



Submission Validation Service for single project and multi project applications

Version: 1.7

Date: July 28, 2015

Table of Contents

TABLE OF CONTENTS	2
REVISION HISTORY	4
VALIDATIONS DEFINITIONS.....	11
GLOBAL VALIDATIONS	15
SF 424 (R&R).....	24
SF 424 (R&R) MP ((USE ONLY FOR MULTI-PROJECT)	49
PROJECT/PERFORMANCE SITE(S)	65
OTHER PROJECT INFORMATION	73
SENIOR/KEY PERSON PROFILE	91
COVER PAGE SUPPLEMENT	107
MODULAR BUDGET	115
R&R BUDGET(5YEAR) (USE ONLY FOR SINGLE-PROJECT).....	123
R&R BUDGET(10YEAR) (USE ONLY FOR SINGLE-PROJECT).....	155
R&R BUDGET (10YEAR) MP (USE ONLY FOR MULTI-PROJECT)	179
PHS 398 RESEARCH PLAN	201
CAREER DEVELOPEMENT AWARD SUPPLEMENTAL.....	208
PHS 398 TRAINING PROGRAM PLAN.....	216
PHS 398 TRAINING BUDGET	222
SBIR/STTR FORM	244
CUMULATIVE INCLUSION ENROLLMENT REPORT	250
PLANNED ENROLLMENT REPORT	271
PHS ADDITIONAL INDIRECT COST (USE ONLY FOR MULTI-PROJECT).....	280

Revision History

Version Number	Revision Date	Author	Summary of Changes
1.0	07/01/2014	ERA Analyst (CF)	SPA requirements iteration 1: <ul style="list-style-type: none"> • Rules categorization • PHS398 Modular Budget
	07/11/2014	ERA Analyst (SV)	<ul style="list-style-type: none"> • Updated Validation Definitions • Added new Section for Shared Validations
	07/15/2014	ERA Analyst (SV)	<ul style="list-style-type: none"> • Added SF424 Validations
1.1	07/20/2014	ERA Analyst (CF)	SPA requirements iteration 2: <ul style="list-style-type: none"> • SF424 RR Cover • RR Budget 5 Yr. • Cover Page Supplement • Global Validations • Shared validations • Update to rules categorization
	7/23/2014	ERA Analyst (CF)	<ul style="list-style-type: none"> • Added cross components (multi Project) rule category

Version Number	Revision Date	Author	Summary of Changes
1.2	9/15/2014	ERA Analyst (CF)	<ul style="list-style-type: none"> • SPA requirements January ER Iteration 1: <ul style="list-style-type: none"> ○ Project/Performance Sites ○ Snr/Key Person Profile ○ Other Project Information • SVS Maintenance January ER Iteration 1: <ul style="list-style-type: none"> ○ Other Project Information and Cover Page Supplement – multi-project cross components rules (CQERA00127096, CQERA00127731, CQERA00127732, CQERA00137119, CQERA00137121, CQERA00137124, CQERA00137125, CQERA00137127, CQERA00137133, CQERA00137134, CQERA00137135, CQERA00137136, CQERA00137138, CQERA00137142)
1.2	9/21/2014	ERA Analyst (CF)	<ul style="list-style-type: none"> • SPA requirements January ER Iteration 2: <ul style="list-style-type: none"> ○ PHS398 Research Plan ○ Planned Enrollment Report ○ Cumulative Inclusion Enrollment Report ○ PHS Additional Indirect Cost • Maintenance January ER Iteration 2: <ul style="list-style-type: none"> ○ SF424 RR, Snr/Key Person, Cover Page Supp – Shared validation for suffix (CQERA00132209)
	9/24/2014	ERA Analyst (CF)	<p>January 2014 ER</p> <ul style="list-style-type: none"> ○ 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)	<p>January 2014 ER</p> <ul style="list-style-type: none"> • Modify existing rule 001.42.3 to include agencies
	10/16/2014	ERA Analyst (CF)	<p>January 2014 ER</p> <ul style="list-style-type: none"> • Corrected error severity from Error to Warning for rule 004.9.1
	10/17/2014	ERA Analyst (CF)	<p>January 2014 ER</p> <ul style="list-style-type: none"> • Based on Stakeholders feedback, removed rule 016.1.1 form Cumulative Inclusion Report.

Version Number	Revision Date	Author	Summary of Changes
	10/20/2014	ERA Analyst (CF)	January 2014 ER <ul style="list-style-type: none"> Based on Dev team discussion, removed rule 020.0.1 and updated rule 000.27 to include subaward. Also clarified logic for rule 020.40.1 and updated error message text.
	10/27/2014	ERA Analyst (CF)	January 2014 ER <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 005.53.2 on snr/key person profile form Removed validations 005.26.1 and 005.53.1 on 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

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	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, UH3, 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 add activity 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 14 th 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
	07/28/2015	ERA Analyst (CF)	July update to Production Remove inclusion of activity codes D43, D71 and U2R from rule 014.4.1

Validations definitions

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

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

- Form version - V1.2
- Agency - NIH
- FOA Specific flag - project_cost_exception_flag = Y
- Activity code – Include R03, R21

CATEGORIES:

1. **Form Version Validations** – Validations can vary by version level of an individual form within a form package and apply to the version listed in the document (e.g., SF424 RR Cover V1_2 vs. SF424 RR Cover V2_0).

Example:

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

2. **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)

3. **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)

4. **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)

5. **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)

6. **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)

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

Examples:

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

8. **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)

9. **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)

10. **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
		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
Global Validation	000.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		DUNS numbers: Validation to apply to all forms containing a DUNS number present in the package downloaded. If DUNS provided on any forms has any invalid characters (meaning other than 9 or 13 numbers) after stripping of dashes, provide error.	The DUNS number for <insert form name > is not in the valid format of DUNS or DUNS+4 number (DUNS should be 9 or 13 digits; no letters or special characters).	E
Global Validation	000.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data.	The Application submitted contains more occurrences of <component type> than are allowed for this Funding Opportunity Announcement <FOA Number>.	E
Global Validation	000.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data.	The Application submitted contains less occurrences of <component type> than are required for this Funding Opportunity Announcement <FOA Number>.	E

Category	Rule#	Rule Categories									Validation	Error Message	Error/Warning
		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
Global validation	000.6	Y	N					Both	Both		If the application schema does not match the opportunity schema, return Error	The format of the application does not match the format of the Funding Opportunity Announcement (FOA). Please contact the Help Desk for assistance.	E
Global validation	000.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both		For other components, provide error if the SubApplicationId does not follow the specific format of: 3 digit unique number (unique for the application) and the SubApplicationGroupId (component type) separated by a dash (i.e. 328-Core)	A problem with the format of your submission has been identified. Please notify your institution's submission system support contact and provide them with the following information. The provided Component Identifier format <Component ID> in the SubApplicationID XML tag is invalid. SubApplicationIDs for all components except Overall must be formatted as follow: 3-digit number that must be unique within the application, followed by a dash and the	E

Category	Rule#	Rule Categories									Validation	Error Message	Error/Warning
		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
												component type which should match the corresponding SubApplicationGroupID (i.e. 328-Core, 654-Project).	
Global validation	000.14	Y	N					Both	Both		If the application fails to process, return Error	The application encountered an unexpected error during application processing. Please contact the Help Desk for assistance.	E
Global validation	000.18	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If the application is larger than 1.2GB, provide error	The application did not follow the agency specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting.	E
Global validation	000.19	Y	N					Both	Both		The FOA does not exist in the database	The Funding Opportunity Announcement number does not exist.	E

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		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
Global validation	000.27	Y	N					Single			For Submission where the RR Budget 5Yr or the RR Budget 10Yr (Type project and/or Subaward/Consortium) and the Modular Budget are present, provide error.	Only one budget form should be included with your application.	E
Global validation	000.28	Y	N					Single			Require a submission of either a modular budget, RR Budget 5Yr, a RR Budget 10Yr or a PHS 398 Training Budget (Type project)	You must include a budget with this application.	E
Attachment validation	000.8	Y	N					Both	Both		All attachments must be in PDF format	The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension.	E
Attachment validation	000.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If an attachment is empty (0 bytes), the following error should be returned	The {0} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF	E

Category	Rule#	Rule Categories									Validation	Error Message	Error/Warning
		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
												attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm .	
Attachment validation	000.10	Y	N					Both	Both		If PDF Attachment has the following issues: <ul style="list-style-type: none"> • Meta data missing • Encrypted document • Password Protected document • Secured document • PDF Error , the following error should be returned:	The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm .	E

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		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
Attachment validation	000.13	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If attachment is larger than 8.5 x 11 inches (horizontally or vertically), provide error	Filename <file> cannot be larger than U.S. standard Letter paper size of 8.5 x 11 inches. Please see our PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm for additional information.	E
Attachment Validations	000.20	Y	N					Both	Both		Provide error if filename is not valid. Valid file names may only include the following UTF-8 characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.	The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.	E

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		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
Attachment Validations	000.21	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	Provide error at the entire application level if a Biosketch attachment for the same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). Senior Key Person entries will be determined to be for the same person if: Senior Key Person Profile or PD/PI Profile Credentials match.	The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for Senior/Key Person(s): <Last name, First name> on components <component ID>: <Component Title>, <component ID>: <Component Title>.; <Last name, First name> on components <components ID>: <Component Title>, <component ID><Component Title>...	E
Attachment Validations	000.22	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	Provide warning at the entire application level if a Biosketch attachment for the potentially same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). The system will consider person to be potential matches if Credentials are not provided for	The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one	E

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		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
											both entries, then if Senior Key Person Profile or PD/PI Profile First Name and Last Name and Organization Name match.	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>...	
Attachment Validations	000.23	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	Provide error if at the entire application level every unique senior key does not have at least one biosketch attachment included. A unique senior key entry is one that shares the same credential or the same first name, last name, and organization name.	The grantor agency requires a biosketch attachment for each Senior/Key Person for this application. The following Senior/Key Person do not have a biosketch attachment: <Last name, First name>; on component <component ID>: <Component	E

Category	Rule#	Rule Categories									Validation	Error Message	Error/Warning
		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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
												Title>	
Attachment Validations	000.25	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		Provide error if attachments file names are not unique within a form within a component.	The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names.	E
Attachment Validations	000.26	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		Provide error if any attachments filenames are missing	The file attached to <attachment label> on form <form name> does not have a specified filename. Please make sure all files submitted with your application have a distinct filename.	E

SF 424 (R&R)

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)				Cross Components (Multi Project Only)
SF 424 (R&R)	Type of Submission	001.1.1	N	N	Incl: NIH	Incl: V 2.0		Exc: X02	Both	Overall		Do not accept Pre-application as submission type	Pre-application is not an allowable 'Type of Submission' for this program.	E
SF 424 (R&R)	Type of Submission	001.1.2	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Do not accept 'Application' submission type if there is an associated prior successful submission. (exclude Revision Type of application)	This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.	E
SF 424 (R&R)	Type of Submission	001.1.3	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Do not accept changed/corrected application if the original application has been verified and not withdrawn	Your application has already been submitted for processing by NIH staff and can no longer be changed through the electronic submission process.	E
SF 424 (R&R)	Type of Submission (Pre-App, Changed App)	001.1.4	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Single project			Do not accept changed/corrected application if the PI, DUNS, Project Title, and council round are a duplicate of another application and the opportunity ID is not the same as that of the other application.	This application has been identified as a duplicate of a previous submission to a different Funding Opportunity Announcement. Multiple, simultaneous reviews of an application are not allowed.	E
SF 424 (R&R)	Date Submitted	001.2.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	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	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												period end date. Exclude Direct Phase II applications based on RFA_PA_NOTICES_T.DIRECT_PHASE_TWO_FLAG		
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	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	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	Federal	001.6.4	N	N	Incl :	Incl:			Both	Overall		If a resubmission, revision, or	The format of the Federal	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
424 (R&R)	Identifier				NIH, CDC, FDA, AHRQ, VA	V 2.0					II		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>	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).	
SF 424 (R&R)	Federal Identifier	001.6.5	N	N	Incl: NIH, CDC, FDA, AHRQ Excl: VA	Incl: V 2.0				Both	Overall		If PICHangeIndicator not set on Cover Page Supplement, provide error if Commons Account doesn't match and last name of PI on prior grant doesn't match last name for PI on current application. Ignore case, spaces, and punctuation on match.	The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier. If this application involves a change of PD/PI, please select the Change of PD/PI box on the PHS 398 Cover Page Supplement form.	E
SF 424 (R&R)	Federal Identifier	001.6.6	N	N	Incl: NIH, AHRQ	Incl: V 2.0				Both	Overall		For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement	A Resubmission application cannot be submitted until the Summary Statement for the previous application has been released by the agency.	E
SF 424 (R&R)	Federal Identifier	001.6.7	N	N	Incl: NIH, AHRQ	Incl: V 2.0				Both	Overall		For a resubmission, the prior grant must not have been awarded, unless it has been identified as interim funding.	A Resubmission application cannot be submitted if a prior version in the same support year has been awarded.	E
SF 424 (R&R)	Federal Identifier	001.6.8	N	N	Incl: NIH, AHRQ	Incl: V 2.0				Both	Overall		For resubmission, if the prior grant suffix code=A1, display a warning. Matching is performed only on IC and serial number ?	NIH and AHRQ policy only allows one resubmission. This application may be returned after internal processing if you have exceeded that limit. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
													option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html		
SF 424 (R&R)	Federal Identifier	001.6.9	N	N	Incl: NIH, AHRQ	Incl: V 2.0				Both	Overall		For resubmission, prior grant suffix code must not ='A2'	This application has exceeded the number of resubmissions permitted and cannot be accepted. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html	E
SF 424 (R&R)	Federal Identifier	001.6.10	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		For a revision, the prior grant number must exist in the NIH system (Matching is performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant.	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent awarded grant number. If the Federal Identifier is correct, the project period of the revision application must fall within the awarded project period of the parent grant.	E
SF 424 (R&R)	Federal Identifier	001.6.12	N	N	Incl: NIH, AHRQ	Incl: V 2.0				Both	Overall		For Resubmission, if the prior Grant suffix code = A0 or A1 and resubmission created date is more than 40 months from prior grant created date, provide Error	Resubmission applications must be submitted within 37 months of the previous submission. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-128.html .	E
SF 424	Federal Identifier	001.6.16	N	N	Incl: NIH,	Incl: V 2.0		Incl: R42, UT2,		Single			For SBIR/STTR Renewal, provide Error if prior grant is	A Renewal SBIR/STTR submission is not allowed if	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(R&R)					CDC, FDA, AHRQ, VA			R44, U44				an awarded SBIR/STTR Phase II B	an SBIR/STTR Phase II B has previously been awarded.	
SF 424 (R&R)	Federal Identifier	001.6.13	N	N	Excl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For a resubmission, if the prior grant suffix code=A1 or A2, display a warning	Some funding agencies limit the number of Resubmission applications that may be submitted. This application may be returned after internal processing if additional Resubmissions are not within policy.	W
SF 424 (R&R)	Federal Identifier	001.6.14	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		For revision type of application, provide a warning if the application end date is greater than parent grant end date.	The entire proposed project period must be within the awarded parent grant project period	E
SF 424 (R&R)	Federal Identifier	001.6.15	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Provide error if Commons Account doesn't match and last name of PI on prior grant doesn't match last name for PI on current application. Ignore case, spaces, and punctuation on match.	The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier.	E
SF 424 (R&R)	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	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,	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	The DUNS provided in the application does not match the DUNS in the eRA Commons Institution Profile. Make sure that the DUNS	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
					VA								submitted in places 10-13. For comparison purposes, treat trailing zeroes after leftmost 9 characters as blanks.	number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.2	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		For a revision, provide a warning if it doesn't represent the same organization as the parent grant, by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided in the application does not match the organization associated with the grant identified by the Federal Identifier. Revision applications are typically submitted for the same organization as the parent grant.	W
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.3	Y	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		Provide error if the organization is marked as 'closed' in IMPAC II database grant by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided is not active in eRA Commons. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.4	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	V 1.0				Multi	Overall	Y	Provide warning if application contains at least one component lead at a different organization than the Overall Organization (based on the DUNS number) and the PHS Additional Indirect Costs form is not present in the Overall component.	If appropriate, you may use the PHS Additional Indirect Cost form to capture indirect costs for components led by other organizations.	W
SF 424 (R&R)	Applicant Information, Legal Name	001.9													
SF 424 (R&R)	Applicant Information, Department	001.10.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)			
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/Par ish	001.15												
SF 424 (R&R)	Applicant Information , State	001.16.1	Y	Y		Incl: V 2.0			Both	Overa ll		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	Overa ll		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	Overa ll		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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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SF 424 (R&R)	Applicant Information, Province	001.17.2	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E
SF 424 (R&R)	Applicant Information, Province	001.17.3	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E
SF 424 (R&R)	Applicant Information, Country	001.18.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA			Incl: SC1, SC2, SC3, S10, S11, S21, S22, DP2, C06, UC6, G08, G20, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R15, UA5, T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1	Single			Provide an error if country is not US	The Applicant Organization for this application must be located in the US.	E
SF 424 (R&R)	Applicant Information, Country	001.18.2	N	N	Incl: NIH, CDC, FDA, AHRQ, VA			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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
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														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning		
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
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,	001.27.1	N	N	Incl: NIH, CDC,	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	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
)	e-mail				FDA, AHRQ, VA								address also provided on the SF 424 RR cover page will be used instead.	
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > () [] \ , ; : are not valid.	The submitted e-mail address for the Person to Be Contacted {0}, is invalid. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W
SF 424 (R&R)	Employer Identification	001.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If <13 characters, provide a warning if it is not either 9 characters or 12 characters (after dashes are removed).	The Employer Identification Number should be a length of 9 characters or 12 characters. The application will be accepted by the agency.	W
SF 424 (R&R)	Employer Identification													
SF 424 (R&R)	Type of Applicant (other, woman owned, disadvantaged)	001.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	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	Incl: V 2.0			Both	Overall		Required if "Other" is selected as the Applicant Type.	Other "comment" is required if "Other" is selected as the Applicant Type.	E
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be either New, Revision, Resubmission, or Renewal	<Type of Application> provided i is invalid. The Type of Application must be New, Revision, Resubmission, or Renewal.	E

