? | 034.2.1 | N | N | NIH,  AHRQ | 1.0 |  |  | Both | Both |  | Provide error if response to “Are Human Subjects Involved” question is “No” on the Other Project Information form and a response to the question “Does the proposed research involve human specimens and/or data?” has not been provided. | If you answered “No” to the question “Are Human Subjects Involved?” on the Other Project Information form, you must answer the “Does the proposed research involve human specimens and/or data?” question. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **If No to Human Subjects**  If yes, provide an explanation of why the application does not involve human subject research | 034.2.2 | N | N | NIH,  AHRQ | 1.0 |  |  | Both | Both |  | Provide error if response to “Does the proposed research involve human specimens and/or data is “Yes” and an explanation detailing why the proposed study does not constitute human subject research has not been provided. | If you answered “Yes” to the question “Does the proposed research involve human specimens and/or data?”, you must provide an explanation why the application does not involve human subject research. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **If Yes to Human Subjects**  Does the proposed research involve human specimens and/or data and/or explanation attachment | 034.2.3 | N | N | NIH,  AHRQ | 1.0 |  |  | Both | Both |  | Provide error if response to “Are Human Subjects Involved” question is “Yes” on the Other Project Information form and a “Yes” response is also given to the question ‘Does the proposed research involve human specimens and/or data’ is provided with or without an explanation | If you answered “Yes” to the question “Are Human Subjects Involved” on the Other Project Information form, a “Yes” a response to the question “Does the proposed research involve human specimens and/or data” is not a valid response. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **If Yes to Human Subjects**  Add new study | 034.3.1 | N | N | NIH,  AHRQ | 1.0 |  |  | Single |  |  | Provide error if response to “Are Human Subjects Involved” is “Yes” on the Other Project Information form and a Study Record or Delayed Onset study has not been included. | If you answered “Yes” to the “Are Human Subjects Involved” question on the Other Project Information form, you must provide at least one Study Record or Delayed Onset Study. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **If Yes to Human Subjects**  Add new study | 034.3.2 | N | N | NIH,  AHRQ | 1.0 |  |  | Multi | Component |  | Provide error if response to “Are Human Subjects Involved” is “Yes” on the Other Project Information form and a Study Record, Delayed Onset study or Other requested information has not been provided | If you answered “Yes” to the question “Are Human Subjects Involved” on the Other Project Information form, you must provide at least one Study Record or Delayed Onset Study or an Other Requested Information attachment. | E | New Rule  October 2017  Release |
| PHS Human Subject and Clinical TrialInformation | **If Yes to Human Subjects**  Add new study | 034.8.75 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE = O | Incl: D43, K12 | Single |  |  | Provide error if a Study Record is provided | This Funding Opportunity Announcement only allows Delayed Onset Studies. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Add New Delayed Onset Study**  Anticipated Clinical Trial | 034.4.6 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE = N |  | Both | Both |  | Provide Error if response to “Anticipated Clinical Trial” is checked for at least one delayed onset study when the FOA does not support Clinical Trial. | The ‘Anticipated Clinical Trial’ box cannot be checked for Delayed Onset Study titled <study title> since this Funding Opportunity Announcement does not allow clinical trials. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 1 – Basic Information**  1.3 Exemption number | 034.5.2 | N | N | NIH,  AHRQ | 1.0 |  | Excl**:** D43, K12 | Both | Both |  | Provide error if Exemption number is not provided when response to “Is this Study Exempt from Federal Regulations” is “Yes” | Exemption number is required for Study Record <Study Title>, since you selected “Yes” to the question “Is this Study Exempt from Federal Regulations” | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 1 – Basic Information**  1.3 Exemption number 7 -8 | 034.5.6 | N | N | NIH, CDC, FDA, AHRQ, USU | 1.0 |  |  | Both | Both |  | Provide error if Exemption 7 and/or 8 is selected on the Human Subject Clinical Trial form | Exemption 7 and/or 8 are not valid selections for study title< study title> | E | Rule to be disabled with Dec 2018 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 1 – Basic Information**  1.4 Clinical Trial Questionnaire  1.4.a – 1.4.d | 034.5.3 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE = “N” | Excl**:** D43, K12  Excl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Excl K’s**:** K01,  K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76,K43,K38 | Both | Both |  | Provide error if responses to questions 1.4.a through 1.4.d are “Yes”, but the Funding Opportunity Announcement does not support clinical trials. | You cannot answer “Yes” to all questions 1.4a-1.4.d in the Clinical Trial Questionnaire since this Funding Opportunity Announcement does not allow clinical trials. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 1 – Basic Information**  1.4 Clinical Trial Questionnaire  1.4.a – 1.4.d | 034.5.4 | N | N | NIH,  AHRQ | 1.0 |  | Excl:D43, K12 | Both | Both |  | Provide error if responses to questions 1.4.a through 1.4.d are “Yes” but the only exemption selected is E4. | You’ve answered Yes to questions 1.4.a through 1.4.d in the Clinical Trial Questionnaire. Clinical trials are not allowed when E4 is the only exemption selected. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 1 – Basic Information**  1.4 Clinical Trial Questionnaire  1.4.a – 1.4.d | 034.5.5 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE = “I" or “R” | Excl:D43, K12 | Single |  |  | Provide error if Clinical Trial Study Record or a Delayed Onset with Anticipated Clinical Trial is not provided for a Clinical Trial FOA. | You must answer “Yes” to all questions 1.4a through 1.4d on at least one study record OR provide a Delayed Onset Study with Anticipated Clinical Trial for this Funding Opportunity Announcement | E | New Rule  October 2017 Release  Note: This rule is parallel to 000.40 for Multi Projects. |
| PHS Human Subject and Clinical TrialInformation | **Section 1 – Basic Information**  **1.5 ClinicalTrials.gov Identifier (NCT number) – Initial Submission** | 034.5.7 | N | N | NIH,  AHRQ | 1.0 |  |  | Both | Both |  | Provide error if the submitted NCT# is not a valid ClinicalTrials.gov identifier. | The submitted NCT# is not a valid ClinicalTrials.gov identifier. A ClinicalTrials.gov identifier references a clinical trial that has been registered with ClinicalTrials.gov and must be in the format "NCT" followed by eight digits (e.g. NCT12345678). | E | New Rule  December 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 1 – Basic Information**  **1.5 ClinicalTrials.gov Identifier (NCT number) – Initial Submission** | 034.5.8 | N | N | NIH,  AHRQ | 1.0 |  | Excl: D43,K12 | Both | Both |  | Provide warning (for Initial Submission) when the CT elements in a study record do not match CT elements from the protocol definition in a trial registered on ClinicalTrials.gov. | Some of the Information provided in study<study title> (Outcome Measures Count) does not match the information registered at ClinicalTrials.gov for the provided Clinical Trials.gov identifier <NCT #>. | W | New Rule  December 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.1 Conditions or Focus of Study | 034.6.1 | N | N | NIH,  AHRQ | 1.0 |  | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject and Clinical Trial Study Record if “Condition or Focus of Study” is not provided and HS=Yes and Exempt from federal regulations is No, OR "Condition or Focus of Study” is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Condition or Focus of Study” is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected | Conditions or Focus of Study is required for study titled <Study Title>. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.2 Eligibility Criteria | 034.6.2 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is Not = “I” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject and Clinical Trial Study Record if “Eligibility Criteria” is not provided and HS=Yes and Exempt from federal regulations is No, OR "Eligibility Criteria” is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Eligibility Criteria” is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected | Eligibility Criteria is required for study titled < Study Title>. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.3 Age Limits  Minimum Age | 034.6.3 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject and Clinical Trial Study Record if Minimum Age limit is not provided, the selection is not NA and HS=Yes and Exempt from federal regulations is No, OR "Minimum Age” is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Minimum Age” is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected | Minimum Age is required for study titled <Study Title> | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.3 Age Limits  Minimum Age –  N/A (No limits) | 034.6.11 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | ExclD43, K12 | Both | Both |  | Provide error if N/A (No limits) has been selected as Minimum Age unit and a number for Minimum Age is provided and HS=Yes and Exempt from federal regulations is No, OR " N/A (No limits) has been selected as Minimum Age unit and a number for Minimum Age is provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR " N/A (No limits) has been selected as Minimum Age unit and a number for Minimum Age is provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected. | A number for Minimum Age cannot be provided on Study titled <study title> since N/A (No limit) has been selected as the unit of a time. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.3 Age Limits Maximum Age | 034.6.4 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject and Clinical Trial StudyRecord if Maximum Age limit is not provided and the selection is not NA and HS=Yes and Exempt from federal regulations is No, OR Maximum Age limit is not provided and the selection is not NA and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR Maximum Age limit is not provided and the selection is not NA and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected | Maximum Age is required for study titled <Study Title> | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.3 Age Limits  Maximum Age –  N/A (No limits) | 034.6.12 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | ExclD43, K12 | Both | Both |  | Provide error if N/A (No limits) has been selected as Maximum Age unit and a number for Maximum Age is provided and HS=Yes and Exempt from federal regulations is No, OR N/A (No limits) has been selected as Maximum Age unit and a number for Maximum Age is provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR N/A (No limits) has been selected as Maximum Age unit and a number for Maximum Age is provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected | A number for Maximum Age cannot be provided on study titled <study title> since N/A (No limit) has been selected as the unit of time. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2- Study Population Characteristics**  2.4 Inclusion of Women, Minorities, and Children | 034.6.5 | N | N | NIH,  AHRQ | 1.0 |  | Excl: D43, K12 | Both | Both |  | Provide error if “Inclusion of Women Minorities and Children” attachment is not provided and HS=Yes and Exempt from federal regulations is No, OR “Inclusion of Women, Minorities and Children” attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR “Inclusion of Women Minorities and Children” attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected | Inclusion of Women, Minorities and Children attachment is required for study tilted <Study Title> | E | Updated trigger – October 2018 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.5 Recruitment and Retention Plan | 034.6.6 | N | N | NIH,  AHRQ | 1.0 |  | Excl:D43, K12 | Both | Both |  | Provide error if "Recruitment and Retention plan” attachment is not provided and HS=Yes and Exempt from federal regulations is No, OR "Recruitment and Retention Plan” attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected OR "Recruitment and Retention Plan” attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected | Recruitment and Retention Plan attachment is required for study titled < Study Title>. | E | Updated trigger – October 2018 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Study Population Characteristics**  2.6 Recruitment Status | 034.6.7 | N | N | NIH,  AHRQ | 1.0 |  | Excl:D43, K12 | Both | Both |  | Provide error if "Recruitment Status” is not provided and HS=Yes and Exempt from federal regulations is No, OR "Recruitment Status” is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected OR "Recruitment Status” is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected | Recruitment Status is required for study titled <Study Title>. | E | Updated trigger – October 2018 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 - Study Population Characteristics**  2.7 Study Timeline | 034.6.8 | N | N | NIH,  AHRQ | 1.0 |  | Excl:D43, K12 | Both | Both |  | Provide error if "Study Timeline” attachment is not provided and HS=Yes and Exempt from federal regulations is No, OR "Study Timeline” attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR " Study Timeline” attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected | Study Timeline attachment is required for study titled < Study Title>. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 - Study Population Characteristics**  2.8 Enrollment of First Subject | 034.6.9 | N | N | NIH,  AHRQ | 1.0 |  | Excl: D43, K12 | Both | Both |  | Provide error if "Enrollment of First Subject” is not provided and response to the question, “Using an Existing dataset or resource is “No” and HS=Yes and Exempt from federal regulations is No" OR "Enrollment of First Subject” is not provided and response to the question, “Using an Existing dataset or resource is “No” and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Enrollment of First Subject” is not provided and response to the question, “Using an Existing dataset or resource is “No” and HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected | Enrollment of First Subject date is required for study titled <Study Title>, and you must select either Anticipated or Actual for enrollment of the first subject | E | Updated trigger – October 2018 Release |
| S PHS Human Subject and Clinical TrialInformation | **Section 2 - Study Population Characteristics**  Add New Inclusion Report | 034.6.10 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | Excl:D43, K12 | Both | Both |  | Provide error if IER is not provided and the study is not exempt from Federal Regulations (1.2 is no) OR the study is exempt from Federal Regulations (1.2 is yes) and E4 is not the only exemption selected. | An Inclusion Enrollment Report is required for study tilted <Study Title>. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 - Study Population Characteristics**  Enrollment Country | 034.6.16 | N | N | NIH, AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | Excl:D43, K12 | Both | Both |  | Provide error if same enrollment country is provided more than once | For study titled <study title>, IER <number><countries>, are selected more than once. | E | New Rule  July 2018 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Inclusion Enrollment Report**  Ethnic Category; Racial Category: Total Count (Cumulative) | 034.6.13 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | Excl: D43, K12 | Both | Both |  | If "Using an Existing Dataset or Resource" is "Yes", "Cumulative Counts" must be greater than zero OR "Comment" must be provided. | For study titled <study title>, IER <number>, if using an existing dataset or resource, cumulative counts for racial and ethnic categories must be greater than zero. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Inclusion Enrollment Report**  Ethnic Category; Racial Category: Total Count (Cumulative) | 034.6.15 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | Excl: D43, K12 | Both | Both |  | Provide warning if response to using an existing data set or resource is "Yes" and ONLY "Unknown/Not Reported" greater than zero cumulative counts are provided. | For study titled <study title>, IER <number> you have only included “unknown/not reported” counts for racial and ethnic categories. Since you have selected “yes” to existing dataset or resource, you must indicate male and/or female counts for these categories. | W | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 2 – Inclusion Enrollment Report**  Ethnic Category; Racial Category: Total Count (Planned) | 034.6.14 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE is not = “I” | Excl: D43, K12 | Both | Both |  | If  "Using an Existing Dataset or Resource" is "No", "Planned Counts" must be greater than zero  OR "Comment" must be provided | For study titled <study title>, IER <number>, if not using an existing dataset or resource, planned counts for racial and ethnic categories must be greater than zero | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 3 – Protection and Monitoring Plans**  3.1 Protection of Human Subjects | 034.7.1 | N | N | NIH,  AHRQ | 1.0 |  | Excl: D43 , K12 | Both | Both |  | Provide error if Protection of Human Subjects is not provided for a Study Record | Protection of Human Subjects attachment is required for Study Record titled <study title> | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 3 – Protection and Monitoring Plans**  3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site? | 034.7.2 | N | N | NIH,  AHRQ | 1.0 |  | Excl:D43, K12 | Both | Both |  | Provide error if a response to the question “Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?” is not provided. | A response to the question regarding multi-site studies is required for Study Record titled <Study Title>. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 3 – Protection and Monitoring Plans**  3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site? | 034.7.3 | N | N | NIH,  AHRQ | 1.0 |  | Excl: D43, K12  Excl F’s  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Excl:K’s:  K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76, K43 | Both | Both |  | Provide error if N/A is selected in response to the Multi Site Study Protocol question for any activity code other than K’s and F’s AND when response to question 1.2a is “No” (Is this study exempt from Federal Regulations?).  **Note**: N/A is only a valid selection for, Career Development, and Fellowship applications | A response of N/A to the Multi Site Study Protocol question on study titled <study title> is valid only when the application is for a Career Dev or Fellowship Funding Opportunity Announcement, OR the study is exempt from Federal Regulations (Question 1.2a = yes). | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 3 – Protection and Monitoring Plans**  3.2 If yes, describe the single IRB plan | 034.7.4 | N | N | NIH,  AHRQ | 1.0 |  | Excl:  D43, K12 | Both | Both |  | Provide error if a response to the question “If yes, describe the single IRB plan” is not provided when the answer to the question “Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?” is “Yes” | Since you answered Yes to the question regarding multi-site studies, a single IRB plan attachment is required for study titled <Study Title> | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 3 – Protection and Monitoring Plans**  3.3 Data and Safety Monitoring Plan | 034.7.5 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O" or "I") AND (Answers to questions 1.4a through 1.4d is ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if Data and Safety Monitoring Plan is not provided | For Study titled < Study Title>, a Data and Safety Monitoring Plan attachment is required since you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 3 – Protection and Monitoring Plans**  3.4 Will a Data and Safety Monitoring Board be appointed for this study? | 034.7.6 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d is ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study Record if response to the question “Will a Data and Safety Monitoring Board be appointed for this study?” is not provided. | For study titled <Study Title>, a response to the question, “Will a Data and Safety Monitoring Board be appointed for this study?” is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.1 Brief Summary | 034.8.1 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study Record if summary of the protocol is not provided. | For study titled <Study Title>, a brief summary of the protocol must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.1 Brief Summary | 034.8.30 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Brief Summary of Protocol is provided. | For study titled <study title>, a brief summary of the protocol cannot be provided since you did not answer “Yes”to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.1 Brief Summary | 034.8.29 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error if Brief Summary is provided | For study titled <study title>, brief summary of the protocol cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4- Protocol Synopsis**  4.2.a Narrative Study Description | 034.8.2 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if a Narrative Study Description is not provided. | For study titled <Study Title>, a Narrative Study Description must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4- Protocol Synopsis**  4.2.a Narrative Study Description | 034.8.31 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Narrative Study Description is provided | For study titled <study title> a, Narrative Study Description cannot be provided since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4- Protocol Synopsis**  4.2.a Narrative Study Description | 034.8.32 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s:  K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error if Narrative Study Description is provided | For study titled <study title>, a Narrative Study Description cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.b Primary Purpose | 034.8.3 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study Record if Primary Purpose is not provided | For study titled <Study Title>, a Primary Purpose must be provided since you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.b Primary Purpose – Other | 034.8.4 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if an explanation for“Other” Primary Purpose is not provided | For study titled <Study Title>, an explanation is required if “Other” was selected for Primary Purpose and you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.b Primary Purpose | 034.8.33 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Primary Purpose or explanation for Primary Purpose is provided. | For study titled <study title>, a Primary Purpose or explanation for Primary Purpose cannot be provided since you did not answer Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | 4.2.b Primary Purpose | 034.8.35 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s:  K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,  K38 | Single |  |  | Provide error if Primary Purpose or explanation for Primary Purpose is provided. | For study titled <study title>, a Primary Purpose or explanation for Primary Purpose cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.c Interventions | 034.8.5 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if an intervention is not provided. | For study titled<Study Title>, at least one Intervention must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.c Interventions | 034.8.57 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Intervention is provided | For study titled<Study Title>, an Intervention cannot be provided since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.c Interventions | 034.8.58 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s:  K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error if Intervention is provided | For study titled<Study Title>, an Intervention cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.c Intervention– Type, Description | 034.8.6 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if any Intervention Sub-element (Type , Description) is not provided. | For study titled <Study Title>, Intervention <Type, Description> must be provided for Intervention Name<Intervention Name> since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I)  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.c Intervention Name | 034.8.8 | N | N | NIH AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if an Intervention Name is not provided | For study titled<Study Title>, Intervention Name must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Study Phase | 034.8.10 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if Study Phase is not provided | For study titled <study title> a Study Phase is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Study Phase – Other | 034.8.11 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error if “Other” Study Phase is selected but description for “Other” Study phase is not provided | For study titled <study title> a Description is required if “Other” is selected as the Study Phase and you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Study Phase | 034.8.39 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Study Phase or description for study phase is provided. | For study titled <study title>, a study phase or a description for study phase cannot be provided since you did not answer “Yes” to questions 1.4a through 