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)				Cross Components (Multi Project Only)
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: SC2, S11, X01, R03, R21, R34, U34, C06, UC6, G08, G13, G20, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R21/R33, UH2/UH3, UH2 UH3, R33	Single			Renewal is not a valid type of application.	Renewal applications are not allowed for this program.	E
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	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	Type of													

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
424 (R&R)	Application Revision Code description														
SF 424 (R&R)	Type of Application Revision Code Other Explanation														
SF 424 (R&R)	Submitted to other agencies?														
SF 424 (R&R)	Submitted to other agencies? (Y/N)														
SF 424 (R&R)	Submitted to other agencies? Name of agencies	001.36.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if Submitted to Other Agencies is 'Yes'.	The name of the Other Agency is required if the Submit to Other Agency selection is 'Yes'.	E	
SF 424 (R&R)	Name of Federal Agency														
SF 424 (R&R)	Catalog of Federal Domestic Assistance Number														
SF 424 (R&R)	Descriptive Title	001.40													
SF 424 (R&R)	Proposed project start date	001.41.1	N	N	Incl : NIH, CDC,	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
)					FDA, AHRQ, VA										
SF 424 (R&R)	Proposed project ending date	001.42.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		Must be later than Project Start Date	The Proposed Project Ending must be later than the Proposed Project Start Date.	E
SF 424 (R&R)	Proposed project ending date	001.42.2	N	N	Incl: NIH	Incl: V 2.0				Both	Overall		Must be no more than 20 years greater than today's date.	The Proposed Project Ending Date cannot be more than 20 years in the future.	E
SF 424 (R&R)	Proposed project ending date	001.42.3	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_exception_it5_y_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	Incl: V 2.0	project_period_exception_it5_y_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	Incl: V 2.0	project_period_exception_flag = N	Incl: R01, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00,	Single Project				Provide error if project period is more than five years long.	The project period for this type of application is limited to five years.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
									R61/R33, UG3/UH3					
SF 424 (R&R)	Proposed project ending date	001.42.5	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_excep_flag = Y	Incl: R01, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3	Single Project			Provide warning if project period is more than five years long.	Be sure that you have complied with the allowable project period limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review.	W
SF 424 (R&R)	Proposed project ending date	001.42.6	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_excep_it5_y_flag = N	Incl: R15, R34, U34, G08, G13, UA5,	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
SF 424 (R&R)	Proposed project ending date	001.42.7	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_excep_it5_y_flag = Y	Incl: R15, R34, U34, UA5	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
SF 424 (R&R)	Proposed project ending date	001.42.9	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34,	Single project			For all T applications (major activity code 'T'), K12, KM1, D43, D71 and U2R return error if project period is more than five years long. Define project period by time span	The project period is limited to five years.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
									T35, T36, T37, K12, KM1, D43, D71, U2R				between project period start date and project period end date as entered on the SF 424 RR Cover Page.		
SF 424 (R&R)	Congressional districts of applicant	001.43.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		<p>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.</p> <p>Do not return error if 'ALL' is encountered.</p> <p>When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The validation should not fire.</p>	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 (	001.45.1	N	N	Incl : NIH, CDC, FDA,	Incl: V 2.0				Both	Overall		If PD/PI name <i>and</i> Commons account provided (and Commons account is recognized), provide warning	The name provided for the PD/PI, <First name last name does not match the name listed on the eRA Commons	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	first name,)				AHRQ, VA								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.	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 .	
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)			
SF 424 (R&R)	PD/PI Contact Information , Organizatio n Name	001.50												
SF 424 (R&R)	PD/PI Contact Information , Departmen t	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/Par ish	001.56												
SF 424 (R&R)	PD/PI Contact Information , state	001.57.2	Y	Y		Incl: V 2.0			Both	Overa ll		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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)			
SF 424 (R&R)	PD/PI Contact Information , state	001.57.3	Y	Y		Incl: V 2.0			Both	Overa ll		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	Overa ll		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	Overa ll		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	Overa ll		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	Overa ll		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 ,	001.60.2	Y	Y		Incl: V 2.0			Both	Overa ll		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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	ZIP/Postal Code												must be supplied for US addresses.	
SF 424 (R&R)	PD/PI Contact Information, phone number													
SF 424 (R&R)	PD/PI Contact Information, fax number													
SF 424 (R&R)	PD/PI Contact Information, email	001.63.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > () [] \ , ; : are not valid.	The submitted e-mail address for the PD/PI {0}, is invalid.	E
SF 424 (R&R)	Total Federal Funds Requested	001.64												
SF 424 (R&R)	Total Federal and Non-Federal Funds	001.65												
SF 424 (R&R)	Estimated Program Income	001.66												
SF 424 (R&R)	Estimated Program Income	001.67												
SF 424 (R&R)	Subject to state executive order review?	001.68												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	State executive order review date	001.69.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		Required if answer to 'Subject to state executive order review' is 'Yes'	A State executive order review date must be entered, if the answer to the 'Subject to state executive order review' is 'Yes'.	E
SF 424 (R&R)	Agreement and certification	001.70													
SF 424 (R&R)	SFLLL or Other Explanatory Documentation Attachment	001.71													
SF 424 (R&R)	Authorized representative, prefix	001.72.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		Display warning if first or last name>30 chars, or if suffix>5 chars.	The Authorized Representative <element name> (SF 424 RR Cover page) exceeds the agency character limit. The application image will display the name as submitted; the agency will store the first <database length> characters in the eRA database.	W
SF 424 (R&R)	Authorized representative, first name	001.73													
SF 424 (R&R)	Authorized representative, middle name	001.74													
SF 424 (R&R)	Authorized representative, last name	001.75													
SF 424	Authorized representat	001.76.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)			
(R&R)	ive, suffix													
SF 424 (R&R)	Authorized representat ive position/titl e	001.77												
SF 424 (R&R)	Authorized representat ive organizatio n	001.78												
SF 424 (R&R)	Authorized representat ive department	001.79												
SF 424 (R&R)	Authorized representat ive division	001.80												
SF 424 (R&R)	Authorized representat ive street 1	001.81												
SF 424 (R&R)	Authorized representat ive street 2	001.82												
SF 424 (R&R)	Authorized representat ive city	001.83												
SF 424 (R&R)	Authorized representat ive county/Pari sh	001.84												
SF 424 (R&R)	Authorized representat ive state	001.85.2	Y	Y		Incl: V 2.0			Both	Overa ll		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
)													available>, the State must be supplied for US addresses.		
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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
													addresses.	
SF 424 (R&R)	Authorized representative phone number	001.89												
SF 424 (R&R)	Authorized representative fax number	001.90												
SF 424 (R&R)	Authorized representative email	001.91.3	Y	N			Incl: V 2.0		Both	Overall		Must contain a '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > () [] \ , ; : are not valid.	The submitted email address for the Authorized Representative {0}, is invalid.	E
SF 424 (R&R)	Authorized representative signature and date	001.92												
SF 424 (R&R)	Pre-application attachment	001.93												
SF 424 (R&R)	Cover Letter Attachment	001.94.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Cover letter is required	A cover letter must be attached for this application. Please include the names of the referees for this application in the cover letter.	E
SF 424 (R&R)	Cover Letter Attachment	001.94.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl R13, U13	Single			Provide warning if a cover letter is not attached	A cover letter should be attached for this application. Be sure that you have complied with the FOA instructions.	W

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
SF 424 (R&R) MP	Type of Submission (Pre-App, Changed App)	002.1												
SF 424 (R&R) MP	Date Submitted	002.2												
SF 424 (R&R) MP	Applicant Identifier	002.3												
SF 424 (R&R) MP	Date Received by State	002.4												
SF 424 (R&R) MP	State Applications Identifier	002.5												
SF 424 (R&R) MP	Federal Identifier	002.6												
SF 424 (R&R) MP	Agency Routing Identifier	002.7												
SF 424 (R&R) MP	Previous Grants.gov Tracking ID	002.8												
SF 424 (R&R) MP	Applicant Information, Organizational DUNS	002.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		DUNS is required	The Component Organization DUNS number is required.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
SF 424 (R&R) MP	Applicant Information, Legal Name	002.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component	Organization Legal Name is required	The Component Organization's Legal Name is required.	E
SF 424 (R&R) MP	Applicant Information, Department	002.11												
SF 424 (R&R) MP	Applicant Information, Division	002.12												
SF 424 (R&R) MP	Applicant Information, Street 1	002.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component	Address line 1 is required	The Component Organization Street address must be provided.	E
SF 424 (R&R) MP	Applicant Information, Street 2	002.14												
SF 424 (R&R) MP	Applicant Information, City	002.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component	City is required	The Component Organization City must be provided.	E
SF 424 (R&R) MP	Applicant Information, County/Parish	002.16												
SF 424 (R&R) MP	Applicant Information, State	002.17.1	Y	Y		Incl: V1.0					Multi Component	State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
													supplied for US addresses.		
SF 424 (R&R) MP	Applicant Information, State	002.17.2	Y	Y		Incl: V1.0					Multi	Component	If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E
SF 424 (R&R) MP	Applicant Information, Province	002.18.1	Y	Y		Incl: V1.0					Multi	Component	Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E
SF 424 (R&R) MP	Applicant Information, Province	002.18.2	Y	Y		Incl: V1.0					Multi	Component	If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E
SF 424 (R&R) MP	Applicant Information, Province	002.18.3	Y	Y		Incl: V1.0					Multi	Component	If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E
SF 424 (R&R) MP	Applicant Information, Country	002.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0					Multi	Component	Country is required	The Component Organization Country is required.	E
SF 424 (R&R) MP	Applicant Information, Zip Code	002.20.1	Y	Y		Incl: V1.0					Multi	Component	ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E
SF 424 (R&R)	Applicant Information	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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
MP	on, Zip Code												DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	
SF 424 (R&R) MP	Person to be Contacted, Prefix	002.21												
SF 424 (R&R) MP	Person to be Contacted, First Name	002.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		First Name is required	The Component Person to be Contacted first name is required.	E
SF 424 (R&R) MP	Person to be Contacted, Middle Name	002.23												
SF 424 (R&R) MP	Person to be Contacted, Last Name	002.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Last Name is required	The Component Person to be Contacted last name is required.	E
SF 424 (R&R) MP	Person to be Contacted, Suffix	002.25												
SF 424 (R&R) MP	Person to be Contacted, Position/ Title	002.26												
SF 424 (R&R) MP	Person to be Contacted, Street 1	002.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Address line 1 is required	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the first line of address is required..	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
SF 424 (R&R) MP	Person to be Contacted, Street 2	002.28												
SF 424 (R&R) MP	Person to be Contacted, City	002.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component	City is required	For < Person First, Last name or Organization name, or DUNS if Org name is not available>,City is required..	E
SF 424 (R&R) MP	Person to be Contacted, County/ Parish	002.30												
SF 424 (R&R) MP	Person to be Contacted, State	002.31.1	Y	Y		Incl: V1.0				Multi	Component	State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E
SF 424 (R&R) MP	Person to be Contacted, State	002.31.2	Y	Y		Incl: V1.0				Multi	Component	If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E
SF 424 (R&R) MP	Person to be Contacted, Province	002.32.1	Y	Y		Incl: V1.0				Multi	Component	Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E
SF 424 (R&R) MP	Person to be Contacted, Province	002.32.2	Y	Y		Incl: V1.0				Multi	Component	If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
SF 424 (R&R) MP	Person to be Contacted, Province	002.32.3	Y	Y		Incl: V1.0			Multi	Component		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E
SF 424 (R&R) MP	Person to be Contacted, Country	002.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Country is required	The Component Person to be contacted Country is required.	E
SF 424 (R&R) MP	Person to be Contacted, ZIP Code	002.34.1	Y	Y		Incl: V1.0			Multi	Component		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E
SF 424 (R&R) MP	Person to be Contacted, ZIP Code	002.34.2	Y	Y		Incl: V1.0			Multi	Component		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E
SF 424 (R&R) MP	Person to be Contacted, Phone Number	002.35.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Phone Number is required	The Component Person to be contacted Phone number is required.	E
SF 424 (R&R) MP	Person to be Contacted, Fax Number	002.36												
SF 424 (R&R) MP	Person to be Contacted, e-mail	002.37												
SF 424 (R&R)	Person to be	002.38												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
MP	Contacted, e-mail													
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	002.45												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	? (Y/N)													
SF 424 (R&R) MP	Submitted to other agencies ? Name of agencies	002.46												
SF 424 (R&R) MP	Name of Federal Agency	002.47												
SF 424 (R&R) MP	Catalog of Federal Domestic Assistance Number	002.48												
SF 424 (R&R) MP	Descriptive Title	002.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Project Title is required.	The Component Project Title is required.	E
SF 424 (R&R) MP	Proposed project start date	002.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Start date is required	The Component Proposed Project Start Date is required	E
SF 424 (R&R) MP	Proposed project start date	002.50.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Must be later than current date	The Component Proposed Project Start Date must be later than today's date.	E
SF 424 (R&R) MP	Proposed project start date	002.50.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component	Y	Must be equal or after the proposed start date of the Overall	The Component Proposed Project Start Date must be equal to or after the proposed start date of the Overall component.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Proposed project ending date	002.51.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component		End date is required	The Component Proposed Project Ending Date is required.	E
SF 424 (R&R) MP	Proposed project ending date	002.51.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component		Must be later than Project Start Date	The Component Proposed Project Ending Date must be later than the Proposed Project Start Date.	E
SF 424 (R&R) MP	Proposed project ending date	002.51.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component		Must be no more than 20 years greater than today's date.	The Component Proposed Project Ending Date cannot be more than 20 years in the future.	E
SF 424 (R&R) MP	Proposed project ending date	002.51.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0				Multi	Component	Y	Must be equal or before the proposed ending date of the Overall	The Component Proposed Project End Date must be equal to or before the Proposed End Date of the Overall component.	E
SF 424 (R&R) MP	Congressional districts of applicant	002.52													
SF 424 (R&R) MP	PD/PI Contact Information, name (prefix,)	002.53													
SF 424 (R&R) MP	PD/PI Contact Information, name (first name,)	002.54													
SF 424	PD/PI	002.55													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(R&R) MP	Contact Information, name (middle name)													
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	PD/PI	002.62												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(R&R) MP	Contact Information, Division													
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	002.70												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	on, ZIP/Postal Code													
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	002.78												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	date													
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	Authorize	002.86												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(R&R) MP	d representative position/title													
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/P	002.93												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	arish													
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)	Authorized	002.101												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
MP	representative signature and date													
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/Warnin g
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applie s to Com- ponen t Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)			
Proje ct/ Perfo rman ce Site (R&R)	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal governmen t, academia, or other type of organizatio n	003.1												
Proje ct/ Perfo rman ce Site (R&R)	Primary Location, Organizatio n Name	003.2.1	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Primary Location Organization Name is required	The Organization Name for the Primary Location for <DUNS (if available)> is required.	E
Proje ct/ Perfo rman ce Site (R&R)	Primary Location, DUNS Number	003.3.1	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Primary Location DUNS is required	The DUNS Number for the Primary Location for <Organization name (if available)> is required.	E
Proje ct/ Perfo rman	Primary Location, Street 1	003.4												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ce Site (R&R)														
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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Site (R&R)													countries other than the United States.	
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	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)			
(R&R)														
Proje ct/ Perfo man ce Site (R&R)	Primary Location, Country	003.11												
Proje ct/ Perfo man ce Site (R&R)	Primary Location, Congressio nal District	003.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl; V2.0			Both	Both		Required if Country is US.	For <Organization name or DUNS (if Org name not available)>, the Congressional District is required since country is United States.	E
Proje ct/ Perfo man ce Site (R&R)	Primary Location, Congressio nal District	003.12.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl; V2.0			Both	Both		Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way. Do not return error if 'ALL' is encountered. When Other Country than US selected and no Congressional District is	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												entered, then populate database with 00-000. The validation should not fire.		
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	Location 1, Street 1	003.16												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ce Site (R&R)														
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	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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(R&R)													United States.	
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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Project/ Performance Site (R&R)	Location x, Country	003.23												
Project/ Performance Site (R&R)	Location 1, Congressional District	003.24												
Project/ Performance Site (R&R)	Additional Location(s)	003.25.1	N	N	Incl: NIH	Incl; V2.0			Both	Both		Provide error if Additional Location(s) attachment is provided and less than 300 sites (including the primary) have been entered on the Project Performance Sites	An Additional Location(s) attachment may be submitted only if 300 sites (including the primary) have been entered on the Project Performance Sites.	E

Other Project Information

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)				Cross Components (Multi Project Only)
Research and Related Other Project Information	Human Subjects Involved ?	004.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		If Human Subjects Used Question is false, Exemption Number must not be specified.	When Human Subjects is "No", Exemption Number must not be specified.	E
Research and Related Other Project Information	Human Subjects Involved ?	004.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If Human Subjects Used Question is false, provide a warning if Assurance Number is specified.	When Human Subjects is "No", Assurance Number may not be specified.	W
Research and Related Other Project Information	Human Subjects Involved ?	004.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Must be true if Human Subjects Clinical Trial question is true on Cover Page Supp.	The 'Human Subjects Involved' question must be "Yes" if the Human Subjects Clinical Trial question on the PHS 398 Cover Page Supplement is "Yes".	E
Research and Related Other Project Information	Human Subjects Involved ?	004.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide Warning if Human Subject Involved is Yes and Is the Project Exempt from Federal Regulations is No and Is the IRB review Pending is Yes and Human Assurance Number is not provided.	The Human Subject Assurance Number may be requested later as part of the eRA Commons Just In Time (JIT) process.	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Research and Related Other Project Information	Human Subjects Involved ?	004.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	If Human Subject Involved is Yes on any component of the application and the Overall Human Subject Involved is No, provide Error	If Human Subjects Involved is "Yes" on any component of the application, then "Yes" must be selected for the Overall component	E
Research and Related Other Project Information	Human Subjects Involved ?	004.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Error	If Human Subjects Involved is "No" on all components of the application, then "No" must be selected for the Overall component	E
Research and Related Other Project Information	Human Subjects Involved ?	004.1.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Warning	Answering 'Yes' to Human Subjects on the Overall component and 'No' to Human Subjects on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve human subjects.	W
Research and Related Other Project Information	Project Exempt from Federal Regulations	004.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		If Human Subjects Used Question is true, the Project Exempt from Federal Regulations question cannot be blank	If the answer to Human Subject Used is 'Yes', an answer to the Project Exempt from Federal Regulations must be provided.	E
Research and Related Other	Exemption number 1-6	004.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	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

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Project Information					VA									
Research and Related Other Project Information	Exemption number 1-6	004.3.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, if Overall Exemption number is 'E4' and all Components Human Subject is 'Yes' with no exemption number checked or an Exemption number not equal to 'E4', provide error.	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
Research and Related Other Project Information	Exemption number 1-6	004.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, provide a warning if Overall Human Subject is Yes and Exception code is E4 and all Components with Human Subject is Yes and Exception code is different than E4 or not any are selected	Human Subjects exemption number 4 is typically not allowed on the Overall component unless exemption 4 is selected for all components that include Human Subjects.	W
Research and Related Other Project Information	IRB review pending?	004.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If IRB review pending? Is false 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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
n														
Research and Related Other Project Information	IRB approval date													
Research and Related Other Project Information	Human subject assurance number	004.6												
Research and Related Other Project Information	Vertebrate animals used?	004.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If Vertebrate Animal Used is 'Y', then ONE of the following must be provided: Assurance Number + IACUC Approval Date OR Assurance Number + IACUC Approval Pending OR the word 'None' (case insensitive, don't validate on punctuation)	When Vertebrate Animals is "Yes", you must provide one of the following: (1) animal welfare assurance number + IACUC approval date, (2) animal welfare assurance number + an indication that IACUC approval is pending OR (3) the word 'None'.	E
Research and Related Other Project Information	Vertebrate animals used?	004.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	If Vertebrate animals used is Yes on any component of the application and the Overall Vertebrate animals used is No, provide Error	If Vertebrate animals used is "Yes" on any component of the application, then "Yes" must be selected for the Overall component	E
Research and Related	Vertebrate animals	004.7.3	N	N	Incl : NIH, CDC,	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If 'vertebrate animal is answered No on all	If Vertebrate animals used is "No" on all components of the application, then "No" must	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Other Project Information	used?				FDA, AHRQ, VA							Other Components and Overall component is marked Yes, then provide error.	be selected for the Overall component	
Research and Related Other Project Information	Vertebrate animals used?	004.7.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Vertebrate Animals is No on all components of the application and if the Overall Vertebrate Animals is Yes, provide Warning	Answering 'Yes' to Vertebrate Animals on the Overall component and 'No' to Vertebrate Animals on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve vertebrate animals.	W
Research and Related Other Project Information	IACUC review pending?	004.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used is 'N' and IACUC Approval Pending indicator is checked.	When Vertebrate Animals is "No" IACUC Approval Pending indicator does not apply.	W
Research and Related Other Project Information	IACUC approval date	004.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and approval date is provided	When Vertebrate Animals is "No" IACUC Approval Date does not apply.	W
Research and Related Other	Animal Welfare Assurance	004.10.1	N	N	Incl : NIH, CDC, FDA,	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and the Assurance number is	When Vertebrate Animals is "No", the Animal Welfare Assurance Number does not apply.	W

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Project Information	Number				AHRQ, VA							provided.		
Research and Related Other Project Information	Animal Welfare Assurance Number	004.10.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		<p>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.</p> <p>Animal Assurance Number that starts with 'X' shall not be validated.</p> <p>Should be match using only digits by stripping dashes and should not be case sensitive.</p> <p>Do not validate if data entry is 'None'</p>	<p><i>Animal Assurance Number entered on your grant application does not correspond to the Animal Assurance number for your Organization's eRA institutional profile. Please check the OLAW website list of approved assurances at http://grants.nih.gov/grants/olaw/olaw.htm. Your application will continue to be processed.</i></p>	W
Research and Related Other Project Information	Proprietary or privileged info?	004.11												
Research and Related Other Project Information	Impact on environment?	004.12												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
n															
Research and Related Other Project Information	Impact on environment, If yes, please explain	004.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Both		An explanations is required if Environmental Impact Indicator is Yes	Explanation about the actual or potential impact on the environment is required if Impact on environment is Yes.	E
Research and Related Other Project Information	Environmental Exemption Indicator	004.14													
Research and Related Other Project Information	Environmental Exemption Indicator, If yes, please explain	004.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Both		An explanations is required if Environmental Exemption is Yes	Explanation about the environmental assessment (EA) or environmental impact statement (EIS) are required if Environmental Exemption is Yes.	E
Research and Related Other Project Information	Performance Site a historic place?	004.16													
Research and	Performance Site	004.17.1	N	N	Incl : NIH,	Incl: V1.3				Both	Both		An explanation is required if Historic Designation is Yes	If you indicated that any performance site is	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Other Project Information	a historic place, If yes, please explain				CDC, FDA, AHRQ, VA									designated, or eligible to be designated, as a historic place, provide an explanation.	
Research and Related Other Project Information	Activities outside of US?	004.18.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Multi	Overall	Y	Provide error if 'Activities Outside of US' on Component is Yes and 'Activities Outside of US' on Overall is No.	If 'This Project involve activities outside of US' is "Yes" on any component of the application, then "Yes" must be selected for the Overall component.	E
Research and Related Other Project Information	Activities outside of US?	004.18.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Multi	Overall	Y	For New and Renewal applications, If Activities Outside of US is No on all components of the application and the Overall Activities Outside of US is Yes, provide Error	If 'This Project involve activities outside of US' is "No" on all components of the application, then "No" must be selected for the Overall component.	E
Research and Related Other Project Information	Activities outside of US?	004.18.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Multi	Overall	Y	For Revision and Resubmission applications, If Activities Outside the US is No on all components of the application and the Overall if Activities Outside the US is Yes, provide Warning	Answering 'Yes' to Activities Outside the US on the Overall component and 'No' on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that the Activities Outside the US.	W
Research and Related Other Project Information	Identify Countries	004.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Both		A list of countries is required if Activities outside of US is Yes	Enter the countries with which international cooperative activities are involved.	E

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n														
Research and Related Other Project Information	Optional explanation	004.19												
Research and Related Other Project Information	Project Summary/Abstract	004.20.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Attachment is required	The Project Summary/Abstract attachment is required.	E
Research and Related Other Project Information	Project Summary/Abstract	004.20.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Attachment is limited to one page	The Project Summary/Abstract is limited to 30 lines of text.	E
Research and Related Other Project Information	Project Narrative	004.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Attachment is required	The Project Narrative attachment is required.	E
Research and Related	Project Narrative	004.21.2	N	N	Incl : NIH, CDC,	Incl: V1.3		Excl: C06, UC6,	Both	Both		Attachment is limited to one page	The Project Narrative attachment should not be longer than 2 or 3 sentences.	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Other Project Information					FDA, AHRQ, VA				G20						
Research and Related Other Project Information	Bibliography and References Cited	004.22.1	N	N	Incl: NIH	Incl: V1.3				Both	Both		Provide a warning if this attachment hasn't been included.	In most cases, a Bibliography and References Cited attachment should be included.	W
Research and Related Other Project Information	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	Facilities and other resources	004.23.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R, SI2/R00	Single			For all Ts, K12, KM1, D43, D71 and U2R applications provide error if not attached	The Facilities & Other Resources attachment is required.	E
Research and Related Other Project	Equipment	004.24													

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Information														
Research and Related Other Project Information	Other attachments	004.25.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Both	Limited to 100 attachments	You have submitted more than 100 Other attachments. There is a limit of 100 attachments allowed.	E
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 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
Research and	Other attachment	004.25.6	N	N	Incl: VA	Incl: V1.3		Excl: IK6	Single			For VA applications and activity code is NOT IK6 or IS1	A Letter from the VA R&D Committee may not be	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Other Project Information	nts								IS1				provide error if the file named '08a_VA_R_D_Committee_letter.pdf' is submitted.	submitted for this application.	
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'.	