1.4d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Study Phase | 034.8.56 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,  K38 | Single |  |  | Provide error if Study Phase or description for Study Phase is provided | For study titled <study title>, a Study Phase or description for Study Phase cannot be provided since this Funding Opportunity Announcement does not allow independent clinical Trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Is this an NIH-defined Phase III clinical trial? | 034.8.12 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial study if response to the question “Is this an NIH-defined Phase III Clinical Trial” is not provided | For study titled <study title> a response to the question “Is this an NIH-defined Phase III Clinical Trial?” is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Is this an NIH-defined Phase III clinical trial? | 034.8.42 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if response to the question, “Is this an NIH-defined Phase III clinical trial?”, is “Yes” | For study titled <study title>, a response to the question “Is this an NIH-defined Phase III Clinical Trial?” cannot be “Yes”, since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Is this an NIH-defined Phase III clinical trial? | 034.8.70 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl  K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error if response to the question “Is this an NIH-defined Phase III Clinical Trial” is ”Yes” | For study titled <study title> a response to the question “Is this an NIH-defined Phase III Clinical Trial?” cannot be “Yes”, since this Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.d Is this an NIH-defined Phase III clinical trial? | 034.8.13 | N | N | NIH,  AHRQ | 1.0 | CLINICALTRIALCODE = “N | Excl:D43, K12 | Both | Both |  | Provide error for a Study Record when the response to the question “Is this an NIH-Defined Phase III Clinical Trial” is “Yes” and the FOA does not support Clinical Trials. | For study titled <study title>, response to the question "Is this an NIH-defined Phase III clinical Trial cannot be "Yes" since the FOA does not support Clinical Trials. | E | New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.e Intervention Model | 034.8.14 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if Intervention model is not provided. | For study titled <Study Title>, an Intervention Model must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.e Intervention Model – **Other** | 034.8.15 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if “Other” is selected as the Intervention Model and a description for Other is not provided. | For study titled <study title>, a description is required when “other” is selected as the Intervention Model and you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.e Intervention Model | 034.8.43 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Intervention Model or description of Intervention Model is provided. | For study titled <study title>, an Intervention Model or description of Intervention Model cannot be provided since you did not answer “Yes” to questions 1.4a through 1.4d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.e Intervention Model | 034.8.74 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s:  K01,  K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76, K43,K38 | Single |  |  | Provide error if Intervention Model or description for Intervention Model is provided | For study titled <study title>, an Intervention Model or description for Intervention Model cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.f Masking | 034.8.16 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a study record if response to masking is not provided. | For study titled <study title> a response to the masking question is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.f Masking | 034.8.46 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Study record if response to masking is “Yes” | For study titled <study title> a response to the masking question cannot be “Yes”, since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.f Masking | 034.8.37 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:    F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl  K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76, K43,K38 | Single |  |  | Provide error if response to masking is “Yes” | For study titled, <study title> a response to the masking question cannot be “Yes”, since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.f Masking  Participant, Care Provider, Investigator, Outcomes Assessor | 034.8.17 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide warning for a Study record if response to masking is “Yes”, but Participant, Care Provider, Investigator, Outcomes Assessor is not selected. | For study titled <study title>, a selection of either Participant, Care Provider, Investigator and/or Outcomes Assessor is required if response to masking is “Yes” and you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | W | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.f Masking  Participant, Care Provider, Investigator, Outcomes Assessor | 034.8.47 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Study Record if response to masking is “Yes”, but Participant, Care Provider, Investigator, Outcomes Assessor is selected. | For study titled <study title>, Participant, Care Provider, Investigator, and/or Outcomes Assessor cannot be selected since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.f Masking  Participant, Care Provider, Investigator, Outcomes Assessor | 034.8.38 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76, K43,K38 | Single |  |  | Provide error for a Study Record if response to masking is “Yes”, but Participant, Care Provider, Investigator, Outcomes Assessor is selected. | For study titled <study title>, Participant, Care Provider, Investigator, and/or Outcomes Assessor cannot be selected since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.g Allocation | 034.8.18 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Study Record if allocation is not provided. | For study titled <study title> Allocation is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.g Allocation | 034.8.48 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Study Record if Allocation is provided | For study titled <study title> Allocation cannot be provided since and you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.2.g Allocation | 034.8.49 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl  F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s:  K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error if Allocation is provided | For study titled <study title> Allocation cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.3 Outcome Measures | 034.8.19 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Study Record if at least one Outcome Measure is not provided in the study. | For study titled <study title> at least one Outcome Measure is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.3 Outcome Measures | 034.8.50 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if an Outcome Measure is provided | For study titled <study title>, an Outcome Measure cannot be provided since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.3 Outcome Measures | 034.8.51 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s:  K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error for a Study Record if an Outcome Measure is provided | For study titled <study title>, an Outcome Measure cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Protocol Synopsis**  4.3 Outcome Measures – Type, Timeframe, Description | 034.8.20 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error fora Clinical Trial Study if an Outcome Measures subelement (type, timeframe, description) is not provided. | For study titled <Study Title>, Outcome Measure <Type, Timeframe , Description> must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.3 Outcome Measures Name | 034.8.21 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide an error for a Clinical Trial Study if an Outcome Measure Name is not provided | For study titled <study title>, an Outcome Measure Name is required for Outcome Measures since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.4 Statistical Design and Power | 034.8.24 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if Statistical Design and Power Attachment is not attached to the Study | For study titled <study title>, a Statistical Design and Power Attachment is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.4 Statistical Design and Power | 034.8.60 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Statistical Design and Power attachment is provided. | For study titled <study title> a Statistical Design and Power attachment cannot be provided since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.4 Statistical Design and Power | 034.8.61 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error if Statistical Design and Power attachment is provided | For study titled <study title> a Statistical Design and Power attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.5 Subject Participation Duration | 034.8.25 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if ‘Subject Participation Duration’ is not provided for the study | For study titled <study title> a Subject Participation Duration is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.5 Subject Participation Duration | 034.8.62 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Subject Participation Duration is provided | For study titled <study title> a Subject Participation Duration cannot be provided since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.5 Subject Participation Duration | 034.8.63 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error for a Human Subject Study if Subject Participation Duration is provided | For study titled <study title>, a Subject Participation Duration attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.6 Will the study use an FDA – regulated intervention? | 034.8.26 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial Study if response to the question, “Will the study use an FDA – regulated intervention? is not provided. | For study titled <study title>, a response to the question “Will the study use an FDA – regulated intervention?” is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.6 Will the study use an FDA – regulated intervention? | 034.8.64 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if response to question, “Will the study use an FDA – regulated intervention?” is “Yes” | For study titled <study title> a response to question, “Will the study use an FDA – regulated intervention?” cannot be “Yes”, since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.6 Will the study use an FDA – regulated intervention? | 034.8.65 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl:ude K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error if response to question, “Will the study use an FDA – regulated intervention?” is “Yes” | For study titled <study title> a response to the question “Will the study use an FDA – regulated intervention?” cannot be “Yes”, since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status? | 034.8.27 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error if “If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status” is not provided when the response to the question “Will the study use an FDA-regulated intervention?” is “Yes” | For study titled <study title>, the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status? | 034.8.66 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error“If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status” is provided. | For study titled <study title>, the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment cannot be provided since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status? | 034.8.67 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl:D43, K12  Incl F’s: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error “If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status” is provided. | For study titled <study title> the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.7 Dissemination Plan | 034.8.28 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error for a Clinical Trial study if “Dissemination Plan” attachment is not attached | For study titled <study title> a Dissemination Plan is required since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 4 – Protocol Synopsis**  4.7 Dissemination Plan | 034.8.68 | N | N | NIH,  AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error for a Human Subject Study if Dissemination Plan attachment is provided | For study titled <study title> a Dissemination Plan cannot be provided since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.  New Rule  October 2017 Release |
|  | **Section 4 – Protocol Synopsis**  4.7 Dissemination Plan | 034.8.69 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N”) AND ( Answers to questions 1.4a through 1.4d are ALL “Yes”) | Excl: D43, K12  Incl F’s:  F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00  Incl K’s:,K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | Single |  |  | Provide error for a Human Subject Study if Dissemination Plan attachment is provided for a F or K FOA | For study titled <study title> a Dissemination Plan cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 5 – Other Clinical Trial Related Attachments** | 034.9.1 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “N” or “O” ) AND answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl:D43, K12 | Both | Both |  | Provide error if the study is NOT Clinical Trial and Other Clinical Trial-related attachments are provided. | Study titled <study titled> is not a Clinical Trial and cannot have clinical trial-related attachments. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials  New Rule  October 2017 Release |
| PHS Human Subject and Clinical TrialInformation | **Section 5 – Other Clinical Trial Related Attachments** | 034.9.2 | N | N | NIH,  AHRQ | 1.0 | (CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl:D43, K12 | Both | Both |  | Provide error if more than ten Clinical Trial-related attachments are provided for the study | No more than 10 Clinical Trial-related attachment are allowed for Study titled <study title> | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).  New Rule  October 2017 Release |

# SF-424 Application for Federal Assistance (Use only for non-research ONLY)

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| SF 424 | 1. Type of Submission: Pre-application, Application, Change/Corrected | 025.1.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 1. Type of Submission: Pre-application, Application, Change/Corrected | 025.1.2 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 | New rule |
| SF 424 | 1.Type of Submission: Pre-application, Application, Change/Corrected | 025.1.3 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 Federal agency staff and can no longer be changed through the electronic submission process. | E | New rule |
| SF 424 | 1.Type of Submission: Pre-application, Application, Change/Corrected | 025.1.4 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | Do not accept 'Changed/Corrected" submission type for Type 6(Non-Research Amendment) applications. | You selected Revision as the 'Type of Application' which indicates that this is a Post Award Amendment request. Change/Corrected is not a valid 'Type of Submission' for Post Award Amendment requests. Please use Application for the ‘Type of Submission’. | E | New Rule  October 2016 Release |
| SF 424 | 2. Type of Application: New, Continuation, Revision | 025.2.1 | N | N | Incl: SAMHSA | V2.1 |  |  | Single |  |  | For Non-Research Applications, reject Non-Competing Continuations(Type 5) and treat Competing Continuations as Renewals (Type 2).  Determination of Type 5 vs Tpe 2  Type 5: If the budget period start date and end date is within the project period of the previous awarded grant, it is a Type 5 application.  Type 2: If the budget period start date and end date is after the project period end date of the previous awarded grant, it is a Type 2 application. | Submissions for non-competing continuations are not supported at this time. Please contact the Federal Agency for further information on how to submit your continuation application. | E | New Rule  Disabled January 2017 release SAMHSA Non-Competing Continuations |
| SF424 | 2. Type of Application: New, Continuation, Revision | 025.2.2 | N | N | Incl: SAMHSA | V2.1 |  |  | Single |  |  | Trigger rule if application type is ‘Revision’ AND activity code != 666 (Post Award Amendments) | Request to increase award is not accepted at this time. Please contact your grants management specialist. | E | New Rule  October 2016 Release |
| SF 424 | If Revision, select appropriate letter(s): | 025.3.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Singel |  |  | If Revision type of application, the letter selection is mandatory | A Letter selection is required if Type of Application is Revision. | E | New rule |
| SF 424 | Other (Specify) | 025.4.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | If E. Other is checked, this component should be provided. | The Other (specify) field should be provided if E. Other is checked. | W | New rule |
| SF 424 | Other (Specify) | 025.4.2 | N | N | Inc: SAMHSA |  |  |  | Single |  |  | If “E. Other” is checked and Type of application is post award amendment (Type 6), the amendment name provided in the "Other(Specify)" field should be valid. If not exact match, it should be rejected. | The Post Award Amendment name provided in the “Other(Specify)" section, is not a valid Name. Please choose a valid name. | E | New Rule  October 2016 Release |
| SF 424 | 3. Date Received: | 025.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 4. Applicant Identifier: | 025.6.1 | N | N | Incl: SAMHSA | V2.1 |  |  | Single |  |  | Applicant Identifier is required | The Commons Username must be provided in the Applicant Identifier field for the PD/PI. | E | New Rule  October 2017 Release |
| SF 424 | 4. Applicant Identifier: | 025.6.2 | N | N | Incl: SAMHSA | V2.1 |  |  | Single |  |  | If Applicant Identifier is specified, it must be a valid Commons account. | The Commons Username provided in the Applicant Identifier field is not a recognized Commons account. | E | New Rule  October 2017 Release |
| SF 424 | 4. Applicant Identifier: | 025.6.3 | N | N | Incl: SAMHSA | V2.1 |  |  | Single |  |  | Check the SF424 Non-Research form for an existence of a Commons ID. If one exists but does not have a PI role or is not affiliated with organization of application then generate a warning. | The Commons account provided on the SF424, #4, Applicant Identifier field is not affiliated with the applicant organization or has not been assigned the PD/PI role in Commons. Check with your Commons Account Administrator to make sure the PD/PI has been affiliated with the applicant organization and has the PD/PI role. Once this is done, please reach out to the Grants Management point of contact listed on the Funding Opportunity Announcement (FOA) Part I. They will ensure that the application is properly linked to the PD/PI Commons account. | W | New rule |
| SF 424 | 5a. Federal Entity Identifier: | 025.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 5b. Federal Award Identifier: | 025.8.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | If a continuation or revision, this the Federal award identifier is mandatory | A Federal Identifier is required for Continuation or Revision applications. Include only the institute code and serial number of the prior application/grant number in the Federal Identifier field (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1). | E | New rule |
| SF 424 | 5b. Federal Award Identifier: | 025.8.2 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | For continuation applications, the prior grant number must exist in the 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 most recent assigned application/grant number (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1) | E | New rule |
| SF 424 | 5b. Federal Award Identifier: | 025.8.3 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | For a revision, the prior grant 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. | W | New rule |
| SF 424 | State Use Only:6. Date Received by State: | 025.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | State Use Only:7. State Application Identifier: | 025.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: a. Legal Name: | 025.11.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: b. Employer/Taxpayer Identification Number (EIN/TIN): | 025.12.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: c. Organizational DUNS: | 025.13.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: c. Organizational DUNS: | 025.13.2 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 | New rule |
| SF 424 | Applicant Information: c. Organizational DUNS: | 025.13.3 | N | N | Incl: SAMHSA | V2.1 |  |  | Single |  |  | Generate an error when the organization is not registered in Commons but the DUNS provided is found in the SAM.gov data feed | The DUNS provided does not match the DUNS for any registered organization within eRA Commons. Make sure that your organization is registered in eRA Commons and that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons. | E |  |
| SF 424 | Applicant Information: Street1: | 025.14.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: Street2: | 025.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: City: | 025.16.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: County/Parish: | 025.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: State: | 025.17.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: State: | 025.17.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: Province: | 025.18.1 | Y | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 |
| SF 424 | Applicant Information: Province: | 025.18.2 | Y | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 |
| SF 424 | Applicant Information: Country | 025.19.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: Zip / Postal Code: | 025.20.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Applicant Information: Zip / Postal Code: | 025.20.2 | Y | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 | New rule |
| SF 424 | Organizational Unit:Department Name: | 025.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Organizational Unit:Division Name: | 025.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Prefix: | 025.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: First Name: | 025.24.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Middle Name: | 025.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Last Name: | 025.26.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Suffix: | 025.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Title: | 025.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Organizational Affiliation: | 025.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Telephone Number: | 025.30.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Fax Number: | 025.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Contact Person: Email: | 025.32.1 | N | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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. 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. | E | New rule |
| SF 424 | 9. Type of Applicant 1: Select Applicant Type: | 025.33.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 9 Type of Applicant 2: Select Applicant Type: | 025.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 9 Type of Applicant 3: Select Applicant Type: | 025.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 9 Type of Applicant Other (specify): | 025.36.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | If Type of Applicant = Other, Other speify selection is required must not be blank. | If ‘Other’ is selected for Applicant Type, please specify. | E | New rule |
| SF 424 | 10. Name of Federal Agency: | 025.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 11. Catalog of Federal Domestic Assistance Number: | 025.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | CFDA Title: | 025.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 12. Funding Opportunity Number: | 025.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 12. Funding Opportunity Title: | 025.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 13. Competition Identification Number: | 025.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 13. Competition Identification Title: | 025.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 14. Areas Affected by Project (Cities, Counties, States, etc.) attachment | 025.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 15. Descriptive Title of Applicant's Project: | 025.45.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Attach supporting documents as specified in agency instructions. | 025.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 16. Congressional Districts Of: a. Applicant | 025.47.1 | N | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 | New rule |
| SF 424 | 16. Congressional Districts Of:b. Program/Project | 025.48.1 | N | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 | New rule |
| SF 424 | Attach an additional list of Program\Project Congressional Districts if needed. | 025.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 17. Proposed Project: a. Start Date: | 025.50.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | Proposed Project Start Date < Proposed Project End Date | Proposed Project Start Date must be before Proposed Project End Date | E | New Rule |
| SF 424 | 17. Proposed Project: b. End Date: | 025.50.2 | N | N | Incl: SAMHSA | V 2.1 |  |  | Sinlge |  |  | Proposed Project End Date > Proposed Project Start Date | Proposed Project End Date must be after Proposed Project Start Date | E | New rule |