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
n														
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 a Career Development application.	E
Research and Related Other Project Information	Other attachments	004.25.12	N	N	Incl: VA	Incl: V1.3		Incl: I01, I21, I50, IP1, IK6, IK3 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, IK3, 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, 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 attachme	004.25.15	N	N	Incl: VA	Incl: V1.3		Incl: is IK1, IK2, IK4, IK5	Single			For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named	A Mentoring Plan is required for this application. Please submit it as an 'Other	E

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Other Project Information	nts											'02c_VA_Mentoring_Plan.pdf' is required	Attachment' on the Other Project Information page, titled '02c_VA_Mentoring_Plan.pdf'.	
Research and Related Other Project Information	Other attachments	004.25.16	N	N	Incl: VA	Incl: V1.3			Incl: IP1, I50, IK3, IK4, IS1,IU1	Single		For VA applications and activity code is IP1, I50, IK3, 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
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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
n													page, titled '04_VA_Human_Subjects.pdf'.		
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 Subject Used Question on the Other Project Information page is 'Yes'. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '05_VA_Animals.pdf'.	E
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 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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
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
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',		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	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Information														
Research and Related Other Project Information	Other attachments	004.25.29	N	N	Incl: VA	Incl: V1.3				Single		<p>For applications in response to VA announcements, provide warning if any attachment file names are not provided in one of the following formats:</p> <p>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_Pl.pdf 07_VA_Agreements.pdf 08_VA_Director_Letter.pdf 08a_VA_R_D_Committee_Letter.pdf 08b_VA_Letters_of_Support.pdf 09_VA_Checklist.pdf 10_VA_Appendix_1.pdf 11_VA_Appendix_2.pdf 12_VA_Appendix_3.pdf</p> <p>Note: file name validations should not be case-sensitive.</p>	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

Research and Related Other Project Information	Other attachments	004.25.30	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	Incl: V 1.3		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	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. This 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

Senior/Key Person Profile

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Prefix	005.1												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, First Name	005.2												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Middle Name	005.3												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Last Name	005.4												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Suffix	005.5.1												
Research and	PD/PI Profile,	005.6												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Related Senior/Key Person Profile (Expanded)	Position/Title													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Department	005.7												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Organization Name	005.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Organization name is required	The organization name for Key Person <Key Person First Name Last Name> must be provided.	E
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Division	005.9												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Street 1	005.10												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Street 2	005.11												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(Expanded)														
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	PD/PI Profile, Fax Number	005.19												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(Expanded)														
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Email	005.20												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.1	Y	N		Incl: V2.0			Both	Overall		Credential is required for PD/PI role	The Commons Username must be provided in the PD/PI Credential field for the PD/PI <Last Name, First Name>.	E
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.2	Y	N		Incl: V2.0			Both	Overall		If credential is specified, it must be a valid Commons account,	The Commons Username <Credential> provided in the PD/PI Credential field for <Last Name, First Name> is not a recognized Commons account.	E
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.3	Y	N		Incl: V2.0			Both	Overall		For the PD/PI, this account must be affiliated with the organization (matching on the Org Primary DUNs) submitting the application and have the PI role	The Commons account provided in the Credential field for the PD/PI <Last Name, First Name> is not affiliated with the applicant organization. Check with your Commons Account Administrator to make sure you have been affiliated with the applicant organization.	E
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		For a revision, the PI should be assigned to the parent grant. If the person profile for this Commons account is not the same person profile assigned as the PI to the parent grant, and the last name of the PI assigned to the parent grant matches the last	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												name that is submitted for the PI on the current application, provide the indicated warning.		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		For a revision, the PI should be assigned to the parent grant. If neither the profile nor the last name match, provide the indicated warning.	The parent grant information provided in the SF424 RR Cover Federal Identifier is not associated with the PD/PI Commons account for <Last Name, First Name>.	W
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		Provide a warning if there is both an SO and a PI role associated with the Commons account.	The Commons account for <Last Name, First Name> has both 'SO' and 'PI' roles. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please create a separate Commons account for the 'SO', and then delete the 'SO' role from the account included in the submission.	W
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		Provide a warning if the role associated with the Commons account is an SO with any other role than PI.	The Commons account included for <Last Name, First Name> has an 'SO' role. Applications must be associated with a Commons account with a 'PI' role. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please add a 'PI' role to this account, create a separate 'SO' Commons account for the 'SO', and delete the 'SO' role from the original account.	W
Research and Related Senior/Key	PD/PI Profile, credential	005.21.8	N	N	Incl : NIH, CDC,	Incl: V2.0			Multi	Component		Credential must be specified for component lead in PD/PI section	A Commons account must be provided in the Credential field for <Last Name, First Name>	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Person Profile (Expanded)					FDA, AHRQ, VA							regardless of the project role specified	listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form.	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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, project role	005.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		If No PD/PI project role are selected give error	<Last Name, First Name> listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form must have the role PD/PI .	E
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, project role	005.22.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Multi	Component		If PI role selected give Error	The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>.	E
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, other project role category	005.23												
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Degree Type	005.24												
Research and	PD/PI Profile,	005.25												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Senior/Key Person Profile (Expanded)	Degree Year														
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Biosketch	005.26.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		Provide Error if the Biosketch attachment is more than 5 pages	The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Biosketch	005.26.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Single			Provide error if Biosketch attachment is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Current & Pending Support	005.27													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Prefix	005.28													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, First Name	005.29													
Research and	Profile, senior/	005.30													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Related Senior/Key Person Profile (Expanded)	key person x, Middle Name													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Last Name	005.31.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		If the name provided <i>and</i> credential provided (and Commons account is recognized), provide warning if last name <i>and</i> first name on account don't match provided name. Comparison to ignore case and embedded spaces, but not embedded punctuation.	The name provided for Key Person <submitted first name last name> on the Senior/Key Person page does not match the eRA Commons account name (<Commons profile first name last name>) provided in the credential. The application image will display the name as submitted.	W
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Last Name	005.31.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Provide warning if more than one PD/PI profile or Senior/Key person with the same first, middle name and last name has been found within component.	More than one Senior/Key person with the same first and last name has been found within the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; .. Senior/key individuals should be listed once on the Snr/Key Person Profile form. Duplicate entries should be removed. Please consider providing additional differentiating information (e.g., middle name, suffix) if the entries are not the same person.	W
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Suffix													
Research and	Profile, senior/	005.33												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Related Senior/Key Person Profile (Expanded)	key person x, Position/Title													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Department	005.34												
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Organization Name	005.35.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Organization name is required	The organization name for Key Person <Key Person First Name Last Name> must be provided.	E
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Division	005.36												
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Street 1	005.37												
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Street 2	005.38												
Research and	Profile, senior/	005.39												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Related Senior/Key Person Profile (Expanded)	key person x, City													
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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Email	005.47													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, credential	005.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Credential must be specified if project role is 'PD/PI'.	The eRA Commons Username has not been specified in the 'Credential' field on the Senior/Key Person page for PD/PI <First Name Last Name>	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, credential	005.48.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If credential is specified for a key person with a project role of PD/PI, the Commons account must have a PI role associated with it (may have other roles as well).	The Commons account provided for <Last Name, First Name> must have a 'PI' role since the PD/PI role is specified on the form.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, credential	005.48.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Provide errors if matching Senior Key Person Profile or PD/PI Profile Credentials are entered on the same component.	The same Senior/key individual has been listed more than once on the Snr/Key Person Profile form. Senior/key individuals should be listed once on the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; ..	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, project role	005.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Both		Provide a warning if the 'Co-PI' role has been indicated	The role of Co-PD/PI, indicated for Senior/Key Person <First Name Last Name> on the Senior/Key Person page, is not used by NIH to designate multiple PD/Pis. For multiple Principal Investigators use the PD/PI role.	W	
Research and Related	Profile, senior/key person x,	005.49.2	N	N	Incl : NIH,	Incl: V 2.0			Multi	Component		If PD/PI role selected give Error	The PD/PI role can only be selected on the Overall	E	

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Senior/Key Person Profile (Expanded)	project role				CDC, FDA, AHRQ, VA								Component. Please specify a different Project Role for <Last Name, First Name>.	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, project role	005.49.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: SC1, SC2, SC3, C06, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Provide an error if the project role is 'PD/PI'.	Multiple PD/Pis cannot be included in this application.	E
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, project role	005.49.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: R36	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
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, project role	005.49.5	N	N	Incl: VA	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, other project role category	005.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Both		Accept "Other Project Role Category" only when "Project Role" is "Other" or "Other Professional"	For key person <First Name Last Name> on the Senior/Key Person page, an 'Other Project Role Category' was submitted for a project role of <project role>. This can be used only when Project Role is "Other" or "Other Professional".	E
Research and Related Senior/Key Person Profile	Profile, senior/key person x, Degree Type	005.51												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(Expanded)														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Degree Year	005.52												
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Biosketch	005.53.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Both		Provide Error if the Biosketch attachment is more than 5 pages	The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit.	E
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Biosketch	005.53.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Single			Provide error if Biosketch is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Current & Pending Support	005.54												
Research and Related Senior/Key Person Profile (Expanded)	Additional Senior/Key Person Profile(s)	005.55.1	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Provide error if Additional Senior/Key Person Profile(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	An Additional Senior/Key Person Profile(s) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile.	E
Research and Related Senior/Key	Additional Biographical	005.55.2	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Provide error if Additional Biographical Sketch(es) attachment is provided and less than 100	An Additional Biographical Sketch(es) attachment may be submitted only if 100 senior/key person (including	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Person Profile (Expanded)	Sketch(es)											senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	PD/PI) have been entered on the Sr Key Person Profile.	
Research and Related Senior/Key Person Profile (Expanded)	Additional Current and Pending Support(s)	005.55.3	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Provide error if Additional Current and Pending Support(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	An Additional Current and Pending Support(s) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile.	E

Cover Page Supplement

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS 398 Cover Page Supplement	PD/PI Information (prefix, first, middle, last, suffix)													
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		An answer is required if the answer to 'Human Subjects Involved' is "Yes" on the Other Project Information page.	The Human Subjects Clinical Trial question must be answered if the answer to 'Human Subjects Involved' on the Other Project Information page is "Yes".	E
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Human Subjects NIH-Defined Phase III Clinical Trial is true, Human Subjects Clinical Trial must be true	The Human Subjects Clinical Trial question must be "Yes" if the answer to Human Subjects NIH-Defined Phase III Clinical Trial is "Yes".	E
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	If Human Subjects Clinical Trial is Yes on any component of the application and the Overall if Human Subjects Clinical Trial is No, provide Error	The Human Subjects Clinical Trial question on the Overall Component must be marked as "Yes", in order for any Human Subjects Clinical Trial question in any component to be marked as "Yes".	E
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	For New and Renewal applications, if Human Subjects Clinical Trial is No on all components of the application and Human Subjects Clinical Trial is Yes on the Overall, then provide Error.	The Human Subjects Clinical Trial question must be 'No' on the Overall component, if the Human Subjects Clinical Trial question is 'No' for all other components in the application.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	For Revision and Resubmission applications, If Clinical Trial is No on all components of the application and the Overall Clinical Trial is Yes, provide Warning	Answering 'Yes' to Clinical Trial on the Overall component and 'No' to Clinical Trial on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Clinical Trial.	W
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		An answer is required if the answer to 'Human Subjects Clinical Trial' is "Yes".	The Human Subjects NIH-Defined Phase III Clinical Trial question must be answered if the answer to the Human Subjects Clinical Trial question is "Yes".	E
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Human Subjects Clinical Trial is No, this cannot be equal to Yes.	The Human Subjects NIH-Defined Phase III Clinical Trial question must be "No" if the answer to the Human Subjects Clinical Trial question is "No"	E
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.3	N		All Agencies				Multi	Overall	Y	If NIH-Defined Phase III Clinical Trial is Yes on any component of the application and the Overall if NIH-Defined Phase III Clinical Trial is No, provide Error	The NIH-Defined Phase III Clinical Trial question on the Overall component must be marked as "Yes", in order for any NIH-Defined Phase III Clinical Trial question in any other component to be marked as "Yes".	E
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.4	N		All Agencies				Multi	Overall	Y	For New and Renewal applications, if NIH 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 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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												the Overall, then provide Error		
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.5	N		All Agencies				Multi	Overall	Y	For Revision and Resubmission applications, If NIH 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, VA	V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Single			Provide warning if checked yes for Training grants applications	Program income should not be marked as Yes for this application.	W
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.1	N		Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Program Anticipated question= N and Program Income data is provided, give error.	If the answer to Program Income Anticipated question is 'No', no program income details may be entered.	E
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.2	N		Incl : NIH, CDC, FDA, AHRQ,	V 2.0			Both	Overall	Y	The number of program income budget periods must be less than or equal to the number of budgets provided in the	The Program Income Anticipated Amount has been provided for <x> budget periods. Only <y> periods of budgets were provided for this	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
					VA							budget form.	application.	
PHS 398 Cover Page Supplement	Program Income, Sources 1-5	008.26												
PHS 398 Cover Page Supplement	Program Income, Anticipated Amount 1-5	008.26.4	Y	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must be less than 10,000,000,000	The Program Income Anticipated Amount for budget period <budget period> exceeds the allowable amount for the agency.	E
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		A response is required for Human Embryonic Stem Cells (HESC) Involved (Y/N)	A response of 'Yes' or 'No' is required to the Human Embryonic Stem Cells (HESC) Involved) question.	E
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component	The Human Embryonic Stem Cells (HESC) Involved on the Overall must be marked as "Yes", in order for any Human Embryonic Stem Cells (HESC) Involved in any component to be marked as "Yes".	E
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	For New and Renewal applications, If Human Embryonic Stem Cells (HESC) Involved is No on all Other Components, then the answer must also be No on the Overall Component	Human Embryonic Stem Cells (HESC) Involved must be No on the Overall section of the application, if Human Embryonic Stem Cells (HESC) Involved is No for all other components of the application.	E
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	For Revision and Resubmission applications, If Human Embryonic Stem Cells Involved is No on all components of the application and the Overall if Human Embryonic Stem Cells	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	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												Involved is Yes, provide Warning	the components that involve Human Embryonic Stem Cells.	
PHS 398 Cover Page Supplement	HESC 'can't be referenced' checkbox													
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If HESC involved='Y', must include 'HESC Cell Lines' or can't be referenced' checkbox must be checked	If the answer to 'HESC involved' is "Yes", HESC Cell Lines must be included or the 'Can't be Referenced' checkbox must be checked.	E
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If HESC involved='N', can't include 'HESC Cell Lines' or can't be referenced' checkbox must not be checked	If the answer to 'HESC involved' is "No", HESC Cell Lines may not be included and the 'Can't be Referenced' checkbox must not be checked.	E
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If specific stem cell line is included, provide error if stem cell line is not in eRA database or is marked as invalid. Comparison should not be case-sensitive.	Stem cell line <cell line number> is invalid. The cell line must be an approved line on the NIH Registry: http://grants.nih.gov/stem_cells/registry/current.htm	E
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If 'Can't Be Referenced' is checked, no cell lines may be entered.	If the 'Can't be Referenced' checkbox is checked, no stem cell lines may be entered.	E
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	overall	Y	Specific stem cells lines in overall should reflect all stem cell lines included in the components. Provide error if cell lines are listed in other components but not in	Specific stem cells lines in the Overall component should reflect all stem cell lines included in the components.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												the overall component		
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required if the type of application is either "Renewal".	The Inventions and Patents question must be answered if the Type of Application is "Renewal on the SF424 RR Cover".	E
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.2	N	N	Incl: NIH, CDC, FDA, AHRQ VA	V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Single			Error if Inventions and Patents, Yes is selected	An Inventions and Patents selection of Yes is not allowed for this application.	E
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must be answered if response to Inventions and Patents is 'Yes'	The Inventions and Patents Previously Reported question must be answered if the answer to Inventions and Patents is 'Yes'.	E
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Should not be answered if response to Inventions and Patents is 'No'	The Inventions and Patents, Previously Reported question should not be answered if the answer to Inventions and Patents is 'No'.	E
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Not accepted for revisions.	A revision may not be submitted if a Change of PD/PI has been indicated. Revisions must have the same PD/PI as the parent grant.	E
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.2	N	N	Incl : NIH, CDC, FDA, AHRQ,			Incl: K02, K05, K24, K26, K01, K07,	Single			Provide error if Change of PI indicator is selected.	A Change of PD/PI is not allowed for this application.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
					VA			K08, K18, K22, K23, K25, K99, K99/R00						
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, First Name	008.31.1	N		All Agencies				Both	Overall		First name must be included if application is for change of PI	The First Name of the former PD/PI is required if the 'Change of Principal Investigator / Program Director' indicator is checked.	E
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Middle Name	008.32												
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Last Name	008.33.1	N		Incl: NIH, CDC, FDA, AHRQ VA				Both	Overall		Last name must be included if application is for change of PI	The Last Name of the former PD/PI is required if the 'Change of Principal Investigator / Program Director' indicator is checked.	E
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Suffix	008.34												
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of institution indicator	008.36.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 1.3		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Single			Warning if change of Grantee Institution is selected	A Change of Grantee Institution is generally not allowed for this application.	W
PHS 398 Cover Page	Change of Investigator/C	008.37.1	N		Incl: NIH,				Both	Overall		The name of former institution is required if	The Name of the Former Institution is required if the	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Supplement	Change of Inst.: name of former inst.				CDC, FDA, AHRQ VA							the answer to the "Change of Grantee Institution" question is "Yes".	'Change of Grantee Institution' indicator is checked.	

Modular Budget

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
Modular Budget, Years 1-5 (NIH)		018.0.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			Do not accept a modular budget for an application where the applicant organization is foreign.	Applications from foreign organizations must use the R&R Budget form..	E
Modular Budget, Years 1-5 (NIH)		018.0.3	N	N	Incl: NIH	Incl: V 1.2			Single Project			For a revision, if the parent grant budget is non-modular, only a detailed budget form may be submitted.	This application should be submitted with the same type of budget as the last competing segment.	W
Modular Budget, Years 1-5 (NIH)		018.0.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	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	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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													form.	
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			For budget years after budget year 1, if entered, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR Face Page.	The start date for budget period <budget year> must be equal to or later than the proposed project start date listed on the SF 424 RR cover form.	W
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.3	Y	N	Incl: NIH	Incl: V 1.2			Single Project			Start date is required	The start date for budget period <budget year> is required.	E
Modular Budget, Years 1-5 (NIH)	End Date	018.2.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			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	Incl: V 1.2			Single Project			End date is required	The end date for budget period <budget year> is required.	E
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be <= 250K, must be a multiple of 25K for each budget year	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,	018.3.2	N	N	Incl: NIH	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	For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are	E

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	F&A												limited to <direct cost limit> per period for this program.	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.3	N	N	Incl: NIH	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, 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	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	E

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													F&A'.	
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	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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project only)	Cross Components (Multi Project Only)			
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must equal sum of Indirect Costs, Funds Requested 1-4 for the corresponding budget year, if any Indirect Costs were entered.	The 'Total Indirect Costs' in budget period <budget year> must equal the sum of 'Funds Requested' for all 'Indirect Cost Types'.	E
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	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	Incl: V 1.2			Single Project			Must be greater than 0 for first budget period.	For Modular Budget period 1, Total Direct and Indirect Costs must be greater than zero.	E
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs and Total Indirect Costs for the corresponding budget period.	The 'Total Direct and Indirect Costs (A+B)' in budget period <budget year> must equal the sum of 'Total Direct Costs' and 'Total Indirect Costs'.	E
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.3	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Total Direct and Indirect Costs (A+B) amount provided exceeds the allowable limit.	E
Modular Budget,	Total Direct Cost less	019.1.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct Cost less	The cumulative 'Total Direct Cost	E

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Cumulative (NIH)	Consortium F&A for Entire Project Period											Consortium F&A values for all budget years.	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.	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.2	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R03	Single Project			Provide error if this value is >100K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$100K for this program.	E
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.3	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R21, 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	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	Total Costs, Total Direct Costs for	019.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs for all budget years.	The cumulative 'Total Direct Costs for the	E

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ive (NIH)	Entire Project Period												Entire Proposed Project Period' must equal the sum of 'Total Direct Costs' values for all budget periods.	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	Total Direct Costs for Entire Project Period amount provided exceeds the allowable limit.	E
Modular Budget, Cumulative (NIH)	Total Costs, Total Indirect Costs for Entire Project Period	019.4.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Indirect Costs for all budget years.	The cumulative 'Total Indirect Costs Requested for Entire Project Period' must equal the sum of 'Total Indirect Costs' values for all budget periods.	E
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct and Indirect Costs values for all budget years.	The cumulative 'Total Direct and Indirect Costs (A+B) for Entire Project ' must equal the sum of 'Total Direct and Indirect Costs' values for all budget periods.	E
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Direct and Indirect Costs for Entire Project Period amount provided exceed the allowable limit.	E
Modular Budget,	Budget Justification	019.6.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Provide a warning if this attachment hasn't been	In most cases, a Personnel	W

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Cumulative (NIH)	s, Personnel Justification											included with a modular budget.	Justification attachment should be included.	
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)

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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	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	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		020.0.4	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	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

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5YR, (R&R)														
Research & Related Budget 5YR, (R&R)	Organizational DUNS	020.1.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Budget marked as 'Project' must contain (left string match) the DUNS number for the component organization on the 424 RR	The budget marked as 'Project' must contain the DUNS number for the organization from the SF 424 RR Cover.	E
Research & Related Budget 5YR, (R&R)	Organizational DUNS	020.1.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR	The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover.	E
Research & Related Budget 5YR, (R&R)	Name of organization	020.2.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Name of Organization is required	The Organization name is required for <DUNS>.	E
Research & Related	Budget type (project, subaward/consortium)	020.3.1	N	Y	Incl : NIH, CDC, FDA, AHRQ,	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

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ed Budget 5YR, (R&R)					VA									
Research & Related Budget 5YR, (R&R)	Budget type (project, subaward/consortium)	020.3.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	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,	Start Date	020.4.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> budget for budget 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

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(R&R)														
Research & Related Budget 5YR, (R&R)	End Date	020.5.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	Senior/Key Person x Name, Middle Name	020.8												

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Budget 5YR, (R&R)														
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Last Name	020.9												
Research & Related Budget 5YR, (R&R)	Senior/Key Senior/Key Person Project Role	020.10.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		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	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	Senior/Key Person x	020.11.1	Y	Y	Incl : NIH,	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period <	E

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& Related Budget 5YR, (R&R)	Name, Base Salary (\$)				CDC, FDA, AHRQ, VA								Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Cal. Months	020.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	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	Senior/Key Person Cal. Mos	020.12.3	N	Y	Incl : NIH, CDC,	Incl: V 1.3			Single			For PD/PIs (submission of R41, R42, UT1, UT2) STTR submissions, a	For Budget Period <Budget Year>, at least one person	E

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& Related Budget 5YR, (R&R)					FDA, AHRQ, VA								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.	with the project role of PD/PI 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_fags.htm .	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Acad. Months	020.13.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single				Provide warning if both academic and calendar months have been provided for a person for a budget year.	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer month's columns.	W
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Sum. Months	020.14													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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Research & Related Budget 5YR, (R&R)	Senior/Key Person Requested salary	020.15												
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Fringe Benefits (\$)	020.16.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency.	E
Research & Related Budget 5YR, (R&R)	Senior/Key Person Funds Requested	020.17.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year.	For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits.	E
Research & Related Budget	Total funds requested for Senior Key Persons in attachment	020.18.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Senior Key Persons Attachment is included.	For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E

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5YR, (R&R)														
Research & Related Budget 5YR, (R&R)	Total Funds requested for all senior/key persons	020.19												
Research & Related Budget 5YR, (R&R)	Additional Senior Key Persons attachment	020.20.1	N	Y	NIH				Single			Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year.	For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used.	E
Research & Related Budget 5YR, (R&R)	Other Personnel, Cal Months	020.21												
Research & Related	Other Personnel, Acad Months	020.22												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
ed Budget 5YR, (R&R)														
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	Other	020.26												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
arch & Related Budget 5YR, (R&R)	Personnel, Funds Requested													
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,	Total salary, wages and fringe benefits	020.29.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel	For <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested and Total Other Personnel Funds Requested.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
(R&R)														
Research & Related Budget 5YR, (R&R)	Equipment description, equipment item	020.30												
Research & Related Budget 5YR, (R&R)	Equipment description, x equip funds req.	020.31												
Research & Related Budget 5YR, (R&R)	Equipment description, total funds requested in attachment	020.32.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Equipment Attachment is included.	For <Organization name> , for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided.	E
Research & Related	Equipment description, total equipment	020.33												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
Budget 5YR, (R&R)														
Research & Related Budget 5YR, (R&R)	Additional equipment attachment	020.24.1	N	Y	Incl: NIH	Incl: V 1.3			Single			Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period	For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used.	E
Research & Related Budget 5YR, (R&R)	Travel, domestic travel costs, funds req	020.25												
Research & Related Budget 5YR, (R&R)	Travel, foreign travel costs, funds req	020.26												
Research	Total travel cost, funds req	020.27												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type	Cross Components (Multi Project Only)			
& Related Budget 5YR, (R&R)														
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,	Participant/trainee support costs: travel, funds req	020.30												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
(R&R)														
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	Incl: V 1.3		Incl: K12, KM1	Single project			If Number of participants/Trainees is zero or blank, provide warning for K12 and Km1	For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee Support	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type	Cross Components (Multi Project Only)			
Budget 5YR, (R&R)													Costs section of the budget.	
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	Other Direct Costs	020.38												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
& Related Budget 5YR, (R&R)	Consultant Services; Funds Req													
Research & Related Budget 5YR, (R&R)	Other Direct Costs ADP/Computer Services; Funds Req	020.39												
Research & Related Budget 5YR, (R&R)	Other Direct Costs (Subawards/Consortium/Contractual Costs)	020.40.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application	A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field.	W
Research & Related Budget 5YR,	Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req	020.41												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type	Cross Components (Multi Project Only)			
(R&R)														
Research & Related Budget 5YR, (R&R)	Other Direct Costs (Alterations and Renovations)	020.42												
Research & Related Budget 5YR, (R&R)	Other Direct Costs (8. other description 1)	020.43												
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other1 funds requested)	020.44												
Research & Related	Other Direct Costs (9. other description 2)	020.45												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
Budget 5YR, (R&R)														
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	Other Direct Costs, Total	020.49.1	N	Y	Incl : NIH,	Incl: V 1.3			Single			Must be equal to the sum of other direct	For <Organization name> budget for Budget Period <	E

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			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 Component Type	Cross Components (Multi Project Only)			
& Related Budget 5YR, (R&R)	Other Direct Costs				CDC, FDA, AHRQ, VA							costs for the budget year	Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories.	
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.50												
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.51.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F.	E
Research & Related Budget 5YR,	Total Direct Costs (A-F)	020.52.1	N	Y	Incl : NIH	Incl: V 1.3		Include: R03, R21, R01, U01, R34, U34, UH2	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:	An application with a direct cost request of \$250K or less for each period should use the PHS 398 Modular Budget.	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
(R&R)												Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.		
Budget, F-K, Year x (R&R)	Total Direct Costs (A-F)	020.52.2	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3	Excl: R41, R42, UT1, UT2., R43, R44, U43, U44		Single			Provide warning if Subtotal Direct Cost is more than 500 K for any budget period. Exclude SBIR/STTR. Exclude RFAs Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Be sure that you have complied with the allowable Direct Cost limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review.	W
Budget, F-K, Year x (R&R)	Total Direct Costs (A-F)	020.52.3	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	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 &	Indirect Costs, Indirect Cost Rate	020.53.1	N	Y	Incl: NIH, CDC, FDA,	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	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
Related Budget 5YR, (R&R)					AHRQ, VA								note that this figure represents a percentage (e.g., '25.5', not '.255').	
Research & Related Budget 5YR, (R&R)	Indirect Costs, Indirect Cost Rate	020.53.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, KM1, K30	Single			If provided and not equal to 8, generate warning	For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	W
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Indirect Cost Base	020.54												
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Funds Requested	020.55												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Total Indirect Costs	020.56.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single			Must be equal to funds requested for all indirect cost types	For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E
Research & Related Budget 5YR, (R&R)	Total Indirect Costs	020.57													
Research & Related Budget 5YR, (R&R)	Total Direct and Indirect Costs	020.58.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single			Must be equal to the sum of Total Direct Costs and Total Indirect Costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of individual direct and indirect costs.	E
Research & Related Budget	Fee	020.59.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single			A fee cannot be entered for a subaward/consortium budget.	For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Proje ct, Multi Proje ct or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)			
5YR, (R&R)														
Rese arch & Relat ed Budg et 5YR, (R&R)	Budget Justification	020.60												