| SF 424 | 18. Estimated Funding ($): a. Federal | 025.51.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 18. Estimated Funding ($): b. Applicant | 025.52.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 18. Estimated Funding ($): c. State | 025.53.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 18. Estimated Funding ($): d. Local | 025.54.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 18. Estimated Funding ($): e. Other | 025.55.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 18. Estimated Funding ($):f. Program Income | 025.56.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 18. Estimated Funding ($): g. TOTAL | 025.57.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | Total estimated funding must be equal to the sum of total Federal, Applicant, State, Local, Other, and program Income | Total Estimated Funding does not equal the sum of the individual funding categories | E | New rule |
| SF 424 | 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | 025.58 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 19. a. This application was made available to the State under the Executive Order 12372 Process for review on (Date) | 025.59.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | Executive order answer is required if answer to ‘Subject to review by 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 | New rule |
| SF 424 | 19. b. Program is subject to E.O. 12372 but has not been selected by the State for review. | 025.60 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 19. c. Program is not covered by E.O. 12372. | 025.61 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 20. Is the Applicant Delinquent On Any Federal Debt? (Yes/No) | 025.62.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 20. Is the Applicant Delinquent On Any Federal Debt? attachment | 025.63 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | 21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) \*\* I AGREE | 025.64 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Prefix: | 025.65 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: First Name: | 025.66.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Middle Name: | 025.67 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Last Name: | 025.68 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Suffix: | 025.69 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Title: | 025.70 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Telephone Number: | 025.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Email: | 025.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Email: | 025.72.1 | N | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | Must contain a ‘@’, with at least 1 and at most 60chars 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 Authorized Representative{0}, is invalid. 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 Person to be contacted email address also provided on the SF 424 will be used instead. | W | New rule |
| SF 424 | Authorized Representative: Fax Number: | 025.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Signature of Authorized Representative: | 025.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424 | Authorized Representative: Date Signed: | 025.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# SF-424A Budget Information - Non-Construction Programs (Use only for non-research)

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| SF 424A | Section A – Budget Summary: Grant Program Function or Activity (a) (1-4) | 026.1.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | At least one Grant Program Function or Activity is required. | At least one Grant Program Function or Activity is required. | W | New Rule |
| SF 424A | Section A – Budget Summary: Catalog of Federal Domestic Assistance Number (b) (1-4) | 026.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | Section A – Budget Summary: Estimated Unobligated Funds: Federal (c) (1-4) | 026.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | Section A – Budget Summary: Estimated Unobligated Funds: Federal  (c) Total | 026.4.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Federal Total is not equal to Federal Estimated Unobligated Funds line 1 thru 4. | The Total for Federal Funds for Estimated Unobligated Funds column does not equal the sum of Federal Funds (line 1 through 4) provided. | W | New Rule |
| SF 424A | Section A – Budget Summary: Estimated Unobligated Funds: Non-Federal (d) (1-4) | 026.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | Section A – Budget Summary: Estimated Unobligated Funds: Non-Federal (d) Total | 026.6.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Non-Federal Total is not equal to Non- Federal Estimated Unobligated Funds line 1 thru 4. | The Total for Non-Federal Funds for Estimated Unobligated Funds column does not equal the sum of Non-Federal Funds (line 1 through 4) provided. | W | New Rule |
| SF 424A | Section A – Budget Summary: New or Revised Budget: Federal (e) (1-4) | 026.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | Section A – Budget Summary: New or Revised Budget: Federal (e) Total | 026.8.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Federal Total is not equal to Federal New or Revised Budget: line 1 thru 4. | The Total for Federal Funds for New or Revised Budget column does not equal the sum of Federal Funds (line 1 through 4) provided. | E | New Rule |
| SF 424A | Section A – Budget Summary: New or Revised Budget: Non-Federal (f) (1-4) | 026.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | Section A – Budget Summary: New or Revised Budget: Non-Federal (f) Total | 026.10.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Non-Federal Total is not equal to Non-Federal New or Revised Budget: line 1 thru 4. | The Total for Non-Federal Funds for New or Revised Budget column does not equal the sum of Federal Funds (line 1 through 4) provided. | E | New Rule |
| SF 424A | Section A – Budget Summary: Total (g) (1) | 026.11.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | For any Grant Program Function or Activity in Section A, provide warning if Total ( Column g) is not equal to “New or Revised Budget Federal amount (column e) + “Non-Federal” amount (column f).  Note: Fire the above validation regardgless of the type of applicaiton | Warning – there may be an error in the total shown. For Program Function and Activity <Text entered in Grant Program Function and Activity>, Total Column (g) should equal the sum of the Federal (e) and Non-Federal (f) amount. | W | New Rule |
| SF 424A | Section A – Budget Summary: Total (g) (5) | 026.15.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Total (g) (5) is not equal to Total (g) (1) thru Total (g) (4) | The Total (g) on line 5 does not equal the sum of Totals provided on line 1 through 4. | E | New Rule |
| SF 424A | SECTION B – Budget Categories: Grant Program, Function Or Activity (1 - 4) | 026.16.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: a. Personnel - Grant Program, Function Or Activity (1 - 4) | 026.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: a. Personnel Total (5) | 026.18.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Personnel Total is not equal to Personnel amount(s) line 1 thru 4. | The Total for Personnel does not equal the sum of Personnel amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: b. Fringe Benefits - Grant Program, Function Or Activity (1 - 4) | 026. 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: b. Fringe Benefits Total (5) | 026. 20.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Fringe Benefits Total is not equal to Fringe Benefits amount(s) line 1 thru 4. | The Total for Fringe Benefits does not equal the sum of Fringe Benefits amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: c. Travel - Grant Program, Function Or Activity (1 - 4) | 026.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: c. Travel Total (5) | 026.22.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Travel Total is not equal to Travel amount(s) line 1 thru 4. | The Total for Travel does not equal the sum of Travel amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: d. Equipment - Grant Program, Function Or Activity (1 - 4) | 026. 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: d. Equipment Total (5) | 026. 23.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Equipment Total is not equal to Equipment amount(s) line 1 thru 4. | The Total for Equipment does not equal the sum of Equipment amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: e. Supplies - Grant Program, Function Or Activity (1 - 4) | 026. 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: e. Supplies Total (5) | 026. 25.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Supplies Total is not equal to Supplies amount(s) line 1 thru 4. | The Total for Supplies does not equal the sum of Supplies amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: f. Contractual - Grant Program, Function Or Activity (1 - 4) | 026. 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: f. Contractual Total (5) | 026. 27.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Contractual Total is not equal to Contractual amount(s) line 1 thru 4. | The Total for Contractual does not equal the sum of Contractual amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: g. Construction - Grant Program, Function Or Activity (1 - 4) | 026.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: g. Construction Total (5) | 026.29.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Construction Total is not equal to Construction amount(s) line 1 thru 4. | The Total for Construction does not equal the sum of Construction amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: h. Other - Grant Program, Function Or Activity (1 - 4) | 026. 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | SECTION B – Budget Categories: h. Other - Grant Program, Function Or Activity (1) | 026.30.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if the order or text of any Grant Program, Function Or Activity in Section B does not match Budget Summary: Grant program function or Activity in Section A | The order or the text for the Grant Program or Activity in Section B does not match the order or the text in Section A. | W |  |
| SF 424A | SECTION B – Budget Categories: h. Other Total (5) | 026. 31.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Other Total is not equal to Other amount(s) line 1 thru 4. | The Total for Other does not equal the sum of Other amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: Program, Function Or Activity (1) - i. Total Direct Charges (sum of 6a-6h) | 026. 32.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | For any Grant Program Function or Activity in Section B, provide error if Total Direct Charges is not equal to the sum of amounts provided for Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual , Construction and Other” categories. | For Grant Program Function or Activity < text entered in Grant Program Function or Activity >, the Total Direct Charges amount does not equal the sum of amounts provided for “Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual , Construction and Other” categories. | W | New rule |
| SF 424A | SECTION B – Budget Categories: i. Total Direct Charges (sum of 6a-6h) | 026. 36.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Total Direct Charges Total is not equal to Total Direct Charges amount(s) column 1 thru 4. | The Total for Total Direct Charges does not equal the sum of Total Direct Charges amount(s) (column 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: j. Indirect Charges- - Grant Program, Function Or Activity (1 - 4) | 026. 37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: j. Indirect Charges Total (5) | 026. 38.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Indirect Charges Total is not equal to Indirect Charges amount(s) line 1 thru 4. | The Total for Indirect Charges does not equal the sum of Indirect Charges amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: Program, Function Or Activity (1) - k. TOTALS (sum of 6i and 6j) | 026.39.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | For any Grant Program Function or Activity in Section B, provide error if Totals (sum of 6i and 6j ) is not equal to Total Direct Charges(sum of 6a – 6h) + Indirect Charges. | For Grant Program Function or Activity < text entered in Grant Program Function or Activity >, the Totals ( sum of 6i – 6j) is not equal to the sum of Total Direct Charges(6a-6h) and Indirect Charges. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: Program, Function Or Activity (1) - k. TOTALS (sum of 6i and 6j) | 026.39.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Totals (Section B, row K, column 1) is not equal Total (Section A, row 1, column g) | The Section B Totals amount for Program, Function Or Activity <Text entered in grant program function or Activity> must equal the total amount in Section A ~~Total~~ for Program, Function Or Activity (1). | W | New Rule |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: k. TOTALS (sum of 6i and 6j) Total (5) | 026.43.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Totals Total is not equal to Totals amount(s) line 1 thru 4. | The Total for Totals does not equal the sum of Totals amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: k. TOTALS (sum of 6i and 6j) Total (5) | 026.43.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Totals Total (k-5) is not equal to Totals Total (g-5) – cross sectional | The SECTION B – Budget Categories: k. TOTALS Total (5) does not equal to SECTION A – Budget Summary: 5.Totals Total (g). | E | New Rule |