R&R Budget(5Year) Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component 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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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	Section E.	020.69												

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
h & Related Cumulative Budget 5YR, (R&R)	Participant/Trainee Support Costs, Totals (\$)													
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Related Cumulative Budget 5YR, (R&R)														
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	1. Materials and Supplies	020.77												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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Cumulative Budget 5YR, (R&R)														
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ive Budget 5YR, (R&R)														
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	9. Other2	020.85												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Budget 5YR, (R&R)														
Research & Related Cumulative Budget 5YR, (R&R)	10. Other3	020.86												
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A-F), total	020.87												
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A thru F)	020.88.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E
Research & Related Cumulative Budget	Section H, Indirect Costs	020.89.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
5YR, (R&R)														
Research & Related Cumulative Budget 5YR, (R&R)	Section I, Total Direct and Indirect Costs	020.90												
Research & Related Cumulative Budget 5YR, (R&R)	Section I, Total Direct and Indirect Costs (G + H)	020.91.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.	E
Research & Related Cumulative Budget 5YR, (R&R)	Section J, Fee	020.92												

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

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												Unless specifically stated, all project budget validations also apply to the subaward budget.		
Research & Related Budget 10YR, (R&R)		022.0.1	N	Y	Incl: NIH	Incl: V 1.3		Incl: R03, R21, 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	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	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	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 &	Organizational DUNS	022.1.2	N	Y	Incl: NIH,	Incl: V 1.3			Single			Budget marked as 'Subaward' cannot	The <Organization Name> subaward' budget cannot	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
Related Budget 10YR, (R&R)					CDC, FDA, AHRQ, VA							contain DUNS number for the component application organization on the 424 RR	contain the DUNS number provided on the SF 424 RR Cover.	
Research & Related Budget 10YR, (R&R)	Name of organization	022.2.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Name of Organization is required	The Organization name is required for <DUNS>.	E
Research & Related Budget 10YR, (R&R)	Budget type (project, subaward/consortium)	022.3.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			There must be one and only one occurrence of budget with a value of 'Project' in the application.	Only one budget with a budget type of 'Project' may be submitted for the application.	E
Research & Related Budget 10YR, (R&R)	Budget type (project, subaward/consortium)	022.3.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	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	Start Date	022.4.2	N	Y	Incl : NIH, CDC,	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to	For <Organization name> budget for budget period < Budget Year>, the start date	W

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Budget 10YR, (R&R)					FDA, AHRQ, VA							the Proposed Project Start Date listed on the SF 424 RR.	should be the same or later than the proposed project start date listed on the SF 424 RR Cover.	
Research & Related Budget 10YR, (R&R)	End Date	022.5.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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,	Senior/Key Senior/Key Person Project Role	022.10.1	N	Y	Incl : NIH, CDC, FDA, AHRQ,	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	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

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(R&R)					VA							and first name on the PD/PI on the SF424 Cover Exclude: STTR applications		
Research & Related Budget 10YR, (R&R)	Senior/Key Person Project Role	022.10.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		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	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Cal. Months	022.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		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	Senior/Key Person x Name, Cal. Months	022.12.2	N	Y	Incl : NIH, CDC, FDA,	Incl: V 1.3		Incl: R13, U13	Single			A value for calendar months, academic months, or summer months is required for	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First	E

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10YR, (R&R)					AHRQ, VA							each senior/key person. The value may be zero.	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 .	
Research & Related Budget 10YR, (R&R)	Senior/Key Person Cal. Mos	022.12.3	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single		For PD/PIs on STTR submissions (R41, R42, UT1, UT2), a non-zero value for calendar months, academic months, <i>or</i> 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 than zero in calendar months, academic months or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm .	E
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Acad. Months	022.13.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single		Provide warning if both academic and calendar months have been provided for a person for a budget year.	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer	W

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													month's columns.	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Sum. Months	022.14												
Research & Related Budget 10YR, (R&R)	Senior/Key Person Requested salary	022.15												
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Fringe Benefits (\$)	022.16.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency.	E
Research & Related Budget 10YR, (R&R)	Senior/Key Person Funds Requested	022.17.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year.	For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits.	E
Research & Related Budget 10YR, (R&R)	Total funds requested for Senior Key Persons in attachment	022.18.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Senior Key Persons Attachment is included.	For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E
Research & Related Budget	Total Funds requested for all senior/key	022.19												

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			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 Component Type	Cross Components (Multi Project Only)				
10YR, (R&R)	persons														
Research & Related Budget 10YR, (R&R)	Additional Senior Key Persons attachment	022.20.1	N	Y	NIH				Single			Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year.	For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used.	E	
Research & Related Budget 10YR, (R&R)	Other Personnel, Cal Months	022.21													
Research & Related Budget 10YR, (R&R)	Other Personnel, Acad Months	022.22													
Research & Related Budget 10YR, (R&R)	Other Personnel, Sum Months	022.23													
Research & Related Budget 10YR, (R&R)	Other Personnel, Requested Salary	022.24													
Research & Related Budget 10YR, (R&R)	Other Personnel, Fringe Benefits	022.25													
Research &	Other Personnel,	022.26													

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Related Budget 10YR, (R&R)	Funds Requested													
Research & Related Budget 10YR, (R&R)	Total number other personnel	022.27												
Research & Related Budget 10YR, (R&R)	Total Funds Requested other personnel	022.28												
Research & Related Budget 10YR, (R&R)	Total salary, wages and fringe benefits	022.29.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel	For <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested and Total Other Personnel Funds Requested.	E
Research & Related Budget 10YR, (R&R)	Equipment description, equipment item	022.30												
Research & Related Budget 10YR, (R&R)	Equipment description, x equip funds req.	022.31												
Research & Related Budget	Equipment description, total funds requested in	022.32.1	N	Y	Incl : NIH, CDC, FDA,	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	E

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			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 Component Type	Cross Components (Multi Project Only)				
10YR, (R&R)	attachment				AHRQ, VA									listed in the attached file' is required since an attachment is provided.	
Research & Related Budget 10YR, (R&R)	Equipment description, total equipment	022.33													
Research & Related Budget 10YR, (R&R)	Additional equipment attachment	022.34.1	N	Y	Incl: NIH	Incl: V 1.3			Single			Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period	For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used.	E	
Research & Related Budget 10YR, (R&R)	Travel, domestic travel costs, funds req	022.35													
Research & Related Budget 10YR, (R&R)	Travel, foreign travel costs, funds req	022.36													
Research & Related Budget 10YR, (R&R)	Total travel cost, funds req	022.37													
Research & Related Budget 10YR,	Participant/trainee support costs: Tuition/Feel	022.38													

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(R&R)	s/Health Insurance, funds req													
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,	Participant/trainee support costs: other, funds req	022.43												

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			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 Component Type	Cross Components (Multi Project Only)			
(R&R)														
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	Incl: V 1.3		Incl: K12, KM1	Single			If Number of participants/Trainees is zero or blank, provide warning for K12 and Km1	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
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,	Other Direct Costs Consultant Services; Funds Req	022.48												

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(R&R)														
Research & Related Budget 10YR, (R&R)	Other Direct Costs ADP/Computer Services; Funds Req	022.49												
Research & Related Budget 10YR, (R&R)	Other Direct Costs (Subawards/ Consortium/ Contractual Costs)	022.50.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application	A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field.	W
Research & Related Budget 10YR, (R&R)	Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req	022.51												
Research & Related Budget 10YR, (R&R)	Other Direct Costs (Alterations and Renovations)	022.52												
Research & Related Budget	Other Direct Costs (8. other description 1)	022.53												

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10YR, (R&R)														
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,	Other Direct Costs (other3 funds requested)	022.58												

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(R&R)														
Research & Related Budget 10YR, (R&R)	Other Direct Costs, Total Other Direct Costs	022.59.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of other direct costs for the budget year	For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories.	E
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.60												
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F.	E
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.2	N	Y	Incl : NIH	Incl: V 1.3		Include: R03, R21, R01, U01, R34, U34, UH2	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	An application with a direct cost request of \$250K or less for each period should use the PHS 398 Modular Budget.	W

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												budgets for the corresponding year with budget type 'subaward/consortium'.		
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.3	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Excl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			Provide warning if Subtotal Direct Cost is more than 500 K for any budget period. Exclude SBIR/STTR. Exclude RFAs Calculate subtotal direct costs as follows: Total Direct Costs (A-F) <i>minus</i> the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Be sure that you have complied with the allowable Direct Cost limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review.	W
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.4	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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,	Indirect Costs, Indirect Cost Rate	022.62.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Provide warning if less than 1.	For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255').	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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(R&R)														
Research & Related Budget 10YR, (R&R)	Indirect Costs, Indirect Cost Rate	022.62.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA			Incl:K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, KM1, K30,	Single			If provided and not equal to 8, generate warning	For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	W
Research & Related Budget 10YR, (R&R)	Indirect Costs, x Indirect Cost Base	022.63												
Research & Related Budget 10YR, (R&R)	Indirect Costs, x Funds Requested	022.64												
Research & Related Budget 10YR, (R&R)	Total Indirect Costs	022.65.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to funds requested for all indirect cost types	For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E
Research & Related Budget	Total Indirect Costs	022.66												

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10YR, (R&R)														
Research & Related Budget 10YR, (R&R)	Total Direct and Indirect Costs	022.67.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs and Total Indirect Costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of individual direct and indirect costs.	E
Research & Related Budget 10YR, (R&R)	Fee	022.68.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			A fee cannot be entered for a subaward/consortium budget.	For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets.	E
Research & Related Budget 10YR, (R&R)	Budget Justification	022.69												

R&R Budget(10Year) Cumulative

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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	Section C. Equipment, Totals (\$)	022.74												

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Cumulative Budget 10YR, (R&R)														
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	1. Tuition/Fees/Health Insurance, Totals (\$)	022.79												

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Budget 10YR, (R&R)														
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												

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(R&R)														
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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												

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Related Cumulative Budget 10YR, (R&R)														
Research & Related Cumulative Budget 10YR, (R&R)	Section G, Direct Costs (A-F), total	022.96												
Research & Related Cumulative Budget 10YR, (R&R)	Section G, Direct Costs (A thru F)	022.97.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E
Research & Related Cumulative Budget 10YR, (R&R)	Section H, Indirect Costs	022.98.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.	E
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,	Incl: V 1.3			Single			Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does	E

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ive Budget 10YR, (R&R)					AHRQ, VA							budget.	not equal the sum of Direct and Indirect Costs for all budget periods.	
Research & Related Cumulative Budget 10YR, (R&R)	Section J, Fee	022.101												

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

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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/c 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,	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	On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date	W

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(R&R) MP												the Proposed Project Start Date listed on the SF 424 RR MP for a given component.	listed on the Component SF 424 RR Cover page.	
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)	Senior/Key Person x Name, Prefix	006.6												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type	Cross Components (Multi Project Only)			
MP														
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 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>	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
(R&R) MP													exceeds the allowable amount for the agency.	
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	W

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													academic and summer months.	
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	Total funds requested for Senior Key	006.19.1				Incl: V1.0			Multi	Component	N	Required if Additional Senior Key Persons	On the <Organization name> budget for Budget Period < Budget Year>, the 'Total	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
10YR, (R&R) MP	Persons in attachment											Attachment is included.	Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	
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,	Other Personnel, Acad Months	006.24												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
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(R&R) MP														
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	Total Funds Requested other personnel	006.30												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type	Cross Components (Multi Project Only)			
10YR, (R&R) MP														
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	Equipment description, total	006.35												

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			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 Component Type	Cross Components (Multi Project Only)				
Budget 10YR, (R&R) MP	equipment														
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/Fees/Health Insurance, funds req	006.40													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
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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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type	Cross Components (Multi Project Only)			
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)	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	A Subaward/Consortium Budget form is included in the component. The total costs of all subawards submitted for this component should be	W

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MP												exists for the component	reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field.	
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												

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MP														
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	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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												other direct costs		
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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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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

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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												

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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	Section E. Participant/Trainee Support Costs, Totals (\$)	006.80												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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10YR, (R&R) MP														
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	5. Other, Totals (\$)	006.85												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Cumulative Budget 10YR, (R&R) MP														
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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	7. Alterations and Renovations	006.94												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
10YR, (R&R) MP														
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	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	For <Organization name> budget, the Cumulative Indirect	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Cumulative Budget 10YR, (R&R) MP												year for this budget.	Costs does not equal the sum of Total Indirect Costs for all budget periods.	
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
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS Research Plan	Research Plan Attachments: Introduction	010.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required for resubmission applications.	The Introduction attachment is required for resubmissions.	E
PHS Research Plan	Research Plan Attachments: Introduction	010.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required for revisions.	The Introduction attachment is required for revisions.	E
PHS Research Plan	Research Plan Attachments: Introduction	010.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must not be included for a new or renewal application.	The Introduction should not be attached for a new or renewal type of application.	E
PHS Research Plan	Research Plan Attachments: Introduction	010.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: RM1, UM1	Both	Both	Y	Limited to 1 page for revisions. Exclude component type 'Complex Component'	The Introduction 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, VA	V 2.0		Excl: RM1, R25, 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, VA	V 2.0			Multi	Component	Y	Give warning if not attached for revisions and Resubmissions type	The Introduction is usually required for revisions and resubmissions.	W
PHS	Research	010.1.	N	N	Incl :	V 2.0		Incl:	Single			Limited to 3 pages for	The Introduction attachment for	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Research Plan	Plan Attachments: Introduction	7			NIH, CDC, FDA, AHRQ, VA			R25, DP7				resubmissions	a resubmission application is limited to three (3) pages.	
PHS Research Plan	Research Plan Attachments: Specific Aims	010.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: DP1, DP2, R35	Both	Both		Required attachment	The Specific Aims attachment is required.	E
PHS Research Plan	Research Plan Attachments: Specific Aims	010.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: RM1, UM1	Both	Both		Provide error if Specific Aims attachment is greater than 1 page. Exclude component type 'Complex Component'	The Specific Aims 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, VA	V 2.0			Multi	Both		Research Strategy Attachment must be less than or equal to (x) pages (Determined from the FOA Attribute for both Overall and Component level validations. If FOA Attribute is NULL do not run validation)	The Research Strategy is limited to (x) pages for this application.	E
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0	Page_Limit_Exception_flag = N	Incl: R03, R13, U13, R21, R36, SC2, SC3,	Single			Research Strategy Attachment must be less than or equal to 6 pages.	The Research Strategy attachment is limited to six (6) pages.	E
Research Plan (NIH)	Research Plan Attachments: Research Strategy	010.3.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0	Page_Limit_Exception_flag = N	Incl: for R01, U01, R15, R18, R24, U18, U24, R33, UH3, R21/R33, R34, U34, DP3, G08, G11, G13, UH2/UH3,	Single			Research Strategy Attachment must be less than or equal to 12 pages	The Research Strategy attachment is limited to twelve (12) pages.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
										SC1, U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00					
Research Plan (NIH)	Research Plan Attachments: Research Strategy	010.3.5	N	N	Incl : NIH, FDA, AHRQ, VA	V 2.0	Page_Limit_Exception_flag = Y	Incl: R01, U01, R15,R24 R18, U18, U24,R33, UH3, , R21/R33, UH2/UH3, R34, U34, DP3, G08, G11, G13, UH2, UH2/UH3, SC1, U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00	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, VA	V 2.0	Page_Limit_Exception_flag = Y	Incl: R03, R13, U13, R21, R36, SC2, SC3	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, VA	V 2.0		Incl: R25, 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,	V 2.0	Page_Limit_Exception_flag = N	Incl : R42, UT2, R44, U44	Single			Research Strategy Attachment must be less than or equal to 12 pages Validation applies to:STTR	The Research Strategy attachment is limited to twelve (12) pages.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
					VA							Phase II), SBIR Phase II and Fast-Track)		
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0	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, VA	V 2.0	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	The Research Strategy attachment is limited to six (6) pages.	E
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.11	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	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: Progress Report Publication List	010.4												
PHS Research Plan	Research Plan Attachments: Protection of Human Subjects	010.6.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		Required, if Human Subjects is 'yes',on Other Project Information form within the same component	The Protection of Human Subjects attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes'.	E
PHS Research Plan	Research Plan	010.7.1	N	N	Incl : NIH,	V 2.0			Both	Both		Required if Human Subjects is yes and Exemption is not E4	The Inclusion of Women and Minorities attachment is	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
h Plan	Attachments: Inclusion of Women and Minorities				CDC, FDA, AHRQ, VA							on Other Project Information form within the same component	required if the response to the Human Subjects question on the Other Project Information is 'Yes' and the Exemption Number is not 4.	
PHS Research Plan	Research Plan Attachments: Inclusion of Children	010.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component	The Inclusion of Children attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes' and the Exemption Number is not 4.	E
PHS Research Plan	Research Plan Attachments: Vertebrate Animals	010.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: S10	Both	Both		Required if Vertebrate Animals Used Question is Yes on Other Project Information form within the same component	The Vertebrate Animals attachment is required if the response to the Vertebrate/Animals Subject Used question on the Other Project Information is 'Yes'	E
PHS Research Plan	Research Plan Attachments: Select Agent Research	010.11	N	N		V 2.0								
PHS Research Plan	Research Plan Attachments: Multiple PI Leadership Plan	010.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required if multiple DP/ PIs are included with the submission	The Multiple PI Leadership Plan attachment on the PHS 398 Research Plan must be included if multiple PD/PIs have been included on the Senior/Key Person Profile.	E
PHS Research Plan	Research Plan Attachments: Multiple PI Leadership Plan	010.12.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Return error if Leadership Plan is included and there is only one PD/PI identified with the submission	For multiple PD/PI applications, be sure to mark each PD/PI with a project role of PD/PI on the Senior/Key Person Profile. If not intending to submit a multiple PD/PI application, remove the Multiple PI Leadership Plan attachment.	E
PHS Research Plan	Research Plan Attachments: Consortium/Contractual	010.13												

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	Arrangements													
PHS Research Plan	Research Plan Attachments: Letters of Support	010.14.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 1.2		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: Appendix	010.16.1	N	N	Incl: NIH	V 2.0			Both	Both		Limited to 10 appendixes	You have submitted more than 10 appendixes. 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 VA	Incl: V 2.0		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 VA	Incl: V 2.0		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 appendixes with a Phase I SBIR or Phase I STTR is not permitted. Be sure that you have complied with the guidance provided for appendixes in this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review.	W

Career Development Award Supplemental

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Required for resubmission applications.	The Introduction attachment is required for resubmissions.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Required for revision applications.	The Introduction attachment is required for revisions.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other	Y	Limited to 1 page for revisions.	The Introduction for revisions is limited to one page.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other	Y	Limited to 1 pages for resubmissions	The Introduction for resubmissions is limited to one page.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other	Y	Must not be included for new or renewal type of application	The Introduction should not be attached for a new or renewal type of application.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Background	013.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required attachment	The Candidate's Background attachment is required.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Background	013.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Provide warning if Candidate Information section attachments 2-4 and Research Strategy attachment together are greater than 12 pages and less than or equal to 15 pages	The Candidate Information and Research Strategy sections together are limited to 12 pages. This may span 15 pages due to page breaks	W
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Background	013.2.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Provide error if Candidate Information section attachments 2-4 and Research Strategy attachment is greater than 15 pages.	The Candidate Information and Research Strategy sections together are limited to 12. This may span 15 pages due to page breaks	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Career Goals and Objectives	013.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required attachment	The Career Goals and Objectives attachment is required.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan for Career Development/ Training Activities During Award Period	013.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required attachment	The Candidate's Plan for Career Development/ Training Activities During Award Period attachment is required.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Training in the Responsible Conduct of	013.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required attachment	The Training in the Responsible Conduct of Research attachment is required.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Research													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Training in the Responsible Conduct of Research	013.5.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Limited to 1 page	The Training in the Responsible Conduct of Research attachment is limited to 1 page.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K05, K24	Both	Other		Limited to 6 pages	The Candidate's Plan to Provide Mentoring attachment is limited to 6 pages.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Provide error if attachment is provided	A Mentoring Plan should not be submitted for this application	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K05, K24	Single			Required attachment	The Candidate's Plan to Provide Mentoring attachment is required on the PHS 398 Career Development Award Supplemental Form.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Plans and Statements of Mentor and Co-	013.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required attachment	The Plans and Statements of Mentor and Co-mentor(s) attachment is required	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	mentor(s)													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Plans and Statements by Mentor, Co-Mentors, Contributors	013.7.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Limited to 6 pages	The Statements by Mentor, Co-Mentors, Contributors attachment is limited to 6 pages.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Letters of Support from Collaborators, Contributors, and Consultants	013.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Provide Warning if not included	The Letters of Support from Collaborators, Contributors, and Consultants attachment may be required for this application. Be sure to comply with the announcement and application guide instructions.	W
Career Dev. Award (NIH)	Career Dev. Award Attachments: Letters of Support from Collaborators, Contributors, and Consultants	013.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Limited to 6 pages	Letters of Support from Collaborators, Contributors, and Consultants attachment is limited to 6 pages.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Description of Institutional	013.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required attachment	The Description of Institutional Environment attachment is required.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Environment													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Description of Institutional Environment	013.9.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Limited to 1 page	The Description of Institutional Environment attachment on the PHS 398 Career Development Award Supplemental Form is limited to 1 page.	W
Career Dev. Award (NIH)	Career Dev. Award Attachments: Institutional Commitment to Candidate's Research Career Development	013.10.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required attachment	The Institutional Commitment to Candidate's Research Career Development attachment is required.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Institutional Commitment to Candidate's Research Career Development	013.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Limited to 1 page	The Institutional Commitment to Candidate's Research Career Development attachment may be subject to a page limitation. Be sure to comply with announcement and application guide instructions.	W
Career Dev. Award	Career Dev. Award Attachments:	013.11.1	N	N	Incl : NIH, CDC, FDA,			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22,	Both	Other		Required attachment	The Specific Aims attachment is required.	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(NIH)	Specific Aims				AHRQ, VA			K23, K25, K99, K99/R00						
Career Dev. Award (NIH)	Career Dev. Award Attachments: Specific Aims	013.11.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Limited to 1 page	The Specific Aims is limited to 1 page.	E
Career Dev. Award (NIH)	Research Strategy	013.12												
Career Dev. Award (NIH)	Career Dev. Award Attachments: Progress Report	013.13												
Career Dev. Award (NIH)	Career Dev. Award Attachments: Protection of Human Subjects	013.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required if Human Subjects is 'yes' on the Other Project Information'.	A Protection of Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information is 'Yes'.	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Inclusion of Women and Minorities	013.16.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required if Human Subjects is true and Exemption is not E4 on the Other Project Information'.	The Inclusion of Women and Minorities Attachment must be included if the response to the Human Subjects question on the Other Project Information is 'Yes' and if the Exemption Number is not 4.	E
Career	Career Dev.	013.18.1	N	N	Incl : NIH,			Incl: K02, K05, K24,	Both	Other		Required if Human Subjects is true and	The Inclusion of Children Attachment	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Dev. Award (NIH)	Award Attachments: Inclusion of Children				CDC, FDA, AHRQ, VA			K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00				Exemption is not E4 on the Other Project Information'.	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.	
Career Dev. Award (NIH)	Career Dev. Award Attachments: Vertebrate Animals	013.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other		Required if Vertebrate Animals is 'yes' on the Other Project Information'.	A Vertebrate Animals attachment must be included if the response to the Vertebrate/Animals Subject Used Question on the Other Project Information is 'Yes'	E
Career Dev. Award (NIH)	Career Dev. Award Attachments: Select Agent Research													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Consortium/Contractual Arrangements													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Resource Sharing Plan(s)													
Career Dev. Award	Career Dev. Award Attachments:	013.23.1	N	N	Incl : NIH			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22,	Both	Other		Limited to 10 appendixes	You have submitted more than 10 appendixes. There is a limit of 10 appendix	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(NIH)	Appendix								K23, K25, K99, K99/R00				attachments allowed.	
Career Dev. Award (NIH)	Citizenship	013.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25	Single			Provide warning if 'Non-U.S. Citizen with temporary U.S. visa' is checked	You have selected a citizenship choice 'Non-U.S. Citizen with temporary U.S. visa'. This is not a valid citizenship option for this application.	W

PHS 398 Training Program Plan

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS 398 Research Training Program Plan	Introduction to Application (for REVISION or RESUBMISSION applications only)	014.1.3	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Both	Component	Y	Limited to 1 page for revisions.	The Introduction for a revision is limited to one (1) page.	E
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 VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Both	Component	Y	Limited to 3 pages for resubmissions.	The Introduction for a resubmission is limited to three (3) pages.	E
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 VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, 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
PHS 398 Research Training Program Plan	Background	014.2.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Both	Component		Required attachment	The Background attachment is required.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Research Training Program Plan	Background	014.2.2			Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0				Multi	Component		Provide warning if Research Plan Attachments 2-4 together are equal to x() pages (determined from the FOA Attribute) plus 2 pages (to account for whitespace)	The Research Training Program Plan attachments 2-4 are limited to x pages.	W
PHS 398 Research Training Program Plan	Background	014.2.3			Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0				Multi	Component		Provide error if Research Plan Attachments 2-4 together are greater than x() pages (determined from the FOA Attribute) plus 3 pages (to account for whitespace)	The Research Training Program Plan attachments 2-4 are limited to x pages.	E
PHS 398 Research Training Program Plan	Background	014.2.4	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 2.0	Page_limit_exception = N	Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, 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
PHS 398 Research Training Program Plan	Background	014.2.5	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 2.0	Page_limit_exception = Y	Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Single				Provide error if Research Plan Attachments 2-4 together are greater than 30 pages plus 3 pages (to account for	The Research Training Program Plan attachments 2 through 4 are limited to a combined total of 30 pages.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												whitespace)		
PHS 398 Research Training Program Plan	Program Plan	014.3.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Both	Component		Required attachment	The Program Plan attachment is required.	E
PHS 398 Research Training Program Plan	Recruitment and Retention Plan to Enhance Diversity	014.4.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1	Both	Component		Required attachment	The Recruitment and Retention Plan to Enhance Diversity attachment is required.	E
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 VA	Incl: V2.0		Incl: T15, T32, T34, T35, T36, K12, T37, KM1, 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
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 VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, 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

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS 398 Research Training Program Plan	Progress Report <i>(for RENEWAL applications only)</i>	014.6				Incl: V2.0								
PHS 398 Research Training Program Plan	Human Subjects	014.7.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, 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
PHS 398 Research Training Program Plan	Vertebrate Animals	014.8.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, 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 Subject Used Question on the Other Project Information form is 'Yes'	E
PHS 398 Research Training Program Plan	Select Agent Research	014.9				Incl: V2.0								
PHS 398	Multiple PD/PI Leadership	014.10.	N	N	Incl: NIH,	Incl: V 2.0		Incl: T01, T02, T03,	Single			Required if multiple PD/ PIs are included	The Multiple PD/PI Leadership Plan	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Research Training Program Plan	Plan (if applicable)	1			CDC, FDA, AHRQ VA			T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R				with the submission	attachment must be included if multiple Senior/Key entries with the PD/PI role have been included on the Senior/Key Person Profile form.	
PHS 398 Research Training Program Plan	Multiple PD/PI Leadership Plan (if applicable)	014.10.2	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, 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
PHS 398 Research Training Program Plan	Consortium/Contractual Arrangements	014.11				Incl: V2.0								
PHS 398 Research Training Program Plan	Participating Faculty Biosketches	014.12.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Both	Component		Warning if not included	The Participating Faculty Biosketches attachment should be included for this application.	W

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PHS 398 Research Training Program Plan	Data Tables	014.13.1			Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, 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
PHS 398 Research Training Program Plan	Letters of Support	014.15				Incl: V2.0								
PHS 398 Research Training Program Plan	Appendix	014.16.1			Incl: NIH, CDC, FDA, AHRQ VA	Incl: V2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, KM1, D43, D71, U2R	Both	Component		Limited to 10 appendixes	Only 10 appendix attachments are allowed.	E

PHS 398 Training Budget

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget	PHS 398 Training Budget, Period "x"												Unless specifically stated, all project budget validations also apply to the subaward budget.		
PHS 398 Training Budget	Organizational DUNS:	015.1.1				Incl: V1.0			Multi	Component			Only 'Project' Budget Type can contain the Organization DUNS of the component	The budget marked as 'Project' must contain the DUNS number for the component organization on the 424 RR Cover.	E
PHS 398 Training Budget	Organizational DUNS:	015.1.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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 type (subaward/cons)	015.3.1	N	Y	Incl : NIH, CDC, FDA,	Incl: V1.0			Both	Component			There must be one and only one occurrence with a value of 'Project'	Only one budget with a budget type of 'Project' may be submitted for	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Budget	ortium)				AHRQ, VA							per component.	the application.	
PHS 398 Training Budget	Name of organization	015.4.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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, VA	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, VA	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, VA	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	E