| SF 424A | SECTION B – Budget Categories: Program Income - Grant Program, Function Or Activity (1 - 4) | 026.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION B – Budget Categories: Program Income Total (5) | 026.45.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Program Income Total is not equal to Program Income amount(s) line 1 thru 4. | The Total for Program Income does not equal the sum of Program Income amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION C – Non-Federal Resources: (a) Grant Program (8 – 11) | 026.46.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | SECTION C – Non-Federal Resources: (a) Grant Program (8) | 026.46.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if the order or text of any Grant Program, Function Or Activity in Section C does not match Budget Summary: Grant program function or Activity in Section A | The order or the text for the Grant Program or Activity in Section C does not match the order or the text in Section A. | W |  |
| SF 424A | SECTION C – Non-Federal Resources: (a) Grant Program (b) Applicant | 026.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION C – Non-Federal Resources: (a) Grant Program (c) State | 026.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION C – Non-Federal Resources: (a) Grant Program (d) Other Sources | 026.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION C – Non-Federal Resources: (a) Grant Program (8) (e) TOTALS | 026.50.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | For any ‘grant program function or Activity’ in Section C, provide error if Total for that grant program does not equal the sum of (b) Applicant, (c) State, (d) other Sources for that grant program. | The Totals for Grant Program Function and Activity <Text entered in Grant Program Function or Activity> does not equal the sum of Applicant (b), State (c) and Other Sources (d) Non-Federal Resources Funds, | W | New Rule |
| SF 424A | SECTION C – Non-Federal Resources: (a) Grant Program (8) (e) TOTALS | 026.50.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide warning if Totals (Section C, column e, row 8) is not equal to New or revised Budget Non-Federal (Section A, row 1, column f) | For New or Continuation applications, the totals for Grant program < text entered in grant program > should equal the Section A New or revised Budget Non-Federal (f) amount. For supplemental grants and changes to existing grants this warning may not apply; follow agency guidance. | W | New Rule |
| SF 424A | SECTION C – Non-Federal Resources: 12 TOTAL - (b) Applicant | 026.54.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Applicant total sum is not equal to Applicant sums provided on line 8 thru 11. | The Total for Non-Federal Resources for Applicant (b) column does not equal the sum of Applicant funds (line 8 through 11) provided. | W | New Rule |
| SF 424A | SECTION C – Non-Federal Resources: 12 TOTAL - (c) State | 026.55.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if State total sum is not equal to State sums provided on line 8 thru 11. | The Total for Non-Federal Resources for State (c) column does not equal the sum of State funds (line 8 through 11) provided. | W | New Rule |
| SF 424A | SECTION C – Non-Federal Resources: 12 TOTAL - (d) Other Sources | 026.56.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Other Sources total sum is not equal to Other Sources sums provided on line 8 thru 11. | The Total for Non-Federal Resources for Other Sources (d) column does not equal the sum of Other Sources funds (line 8 through 11) provided. | W | New Rule |
| SF 424A | SECTION C – Non-Federal Resources: 12 TOTAL - (e) TOTALS | 026.57.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Totals total sum is not equal to Totals sums provided on line 8 thru 11. | The Total for Non-Federal Resources for Totals (e) column does not equal the sum of Total funds (line 8 through 11) provided. | W | New Rule |
| SF 424A | SECTION C – Non-Federal Resources: 12 TOTAL - (e) TOTALS | 026.57.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Totals total sum is not equal to Section A New or Revised Budget Non-Federal Totals (f-5)   * Cross sectional | The Total for Non-Federal Resources for Totals (e) column does not equal the sum of Section A, New or Revised Budget Non-Federal Totals (f-5). For New or Continuation applications, the Total for Non-Federal Resources for Totals (e) should equal Section A New or revised Budget Non-Federal (f) amount. For supplemental grants and changes to existing grants this warning may not apply; follow agency guidance. | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 13. Federal - Total for 1st Year | 026.58.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Federal Total for 1st year is not equal to sum of Federal 1st Quarter + Federal 2nd Quarter + Federal 3rd Quarter + Federal 4th Quarter. | The Federal Total for 1st year does not equal to sum of Federal 1st Quarter + Federal 2nd Quarter + Federal 3rd Quarter + Federal 4th Quarter | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 13. Federal - Total for 1st Year | 026.58.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide warning if Federal for 1st year sum is not equal to Section A, New or Revised Budget Federal Totals (e-5) | The Federal Total for 1st year, in Section D- Forecasted Needs, does not equal the Section A, New or Revised Budget Federal Totals (e-5) amount. | E | New rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 13. Federal - 1st Quarter – 4th quarter | 026.59 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. Non-Federal - Total for 1st Year | 026.60.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Non-Federal Total for 1st year sum is not equal to Estimated Unobligated Funds Non-Federal Totals (d-5) + New or Revised Budget Non-Federal Totals (f-5) | The Non-Federal Total for 1st year does not equal the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or Revised Budget Non-Federal Totals (f-5). | E | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. Non-Federal - Total for 1st Year | 026.60.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Non-Federal Total for 1st year is not equal to sum of Non-Federal 1st Quarter + Non-Federal 2nd Quarter + Non-Federal 3rd Quarter + Non-Federal 4th Quarter. | The Non-Federal Total for 1st year does not equal to sum of Non-Federal 1st Quarter + Non-Federal 2nd Quarter + Non-Federal 3rd Quarter + Non-Federal 4th Quarter | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. Non-Federal - 1st Quarter – 4th Quarter | 026.61 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION D – Forecasted Cash Needs: 15. TOTAL (sum of lines 13 and 14) - Total for 1st Year | 026.62.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if – Forecasted Cash Needs: 15. TOTAL is not equal to SECTION A - Totals Total (g-5) | The SECTION D – Forecasted Cash Needs: 15. TOTAL does not equal to SECTION A – Budget Summary: 5.Totals Total (g). | E |  |
| SF 424A | SECTION D – Forecasted Cash Needs: 15. TOTAL (sum of lines 13 and 14) - Total for 1st Year | 026.62.2 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide errror if Total 1st year is not equal to Federal 1st year + Non-Federal 1st year amounts provided | The Total for 1st year is not equal to the sum of Federal 1st year and Non-Federal 1st yeatr amounts provided. | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) - 1st Quarter | 026.63.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Total 1st Quarter is not equal to Federal 1st Quarter + Non-Federal 1st Quarter amounts provided. | The Total for 1st Quarter is not equal the sum of Federal 1st Quarter and Non-Federal 1st Quarter amounts provided. | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) – 2nd Quarter | 026.64.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Total 2nd Quarter is not equal to Federal 2nd Quarter + Non-Federal 2nd Quarter amounts provided. | Total 2nd Quarter is not equal to Federal 2nd Quarter + Non-Federal 2nd Quarter amounts provided. | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) – 3rd Quarter | 026.65.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Total 3rd Quarter is not equal to Federal 3rd Quarter + Non-Federal 3rd Quarter amounts provided. | Total 3rd Quarter is not equal to Federal 3rd Quarter + Non-Federal 3rd Quarter amounts provided. | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) -4th Quarter | 026.66.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Total 4th Quarter is not equal to Federal 4th Quarter + Non-Federal 4th Quarter amounts provided. | Total 4th Quarter is not equal to Federal 4th Quarter + Non-Federal 4th Quarter amounts provided. | W | New Rule |
| SF 424A | SECTION E – Budget Estimates: (a) Grant Program (16 – 19) | 026.67 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | SECTION E – Budget Estimates: (a) Grant Program (16) | 026.67.1 | N | N | Incl: SAMHSA | Incl V1.0 |  |  | Single |  |  | Provide error if the order or text of any Grant Program, Function Or Activity in Section E does not match Budget Summary: Grant program function or Activity in Section A | The order or the text for the Grant Program or Activity in Section E does not match the order or the text in Section A. | W |  |
| SF 424A | SECTION E – Budget Estimates: Future Funding Periods Years (First – Fourth) | 026.68.1 | N | N | Incl: SAMHSA | Incl V1.0 |  |  | Single |  |  | Provide warning if number of budget years/periods does not match the span of the project | Note: This rule will trigger differenet messages for Non-Research and SAMHSA  **Non-Research:** You indicated that your project period is <x> years on the SF 424 block 17. Ensure that the budget periods address the full project period by entering data in the SF 424 A. Enter data for the first budget period in Sections A and enter future budget periods in Section E. Please refer to agency guidance if applicable.  **SAMHSA:** You indicated that your project period is <#> years on the SF 424 block 17. Ensure that the budget periods address the full project period by entering data in the SF 424 A. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to the Funding Opportunity Announcement (FOA) for additional guidance | E |  |
| SF 424A | SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (b) First | 026.69.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if First Year (b) is not equal to First Year sums provided on line 16 thru 19. | The Total of First Year (b) column does not equal the sum of First Year (b) funds (line 16 through 19) provided. | W | New Rule |
| SF 424A | SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (c) Second | 026.70.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Second Year (c) is not equal to Second Year sums provided on line 16 thru 19. | The Total of Second Year (c) column does not equal the sum of Second Year (c) funds (line 16 through 19) provided. | W | New Rule |
| SF 424A | SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (d) Third | 026.71.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Third Year (d) is not equal to Third Year sums provided on line 16 thru 19. | The Total of Third Year (d) column does not equal the sum of Third Year (d) funds (line 16 through 19) provided. | W | New Rule |
| SF 424A | SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (e) Fourth | 026.72.1 | N | N | Incl: SAMHSA | Incl: V1.0 |  |  | Single |  |  | Provide error if Fourth Year (e) is not equal to Fourth Year sums provided on line 16 thru 19. | The Total of Fourth Year (e) column does not equal the sum of Fourth Year (e) funds (line 16 through 19) provided. | W | New Rule |
| SF 424A | SECTION F – Other Budget Info: 21. Direct Charges: | 026.73 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION F – Other Budget Info: 22. Indirect Charges: | 026.74 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424A | SECTION F – Other Budget Info: 23. Remarks: | 026.75 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# SF-424B Assurances - Non-Construction Programs (Use only for non-research ONLY)

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| SF 424B | Signature of Authorized Certifying Official | 027.1.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Signature of Authorized Certifying Official is required | The Signature of the Authorized Certifying Official is required. | E | New rule |
| SF 424B | Authorized Certifying Official Title | 027.2.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Title of Authorized Certifying Official is required | The Title of the Authorized Certifying Official is required. | E | New rule |