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			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
													on the SF 424 RR Cover.	
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> Undergraduate: Full Time	015.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	<u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> Undergraduate: Full Time	015.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	<u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> Undergraduate: Short Term	015.8												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> Undergraduate: Stipends Requested (\$)	015.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	<u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> Undergraduate:	015.10												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Tuition/Fees Requested (\$)													
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Under graduate: Number per stipend level, first-year/soph.	015.11												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Under graduate: Number per stipend level, junior/senior	015.12												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Predoctoral, Single Degree: Full Time	015.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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,	For <Organization name> for budget period < Budget Year>, the Predoctoral, Postdoctoral and Other Trainee information cannot be included.	E

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)			
											or other stipends requested, is greater than 0.		
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of Trainees, Predoctoral, Single Degree: Short Term	015.14											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of Trainees, Predoctoral, Single Degree: Stipends Requested (\$)	015.15											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of Trainees, Predoctoral, Single Degree: Tuition/Fees Requested (\$)	015.16											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of Trainees, Predoctoral, Dual Degree: Full Time	015.17											

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)				Cross Components (Multi Project Only)
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral, Dual Degree: Short Term</u>	015.18											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral, Dual Degree: Stipends Requested (\$)</u>	015.19											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral, Dual Degree: Tuition/Fees Requested (\$)</u>	015.20											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral, Total Predoctoral: Full Time</u>	015.21											
PHS 398	<u>Number of Trainees,</u>	015.22											

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)				Cross Components (Multi Project Only)
Training Budget	Predoctoral, Total Predoctoral: Short Term													
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Predoctoral, Total Predoctoral: Stipends Requested (\$)	015.23												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Predoctoral, Total Predoctoral: Tuition/Fees Requested (\$)	015.24												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , post-doctoral, Non-degree Seeking; Full Time	015.25												
PHS 398 Training	<u>A. Stipends, Tuition/Fees</u> Number of	015.26												

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)				Cross Components (Multi Project Only)
Budget	<u>Trainees</u> , post-doctoral, Non-degree Seeking; Short Term												
PHS 398 Training Budget	A. Stipends, Tuition/Fees Number of post-doctoral, Non-degree Seeking per stipend level (0-7)	015.27											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees</u> , post-doctoral, Non-degree Seeking: Stipends Requested (\$)	015.28											
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees</u> , post-doctoral, Non-degree Seeking: Tuition/Fees Requested (\$)	015.29											
PHS 398 Training	<u>A. Stipends, Tuition/Fees Number of</u>	015.30											

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)				Cross Components (Multi Project Only)
Budget	<u>Trainees</u> , post-doctoral, Degree Seeking; Full Time												
PHS 398 Training Budget	<u>A. Stipends, Tuition/FeesNumber of Trainees</u> , post-doctoral, Degree Seeking; Short Term	015.31											
PHS 398 Training Budget	<u>A. Stipends, Tuition/FeesNumber of post-doctoral, Degree Seeking per stipend level (0-7)</u>	015.32											
PHS 398 Training Budget	<u>A. Stipends, Tuition/FeesNumber of Trainees</u> , post-doctoral, Degree Seeking; Stipends Requested (\$)	015.33											
PHS 398 Training	<u>A. Stipends, Tuition/FeesNumber of Trainees</u> , post-	015.34											

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Budget	doctoral, Degree Seeking: Tuition/Fees Requested (\$)													
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Total post-doctoral; Full Time	015.35												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Total post-doctoral; Short Term	015.36												
PHS 398 Training Budget	A. Stipends, Tuition/Fees Total Number of post-doctoral, per stipend level (0-7)	015.37												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , Total post-doctoral, Degree Seeking: Stipends Requested (\$)	015.38												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees</u> , Total post-doctoral: Tuition/Fees Requested (\$)	015.39												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees</u> , Other: Full Time	015.40												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees</u> , Other: Short Term	015.41												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees</u> , Other: Stipends Requested (\$)	015.42												
PHS 398 Training Budget	<u>A. Stipends, Tuition/Fees Number of Trainees</u> , Other: Tuition/Fees Requested (\$)	015.43												
PHS	A. Stipends,	015.44.	N	N	Incl :	Incl:		Excl:	Both	Compo		Provide error	For <Organization	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
398 Training Budget	Tuition/FeesTotal, Stipends Requested (\$)	1			NIH, CDC, FDA, AHRQ, VA	V1.0		T02, T03		Applies to Component Type (Multi Project Only)		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	name> for budget period < Budget Year>, if Number of Trainees information is then corresponding Stipends Requested information must also be included.	
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal, Stipends Requested (\$)	015.44.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
												full-time, and number of other short term, is not greater than 0.		
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, VA	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),	015.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Funds Requested (\$)											budget periods is Null or '0'	from R&R Budget form section.	
PHS 398 Training Budget	B. Other Direct Costs Consortium Training Costs (if applicable), Funds Requested (\$)	015.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	<i>B. Other Direct Costs Total Other Direct Costs Requested, Funds Requested (\$)</i>	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	D. Indirect Costs Indirect	015.54.	N	N	Incl : NIH,	Incl: V1.0			Both	Component		Provide warning if not 8	For <Organization name> budget for	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Training Budget	Cost Rate 1 (%)	1			CDC, FDA, AHRQ, VA								budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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: 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
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/Fees Undergraduate: Stipends Requested (\$)	015.64												
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/Fees Undergraduate: Tuition/Fees Requested (\$)	015.65												
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/Fees Predoctoral: Single Degree, Stipends Requested (\$)	015.66												
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/Fees Predoctoral: Single Degree, Tuition/Fees Requested (\$)	015.67												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPre doctoral: Dual Degree, Stipends Requested (\$)	015.68												
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPre doctoral: Dual Degree, Tuition/Fees Requested (\$)	015.69												
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPre doctoral: Total Predoctoral, Stipends Requested (\$)	015.70												
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPre doctoral: Total Predoctoral, Tuition/Fees Requested (\$)	015.71												
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Non- Degree Seeking,	015.72												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ive Budget	Stipends Requested (\$)													
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	A. Stipends, Tuition/FeesPo	015.77												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Training Budget, Cumulative Budget	stdoctoral: Total Postdoctoral , Tuition/Fees Requested (\$)													
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	A. Stipends, Tuition/FeesTotal, Tuition And Fees Requested	015.81												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Budget														
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/Fees Total 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	B. Other Direct Costs Consortium	015.86												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
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Budget, Cumulative Budget	Training Costs (if applicable)													
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
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versio n	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Appli es to Singl e Proje ct, Multi Proje ct or Both	Applies to Com- ponent Type (Multi Project Only)	Cross Compo nents (Multi Project Only)			
SBIR/S TTR (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	Singl e			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/S TTR (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	Singl e			One and only one choice may be made.	Please select one Program Type, SBIR or STTR..	E
SBIR/S TTR (NIH)	SBIR/STTR Type (Phase I, Phase II, Fast- Track)	023.2												
SBIR/S TTR (NIH)	Question 1.a Small Business Eligibility (Y/N)	023.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Singl e			Provide error if Small Business Eligibility is No	The Small Business Eligibility Certification must be marked 'Yes' for SBIR and STTR applications.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versio n	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Appli es to Singl e Proje ct, Multi Proje ct or Both	Applies to Com- ponent Type (Multi Project Only)	Cross Compo nents (Multi Project Only)			
					VA									
SBIR/S TTR (NIH)	Question 1b. Anticipated number of personnel	023.4												
SBIR/S TTR (NIH)	Question 2. Are Subcontracts Included? (Y/N)	023.5												
SBIR/S TTR (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	Singl e			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/S TTR (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	Singl e			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/S TTR (NIH)	Question 3. Located in HUBZone (Y/N)	023.7												
SBIR/S TTR	Question 4. Research to be Performed in	023.8												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versio n	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Appli es to Singl e Proje ct, Multi Proje ct or Both	Applies to Com- ponent Type (Multi Project Only)	Cross Compo nents (Multi Project Only)			
(NIH)	US? (Y/N)													
SBIR/S TTR (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	Singl e			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/S TTR (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	Singl e			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/S TTR (NIH)	Question 5. Equivalent Submissions (Y/N)	023.10												
SBIR/S TTR (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	Singl e			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	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
													be provided.	
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	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	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	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: V 1.1		Incl: R41, UT1, R43, U43	Single			Cannot be submitted for SBIR or STTR Phase I.	A Commercialization Plan should not be submitted for Phase I applications.	E
SBIR/STTR	Commercialization Plan	023.13.2	N	N	Incl : NIH, CDC, FDA,	Incl: V 1.1		Incl: R42, UT2, R44,	Single			Required for Phase II, Direct Phase II and Fast Track	The Commercialization Plan is required for Phase II and Fast	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
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(NIH)	Attachment				AHRQ, VA			U44				submissions	Track submissions.	
SBIR/S TTR (NIH)	Commercializati on Plan Attachment	023.13. 3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R42, UT2, R44, U44	Singl e			Limited to 12 pages	The Commercialization Plan is limited to twelve (12) pages.	E
SBIR/S TTR (NIH)	Question 8. Receipt of Phase II SBIR Awards (Y/N)	023.14												
SBIR/S TTR (NIH)	Company Commercializati on History Attachment	023.15												
SBIR/S TTR (NIH)	Question 9. SBIR PD/PI Primary Employment (Y/N)	023.16												
SBIR/S TTR (NIH)	Question 10. STTR PD/PI Commitment (Y/N)	023.17												
SBIR/S TTR	Question 11. STTR work percentages	023.18												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
(NIH)	(Y/N)													

Cumulative Inclusion Enrollment Report

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Cumulative Inclusion Enrollment Report	Study Title X of Y													
Cumulative Inclusion Enrollment Report	Study Title:	016.2												
Cumulative Inclusion Enrollment Report	Comments:	016.3												
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	016.4												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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	016.8												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Latino, Male													
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	Racial Category: American Indian/ Alaska Native; Ethnic	016.12												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ent Report	Category: Unknow/ Not Reported, Unknown/ Not Reported													
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	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Unknown/ Not	016.16												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Report	Reported													
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	Racial Category:	016.21												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Inclusion Enrollment Report	Asian; Ethnic Category: Unknown/ Not Reported, Male													
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	Racial Category: Native Hawaiian or	016.25												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Enrollment Report	Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male													
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	016.28												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Latino, Male													
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:	016.32												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Inclusion Enrollment Report	Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported													
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	016.36												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ive Inclusion Enrollment Report	Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported													
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	016.39												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Reported													
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	Racial Category: Black or African American;	016.43												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ent Report	Total													
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	016.48												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ive Inclusion Enrollment Report	Category: White; Ethnic Category: Hispanic or Latino, Male													
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	Racial Category: White; Ethnic Category: Unknown/ Not	016.52												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ent Report	Reported, Unknown/ Not Reported													
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	016.56												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Reported													
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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	Racial Category:	016.65												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Inclusion Enrollment Report	Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Male													
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	016.69												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ive Inclusion Enrollment Report	Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported													
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,	016.72												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Unknown/ Not Reported													
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	Ethnic Category;	016.77												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Inclusion Enrollment Report	Hispanic or Latino, Female; Total													
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Report														
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
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Planned Enrollment Report	Study Title X of Y	017.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0		Excl: T15, T32, T34, T35, T36, K12, T37, KM1, D71, D43, U2R, T01, T02, T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, 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	Human Subjects are involved but no Planned Enrollment Report(s) for inclusion has been included.	W

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Planned Enrollment Report	Study Title X of Y	017.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0				Both	Component		Provide warning if Planned Enrollment Report is submitted with all zeros	Planned Enrollment Report(s) was submitted with no data. If not a Delayed Onset study, is planned enrollment data needed?	W
Planned Enrollment Report	Study Title:	017.2													
Planned Enrollment Report	Domestic/Foreign	017.3													
Planned Enrollment Report	Comments:	017.4													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	017.5													
Planned Enrollment Report	Racial Category: American Indian/ Alaska	017.6													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
	Native; Ethnic Category: Not Hispanic or Latino, Male													
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	Racial	017.11												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Enrollment Report	Category: Asian; Ethnic Category: Not Hispanic or Latino, Male													
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	Racial Category:	017.16												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ent Report	Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male													
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	Racial Category: Black	017.20												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
ent Report	or African American; Ethnic Category: Not Hispanic or Latino, Female													
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	Racial Category: Black or	017.24												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Report	African American; Total													
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
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												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
Planned Enrollment Report	Ethnic Category; Not Hispanic or Latino, Female; Total	017.35												
Planned Enrollment Report	Ethnic Category; Not Hispanic or Latino, Male; Total	017.36												
Planned Enrollment Report	Ethnic Category; Hispanic or Latino, Female; Total	017.37												
Planned Enrollment Report	Ethnic Category; Hispanic or Latino, Male; Total	017.38												
Planned Enrollment Report	Ethnic Category Total; Racial Category Total													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Additional Indirect Costs	Organizational DUNS	021.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0				Multi	Overall		DUNS is required	The Organization DUNS number is required.	E
PHS Additional Indirect Costs	Organizational DUNS														
PHS Additional Indirect Costs	Organizational DUNS	021.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0				Multi	Overall	Y	Provide error if PHS Additional Indirect Costs form is present in the Overall component and all other components are lead at the overall organization (based on the DUNS number).	The PHS Additional Indirect Costs Form should not be included with the application, since the Organization is the same for the Overall and all components.	E
PHS Additional Indirect Costs	Name of Organization	021.2													
PHS Additional Indirect Costs	Budget Type: Project or Subaward/Consortium	021.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0				Multi	Overall		Budget type must be marked as 'Project'	The budget type must be marked as 'Project'.	E

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS Additional Indirect Costs	Start Date	021.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		For budget year 1, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date listed on the Component SF 424 RR Cover page.	E
PHS Additional Indirect Costs	Start Date	021.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page.	E
PHS Additional Indirect Costs	End Date	021.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page.	E
PHS Additional Indirect Costs	End Date	021.5.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0	Period_Except flag = 'No'		Multi	Overall		End date of last budget period should not be later than 5 years after the start date of the first budget period.	The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>.	E
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Type	021.6												
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Rate %	021.7												

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning
			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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)			
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Base	021.8												
PHS Additional Indirect Costs	Indirect Costs - Funds Requested	021.9												
PHS Additional Indirect Costs	Indirect Costs - Total Indirect Costs	021.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		Must be equal to funds requested for all indirect cost types for each Budget period.	On the <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E
PHS Additional Indirect Costs	Budget Justification	021.10.2												
PHS Additional Indirect Costs Cumulative	Indirect Costs	021.11.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		Must be equal to funds requested for all indirect cost types for all budget periods.	On the <Organization name> budget, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type for all budget periods.	E