| SF 424B | Applicant Organization | 027.3.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Applicant Organization is required | The Applicant Organization is required. | E | New rule |
| SF 424B | Date Submitted | 027.4.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Date Submittedis required | The Date Submitted is required. | E | New rule |

# SF-424C Budget Information - Construction Programs

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| SF 424C | 1. Administrative and legal expenses - a. Total Cost | 028.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 1. Administrative and legal expenses - b. Costs Not Allowable for Participation | 028.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 1. Administrative and legal expenses - c. Total Allowable Costs (Columns a-b) | 028.3.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Administration and Legal Expenses (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 2. Land, structures, rights-of-way, appraisals, etc - a. Total Cost | 028.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 2. Land, structures, rights-of-way, appraisals, etc - b. Costs Not Allowable for Participation | 028.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 2. Land, structures, rights-of-way, appraisals, etc - c. Total Allowable Costs (Columns a-b) | 028.6.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Land, Structures, Rights-of-way, Appraisals, etc., (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 3. Relocation expenses and payments - a. Total Cost | 028.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 3. Relocation expenses and payments - b. Costs Not Allowable for Participation | 028.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 3. Relocation expenses and payments - c. Total Allowable Costs (Columns a-b) | 028.9.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Relocation Expenses and Payments (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 4. Architectural and engineering fees - a. Total Cost | 028.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 4. Architectural and engineering fees - b. Costs Not Allowable for Participation | 028.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 4. Architectural and engineering fees - c. Total Allowable Costs (Columns a-b) | 028.12.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Architectural and Engineering Fees (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New rule |
| SF 424C | 5. Other architectural and engineering fees - a. Total Cost | 028.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 5. Other architectural and engineering fees - b. Costs Not Allowable for Participation | 028.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 5. Other architectural and engineering fees - c. Total Allowable Costs (Columns a-b) | 028.15.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Other Architectural and Engineering Fees (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 6. Project inspection fees - a. Total Cost | 028.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 6. Project inspection fees - b. Costs Not Allowable for Participation | 028.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 6. Project inspection fees - c. Total Allowable Costs (Columns a-b) | 028.18.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Project Inspection Fees (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 7. Site work - a. Total Cost | 028.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 7. Site work - b. Costs Not Allowable for Participation | 028.20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 7. Site work - c. Total Allowable Costs (Columns a-b) | 028.21.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Site Work (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 8. Demolition and removal - a. Total Cost | 028.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 8. Demolition and removal - b. Costs Not Allowable for Participation | 028.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 8. Demolition and removal - c. Total Allowable Costs (Columns a-b) | 028.24.1 | N | Y | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Demolition and Removal (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 9. Construction - a. Total Cost | 028.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 9. Construction - b. Costs Not Allowable for Participation | 028.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 9. Construction - c. Total Allowable Costs (Columns a-b) | 028.27.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Construction (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 10. Equipment - a. Total Cost | 028.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 10. Equipment - b. Costs Not Allowable for Participation | 028.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 10. Equipment - c. Total Allowable Costs (Columns a-b) | 028.30.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Equipment (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 11. Miscellaneous - a. Total Cost | 028.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 11. Miscellaneous - b. Costs Not Allowable for Participation | 028.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 11. Miscellaneous - c. Total Allowable Costs (Columns a-b) | 028.33.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Miscellaneous (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New rule |
| SF 424C | 12. SUBTOTAL (sum of lines 1-11) - a. Total Cost | 028.34.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to the sum of lines 1-11, Total Cost | The Total Cost Subtotal on the Construction Budget must be equal to the sum of total costs for all Administration and Legal Expenses entries | E | New Rule |
| SF 424C | 12. SUBTOTAL (sum of lines 1-11) - b. Costs Not Allowable for Participation | 028.35.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to the sum of lines 1-11, Costs Not Allowable for Participation | The Costs Not Allowable for Participation Subtotal on the Construction Budget must be equal to the sum of all Administration and Legal Expenses entries | E | New rule |
| SF 424C | 12. SUBTOTAL (sum of lines 1-11) - c. Total Allowable Costs (Columns a-b) | 028.36.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs Subtotal on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 12. SUBTOTAL (sum of lines 1-11) - c. Total Allowable Costs (Columns a-b) | 028.36.2 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to the sum of lines 1-11, Total Allowable costs | The Total Allowable Costs Subtotal on the Construction Budget must be equal to the sum of all Administration and Legal Expenses entries | E | New Rule |
| SF 424C | 13. Contingencies - a. Total Cost | 028.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 13. Contingencies - b. Costs Not Allowable for Participation | 028.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 13. Contingencies - c. Total Allowable Costs (Columns a-b) | 028.39.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Contingencies on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 14. SUBTOTAL - a. Total Cost | 028.40.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to the sum of lines 12 and 13, Total Cost | The Total Cost Subtotal on the Construction Budget must be equal to the sum of Contingencies and the subtotal of all Administration and Legal Expenses entries | E | New Rule |
| SF 424C | 14. SUBTOTAL - b. Costs Not Allowable for Participation | 028.41.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to the sum of lines 12 and 13, Costs Not Allowable for Participation | The Costs Not Allowable for Participation Subtotal on the Construction Budget must be equal to the sum of Contingencies and the subtotal of all Administration and Legal Expenses entries | E | New Rule |
| SF 424C | 14. SUBTOTAL - c. Total Allowable Costs (Columns a-b) | 028.42.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs Subtotal on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 14. SUBTOTAL - c. Total Allowable Costs (Columns a-b) | 028.42.2 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to the sum of lines 12 and 13, Total Allowable Costs | The Total Allowable Costs Subtotal on the Construction Budget must be equal to the sum of Contingencies and the subtotal of all Administration and Legal Expenses entries | E | New rule |
| SF 424C | 15. Project (program) income - a. Total Cost | 028.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 15. Project (program) income - b. Costs Not Allowable for Participation | 028.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | 15. Project (program) income - c. Total Allowable Costs (Columns a-b) | 028.45.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Project (Program) Income, Total Allowable Costs on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 16. TOTAL PROJECT COSTS (subtract #15 from #14) - a. Total Cost | 028.46.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to line 14 minus line 15, Total Cost | The Total Project Costs, Total Cost on the Construction Budget must be equal to the subtotal minus the Project Income. | E | New rule |
| SF 424C | 16. TOTAL PROJECT COSTS (subtract #15 from #14) - b. Costs Not Allowable for Participation | 028.47.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to line 14 minus line 15, Costs Not Allowable for Participation | The Total Project Costs, Costs Not Allowable for Participation on the Construction Budget must be equal to the Subtotal Not Allowable minus the Project Income Not Allowable. | E | New Rule |
| SF 424C | 16. TOTAL PROJECT COSTS (subtract #15 from #14) - c. Total Allowable Costs (Columns a-b) | 028.48.1 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Project Costs, Total Allowable Costs on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 16. TOTAL PROJECT COSTS (subtract #15 from #14) - c. Total Allowable Costs (Columns a-b) | 028.48.2 | N | N | Incl: SAMHSA | Incl: V2.0 |  |  | Single |  |  | Provide error if not equal to line 14 minus line 15, Total Allowable Costs | The Total Project Costs, Total Allowable Costs on the Construction Budget must be equal to the subtotal minus the Project Income. | E |  |
| SF 424C | FEDERAL FUNDING 17. Federal assistance requested: Enter eligible costs from line 16c Multiply X: % | 028.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF 424C | FEDERAL FUNDING $ | 028.50 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# SF-424D Assurances - Construction Programs (Use only for non-research ONLY)

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| SF 424D | Signature of Authorized Certifying Official | 029.1.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Signature of Authorized Certifying Official is required | The Signature of the Authorized Certifying Official is required. | E | New rule |
| SF 424D | Authorized Certifying Official Title | 029.2.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Title of Authorized Certifying Official is required | The Title of the Authorized Certifying Official is required. | E | New rule |
| SF 424D | Applicant Organization | 029.3.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Applicant Organization is required | The Applicant Organization is required. | E | New rule |
| SF 424D | Date Submitted | 029.4.1 | N | N | Incl: SAMHSA | Incl:  V 1\_1 |  |  | Single |  |  | Date Submittedis required | The Date Submitted is required. | E | New rule |

# SF-LLL Disclosure Of Lobbying Activities (Use only for non-research ONLY)

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| SF LLL | 1. Type of Federal Action: (a. contract, b. grant, c. cooperative agreement, d. loan, e. loan guarantee, : f. loan insurance) | 030.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 2. Status of Federal Action: (a. bid/offer/application, :b. initial award, c. post-award) | 030.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 3. Report Type: b. material change : year | 030.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 3. Report Type: b. material change: quarter | 030.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 3. Report Type: b. material change: date of last report | 030.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 4. Name and Address of Reporting Entity: (Prime, SubAwardee) | 030.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | Reporting Entity: SubAwardee: Tier if known: | 030.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | Reporting Entity: Name: | 030.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | Reporting Entity: Street 1: | 030.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | Reporting Entity: Street 2: | 030.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | Reporting Entity: City: | 030.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | Reporting Entity: Congressional District, if known: | 030.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: Street 2: | 030.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: | 030.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 6. Federal Department/Agency: | 030.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 7. \*Federal Program Name/Description: | 030.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 7. \*Federal Program Name/Description: CFDA Number, if applicable: | 030.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 8. Federal Action Number, if known: | 030.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 9. Award Amount, if known: | 030.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: Prefix | 030.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: First Name: | 030.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: Middle Name | 030.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: Last Name | 030.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: Suffix | 030.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant:Street1 | 030.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: Street2 | 030.34 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: City | 030.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: State | 030.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: Zip | 030.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services Prefix: | 030.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services First Name: | 030.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services Middle Name: | 030.40 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services Last Name: | 030.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services Suffix: | 030.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services Street1: | 030.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services Street2: | 030.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services City: | 030.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services State: | 030.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 10. b. Individual Performing Services Zip: | 030.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Signature: | 030.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Prefix | 030.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: First Name | 030.50 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Middle Name | 030.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Last Name | 030.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Suffix | 030.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Title | 030.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Telephone No | 030.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SF LLL | 11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Date | 030.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# HHS Checklist (Use only for non-research ONLY)

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| HHS Checklist | Type of Application (New, Noncompeting Continuation, Competing Continuation, Supplemental) | 032.1.1 | N | N | Incl: SAMHSA | Incl: V2.1 |  |  | Single |  |  | Application type selection is required | An Application Type selection is required. | E | New rule |
| HHS Checklist | PART A: 1. Proper Signature and Date on the SF 424 (FACE PAGE): Included | 032.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART A: 2. Civil Rights Assurance (45 CFR 80) | 032.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | Civil Rights Assurance: Date | 032.4.1 | N | N | Incl: SAMHSA | Incl: V2.1 |  |  | Single |  |  | If Civil Rights Insurance is selected, a date is required | If the ‘Civil Rights Insurance’ is selected, a date is required | E | New Rule |
| HHS Checklist | PART A: 2. Assurance Concerning the Handicapped (45 CFR 84) | 032.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | Assurance Concerning the Handicapped: Date | 032.6.1 | N | N | Incl: SAMHSA | Incl: V2.1 |  |  | Single |  |  | If Assurance Concerning the Handicapped is selected, a date is required | If the ‘Assurance Concerning the Handicapped’ is selected, a date is required. | E | New rule |
| HHS Checklist | PART A: 2. Assurance Concerning Sex Discrimination (45 CFR 86) | 032.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | Assurance Concerning Sex Discrimination: Date | 032.8.1 | N | N | Incl: SAMHSA | Incl: V2.1 |  |  | Single |  |  | If Assurance Concerning Sex Discrimination is selected, a date is required | If the ‘Assurance Concerning Sex Discrimination’ is selected, a date is required | E | New Rule |
| HHS Checklist | PART A: 2. Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | 032.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | Assurance Concerning Age Discrimination: Date | 032.10.1 | N | N | Incl: SAMHSA | Incl: V2.1 |  |  | Single |  |  | If Assurance Concerning Age Discrimination is selected, a date is required | If the ‘Assurance Concerning Age Discrimination’ is selected, a date is required | E | New Rule |
| HHS Checklist | 3. Human Subjects Certification, when applicable (45 CFR 46) | 032.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? (Yes, Not Applicable) | 032.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) (Yes, Not Applicable) | 032.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.................. | 032.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 4. Have biographical sketch(es) with job description(s) been provided, when required?.............. | 032.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | 032.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 6. Has the 12 month narrative budget justification been provided? | 032.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 7. Has the budget for the entire proposed project period with sufficient detail been provided? | 032.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? | 032.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART B: 9. For Competing Continuation and Supplemental applications, has a progress report been included? | 032.20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Prefix: | 032.21 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: First Name: | 032.22 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Middle Name: | 032.23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Last Name: | 032.24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Suffix: | 032.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Title: | 032.26 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Organization: | 032.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Street1: | 032.28 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Street2: | 032.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: City: | 032.30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: State: | 032.31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: ZIP / Postal Code: | 032.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: ZIP / Postal Code4: | 032.33 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: E-mail Address: | 032.34.1 | N | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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 Buisness Official{0}, is invalid. 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. | E | New Rule |
| HHS Checklist | PART C: Business Official: Telephone Number: | 032.35 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Business Official: Fax Number: | 032.36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Prefix: | 032.37 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator First Name: | 032.38 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Middle Name: | 032.39 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Last Name: | 032.404 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Suffix: | 032.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Title: | 032.42 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Organization: | 032.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Street1: | 032.44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Street2: | 032.45 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator City: | 032.46 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator State: | 032.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator ZIP / Postal Code: | 032.48 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator ZIP / Postal Code4: | 032.49 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator E-mail Address: | 032.50.1 | N | Y | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | 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. 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. | E | New Rule |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator E-mail Address: | 032.50.2 | N | Y | Incl: SAMHSA |  |  |  | Single |  |  | If the Applicant Identifier does not contain a value on the SF424, or if the applicant identifier listed on the SF424 has not been assigned the PI role in Commons then using the PD/PI last name and email address on the HHS Checklist, check for an existence of a Commons ID. If one exists but does not have a PI role or is not affiliated with organization of application then generate warning. | The Commons account provided on the SF424, #4, Applicant Identifier field is not affiliated with the applicant organization or has not been assigned the PD/PI role in Commons. Check with your Commons Account Administrator to make sure the PD/PI has been affiliated with the applicant organization and has the PD/PI role. Once this is done, please reach out to the Grants Management point of contact listed on the Funding Opportunity Announcement (FOA) Part I. They will ensure that the application is properly linked to the PD/PI Commons account. | W | Rule Disabled  January 2018 Release |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Telephone Number: | 032.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART C: Program Director/Project Director/Principal Investigator Fax Number: | 032.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART D: (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code. | 032.53 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART D: (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate. | 032.54 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART D: (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals. | 032.55 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART D: (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization. | 032.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART D: (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. | 032.57 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Checklist | PART D: Previously Filed with: *(Agency)* | 032.58.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | Previously filed agency cannot be provided if (a), (b), (c), (d) or (e) are selected | The Previously Filed Agency cannot be provided if any of the above questions (a), (b), (c), (d) or (e) are selected. | E | New Rule |
| HHS Checklist | PART D: on *(Date)* | 032.59.1 | N | N | Incl: SAMHSA | V 2.1 |  |  | Single |  |  | Previously filed date cannot be provided if (a), (b), (c), (d) or (e) are selected | The Previously Filed Date cannot be provided if any of the above questions (a), (b), (c), (d) or (e) are selected. | E | New rule |

# HHS Project Abstract Summary (Use only for non-research)

| **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 Overall, Other Components or Both | Cross Components  (Multi Project Only) |
| HHS Project Abstract Summary | Program Announcement (CFDA) | 031.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Program Announcement (Funding Opportunity Number) | 031.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Closing Date | 031.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Applicant Name | 031.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Length of Proposed Project | 031.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Application Control No. | 031.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Federal Share 1st Year $ | 031.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Federal Share 2nd Year $ | 031.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Federal Share 3rd Year $ | 031.9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Federal Share 4th Year $ | 031.10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Federal Share 5th Year $ | 031.11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Non-Federal Share 1st Year $ | 031.12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Non-Federal Share 2nd Year $ | 031.13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Non-Federal Share 3rd Year $ | 031.14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Non-Federal Share 4th Year $ | 031.15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Non-Federal Share 5th Year $ | 031.16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Project Title | 031.17 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Project Summary | 031.18 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HHS Project Abstract Summary | Estimated number of people to be served as a result of the award of this grant. | 031.19 |  |  |  |  |  |  |  |  |  |  |  |  |  |